

RAO BULLETIN

1 June 2011

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Vet Cremains Update 05: U.S. Congressmen Pat Tiberi (R-OH) and Steve Stivers (R-OH) on 26 MAY introduced, the Missing in America Act (H.R.2051), a measure that would help give all veterans a proper burial and interment in a National Cemetery. “This bill would help veterans service organizations identify these

remains, and if proven to be qualifying veterans, ensure a proper burial in a National Cemetery,” said Congressman Tiberi. “Someone who served their country in the military deserves the respect of a burial; they stepped up and answered the Nation’s call, it time for the nation to repay that debt.” Congressman Stivers said, “We are talking about veterans who have given the last, full measure of devotion. It is only right that we take the steps necessary to honor those who have served our nation by ensuring a proper burial for those who are eligible.”

This bill would direct the Secretary of Veterans Affairs to work with veterans service organizations and other groups, like the Missing in America Project, in assisting entities in possession of unidentified or abandoned remains in determining if the remains are that of a veteran eligible for burial at a National Cemetery. If remains are determined to be that of an eligible veteran, there is no next of kin, and there are no available resources to cover burial and funeral expenses, then the Secretary of Veterans Affairs shall cover the cost of burial. In addition, the bill would call on the Secretary of Veterans Affairs to establish a public database of the veterans identified in this project. To read more about the Missing in America Project go to <http://www.miap.us>. [Source: Rep. Steve Shivers Press Release 26 May 2011 ++]



Unclaimed Vet Cremains

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Vet Housing Update 02: Two mortgage lenders will pay more than \$22 million combined to settle federal civil charges that they improperly foreclosed on 178 military personnel, some of whom were serving in the Iraq or Afghanistan wars. Subsidiaries of Bank of America Corp. and Morgan Stanley failed to obtain court orders before imposing the foreclosures between 2006 and 2009, the Justice Department said Thursday. The cases will result in an average of \$125,562 in payments per person. The foreclosed homes were in 22 states. The settlement is "easily the largest amount recovered" in a case of improper military foreclosures, said Thomas E. Perez, an assistant attorney general. "The men and women who serve our nation in the armed forces deserve, at the very least, to know that they will not have their homes taken from them wrongfully while they are bravely putting their lives on the line on behalf of their country," Perez said. Among those foreclosed upon were several servicemembers who had been wounded or who suffered from post-traumatic stress disorder, officials said. One involved an Iraq war veteran who was foreclosed upon while he was receiving counseling for nightmares and "nervous conditions" stemming from his service.

Under the settlement, Perez said, the lenders agreed to create additional mortgage loan protections for military personnel. The Bank of America subsidiary, BAC Home Loans Servicing, formerly known as Countrywide Home Loans Servicing, and the Morgan Stanley subsidiary, Saxon Mortgage Services, also agreed to look into possible

cases of improper foreclosures from the summer of 2009 through 2010. The law the lenders were accused of violating, the Servicemembers' Civil Relief Act, provides protections to military personnel. Under the law, they can't be evicted and creditors can't seize their property while they're on active duty. The Justice Department began its investigation earlier this year after separate inquiries from the U.S. Marine Corps and Sgt. James Hurley, whose home in Hartford, Mich., was foreclosed upon by Saxon in 2005 while he was in Iraq. Hurley settled with Saxon earlier this year for an undisclosed amount.

Foreclosure cases involving military personnel serving overseas began coming to light in 2005. Last month, New York-based JPMorgan Chase agreed to settle a class-action lawsuit for more than \$60 million. The case involved a Marine Corps captain who said JPMorgan overcharged its military customers who took out mortgages with the bank. Earlier this year, JPMorgan acknowledged that it had overcharged about 4,000 servicemembers on mortgages and had wrongfully foreclosed on 14 of them. At the time, it paid \$2 million to those affected and reversed the foreclosures. Federal officials say they're working to provide greater financial protections for military families. A federal office dedicated to military financial issues, the Office of Servicemember Affairs, was launched in January and is to be incorporated within the newly created Consumer Financial Protection Bureau. [Source: Military.com Derek Kravitz and Pete Yost Associated Press article 26 May 2011 ++]

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Vet Toxic Exposure ~ McMurdo Update 02: The nuclear power plant at McMurdo was known as PM-3A and was part of the Navy's effort to provide electrical power to remote areas. The plant was brought online in 1962 but experienced frequent malfunctions until it was finally shut down in 1973. The plant was disassembled and 7,700 cubic meters of rock and dirt were hauled away over the next several years. In the plant's final operating report issued after this shutdown in it was noted that it has experienced 438 malfunctions and 123 reports of radiation exposure in excess of allowable limits. Continuing investigation has now uncovered new details about radiation leaks and possible contamination. Evidence of serious problems with the plant began shortly after it went on line in 1962 had been found. A government report was completed in 1967 by engineers contracted by the Navy to "locate defects and determine their cause" after the reactor core had to be replaced after just two years of operation. To review the report refer to <http://5.ewe.com/rbW>. In summary, Engineers from the Columbus, Ohio-based Battelle Memorial Institute found 30 cracks in the reactor core, a fuel leak of undetermined origin and increasing levels of fusion product in the primary coolant. The reactor's core was replaced with another that continued to experience widespread malfunctions from 1964 to 1973.

Navy veterans who served at McMurdo have long suspected their cancers were caused by exposure to radiation from the nuclear plant. At a recent reunion of the naval squadron based at McMurdo, one veteran after another came forward describing their cancers and what they experienced while serving at a base just a few yards down the hill from the nuclear reactor. Ohio Senator Sherrod Brown wrote to Defense Secretary Robert Gates asking for a full investigation into radiation exposure at McMurdo. Brown also asked Veterans Administration Secretary Eric Shinseki to determine if veterans are eligible for service related disability compensation if the cancers were caused by radiation from the plant. A VA spokesperson has confirmed that it is reviewing classified documents relating to the nuclear plant that were turned over by the U.S. Navy in response to Brown's letter to the Defense Department. The VA also confirmed that the Navy has turned over a list of 109 veterans for the VA to review, but it would not elaborate. In addition, in light of our evidence raised in our investigation, the Veterans Administration is now asking all veterans who served at McMurdo and who have been diagnosed with cancer to apply for possible benefits -- even if their claims for a service related disability were previously denied. The VA said it will review all claims in light of any new evidence it receives and make any decision based on what is discovered after carefully reviewing claims. [Source: ABC Affiliate WEWS-5 Cleveland Ron Regan article 25 May 2011 ++]

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Vet Toxic Exposure ~ Johnston Atoll: According to John Fales one of his readers, a survivor of the Red Hat Mission on Johnston Atoll, reported that during his time there shipments of 55 gallon drums were being shipped to Johnston Atoll from Okinawa. Some of these containers spilled over on the shipments exposing the soldiers. Not only were the soldiers exposed to Agent Orange, but they were also exposed to radiation poisoning from several nuclear explosions including the spraying of chemicals. The Army sent over 247 Soldiers in the Red Hat Mission in July 1971, 55 have died from the ages of 48 to 62 years old, 22 in one year. The Defense Department failed to inform them of the plutonium stored just 300 yards from the barracks that also included the saturation of asbestos within the confines. These soldiers were given physicals in July 1971, and there was no follow-up after the mission nor has there been any follow-up to the current date as to their exposure. Most will never know what caused their illnesses. The Red Hat Mission was declassified in 1991. The VA, Department of Defense, and the appropriate House and Senate committees have been urged to investigate the allegations.

Prior to the beginning of destruction operations at the Johnston Atoll Chemical Agent Disposal System [JACADS] in 2000, the atoll held about 6.6% of the entire U.S. stockpile of chemical weapons. Chemical weapons were stockpiled on Johnston Atoll beginning in 1971, including weapons transferred from Okinawa during the 1971 Operation Red Hat. Some of the other weapons stored at the site, including Sarin (GB) and VX Nerve Agent, were shipped from U.S. stockpiles in Germany in 1990. These shipments followed a 1986 agreement between the U.S. and Germany to move the munitions. The remainder of the chemical weapons were a small number of World War II era weapons shipped from the Solomon Islands. JACADS workers utilized incineration to destroy the chemical agents at Johnston Atoll. After workers loaded the weapons onto a conveyor, automated equipment would take over the process. The equipment removed the explosive component of the weapon and drained the chemical agent. The explosive and chemical agent were then incinerated at high temperature. The metal weapons casings were then thermally decontaminated and scrapped. In 1985, the U.S. Congress mandated that all chemical weapons stockpiles at Johnston Atoll, mostly mustard and nerve agents, be destroyed. By early 1996, the facility had destroyed about 3.5 percent of the overall U.S. chemical weapons stockpile. Included in that amount, out of total stockpile of 31,000 tons, was two million pounds of mustard and nerve agents. [Source: Military.com | Today in the Military Sgt. Shaft article 24 May 2011 ++]



JACADS

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Vet Toxic Exposure ~ Lejeune Update 20: Some soil at Camp Lejeune, N.C., was so saturated with fuel and chemicals by the late 1980s, the Marine Corps knew it was critical to test the air in nearby buildings for carcinogens. "We want to be sure that there are no compounds present inside the work spaces in these

buildings — which could have a long-term chronic adverse health effect on occupants," base environmental engineer Bob Alexander told the public in 1988. Testing, he said, would begin "in the very near future." But nothing in the vast collection of public records detailing one of the nation's worst contamination sites shows the Marine Corps kept that promise. The only indoor air quality testing reflected in records occurred a decade or more later. And by then, fuel odors were so bad that five buildings would be demolished.

After weeks of searching their files, Corps officials acknowledged to the St. Petersburg Times that they could find no documentation that testing was completed before the late 1990s. But Marine spokesman Nat Fahy said testing may nonetheless have occurred. Records, he said, may have simply been destroyed pursuant to the Marines' document-retention guidelines. Fahy did not respond when asked if the Corps could say independent of any record if those tests were completed. "The absence of records more than 20 years later does not necessarily mean action was not taken," he said in an e-mail. The Corps "takes vapor intrusion seriously and has taken . . . steps to ensure the safety of those who live and work at Camp Lejeune. We believe that any testing that may have been done was done in a timely manner." Mildred Duncan, 62, a retired civilian computer specialist at Camp Lejeune, worked in a building in the 1980s evacuated several times due to fuel odors. "This is a betrayal," Duncan said. "It's like they lied to us. They kept us in those buildings, breathing all that. It's not right." Fuel and chemical fumes are one of the topics federal scientists expect to examine as they determine if up to 1 million Marines and civilian employees exposed to contaminants in water and air at Camp Lejeune suffered adverse health effects.

People who may have been exposed over a 30-year period come from every state in the nation. About 170,000 people who lived or worked on the base have signed up for a registry to get updates of research. Some 14,500 are from Florida, the second-highest total in the nation behind North Carolina. Contaminated drinking water is the focus of current research and undoubtedly exposed far more people than air. But tens of thousands of Marines and civilians undoubtedly worked or passed through perhaps a dozen or more buildings near sites of contamination, Marine critics say. These buildings included warehouses, maintenance shops and a data processing center. They were all near vast underground plumes of solvents and fuel, including gasoline that leaked from Lejeune's Hadnot Point fuel depot, which closed in 1991 after 50 years of operation. The depot's corroded tanks and pipes may have leaked more than 1 million gallons of fuel, records show. Fuel is still being pumped out of the ground today. "It's unfathomable why they wouldn't have done the testing after committing to do it," said Richard Clapp, a professor emeritus of environmental health at Boston University who has worked extensively on Lejeune pollution issues. Inhaled pollutants can be especially dangerous because they are absorbed by the body more quickly than water, he said.

The extent of fuel leakage at Hadnot Point came into sharp focus in the late 1980s when engineers discovered an underground layer of pure gasoline 15-feet thick. In May 88, a private contractor, Environmental Science and Engineering, finished a study with recommendations on how the Corps and Navy could clean up the contamination. The report wasn't just about leaking fuel, though the largest source of pollution at Hadnot Point was gasoline. ESE recommended five measures to protect public health, including air monitoring in about a dozen buildings. "In the event of compounds being detected above the threshold limit . . . acceptable to humans, immediate measures, such as forced ventilation, should be taken to reduce health risks" until permanent measures could be taken, ESE's report said. Camp Lejeune officials didn't raise any objection. Indoor air testing was discussed at a 9 AUG 88, public meeting of base officials and environmental regulators, a transcript shows. The Corps made it clear: Testing would occur. "We believe in maximum disclosure, minimum delay," Marine Maj. Stewart Wagner said at the meeting.

But plans hit a snag. It was soon clear that proposed testing "exceeded the capabilities" of industrial hygiene staff at the base who were assigned to do it, said an Oct. 5, 1988, memo by Lejeune's commander. He suggested hiring a private company. The Times asked the Corps if it could locate a contract to show if this was done. Once again, a Corps spokesman said such a contract could not be found and noted the absence of a contract did not mean one did not once exist. "It's the 'the dog ate my homework' excuse," said former Marine drill instructor Jerry Ensminger,

whose 9-year-old daughter died of leukemia he thinks is linked to Lejeune pollution. Were personnel at the base pressing the command about the odor of fuel? The Corps said it could not find a record of complaints on fuel smells. But records and interviews show that complaints were, in fact, being generated. OHM Remediation Services Corp., a contractor helping in the cleanup of Hadnot Point, noted in a 2001 PowerPoint presentation that fuel odors in Building 1101 had been "reported for years" before 1997. Roy Bell, a retired Lejeune firefighter, said the odors could be overpowering and that workers in buildings near the fuel depot had long complained. "There were lots of fumes," Bell said. "We would get calls that people smelled gasoline." Bell said firefighters initially knew nothing about the extent of spillage at the fuel depot. In 1999 — eight years after the depot was closed — fumes became a critical problem.

Complaints mounted. Navy records show a series of complaints in the spring at Building 1101, just a few hundred feet from the fuel depot. On 10 DEC 99, workers were evacuated. Testing commenced and the Corps and Navy implemented plans to prevent fumes from entering numerous buildings. But despite extensive efforts, problems persisted. In late 2006, fuel fumes again led to the evacuation of 1101. Eventually, that building was converted from office space to a warehouse so workers would not be exposed. Five other buildings were razed. All this and much more is detailed in a veritable mountain of paperwork about Camp Lejeune pollution. The Corps said it follows Navy guidelines on how long it keeps records, and documents from the 1980s would not be saved for decades. If true, it's a policy that is not uniformly executed. Hundreds, if not thousands of documents from the same period have not been destroyed by the Corps and are available.

One such document is a 15 JUL 88, memo by the Corps' commandant recapping requirements under the federal Superfund law for sites like Lejeune with hazardous substances. That memo said Superfund records must be kept 50 years — a rule the Corps said did not apply in this case. The memo notes: "It is unlawful to destroy, mutilate, conceal, or falsify such records." Asked exactly what the Corps' policy is on records retention, a reporter was given a Web link to the current 473-page Navy manual on records management. In that manual under the heading "Hazardous Substance Records" is this: "Destroy when 50 years old." [Source: St. Petersburg Times William R. Levesque article 22 May 2011 ++]

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Reserve Retirement Age Update 24: The Fiscal Year 2008 National Defense Authorization Act reduced the archaic 60 year eligibility age for retired members of the Ready Reserve to collect retirement pay three months sooner for each aggregate of 90 days per fiscal year of active duty performed in Title 10 status in support of a contingency operation, or in Title 32 status in responding to a national emergency. However, the qualifying service must occur within a single fiscal year, thereby not crediting otherwise qualifying service spread over two consecutive fiscal years. For example, if one served 90 days in OIF from September 1, 2010 through November 29, 2010, that service would not be credited in reducing the retirement eligibility age. However, if the person served 90 days in OIF from October 1, 2010 through December 29, 2010, that service would be fully credited. This distinction unfairly penalizes those who serve bravely with orders spanning two fiscal years.

Senate bill S.866 introduced by Se, Jon Tester (?-MT) on 2 MAY would correct this inequity by fully crediting each aggregate of 90 days of qualifying service served over any two consecutive fiscal years after 28 JAN 08. As of 26 MAY this bill had only 12 cosponsors. Those who would like to support this bill and see it passed through the Senate are urged to go to [http://capwiz.com/ngaus/issues/alert/?alertid=48379501&queueid=\[capwiz:queue_id\]](http://capwiz.com/ngaus/issues/alert/?alertid=48379501&queueid=[capwiz:queue_id]) and submit the preformatted editable message to their legislators requesting their Senators sign on as cosponsors. [Source: NGAUS Action alert #11-10 26 May 2911 ++]

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VA Help Lines Update 02: In 2008 Sen. Patty Murray (D-WA) the Senate Veterans Affairs Committee chairwoman said in an interview with Newsweek, "... I'm very worried. The number of mental health-care patients that the VA is projecting in the budget is less than what we currently have today. I was in Iraq a year and a half ago and I was told by Commander Casey [Army General George Casey Jr., who recently stepped down as the highest-ranking military official in Iraq] that this war is going to create a high number of patients who need mental health care because it's what he called a 24/7 war. There is no front line to go back from, no place to get away from the intensity of IEDs [improvised explosive devices] going off next to you.... The VA itself has issued statements saying they do not have enough clinicians to see the people who need mental health care. There is no one within the lower echelons of the VA who predicts a lower number of mental-health patients; the only people predicting this are the president and secretary Nicholson. My perspective is they are doing it so they don't have to ask for money and show what the cost of this war is".

Her concerns of 2008 are apparently being validated today with the number of calls being made to the VA Help Line. The Veterans Affairs Department's Veterans Crisis Line received 14,000 calls in April, the highest monthly volume ever recorded for the four-year-old suicide prevention program. "Every day last month, more than 400 calls were received," said Murray who disclosed the call volume during a 25 MAY Senate committee hearing. "While it is heartening to know that these calls for help are being answered, it is a sad sign of desperation and difficulties our veterans face that there are so many in need of a lifeline." The hotline, established in 2007, is a suicide prevention and crisis counseling program available 24 hours a day, seven days a week. The number is 800-273-8255. Antonette Zeiss, VA's chief mental health officer, said that since the 2007 launch, the call center has received more than 400,000 calls, referred 55,000 veterans to local suicide prevention coordinators for same-day or next-day help and initiated 15,000 "rescues" of callers near suicide.

Sen. Murray has been a longtime advocate of veterans' rights. The daughter of a disabled World War II veteran, Murray serves on the Senate Veterans' Affairs Committee and is the author of a law that ensures that all veterans have the right to military funeral honors. The most recent veteran legislation she has introduced is the Hiring Heroes Act of 2011 [S.951], a bill to improve the provision of Federal transition, rehabilitation, vocational, and unemployment benefits to members of the Armed Forces and veterans, and for other purposes. She has been honored for her work by groups like the Vietnam Veterans of America, American Ex-POW's, the Veterans of Foreign Wars and others. [Source: <http://murray.senate.gov> 26 May 2011 ++]



Sen. Patty Murray

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Vet Suicide: With veterans now accounting for one of every five suicides in the nation, the Department of Veterans Affairs is under pressure from the courts and Congress to fix its mental health services in an attempt to curb the death toll. "The suicide rate is out of control. It's epidemic proportions right now," said Paul Rieckhoff, the

executive director of the group Iraq and Afghanistan Veterans of America. "There are very few programs that are effective, and there's a serious lack of national awareness." While the government keeps no official tally of veteran suicides, the VA said last year that veterans account for roughly 20% of the estimated 30,000 suicides annually in the United States.

The latest attack on the VA came two weeks ago from the 9th U.S. Circuit Court of Appeals in San Francisco, which ordered a major overhaul of the agency. The court said that with an average of 18 veterans killing themselves each day, "the VA's unchecked incompetence has gone on long enough; no more veterans should be compelled to agonize or perish while the government fails to perform its obligations." Suicides among active-duty troops are also a cause of concern: In April, 25 soldiers killed themselves, equal to about half the deaths in Afghanistan during the month. Officials cite a number of possible reasons to explain the increase, including multiple deployments and more financial and family problems linked to the time away from home. On Capitol Hill, when the Senate Veterans' Affairs Committee took up the issue 25 MAY, senators made it clear that they expect the VA to improve its performance. "We do not need the courts to tell us that much more can and should be done to relieve the invisible wounds of war," said Democratic Sen. Patty Murray of Washington state, who chairs of the committee. "Although some steps have been taken, the stigma against mental health issues continues within the military and VA care is still often too difficult to access. This has had a tragic impact." In at least 13 cases, Murray said, veterans committed suicide or died from drug overdoses while waiting to receive help from the VA.

Two veterans - one from the Iraq war, one from the Afghanistan war - appeared before the committee, testifying about their long waits before receiving any services from the VA. One of them, Steven Bohn, 24, of Peabody, Mass., served in Afghanistan until he was injured in November 2008. He was hurt when a suicide bomber with 2,000 pounds of explosives drove a dump truck into a building, detonating it. Bohn said he was in the hospital for six months with severe internal and spinal injuries. His transition from military service to the VA has been less than smooth, he told senators. "I still have two herniated discs, which are pinching nerves in my neck and causing great pain, but I am uncertain what additional treatment might still be possible," Bohn said. "At this point, many months after becoming a veteran, I have yet to be assigned a VA primary care doctor."

Murray said that service members and veterans alike "continue to take their own lives at an alarming rate." She noted that in April, the VA's suicide hot line fielded more than 14,000 calls, or more than 450 a day, the most ever for a single month. "While it's heartening to know that these calls for help are being answered, it is a sad sign of the desperation and difficulties our veterans face that there are so many in need of a lifeline," she said. Antonette Zeiss, the acting deputy chief officer of mental health services with the VA's Office of Patient Care Services, said the department's call center had received more than 400,000 calls since it began nearly four years ago. Of those, she said, more than 55,000 were referred to local VA suicide prevention coordinators for same-day or next-day service. George Taylor, the deputy assistant secretary of defense for force health protection and readiness, told the panel that "maintaining and enhancing the psychological health" of service members is a top priority for the Defense Department. And he said the department was "very concerned" about the number of suicides in the military over the past 10 years. But he said progress was being made: Last year, 293 service members died by suicide while on active duty, down from 310 the year before. Taylor said the department had succeeded in slowing the steady increases in suicides that began in 2006. [Source: McClatchy Newspapers Rob Hotakainen article 25 May 2011 ++]

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NDA 2012 Update 01: The House Armed Services Committee (HASC) debated amendments until the wee hours of the morning of 12 MAY before approving its version of the \$690-billion FY2012 National Defense Authorization Bill (H.R.1540). Some results of their efforts were:

- The Committee dropped a Military Personnel Subcommittee provision that would have frozen TRICARE fees for another year and replaced it with a provision that allows modest increases for FY12, but adds important protections against disproportional increases in the future. The new provision would allow DoD to raise the TRICARE Prime enrollment fee by \$5 a month and raise retail pharmacy copays by \$2 or \$3, while eliminating the copay for generic drugs in the mail-order pharmacy program. More important, it adds a statement that Congress recognizes that career military people pay the bulk of their premiums up-front and in-kind, through decades of service and sacrifice. In recognition of that, the Committee bill language specifies that the percentage fee increase in future years may not exceed the percentage increase in military retired pay.
- The bill proposes increasing the Special Survivor Indemnity Allowance (SSIA) payable to survivors whose Survivor Benefit Plan annuity is reduced because they also receive a survivor annuity from the VA for their sponsor's service-caused death. The current \$70 monthly SSIA payment will rise to \$80 on 1 OCT under existing law, and then grow to \$90 for FY13, \$150 for FY14, \$200 for FY15, \$275 for FY16, and \$310 for FY17. Under current law, the program will expire as of 1 OCT 2017. Under the new Committee proposal, the allowance would increase to \$163 instead of \$90 for FY13, then jump to \$200 in FY14. It would offer significantly more modest increases for FY15-FY17, and extend token payments of \$9 to \$27 per month through FY21. The latter small amounts are intended as "placeholders" to establish Congress' intent to continue the program beyond FY17, while seeking additional funding sources in the meantime.
- The bill would delay implementation of the "don't ask, don't tell" repeal until the President, the Secretary of Defense, the Chairman of the Joint Chiefs of Staff and the four service chiefs all certify that repeal wouldn't hurt military readiness. Under current law only the President, SecDef, and CJCS must certify. The NDAA would also require that the word "marriage" in any military policy or regulation mean only a legal union between one man and one woman and would prohibit use of military facilities for same-sex marriage ceremonies, stopping a plan being considered by the Navy chaplain corps to perform same sex ceremonies in states that allow same-sex marriages.
- The HASC did not include any provision to further cut back the military retired pay/VA disability offset for either medical retirees with less than 20 years of service or for longevity retirees with VA disabilities less than 50%.
- The bill does include DoD's request to age out future members on the United States Family Health Plan (USFHP). This means that when they turn 65 they must leave the USFHP and transfer to TRICARE for Life (TFL). The unique TRICARE program was created around the former U.S. Public Health Hospitals in 1981. The hospitals are located in Maryland, N.Y., Massachusetts, Maine, Texas and Washington State. The program is extremely popular with its 115,000 members, including the active duty, retirees and their families and survivors. DoD says that there will be serious savings if the beneficiaries over 65 age out. But of course that will not save money for the government; it will save some money for the Defense Department since it will make Medicare first payer and TRICARE then second payer for these beneficiaries. But it would destroy older beneficiaries' continuity of care and make them find new providers. We also believe that this is a first step to ending this small but loved program. The program has strong champions in the Senate so the fight is very far from over.
- The bill also did nothing to correct a provision effecting the present National Guard and Reserve. While a law is now in affect that allows retired members of the Guard and Reserve to start collecting their retired pay before the age of 60 by 3 months for every 90 days they have been activated it only applies for a single fiscal year. So if the call up crossed through 2 fiscal years it does not count. It was hoped that the HASC might have corrected this but once again any amount of new spending is extremely hard to get this year. Now we must turn to the Senate for hope of correcting this.

The final bill passed the committee with a strong bi-partisan vote of 60-1. It then went before the full House for debate where more than 150 amendments were proposed for possible inclusion in the bill before its approval. One key amendment if accepted is #215, offered by Rep. Robert Andrews (D-NJ). The Andrews amendment would:

- a) Eliminate the disability offset to military retired pay for all 100% disabled military retirees, regardless of years of service;
- b) Eliminate the accounting rule that denies early retirement credit for thousands of National Guard and Reserve members whose active duty service spans more than one fiscal year; and
- c) Increase the special allowance for Survivor Benefit Plan annuitants subject to the VA survivor benefit offset (from \$90 to \$125 for FY2013 and from \$150 to \$175 for FY2014).

While these changes would not have entirely fixed the problems in these three programs, the Andrews amendment offered the only opportunity in the House this year for at least some incremental progress. The amendment was fully paid for through establishment of additional controls on internet gambling. The final bill was passed on 26 MAY by a vote of 322-96 and sent to the Senate. Unfortunately the above amendments were not included and the DoD proposal for an increase in Tricare rates was. Also included was a 1.6 percent pay raise for active duty troops and increases in Special Survivor Indemnity Allowance (SSIA). The Senate Armed Services Committee will begin work on its version of the bill the week of 13 JUN and when ultimately approved the differences between the two must be worked out through a joint House-Senate conference that usually takes place in early fall. . [Source: Various May 2011 ++]

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MILCON/VA Bill 2012: In late MAY the House Committee on Appropriations completed its work on the fiscal year 2012 Military Construction and Veterans Affairs Appropriations bill (MILCON/VA). This bill funds the construction of DoD hospitals and clinics, schools and family housing, providing military personnel with the resources to effectively advance US missions here and abroad. It also protects the health and well-being of our veterans, funding medical care, disability benefits, and education benefits by providing the necessary funding for these important benefits and programs. The measure approved on 24 MAY provides \$72.5 billion in discretionary funding; \$615 million below last year's level and \$1.2 billion below the President's fiscal year 2012 request. Air Force Sergeants Association sources say this bill will come to the House floor shortly after lawmakers return from the Memorial Day recess. And barring anything unforeseen, the funding levels recommended by the Committee are not expected to change. Some specific funding amounts recommended by the Committee were as follows:

- \$1.1 billion for construction of 16 DoD hospitals and clinics.
- \$1.3 billion for National Guard and Reserve Component construction.
- \$373 million for new construction of family housing.
- \$483 million for 15 DoD schools located in the U.S. and overseas.
- \$127.8 billion in discretionary and mandatory funding for the Department of Veterans Affairs in FY 2012..
- \$52.5 billion in advanced appropriations for VA medical programs in FY 2013.
- \$30.8 million for the U.S. Court of Appeals for Veterans Claims.
- \$65.7 million to operate Armed Forces Retirement Homes in Gulfport, MS, and Washington, DC.
- \$45.8 million for Arlington National Cemetery; and
- \$61.1 million for the American Battle Monuments Commission

The Military Construction and Veterans Affairs Appropriations bill (MILCON/VA) should not be confused with the National Defense Authorization (NDAA) bill. The overall purpose of the NDAA law is to authorize funding for the defense of the United States and its interests abroad, for military construction, and for national security-related energy programs. Whereas, the overall purpose of the MILCON/VA law is to provide the nation's military with the infrastructure needed to house, train, and equip military personnel, provides for the quality of life of our troops and

their families, and maintains a strong military base structure. The bill also funds veterans' benefits and programs to ensure that all veterans receive the services they have earned as a result of their sacrifices and service to the country. [Source: AFSA Weekly eNewsletter 27 May 2011 ++].

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Congressional Terminology Update 04: Authorization bills are generally contrasted with appropriations bills, which are laws that provide funding for discretionary programs that are already authorized; for the federal government to legally carry out an action, it must both be authorized and have money available to fund any expenditures needed to act. In the United States Congress, an authorization bill is a proposed public law that permits the federal government to carry out various functions and programs. An appropriation bill or running bill is a legislative motion (bill) which authorizes the government to spend money. It is a bill that sets money aside for specific spending. In most democracies, approval of the legislature is necessary for the government to spend money. In a parliamentary system, the defeat of an appropriation bill in a parliamentary vote generally necessitates either a resignation of a government or the calling of a general election. Under the U.S. presidential system, the support of the Congress for the President's appropriations requests is not necessary for the separately elected President to remain in office, but can severely limit the President's ability to govern effectively. In the United States, two types of legislation are used to spend money. Thus -

- **Authorization.** An authorization establishes a program that will later spend the money, but does not necessarily provide any funding. A mandatory program is one that does not need an additional piece of legislation known as an appropriation in order for spending to occur. The authority for spending to occur for the mandatory program is included in the authorization legislation. Social security benefits are an example of a "mandatory" program. An authorization bill can create programs and make known Congress's intended level of spending for programs that also require an appropriation. What distinguishes a mandatory program from a discretionary program is that after Congress enacts a law creating a mandatory program, the program is permitted to spend funds until the program expires based on a provision in law, or until a subsequent law either terminates the program or reauthorizes it. "Discretionary" programs typically require annual appropriations legislation. Social Security, Medicare, Medicaid, every Cabinet Department, the Army, Navy, the Post Office - everything was created by authorizing legislation in Congress at some time. Maybe it was a hundred years ago, but it was authorized. In fact, not only authorized but re-authorized over and over again.
- **Appropriation.** An appropriation bill is used to actually provide money to "discretionary" programs. Appropriations are generally done on an annual basis, although multi-year appropriations are occasionally passed. According to the United States Constitution (Article I, Section 8, clause 12), military appropriations cannot be for more than two years at a time. An annual appropriation requires that the funds appropriated be obligated (spent) by the end of the fiscal year of the appropriation. Once the fiscal year ends, no more money can be spent via the prior year's appropriation. A new appropriation for the new fiscal year must be passed in order for continued spending to occur, or passage of a special appropriations bill known as a continuing resolution, which generally permits continued spending for a short period of time—usually at prior year levels. The Anti-Deficiency Act makes void any attempt to spend money for which there is no current appropriation. There are two Appropriations Committees in Congress (House and Senate), both broken down into subcommittees that mirror the Federal Government. Each subcommittee takes on an odd chunk of the government, say the Commerce Department, NASA, State Department and the Justice Department. These committees produce 13 bills (for each chamber) that appropriate the money to fund everything. These bills are chock full tables of appropriated money to this or that program and text that reads like ledger. New programs and new authority to change programs do not belong in these bills.

Congress has rules that prevent this from happening... 'you shall not legislate in an appropriations bill.' But this being Congress, sometimes it happens. A rule in Congress is not like it is a law; it's just a rule that can be waived when necessary.

Authorizers usually have the more august titles, such as Chairman of the House Committee on Foreign Relations or Chairman of the House Ways and Means Committee. Appropriators live in their own separate world, somewhat mirroring the authorizer world, and have such titles as Chairman of the Appropriations Subcommittee on Agriculture. (Sometimes, these subcommittee chairpersons are called the "Cardinals") It isn't quite a parallel universe however, since there are significant differences and different roles for each type. According to the United States Constitution (Article I, Section 7, clause 1), all bills relating to revenue, generally tax bills, must originate in the House of Representatives, consistent with the Westminster system requiring all money bills to originate in the lower house which is why the appropriations bills that are enacted begin with "H.R.", indicating a bill that originated in the House. The Constitution also states that the "Senate may propose or concur with Amendments as on other Bills," so in practice, the Senate and House each drafts and considers its own bill. The Senate then "cuts-and-pastes", substituting the language of its bill of a particular appropriations bill for the language of House bill, then agrees to the bill as amended. [Source: http://en.wikipedia.org/wiki/Appropriation_bill May 2011 ++]

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Military Compensation Update 01: In his remarks before the American Enterprise Institute on 23 MAY, Defense Secretary Robert Gates said the next round of budget cuts could force lawmakers to pare back military pay and benefits. He indicated the government would have to "re-examine military compensation," consider altering the retirement system to reduce outlays for pay and pensions and do more to address "spiraling health-care costs." None would be good for the military or retiree communities and any one of them could wind up harming individual service recruiting and retention efforts. A number of groups have called for reductions in earned military pay and benefit programs recently. Gates referenced one in his comments: the President's National Commission on Fiscal Responsibility and Reform. That group proposed a three-year freeze on basic pay, military housing and food allowances in addition to raising TRICARE-related fees for all beneficiaries (among other things). Additional recommendations are expected to be seen in coming months and the threat to earned military benefits will increase. [Source: AFSA Weekly eNewsletter 27 May 2011 ++]

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Stolen Valor Update 38: After the Army discharged him 15 years ago for a heart condition, Anthony Todd Saxon so desperately wanted to keep serving that he bought an combat uniform and fooled troops at Fort Gordon and his family into believing he remained in the ranks. Saxon, 36, insisted 22 MAY he meant no harm when he went to the base last year and posed as a master sergeant, saying he was driven by a lifelong desire to serve his country that got cut short after just three years when the Florida National Guard dismissed him in 1994. "I want to apologize for dishonoring the U.S. Army by impersonating a soldier," Saxon said at his sentencing hearing in U.S. District Court in Augusta Georgia. "It's a very big issue to me. It was very hard for me to let go." Despite delivering a lengthy apology, Saxon was sentenced to four years and nine months in federal prison. Judge Dudley Bowen said his chief concern was the assault rifle and several other guns, plus military training grenades, found at Saxon's home in nearby Keysville. Saxon had a 1996 felony conviction for grand theft in Florida, and prosecutors said authorities had warned him in 2005 that he couldn't legally own weapons because of his record.

Saxon was arrested in June and pleaded guilty in January to impersonating a soldier, possession of firearms by a convicted felon and possession of a silencer stolen from a local gun shop. Assistant U.S. Attorney Stephen Inman said interviews with Saxon and psychological tests ruled out initial fears that he planned a "Fort Hood scenario" to

harm soldiers at Fort Gordon or that he was "just a crazy individual." Inman told the judge he suspects Saxon was posing as a soldier to steal military hardware and sell it. "I don't believe misguided patriotism was the source of his criminal actions in this case," Inman said. "I think the source was a profit motive. He loved this country and loved the Army so much that he decided to lie and steal from the Army." Saxon wore an Army combat uniform with the rank and insignia of a master sergeant at least 10 times last year to Fort Gordon, home of the Army Signal Corps and one of largest military hospitals in the Southeast. During one visit, according to court records, he convinced a soldier to give him a laser-targeting sight for a rifle. The FBI determined Saxon was never employed at Fort Gordon, either as a soldier or a civilian.

Inman noted authorities suspect Saxon may have had a live anti-personnel mine at the time of his arrest, though a bomb squad blew it up before investigators could get a close look. Explosives charges were dropped as part of his plea deal, along with counts of theft of government property, theft of a firearm, illegal possession of a rifle with a shortened barrel. The sentence Saxon received is far less than the maximum 23 years in prison allowed for the charges he pleaded guilty to. Time he's already served in prison since his arrest, nearly a year, will count toward his sentence. Saxon's family pleaded for mercy. His father told the judge that Saxon had known almost since he was born that he wanted to be a soldier. Saxon's wife, Rhonda Saxon, said she had forgiven her husband. When Saxon was arrested, prosecutors said, she and other family members believed Saxon was about to deploy overseas to Afghanistan. "He's a good person," she told the judge. "His love for the military is absolutely crazy. That's all he dreams about and thinks about every day." [Source: The Associated Press Russ Bynum article 23 May 2011 ++]



Anthony Todd Saxon

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Arlington National Cemetery Update 24: When Republicans took control of the House in January, Speaker John Boehner (R-OH) and his conference passed a set of rules that prohibited the use of floor time for the passage of symbolic resolutions. "We're pretty well committed to the House doing substantive work on the floor of the House," Boehner said earlier this month during the debate over whether to pass a resolution honoring the military and intelligence operatives that planned and executed the raid that killed Usama bin Laden. "[All] of the commemorative resolutions that used to be brought to the floor of the House, some of them I thought were quite meaningless." But where there's a will there's a way, and Monday night, as part of a bill known as the "Honoring American Veterans Act of 2011 [H.R.1627]," the House approved what amounts to a resolution praising the service of Jewish war chaplains. The bill honors rabbis who died during active duty in the armed services with a monument on Chaplains Hill in Arlington National Cemetery. "We are hopeful that through this new legislation and the placement of the Jewish War Chaplains monument at Arlington National Cemetery, all Americans will know the inspiration these men provided to thousands of our soldiers," Rep. Jeff Miller, R-Fla., said in a statement. He added that the underlying legislation would allow Congress to honor additional war fighters through monuments at the

cemetery in the future. In addition to the memorial, the bill also praises American troops who have participated in the wars in Afghanistan and Iraq and prevents the practice of reserving burial plots" there at Arlington. Considered during a series of votes on veterans' affairs bills, the commemorative legislation passed H.R. 1627, 380 to 0. On 24 MAR the bill was referred to Senate committee, read twice and referred to the Senate Committee on Veterans' Affairs. [Source: FoxNews.com John Brandt | May 23, 2011 ++]

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Senior Bankruptcy: There's been a remarkable increase in the number of bankruptcy petitions filed by seniors, age 50 and older, in recent years. And older filers are beginning to represent a larger percentage of those filing for bankruptcy. According to an article by John Golmant and James Wood of the Administrative Office of the U.S. Courts in Washington, D.C. that appeared in the September 2010 issue of ABI (American Bankruptcy Institute) Journal, "this significant demographic uptick in older bankruptcy filers is outstripping the aging of the general population as a whole... The recent housing crisis worsened the already precarious financial condition of many older Americans," they wrote. A study performed in 2008 found that twenty-eight percent of all mortgage delinquencies and foreclosures were for people age 50 and older. Seniors are often targeted for risky subprime mortgages, and refinancing, because they often have accumulated equity in their homes. Compounding problems, the net worth of seniors appears to be in decline. With the collapse of housing values, many seniors now have little or no home equity, the authors said.

Credit card debt is also playing a big role, as well as healthcare costs. Another study by Stetson University College of Law professors Theresa Radwan and Rebecca Morgan found that seniors are "vulnerable to bankruptcy" and that more bankruptcies are caused by a combination of low income and the high expenses of everyday living than by a single financially catastrophic event. They also said that general credit card debt used to pay for basic necessities appears to be a leading cause of bankruptcies, outweighing even medical debt in their survey. Radwan and Morgan wrote, "That system (Social Security) must also ensure that enough funds are available to meet the needs of those receiving benefits, and must account for increased prices of common items, because a small increase in expenses may be enough to trigger financial distress for one on a limited income... Reliance on Social Security, pensions, and savings has not been enough for so many of today's older population." And although these statistics are grim enough, this may just be the tip of an iceberg. The most recent data on bankruptcy filings only covers through 2008. We don't yet know how senior bankruptcies may have been affected by two years of no cost-of-living adjustments (COLAs) in the midst of spiking costs and slow economic recovery. The American Bankruptcy Institute estimates that this year alone personal bankruptcies are on track to approach 1.6 million new cases, the largest number since Congress changed federal bankruptcy law in 2005.

The Senior Citizens League (TSCL) is meeting with Members of Congress and telling them that seniors need a more fair and adequate COLA to ensure that Social Security remains a stable source of income. TSCL supports legislation that would calculate the COLA based on an index that more fairly accounts for senior costs - - like the Consumer Price Index for the Elderly (CPI-E), H.R. 456, introduced by Representative Charles Gonzalez (TX-20), and H.R. 798 introduced by Representative Peter DeFazio (OR-4). To view all the bills that would provide a fair COLA supported by TSCL, visit http://www.seniorsleague.org//index.php?option=com_content&task=blogcategory&id=54&Itemid=137 or call 800-333-8725. [Source: TSCL Social Security and Medicare Advisor, Vol. 16, No. 5 24 May 2011 ++]

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Senior Discounts: Turn your senior status into a source of savings. Here's a round up of senior discounts for your perusal: Note: While every attempt has been made to verify the accuracy of these listings, offers are subject

to change. Terms may also vary from location to location, so call to confirm the availability of these offers in your area.

- AMC Theaters - A discount of up to 30% is available for ages 55+ at most theater locations.
- Amtrak - Everyday. 15% discount on adult rail fare with some exclusions. Ages 62+.
- Arby's - A 10% discount at participating locations. Ages 55+.
- Banana Republic - 10% discount everyday. Ages 50+. Discount and age may vary by location.
- Belks - First Tuesday of the month. 15% discount. Ages 55+.
- Best Western - At least 10% off regular room rates. Late checkouts and other offers also available. Ages 55+.
- Burger King - A 10% discount at participating locations. Ages 60+.
- Chili's - A 10% discount at participating locations. Ages 55+.
- Choice Hotels - Comfort Inn, Comfort Suites, Quality, Sleep Inn, Clarion, Cambria Suites, MainStay Suites, Suburban, Econo Lodge, Rhodeway Inn Everyday. 10% discount with Mature Travelers rate. Ages 50+. 20-30% discount with advanced reservations (Sixty Plus Rate). Ages 60+.
- Denny's - AARP members get a 20% discount off the total check amount from 4pm-10pm. Coffee is \$1 a cup round the clock for members and guests.
- Goody's - Every Wednesday. 15% discount with some exclusions. Ages 55+.
- Goodwill - 10% discount one day a week for ages 55+. Specifics may vary by location.
- Greyhound - 5% discount on unrestricted passenger fares. Ages 62+.
- Hardee's - Everyday. 33-cent drinks. Ages 65+.
- Hyatt - Save up to 50% at participating hotels. Ages 62+.
- IHOP - A 10% discount at participating locations. Ages 55+.
- Jiffy Lube - Many locations offer a discount for ages 55+.
- Kmart - Gold K prescription discount program. Up to 20% discount on prescription medication. Ages 50+.
- Kohl's - Every Wednesday. 15% discount. Ages 62+. (Day may vary by store)
- Kroger - Day varies by location. 10% off total order. Ages 60+.
- Long John Silvers - Discount for ages 55+ at participating locations.
- Marriott Hotels - A discount of at least 15% for ages 62+. Good seven days a week.
- McDonald's - Everyday. Discounted senior coffee.
- Motel 6 - 10% discount at over 900 locations. Ages 60+
- Mrs. Fields - A 10% discount at participating locations. Ages 60+.
- National Car Rental - Everyday. Call 1-800-CAR-RENT for details. Ages 50+.
- National Parks - Free entrance to national parks with purchase of \$10 America the Beautiful Senior Pass.
- Regal Cinema - A discounted senior movie ticket for ages 60+.
- Rite Aid - Join the free Living More Loyalty program, and save 10% off most purchases Tuesdays, plus 10% off cash prescriptions and Rite Aid brand products everyday. Bonus: Get 20% off purchases the first Tuesday of the month.
- Ross - 10% off on Tuesdays for ages 55+ at participating locations.
- Shoney's - Everyday. 10% discount. Ages 60+.
- Salvation Army Thrift Stores - Most locations provide discounts from 15% to 50% off. Discounts may only be available on certain days of the week with Wednesdays being the most popular discount day. Ages 55+
- Sizzler - Typically offers a specially priced menu for seniors; other locations may provide discounts of up to 15% off the regularly priced menu. **Ages 60+**
- SuperCuts - \$2 off hair cut. Ages 60+.
- Taco Bell - Free drinks for seniors at participating locations.
- TCBY - A 10% discount at participating locations. Ages 55+.
- Wendy's - A 10% discount at participating locations. Ages 55+.

If you don't mind telling people that you qualify for senior discounts, www.seniordiscounts.com can be a good resource for saving on thousands of products and services including airlines, car rentals, travel, sports, recreation, shopping, restaurants, national parks, medical services, pharmacies, museums, and much more. The Web site also offers a free weekly newsletter that focuses exclusively on senior discounts. When you log onto the Web site, search by your zip code or city & state, and the category you're interested in. You will see a list that includes names and addresses, the amount of the senior discount, and the minimum age requirement. It doesn't promise the best deals available, but the site is a good place to start. When you contact any company, don't hesitate to ask about special offers, closeouts, or additional senior discounts that may be available. [Source: About.com | Senior Living 24 May 2011 ++]

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GI Bill Update 97: The House Veterans' Affairs Committee's plan to freeze Post-9/11 GI Bill housing stipend rates for two years has been dropped from the Restoring GI Bill Fairness Act of 2011 (H.R.1383). The proposed housing rate freeze was designed to help cover the \$50 million cost of H.R.1383, a law that would correct one of the many unintended consequences of the Post-9/11 Veterans Education Assistance Improvements Act of 2010, the law commonly known as GI Bill 2.0 (the fix to the Post-9/11 GI Bill). Most of the provisions of GI Bill 2.0 are set to go into effect this fall. The specific issue H.R.1383 will address is the impact on student veterans in seven states who will face increased out-of-pocket tuition expenses due to the \$17,500 a year private school tuition and fees cap. Rep. Jeff Miller (R-FL), the bill's author, has offered a change to the bill that would adjust VA Home Loan origination fees for veterans who use the home loan program more than once. The plan will not raise the current origination fee rate of 3.3 percent. Instead it will effect a planned fee reduction which is set to go into effect in October. This means that the planned 1 OCT VA Home Loan origination fee reduction to 2.15% will be changed to 2.8%. This is still a fee reduction, just not quite as much as planned. The House addressed H.R.1383 on 23 MAY and it was passed by a voice vote of 389 to 0. On 24 MAY the bill was Referred to Senate committee where it was read twice and referred to the Committee on Veterans' Affairs. Veterans who want their legislators to support H.R.1383 can send a preformatted message to them by going to <http://capwiz.com/military/issues/alert/?alertid=41246501&type=ML>. [Source: Military Advantage Blog Terry Howell article 23 May 2011 ++]

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VA Claim Denial Update 07: In a recent audit of the VA Disability Compensation System at 16 Regional Offices, the VA Office of the Inspector General estimates that the rating staff incorrectly processed 23% of the 45,000 claims inspected. The IG investigated offices throughout the US and focused mainly on the handling of the following five types of claims: extra-schedular 100 percent disability evaluations (TDIU); PTSD; TBI; Herbicide Exposure; and 5 Haas (Haas v Nicholson: "blue water" claims from Vietnam Agent Orange exposure). The processes evaluated ranged from mail handling to actual disability percentage awards. Of the 16 Regional Offices, Baltimore MD and Anchorage AK scored the lowest in compliance with VA standards. Both failed to meet 14 of the 15 process requirements. Extended management vacancies were cited as one of the linking factors between all poorly performing Regional Offices. Because of the vacancies, these offices lacked continuity and proper oversight. As a result, procedures were not developed or implemented to correct previously identified problems.

The Haas vs. Nicholson claims had the highest rate of error. In January, the VA released a report claiming the TDIU errors would have resulted in an overpayment of over \$1.1 billion by 2016. While this may be true, the VA made no effort to project the amount of dollars not paid to incorrectly denied veterans who would otherwise have qualified. It's quite possible that this amount might be much higher in the other direction. Meanwhile, at 83% of the

Regional Offices, Haas claims had a higher instance of the VA failing to follow VA policy. Five of 6 surveyed failed the standard. Haas claims involve veterans who were likely exposed to Agent Orange but never set foot in Vietnam. Prior to the 2006 Haas v Nicholson decision, mainly veterans who set foot on Vietnamese soil or road on craft up rivers in Vietnam were entitled to the presumption of exposure. Now, the VA is still attempting to catch up to the claims backlog that was caused by the VA appeal of that 2006 decision. In 2009, the decision for Haas was upheld and the VA has since struggled to maintain continuity between offices in how the backlogged claims are processed. The report stated some of these claims were incorrectly denied after the initial Haas decision was upheld.

Veterans receiving denials or low-ball ratings within the past year for any disability ratings may want to consider immediately looking over their decision and request a copy of their VA claim file. If the time passed since the decision is close to the 12-month appeal deadline, contact your Veteran Service Officer to discuss the possibility of appealing it, if warranted. There are both “for pay” and Pro Bono VSO’s. Suggest talking to the Pro Bono people first. Try to find one you trust who will handle your claim in a professional manner. Veterans already denied at the Board of Appeals review may want to consider speaking with a Veterans Law Attorney in their area, since VSO’s cannot represent veterans before the US Court of Appeals for Veterans Claims. Two resources worth looking at are the National Organization of Veterans Advocates (NOVA) and National Veterans Legal Services Program (NVLS). There are many other attorneys out there as well. A simple Google search could render quality results as well. Just be sure the lawyer is accredited by the Department of Veterans Affairs. Of course, confident veterans can always opt to represent themselves Pro Se before the court, as well. [Source: Military Advantage Blog Ben Krause article 21 May 2011 ++]

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COLA 2012 Update 01: According to the Bureau of Labor Statistics the Consumer Price Index for April is up 0.8 percent over the March CPI. This is important for military retirees, and those drawing VA benefits, because the CPI is used to determine the annual cost-of-living-adjustment (COLA) and rate adjustments to VA Disability and Compensation, Vets Pension programs, and other VA rates for the following year. The Military Officers Association of America reports that the April 2011 CPI is up 2.9 percent from the 2008 CPI. The 2008 CPI will be used to calculate the 2012 COLA since there has been no COLA since 2009. This means that if the trend continues the COLA for 2012 could be quite substantial. This will also mean an increase in VA Compensation and Pension programs as well as social security rates. On 23 MAY the House passed the H.R.1407 by a voice vote of 387 to zero and referred it to Senate committee where it was read twice and referred to the Senate Committee on Veterans' Affairs. H.R.1407 would increase, effective as of 1 DEC 2011, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans by the same percentage of COLA that Social Security receives. Senate bill S.894 with 14 cosponsors would do the same if passed. [Source: Military Advantage Blog Terry Howell article 20 May 2011 ++]

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National Navy UDT-SEAL Museum: Since the killing of Osama bin Laden by Navy SEALs, the director of the National Navy UDT-SEAL Museum in Fort Pierce "said calls, letters and post cards have been arriving from throughout the world." The museum, the only one of its type, is dedicated solely to preserving the history of the Navy SEALs and their predecessors, including the Underwater Demolition Teams, Naval Combat Demolition Units, Office of Strategic Services Maritime Units and Amphibious Scouts and Raiders. Located in Fort Pierce, Florida - the birthplace of the Navy Frogman - the Museum promotes public education by providing the opportunity to explore the history of the Navy SEALs in an atmosphere of respect and honor. The museum, which opened in 1985, was recognized as a National Museum by an act of Congress signed into law 7 FEB 08. The Memorial consists of a 500-pound, 9-foot-tall, bronze sculpture of a modern Navy SEAL. The names of all

Underwater Demolition Team members — the "Frogmen" of World War II and modern Navy SEALs — who have died in the service of the country are carved into black, granite panels on the walls surrounding the sculpture and its reflecting pool. The Museum collection includes a number of rare artifacts dating from the founding of the SEALs, from the days of Scouts & Raiders, through the Underwater Demolition Teams, to recent present-day activities of US Navy SEALs:

The site at 3300 North A1A, North Hutchinson Island is open Monday (January-April only) 10-4 Tuesday-Saturday 10-4, and Sunday Noon-4. Admission fees are adults (ages 13 and over) \$8.00, children (ages 6 - 12) \$4.00, and children (5 and under) free. Entry fee is included with membership. For Group Rates/Reservations call the Museum at 772-595-5845. For a virtual tour go to http://www.navysealmuseum.com/virtual_museum.php. For additional info refer to <http://www.navysealmuseum.com/>. [Source: <http://www.navysealmuseum.com> May 2011 ++]



National Navy UDT-SEAL Museum

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VA Fraud Waste & Abuse Update 34: Bedford NH - Patrick M. McNulty, 28, a Veterans Affairs employee who supervised veterans undergoing substance abuse treatment at a VA medical facility, was arrested and charged 16 MAY for allegedly selling cocaine at the VA Medical Center in Bedford to the patients he was responsible for supervising, according to federal officials. According to the affidavit, a VA patient came forward in NOV 2010 to complain that McNulty was selling cocaine, marijuana and ecstasy to patients. Among other things, the Bedford VAMC provides veterans with alcohol and drug abuse rehabilitation services. According to the affidavit, the patient agreed to cooperate in the investigation, and purchased cocaine from McNulty on three separate occasions in November and December 2010. Each of the sales allegedly took place at the VAMC. Under the direction of law enforcement officers, the patient recorded the transactions, and McNulty was recorded talking about his drug sales and sources. It is alleged that in one recording McNulty said, "I can get coke like it's nothing. I can get more coke all day." If convicted, he faces up to 20 years incarceration to be followed by up to a lifetime of supervised release and a \$1 million fine. [Source: Bedford Minuteman article 19 May 2011 ++]

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PTSD Update 67: The PTSD Coach smartphone application (app), launched in April by the Department of Veterans Affairs (VA) and the Department of Defense (DoD), has already helped more than 5,000 users connect with important mental health information and resources. "This new tool is about helping Veterans and Servicemembers when and where they need it," said Secretary of Veterans Affairs Eric K. Shinseki. "We are encouraged so many have already downloaded this resource and hope many more will utilize this convenient tool to

access VA services." Since its launch, the PTSD Coach app has been downloaded by thousands of individuals. While 96 percent of the users so far are located in the United States, the app has also been downloaded in 25 other countries. The app lets users track their PTSD symptoms, links them with public and personalized sources of support, provides accurate information about PTSD, and teaches helpful strategies for managing PTSD symptoms on the go.

Currently, the PTSD Coach app has received perfect customer review scores on the iTunes App Store. Comments from Veterans and family members are overwhelmingly positive and one user describes the app as "a must for every spouse who has a family member with PTSD." Professionals have sent positive reviews, suggestions and offers to collaborate on research evaluating the PTSD Coach app. The app has also already proven to be a useful tool for the staff at the Veterans Crisis Line. Within the first two hours of the app's official launch, the Crisis Line staff were contacted by a distressed Veteran who reported being instructed by the app to call the crisis line and was subsequently given an appointment at the local VA medical center. Crisis Line staff have begun to regularly recommend this resource to callers.

The app is one of the first in a series of jointly-designed resources by the VA National Center for PTSD and DoD's National Center for Telehealth and Technology to help Servicemembers and Veterans manage their readjustment challenges and get anonymous assistance. Given the popularity of mobile devices, VA and DoD hope to reach tens of thousands of Veterans, Servicemembers, and their family members with the new suite of apps. Information on the PTSD Coach app is on the VA's National Center for PTSD Website: <http://www.ptsd.va.gov/public/pages/PTSDCoach.asp>. More apps from DoD's National Center for Telehealth and Technology can be found at: <http://www.t2health.org/apps>. [Source: VA News Release 17 May 2011 ++]

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PTSD Update 68: Women deployed in the wars in Iraq and Afghanistan are emerging as a group especially vulnerable to post-traumatic stress disorder, researchers reported this week at the annual meeting of the American Psychiatric Assn. More than 230,000 women have served in Iraq and Afghanistan since 2001, according to a Los Angeles Times story published in April on PTSD among female military personnel. Women, however, have been denied insurance coverage for treatment for PTSD at a higher rate than men because of a former stipulation that required combat experience to qualify for the benefit. Under rule changes enacted last year, any veteran deployed to a combat zone can seek care for PTSD. But the story noted that VA officials know little about the scope of the problem among women.

In the study, presented this week, researchers studied 922 National Guard members -- including 91 women -- under mandatory deployment to Iraq in 2008. The guard members were screened using mental-health measures before deployment and three months after deployment. The study found that women were much more likely than men to meet the criteria for PTSD after returning home -- 18.7% of women had PTSD compared with 8.7% of men. There were no significant differences between men and women in their level of combat exposure. The women were much less likely to feel well-prepared for combat before deployment and were more likely to report a lack of unit cohesion during deployment. Unit cohesion is the mutual support and bonds of friendship among members of a military unit. Another study presented at the APA meeting found such cohesion is emerging as a major factor in determining the mental-health effects of combat on troops.

U.S. Army researchers surveyed 1,600 soldiers from two combat brigades who had been deployed once. They found that unit cohesion was a key factor in whether soldiers developed thoughts of suicide. "Despite the evolving role of women in the military, few studies have examined gender-relevant issues in combat deployment," wrote the authors of the study on PTSD among women, led by the Department of Veterans Affairs-New Jersey Health Care

System. "This study suggests that women may be at greater risk than men of developing combat-related PTSD in part because they are less likely to develop confidence in their own military preparedness or receive social support in the form of unit cohesion." Although women are well-trained for combat and other aspects of military deployment, the authors noted, "training regimens may nevertheless fail to adequately address physiological differences between men and women, leaving women feeling less prepared for deployment to combat zones."

[Source: Los Angeles Times Shari Roan article 19May 2011 ++]

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VA Dental Treatment Update 06: A retired dentist says he's insulted by claims that he failed for years to change gloves or sterilize instruments between patients while working at a veterans hospital in Ohio. In denying the allegations, Dr. Dwight Pemberton, 81, says in an interview with the Dayton Daily News that complaints at the Dayton VA Medical Center were leveled against him by co-workers whose ultimate target was his boss. "I've been working for the well-being and benefit of this entire community ever since I've been here, and I'm proud of the things that I've done," said Pemberton, who joined the Dayton VA in 1977. The VA cannot say whether Pemberton is the dentist accused of violating sanitation procedures, said VA spokesman Todd Sledge. The alleged practices led the agency to offer free testing for infections to 535 patients who underwent invasive dental procedures from January 1992 to July 2010. Three have tested positive for new cases of liver disease.

Pemberton earned \$166,000 a year and saw more than 3,200 patients between 1991 and 2010. He said he's not infected with the liver diseases found in the patients. He said no patients were put at risk and that the VA had "aroused suspicions and doubts and fears" by offering testing. Pemberton's former supervisor, Dr. Andrew Mesaros, declined to comment when reached by phone. Employees who first made the allegations have said they were not targeting Mesaros. The newspaper reports Mesaros was fired earlier this month. Pemberton and the medical center's chief of staff retired, and the hospital's director was reassigned. Pemberton accuses the VA of ignoring possible employees who would have testified in his favor. Documents that Pemberton gave the Dayton Daily News show that 20 workers were asked if they had seen a dentist in operating areas use equipment that had not been cleaned. Nineteen answered 'no' and the 20th did not respond. One woman who answered 'no' clarified her response, writing that she works in the lab, not the operating area. About a week earlier she had told investigators that, in the lab, Pemberton used the same equipment without sanitizing on "patient after patient."

Sledge said the survey was not part of the VA's investigation process, which included interviews with more than 30 people who authorities believed had relevant evidence. Pemberton also gave the newspaper copies of four evaluations in which he received "outstanding" marks. "Dr. Pemberton is a respected and valued member of our Dental Service team," Mesaros wrote in 2009, the most recent review provided. Mesaros told investigators in September that multiple employees had told him that Pemberton failed to clean equipment between patients, documents show. Mesaros has said he was unable to substantiate the allegations. Pemberton said Mesaros, at times, had cautioned him about leaving gloves on when he left his work area. "Dwight, you can't have those gloves on," Pemberton recalled Mesaros saying. "People are going to think they're dirty." Pemberton received a letter on 8 FEB warning him that it had been proposed he be fired. The letter includes excerpts from the September investigation in which eight employees help substantiate the claims. Pemberton in September told authorities "I repudiate all of the things that have been stated, I repudiate them all." He retired three days after receiving the letter. [Source: Dayton Daily News AP article 19 May 2011 ++]

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Agent Orange Disposal: U.S. Forces Korea is investigating whether Agent Orange is buried at Camp Carroll, following claims from veterans who say they buried the toxic herbicide while stationed there in the late

1970s, a military spokesman said Friday. The matter has “the full attention” of top U.S. military commanders in South Korea, including the USFK commander, Gen. Walter Sharp, and the 8th Army commander, Lt. Gen. John Johnson, said Lt. Col. Jeff Buczkowski, 8th Army spokesman. “Our intention is to be completely transparent and cooperative with the [South Koreans] and probably do some kind of joint investigation,” he said. “We’re going to do as much as possible.” Three former soldiers recently told a Phoenix television station that they helped bury the chemical at Camp Carroll. According to a transcript of the report, Phoenix-area resident Steve House said he was ordered in 1978 to dig a ditch nearly a city block long that was used for burying 55-gallon drums, some with the words “Province of Vietnam, Compound Orange” written on them. Agent Orange is the name of a specific blend of herbicides used during the Vietnam era. The military sprayed millions of gallons on trees and vegetation that provided cover for enemy forces. The Veterans Affairs department, along with many other government departments and agencies, have conducted research studies on the possible health effects of Agent Orange exposure on U.S. veterans. The VA has recognized certain cancers and other diseases associated with exposure to the chemical.

Many veterans groups have been calling on the U.S. to make sure the disposal of Agent Orange is handled properly. In the past, the chemical has been dumped into the ocean, or simply buried. Disposal of dioxin-contaminated materials in landfills can affect ground water reservoirs and aquifers, according to the Vietnam Veterans of America website. “We basically buried our garbage in their backyard,” according to House, who said he suffers from medical problems because of his exposure to the chemical. Another veteran, Robert Travis, now of West Virginia, told the Phoenix TV station that he developed a rash soon after handling barrels labeled “Chemicals Type Agent Orange,” and later developed other health problems. “This stuff was just seeping through the barrels,” he said. “There was a smell, I couldn’t even describe it, just sickly sweet.” Buczkowski said USFK officials have not yet spoken with the three veterans, who live in the U.S., but plan to do so.

A spokesman for South Korea’s Environment Ministry said 20 MAY that the ministry has asked USFK to verify the veterans’ claims, and may soon ask for a joint investigation. In the meantime, South Korean analysts began investigating the area around Camp Carroll on Friday, and will soon begin collecting soil and water samples to determine if Agent Orange has seeped into the ground or water, according to the ministry spokesman. The analysts have not gone into the camp, the spokesman said, adding that the investigation will last about one month. Approximately 3,850 soldiers and U.S and South Korean civilians work at Camp Carroll, which is located in Waegwan, about 20 miles north of Daegu. Phil Molter, spokesman for U.S. Army Garrison-Daegu, said no areas of the base had been blocked off and no safety measures had been taken because of the possible presence of Agent Orange. Possible environmental contamination at U.S. bases has been a source of contention between the U.S. and South Korea in recent years as the U.S. has returned dozens of bases to South Korean control. [Source: Stars and Stripes Ashley Rowland article 20 May 2011 ++]

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Navy's Name Game: A California congressman who blasted the Navy MAY for naming a new cargo ship USNS Cesar Chavez (it's USNS instead of USS because most of the crew on such a support vessel is civilian) after labor activist Cesar Chavez is now preparing to file legislation that will direct the Navy to name the next available ship after a military war hero. Republican Rep. Duncan Hunter, who fought in Iraq and Afghanistan, wants the next ship to be named after Marine Corps. Sgt. Rafael Peralta, who died in 2004 and was nominated for the Medal of Honor for his bravery in Iraq. Peralta was posthumously offered the Navy Cross, the second highest honor, but his family declined to accept it. "Sgt. Peralta gave his life for this country," Hunter said in a statement 20 MAY, adding that Peralta should have been awarded the Medal of Honor. "It's a shame that the secretary of Defense refuses to re-examine the case, so it's only right that the Navy name its next ship after Sgt. Peralta," he said. "It's an honor that Sgt. Peralta deserves." The ship-naming spat comes hard on the heels of the Navy's push to allow same-sex weddings and civil unions on its bases once "Don't Ask, Don't Tell" is history. The Navy backed down from that

effort last week after 63 GOP congressmen warned them that, in their opinion, the proposal violated the federal Defense of Marriage Act.

Peralta was 25 when he died in a battle in Fallujah, Iraq. After he was shot in the head by friendly fire, he pulled a grenade lobbed by an insurgent under his body before it detonated, saving the lives of several of his fellow comrades. Hunter mentioned Peralta as someone who deserved his name on a cargo ship more than Chavez, a Navy veteran who served for two years starting at the age of 17. Chavez rose to fame for helping to secure a U.S. law that recognized farmworkers' rights to organize unions and engage in collective bargaining. He died in 1993 at the age of 66. Hunter called the Navy's decision to honor Chavez political. "Naming a ship after Cesar Chavez goes right along with other recent decisions by the Navy that appear to be more about making a political statement than upholding the Navy's history and tradition," he said. Chavez this week became the first Mexican American to have one of the last 14 Lewis and Clark-class cargo ships built by NASSCO for the Navy named after him. Other ships have been named after explorers Meriwether Lewis and William Clark, civil rights activist Medgar Evers and pioneering aviator Amelia Earhart.



Sgt. Rafael Peralta

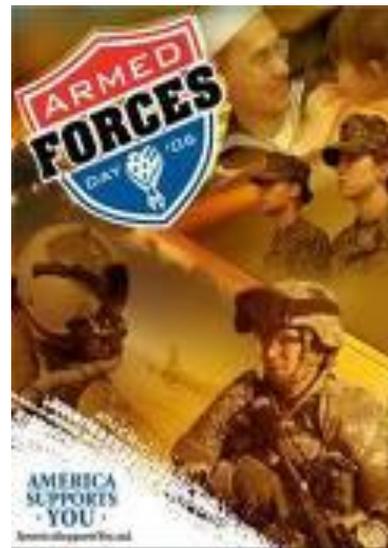
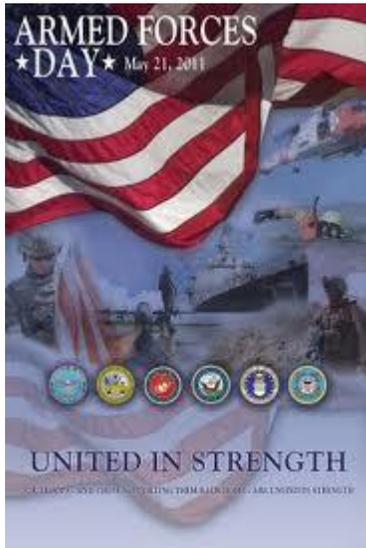
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Armed Forces Day: On 31 AUG 49, Secretary of Defense Louis Johnson announced the creation of an Armed Forces Day to replace separate Army, Navy and Air Force Days. The single-day celebration stemmed from the unification of the Armed Forces under one department -- the Department of Defense. Each of the military leagues and orders was asked to drop sponsorship of its specific service day in order to celebrate the newly announced Armed Forces Day. The Army, Navy and Air Force leagues adopted the newly formed day. The Marine Corps League declined to drop support for Marine Corps Day but also supports Armed Forces Day. In a speech announcing the formation of the day, President Truman "praised the work of the military services at home and across the seas" and said, "it is vital to the security of the nation and to the establishment of a desirable peace." In an excerpt from the Presidential Proclamation of 27 FEB 50, Mr. Truman stated: Armed Forces Day marks the first combined demonstration by America's defense team of its progress, under the National Security Act, towards the goal of readiness for any eventuality. It is the first parade of preparedness by the unified forces of our land, sea, and air defense.

The theme of the first Armed Forces Day was "Teamed for Defense." It was chosen as a means of expressing the unification of all the military forces under a single department of the government. Although this was the theme for

the day, there were several other purposes for holding Armed Forces Day. It was a type of "educational program for civilians," one in which there would be an increased awareness of the Armed Forces. It was designed to expand public understanding of what type of job is performed and the role of the military in civilian life. It was a day for the military to show "state-of-the-art" equipment to the civilian population they were protecting. And it was a day to honor and acknowledge the people of the Armed Forces of the United States. According to a New York Times article published on 17 MAY 52: "This is the day on which we have the welcome opportunity to pay special tribute to the men and women of the Armed Forces ... to all the individuals who are in the service of their country all over the world. Armed Forces Day won't be a matter of parades and receptions for a good many of them. They will all be in line of duty and some of them may give their lives in that duty."

The first Armed Forces Day was celebrated by parades, open houses, receptions, and air shows. In Washington D.C., 10,000 troops of all branches of the military, cadets, and veterans marched past the President and his party. In Berlin, 1,000 U.S. troops paraded for the German citizens at Templehof Airfield. In New York City, an estimated 33,000 participants initiated Armed Forces Day "under an air cover of 250 military planes of all types." In the harbors across the country were the famed mothballed "battlewagons" of World War II, the Missouri, the New Jersey, the North Carolina, and the Iowa, all open for public inspection. Precision flying teams dominated the skies as tracking radar was exhibited on the ground. All across the country, the American people joined together to honor the Armed Forces. Armed Forces Day is celebrated annually on the third Saturday of May which this year was the 21st. Armed Forces Week begins on the second Saturday of May and ends on the third Sunday of May, the day after Armed Forces Day. Because of their unique training schedules, National Guard and Reserve units may celebrate Armed Forces Day/Week over any period in May. [Source: About.com: U.S. military article May2011 ++]



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Blood Pressure Guidelines Update 02: More good news for chocolate lovers: A new Harvard study finds that eating a small square of dark chocolate daily can help lower blood pressure for people with hypertension. The study joins the growing research into the heart-healthy benefits of flavonoids, compounds in unsweetened chocolate that cause dilation of the blood vessels. The Harvard study was announced today in Atlanta at the American Heart Association's science session on cardiovascular disease. The study analyzed 24 chocolate studies involving 1,106 people. It found that dark chocolate, the kind that contains at least 50 to 70 percent cocoa, lowered blood pressure in all participants, but most notably in those with hypertension. Eric Ding of Harvard

Medical School and Brigham and Women's Hospital, a coauthor of the study, says researchers also found that chocolate increased insulin sensitivity, good for lowering diabetes risk. Dark chocolate also appears to affect cholesterol. The Harvard researchers found some evidence for a small decrease in LDL (bad) cholesterol and a significant increase in HDL (good) cholesterol. Triglycerides, however, were unchanged.

As the researchers write, there is "rather strong evidence" that cocoa consumption improves several important cardiovascular risk factors "and likely reduces the risk of cardiovascular disease." Research touting chocolate's health benefits has become increasingly popular in the past decade. While tea, fruits and vegetables also contain these heart-healthy compounds, "flavonoids are notably abundant in the cocoa solids of the cocoa bean," the study's authors write. Chocolate with a higher proportion of cocoa solids — like unsweetened or dark chocolate — will contain more flavonoids. Dark chocolate, for example, contains from 46 to 61 mg of catechin, a type of flavonoid, in 100 grams (about one ounce), while milk chocolate contains only 15 to 16 mg, the study notes. Obviously, encouraging people to eat dark chocolate for its health benefits is appealing advice, and older Americans have taken it to heart. Men and women age 55 and over now make up the bulk of dark chocolate consumers, according to the latest figures from market research firm Mintel. In a May 2008 survey of consumers who bought chocolate for themselves in the past year, two-thirds of those 55-plus said they chose dark chocolate. Among those 65 and older, the preference for dark was even higher — nearly 75 percent. But Ding and his team caution that commercial processing plus the added sugar in the average dark chocolate bar can counteract a big chunk of its benefits. [Source: AARP | Health Beat Candy Sagon article 24 Mar 2011 ++]

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Renters Insurance Update 02: For most apartment and rental home dwellers, renters insurance is an afterthought. In fact, the Independent Insurance Agents & Brokers of America (IIABA) found that nearly two-thirds of Americans living in U.S. rental properties don't have renters insurance and risk severe financial loss. Servicemembers are no exception. The Government Leased Housing Program will not reimburse or replace personal items lost due to theft or natural disaster. So if you're the average U.S. renter with more than \$35,000 worth of possessions in your apartment, you will want to think about getting renters insurance. And, naturally, you'll have questions about the type of coverage you should have. To help you find the policy that's best for you, here are a few questions and answers about renters insurance, published by the Navy Recruiting Command:

Q: Does renter's insurance cover all my possessions? It depends. Some possessions - jewelry, computers, and expensive cameras - are often subject to a per-category theft limit (for example, some policies have a \$5,000 limit for computers). When seeking information on renter's policies, ask about the various category limits and how they apply to expensive items you own. You may purchase a personal property rider, providing additional coverage for specific items not included in your basic policy.

Q: Is my property covered away from home? Yes, but coverage may be limited. Restrictions in terms and the amount of coverage might apply (from 10 percent of your personal property coverage to full value). Ask your agent for details. Your liability coverage does not change.

Q: What happens if my rented or borrowed items are stolen? Items that are "in your possession" are covered under a standard renter's policy.

Q: What if my insurance company does not respond to a claim? Your state insurance department or local consumer protection office can answer questions on filing claims and also take complaints.

Q: Is my bicycle or car covered by renter's insurance? Your bike is protected by a standard renter's insurance policy. Motor vehicles are not covered. A separate insurance policy is needed to protect your car, van or motorcycle.

Q: How do you Buy Renter's Insurance? Take an inventory. Before purchasing, make an itemized list of everything you own with price estimates, serial numbers, receipts (if possible), and purchase dates. Your inventory will help ensure that you purchase the right amount of insurance - not too much or too little. Also, an inventory will help make filing a claim easier. Make copies of this inventory and keep it in a safe place outside of your home (at work, in a safety deposit box or friend's house). Take photographs or a video of your property since this can be helpful when filing a claim.

Make an informed decision. Ensure you ask insurance agent about:

- **Theft Limits.** For example, most renters policies have a \$1,000 total limit on jewelry that is stolen, a \$3,000 - \$10,000 limit for computers and \$2,500 - \$10,000 for silverware or flatware. Policies vary, so ask questions. Ask for a list of standard coverage limits so you know whether you'll need to buy a personal property riders, which provides additional coverage for some of your items.
- **Cash or Replacement Value.** Your policy can insure possessions one of two ways - for either the cash or the replacement value. Cash value coverage takes into account the age and condition of items at the time of damage or loss. Replacement value pays today's cost of a new item when replaced. For instance, if your five-year-old TV is stolen, a cash value policy will pay part of the original purchase price while a replacement policy will reimburse the current price of a comparable set. Replacement value policies tend to cost more, and there may be other requirements as well.
- **Deductible Options.** Find out about the deductible - you're out-of-pocket cost. The lower the deductible, the more the policy will cost you.
- **Discounts.** Some insurance companies may offer discounts to their auto policyholders interested in buying a renters policy from them. Also, you may be eligible for discounts if your apartment or home has a security system, smoke detectors, or deadbolt locks. Additional discounts may be available depending on your age or whether you are a non-smoker. Policies vary. Examine as many options as possible.

Find an insurance agent or insurance company representative with whom you are comfortable. Ask friends or relatives or consult the yellow pages. Call a variety of insurance companies and agents. Ask questions. Keep your inventory handy, so you can find the amount of coverage that is most appropriate for you (\$16,000 is usually the smallest amount of coverage you can get). An insurance policy is a contract between you and your insurance company. Read the policy carefully. If you have questions or if something is unclear, call your insurance company representative. Don't sign the contract unless you fully understand the company's responsibilities as well as your own. An insurance policy spells out several obligations for both you and the company. For example, the company has a duty to defend the insured renter in court if the renter is sued for a covered loss. On the other hand, you must give the insurer complete, accurate and timely information. Don't wait until disaster or a theft strikes to buy renters insurance. Be proactive and protect your investments. For more information, visit the Military.com Insurance Center. [Source: Military.com | Insurance Apr 2011 ++]

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Operation Donkey Drop: Smoke the Donkey's long odyssey from Iraq to Omaha gives new meaning to the U.S. Marine Corps motto "semper fi." For Retired Marine Colonel John Folsom of Omaha, the Latin phrase -- "semper fidelis" in full -- for "always faithful" has become "semper fi(nally)." Smoke's arrival 18 MAY in Omaha ends an 18-month international effort to rescue the former Marine mascot from war-torn Iraq. The donkey will soon begin a new life in Nebraska as a rehabilitation therapy animal for military personnel and their families."Smoke is a civilian now," Folsom said. "His work with the Marines is over. Now he begins his work with children." Folsom and

his unit rescued the malnourished Iraqi donkey at Camp Taqaddum in 2008. Folsom was the Anbar Province camp's commander. Marines nursed the donkey back to health and built a corral and stable. Soon Smoke was the unit's mascot. Regulations prohibited keeping the donkey but Folsom found a Navy psychologist to designate it a therapy animal because it reduced stress among the Marines. Deployed dads sent their children pictures and stories of Smoke.

The donkey learned to walk into offices and open desk drawers to find apples, carrots and other treats planted there by Marines. Smoke walked in the camp's 11 SEP parade cloaked with a blanket emblazoned with the unit's crest on one side and the words "Kick Ass" on the other. The donkey accompanied Marines on long walks for exercise. It would steal cigarettes. "We had a pretty good time together," Folsom said. Folsom left Iraq in early 2009. A U.S. Army unit eventually took over the base but didn't want a donkey mascot. Marines found an Iraqi sheik who said he would adopt Smoke, but Folsom learned in 2010 that the donkey was wandering on its own again. So Folsom launched "Operation Donkey Drop," his mission to bring Smoke to the United States as a therapy animal. Folsom is founder of Wounded Warriors Family Support, a nonprofit that helps families of troops wounded or killed in combat. Folsom enlisted the Society for the Prevention of Cruelty to Animals International to help wrangle with red tape in Iraq and Turkey and pay for the nearly 7,000-mile journey to America.

Terri Crisp heads the organization's Operation Baghdad Pups program, bringing home dogs and cats adopted by U.S. troops. Smoke was her first donkey. It was a 37-day ordeal working through the final bureaucratic logjams. Smoke became a celebrity during the process. "He was a great traveler," Crisp said, noting Smoke posed for hundreds of photos during a six-hour wait in the Istanbul airport parking lot. "Everywhere we went, he'd draw a crowd." Smoke landed at John F. Kennedy International Airport in New York City last weekend, and Folsom started driving the donkey to Nebraska on the 15th. After several weeks of rest, Smoke will be free to roam at Take Flight Farms in Omaha, which uses equines in mental health services. Folsom expects Smoke to be especially valuable in helping therapists engage children with issues about deployed or war-wounded parents. [Source: Reuters David Hendee article 18 May 2011 ++]



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Vet Jobs Update 28: It's been about a year since the Obama administration announced plans to revamp the federal hiring process and shorten the length of time it takes federal agencies to post a new job, interview applicants and hire a new employee. Obama, eager to hire a new generation of recruits and make government "cool again," last May ordered federal agencies to complete the process in 80 days — down considerably from what used

to take as long as 200 days at some offices. To mark the anniversary, John Berry, director of the Office of Personnel Management and the man tasked by President Obama with pushing most of the reforms, was scheduled to recap a year's worth of work 18 MAY at the National Press Club. Although his aides wouldn't share details of the speech, for this article Berry was expected to note that agencies cut the average length of time to hire new workers to 105 days in 2010, down from 122 days in 2009. By the end of June all agencies will have to submit quarterly reports on how well they're doing to meet the 80-day goal. As part of the hiring reforms, Obama also ordered agencies to publish simply-worded job descriptions and to end the use of lengthy "KSAs," or essays that describe an applicant's knowledge, skills and abilities.

But several agencies failed to meet Obama's initial six-month goal, with just the departments of Commerce, Defense and Veterans Affairs and NASA in good shape last fall, according to OPM. The administration hasn't provided a progress report since, and though it initially said reforms would happen quickly, Berry later cautioned that full hiring reform would take years to complete. Ironically, the administration is marking the first year of hiring reforms at a time when two of its strongest recruiting incentives — the federal pension system and the stability of federal work — are at risk. The pension system enjoyed by millions of federal workers is emerging as a key area of agreement in negotiations between Vice President Biden and congressional leaders looking to rein in the national deficit. Long-time federal employees, their union leaders and other observers are warning that the proposal may make federal jobs less attractive and compel eligible workers to retire earlier than planned. And federal employees across the government — including a National Zoo worker who confronted Obama last week in a nationally-televised town hall meeting — are losing jobs they thought were secure as agencies begin tightening their belts. Thousands more might lose their jobs in the coming years if the White House and congressional Republicans agree to steeper spending cuts. [Source: Washington Post Ed O'Keefe article 18 May 2911 ++]



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The Wall That Heals: On Veterans Day 1996, the Vietnam Veterans Memorial Fund unveiled a half-scale replica of the Vietnam Veterans Memorial in Washington, D.C., designed to travel to communities throughout the United States. Bringing The Wall home to communities throughout our country allows the souls enshrined on the Memorial to exist once more among family and friends in the peace and comfort of familiar surroundings. The traveling exhibit, known as The Wall That Heals, allows the many thousands of veterans who have been unable to cope with the prospect of facing The Wall to find the strength and courage to do so within their own communities, thus allowing the healing process to begin. The Wall That Heals exhibition has three main components. The wall replica, the Traveling Museum, and the Information Center. All of the components will be lit at night for 24-hour visitation.

The Wall Replica is approximately 250 feet in length and like the original Memorial it is erected in a chevron-shape. The replica is complete with the 58,249 names of those killed or missing in action from the conflict. The Wall is made up of 24 individual panels each containing six columns of names. The panels join together to form the nearly 250 feet wide structure. The names on The Wall That Heals replicate the names on the The Wall in Washington, D.C. As on The Wall, the names are listed alphabetically by day of casualty. Beginning at the center/apex, the names start on the East Wall (right-hand side) working their way out to the end of that wing, picking up again at the far end of the West Wall (left-hand side) and working their way back in to the center/apex. Thus, the beginning and ending of the conflict are joined at the center.

The Traveling Museum and Information Center, provide a comprehensive educational component to enrich and complete visitors' experiences. The Museum exhibits are based on the concepts being pursued in the Education Center at The Wall: putting faces to the more than 58,000 names on the Memorial, telling their stories and chronicling the Vietnam War and the creation of The Wall. The Information Center serves as a venue for people to learn about friends and loved ones lost in the war. Equipped with a scanner, the Information Center also allows visitors to upload photos and remembrances of loved ones on The Wall to VVMF's Virtual Wall. These photos and stories are being gathered for use in the Education Center as well. Since its dedication, The Wall That Heals has visited more than 300 cities and towns throughout the nation, spreading the Memorial's healing legacy to millions. In addition to its U.S. tour stops, the exhibition made its first-ever international journey in April 1999 to the Four Provinces of Ireland to honor the Irish-born casualties of the Vietnam War and the Irish-Americans who served. It has also traveled to Canada. For more information or to learn how to bring The Wall That Heals to your community, contact Jason Cain at (202) 393-0090 or via e-mail at jcain@vvmf.org. For the wall to visit your community send the application available at <http://www.vvmf.org/userFiles/file/TWTH%20Application.pdf> to 2600 Virginia Avenue, NW, Suite 104 Washington, DC 20037 Fax: (202)393-0029. [Source: <http://www.vvmf.org/twth> May 2011 ++]



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VA Hospital Wi-Fi: The Veterans Affairs Department literally ran into a wall with an ambitious plan kicked off in 2008 to install upgraded Wi-Fi networks at 236 hospitals and clinics nationwide, according to internal probes, top agency officials and contractors. VA planned to use the networks to track equipment using real-time triangulation and to support its administration program, which uses Wi-Fi bar code scanners to ensure the bar code on a prescription package matches the one on a patient's wrist band. While the power output of broadcast radio stations is measured in thousands of watts, Wi-Fi access points transmit at a maximum of 200 milliwatts, which limits their range to about 120 feet indoors and 300 feet outdoors. That range, VA Chief Information Officer Roger Baker told a hearing of the House Veterans Affairs Committee last weeks, is further limited by the concrete walls commonly found in the department's medical facilities.

Asked by Rep. Joe Donnelly (D-IN) why VA had cost overruns on the \$91.4 million Wi-Fi contract awarded to Catapult Technology Ltd. in October 2008, Baker replied: "We underestimated the concrete and metal in our buildings . . . thick concrete blocks signals." Speaking last week at a hearing of the Oversight and investigations subcommittee, Baker said the walls required installation of more access points to provide 100 percent coverage. Though Catapult had a fixed-price contract, it included an engineering-change clause that covered installation of additional access points, which Baker called "the major cause of cost escalation" on the Catapult contract. The number of access points required to provide 100 percent coverage in any building can be determined only by a detailed site survey, the VA Office of Inspector General said in a March report on the Catapult contract. But the IG report said VA performed only a cursory site survey, "which contained essentially no information on site conditions." VA also grossly underestimated the square footage of its installations, including the Buffalo, N.Y., medical center, when it developed the Wi-Fi contract, the IG said. The department understated the square footage in Buffalo by 750,000 square feet, and as a result, Catapult needed to install an extra 412 access points.

Baker said VA now has the Catapult contract on hold, after completing installation at 45 facilities, and plans to issue a new one but did not provide a time line. Dave Lyons, Catapult's senior vice president for technology and management solutions, said a site survey of every facility is essential, as every VA facility is unique. "The old joke is that if you have seen one VA facility, you have only seen one VA facility," Lyons said. He recommended that, in its next contract, VA separate site surveys from installation, with contractors bidding installation at each facility after the site survey. [Source: Nextgov.com Bob Brewin article 18 May 2011 ++]

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Folds of Honor Scholarships: An anonymous donor has given \$500,000 to the Oklahoma-based Folds of Honor Foundation (FHF) military charity to provide college scholarships for families of killed or wounded soldiers from Tennessee and Kentucky. Folds of Honor is a 501(c)(3) charitable organization with a mission to empower deserving military families with educational support and opportunities. FHF provides post-secondary educational scholarships to the spouses and children of service members disabled or killed as a result of their military service. Scholarships can be applied to schooling now or held by Folds of Honor on behalf of young children until needed at the time of enrollment. Charity founder Dan Rooney said in a news release the funds were donated specifically for military families from the two states and that the gift will allow them to offer up to 100 scholarships to families in Tennessee and Kentucky. The scholarships can be used to subsidize tuition, textbooks, fees and housing.

Since 2007, the charity has provided more than 1,600 scholarships throughout the U.S. for spouses or children of soldiers who have been killed or wounded. To be eligible, an applicant must be the spouse or dependant of one of the following:

- An active duty or Reserve Component soldier, sailor, airman, Marine, or Coast Guardsman killed or disabled in the Global War on Terror or other unique applications presented to and approved by the FHF

board in writing on a case-by-case basis. Special consideration will be given to wounded soldiers with a Veterans Administration rating below 90%.

- An active duty or Reserve Component soldier, sailor, airman, Marine or Coast Guardsman who is currently classified as a POW or MIA.
- A veteran who died from any cause while such service-connected disability was in existence.
- A service member missing in action or captured in line of duty by a hostile force.
- A service member forcibly detained or interned in line of duty by a foreign government or power.
- A service member who received a Purple Heart Medal.

FHF offers Immediate and Future Use scholarships. Immediate-Use Scholarships awarded to spouses and children of service members currently attending or recently accepted into a 4-year or 2-year degree program at an institution of higher education, or a vocational, technical or other certification program. Immediate-Use Scholarships are awarded on a year-to-year basis, and must be reapplied for each year. Future-Use Scholarships are awarded to the young children of service members and invested by the FHF on their behalf. Eligible applicants are infants up to, and including, students enrolled in the eleventh grade. Scholarship funds are disbursed directly to the postsecondary educational institution at the time of enrollment in two increments, at the beginning of the fall and spring semesters. Additional info and applications are available online at <http://www.foldsofhonor.org>. [Source: Associated Press article 18 May 2011 ++]

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NGUAS Top Legislative Priorities: Following are the FY2012 top legislative priorities to date for the National Guard Association of the United States (NGAUS). Veterans desiring to support this organization in furthering these and future veteran initiatives can go to <http://www.ngaus.org/index.asp?sid=4> and sign up to receive their legislative Alerts. On this site by selecting the “Issues” tab you will be provided a list of Alerts put out to date for which a preformatted message is available for auto transmission to your legislators.

Early Retirement Credit for Guardsmen

- Authorize retroactive credit to September 11, 2001
- Provide an incentive for continued service beyond 20 years by authorizing one year early retirement credit for every two years served beyond twenty

Personnel Initiatives

- Embed Behavioral Health Care providers during drills
- Soft Landing for post-deployment
- Veteran status for all retired members
- Worldwide Space A travel for members and dependents
- Allow employers to pay TRS with pre-tax dollars

Fully Equip and Modernize the Army National Guard (ARNG)

- Continue to provide funding for ARNG equipment and the National Guard and Reserves Equipment Account (NGREA) for critical dual-use equipment

Recapitalize the Air National Guard (ANG)

- Implement a Total Force concurrent and balanced procurement policy for both flying and support missions
- Program aging ANG F-16 aircraft for the Service Life Extension Program (SLEP)

Modernize National Guard Facilities

- Provide robust military construction funding to assure modern and functional training and mobilizations facilities

- Fully support Guard and Reserve Initiative (GRI) funds to provide flexible options for critical infrastructure projects

Empowerment

- Permanent seat on the Joint Chiefs of Staff (JCS) for the Chief of the National Guard Bureau (CNGB)
- Authorization for a 3-star Vice Chief of the National Guard Bureau

[Source: <http://www.ngaus.org> May 2011 ++]

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DoD-VA Spending Bill 2012: The House Military Construction and VA Appropriations

Subcommittee approved funding legislation in MAY for the FY2012 military construction and VA programs.

Highlights include:

- **Military Construction.** The bill provides \$14 billion for military construction projects and fully funds the administration's request for Military Family Housing construction at \$376 million. The housing money will provide 48 new family housing construction projects, 80 replacement projects, and upgrade 216 family housing units. The bill reduces the overall spending package by \$2.6 billion compared to FY11 through lower than expected construction costs and savings realized from the Base Realignment and Closure (BRAC) process, which wraps up this September.
- **Veterans Affairs.** The legislation includes a total of \$127.8 billion for veterans' health care funding and VA compensation and benefits programs, including disability compensation, pension, survivor benefits, vocational rehabilitation and GI Bill education and mortgage programs. But it would cut \$476 million from VA administration, information technology and construction accounts.
- **VA Advance Appropriations for Fiscal Year 2013.** The bill includes \$52 billion to pre-fund veterans' health care for the next fiscal year, FY13, in compliance with a law-change championed by MOAA and major veterans groups to ensure continuity of health care operations from one year to the next, since Congress rarely approves appropriations bills before the Oct 1 start of the new fiscal year.
- **Arlington National Cemetery (ANC).** The legislation includes \$45.8 million for ANC, an increase of \$700,000 over 2011 for additional personnel to meet the needs of the cemetery and maintain operations, and help fix problems with mismanaged gravesites and botched records.

[Source: MOAA Leg Up 20 May 2011 ++]

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Medicare Card: Your Medicare card is your proof that you have Medicare health insurance. The card looks like the red, white and blue card shown here.



If your Medicare card is lost, stolen or damaged, you can ask for a new one at <http://www.ssa.gov/medicarecard>. You can use this site only to request a Medicare card. If you need a Medicaid card, contact your state Medicaid office. Information on this can be found at <http://www.cms.gov/home/medicaid.asp?>. To obtain the Medicare card online you will need to enter your name, SSN, date of birth prompts. If the info you enter matches what is on file with Social Security your card should arrive in the mail in about 30 days. It will be mailed to the address Social Security has on file for you so if you do not receive it you most likely will need to update your mailing address with Social Security. If you need proof that you have Medicare sooner than 30 days, you also can request a letter which you will receive in about 10 days. If you need proof immediately for your doctor or for a prescription, visit your nearest Social Security office. To contact Social Security to make a change of address or obtain a replacement card:

- In the United States call 1-800-772-1213. If you are deaf or hard of hearing, call the "TTY" number, 1-800-325-0778. Representatives are available Monday through Friday between 7 a.m. and 7 p.m. To call or visit your local Social Security office you can get directions and a map to it by visiting the Field Office Locator <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp>.
- Outside the United States, call or visit your nearest Social Security office, the closest U.S. Embassy or consulate, or the Veterans Affairs Regional Office (VARO) in the Philippines. For additional info on locations refer to <http://www.socialsecurity.gov/foreign/index.html>.

[Source: <http://www.ssa.gov/medicarecard> May 2011 ++]

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TRICARE TV: Starting now TRICARE beneficiaries who want to learn more about their health care plan and how it works can get short, relevant tips once a month with the launch of TRICARE TV. TRICARE TV is an important addition to TRICARE's social media program. The videos are short and easy to follow, ranging in length from two-to-four minutes. The first episode called "What Is TRICARE?" gives beneficiaries an overview of TRICARE health care plans and some of the special programs offered. TRICARE is already active on social media sites such as YouTube, Facebook and Twitter, and TRICARE TV joins another electronic option – the weekly award-winning Beneficiary Bulletin podcast. Together, they all provide beneficiaries timely updates on TRICARE benefits in a variety of convenient formats. To view TRICARE TV, beneficiaries can visit TRICARE's YouTube channel at <http://www.youtube.com/TRICAREHealth> or <http://www.tricare.mil/mediacenter>. Subscribe to get e-alerts when a new episode is posted by going to <http://www.tricare.mil/subscriptions> or through the e-mail link at the TRICARE media center. [Source: TRICARE News Release 13 May 2011 ++]

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TRICARE Cancer Screenings Update 01: In May beneficiaries start spending more time outdoors, but it's important to protect exposed skin from the sun. May is Skin Cancer and Prevention month and TRICARE reminds all beneficiaries to take precautions when outside enjoying the sunshine. According to the Centers for Disease Control and Prevention (CDC), skin cancer is the most common form of cancer in the United States. There are three main types: melanoma, squamous cell carcinoma and basal cell carcinoma. Squamous cell carcinoma and basal cell carcinoma are often found in older people with body parts exposed to the sun or weakened immune systems. These types of cancer are highly treatable, with more than 1 million cases of these two cancers diagnosed each year and fewer than 1,000 deaths. Melanoma is the third most common skin cancer and the most dangerous. Melanomas arise from skin cells that make pigment-coloring. They can also begin in a mole, eye or intestines, and other types of tissue that have pigment. Frequently the first sign of melanoma is a change to the shape, color, size or feel of an existing mole. Basal and squamous cancers are usually identified by a change on the skin, such as a growing bump having a rough, scaly surface and flat reddish patches. Skin cancer is typically not

painful. Not all of these signs are present in every case of skin cancer. It's important a mole or lesion be evaluated by a primary care provider. TRICARE beneficiaries can use the National Institutes of Health "ABCDE" skin guide, which helps look for irregular changes in skin and existing moles:

- Asymmetry-the shape of one half the mole doesn't match the other half
- Border-outline that is irregular; ragged, notched or blurred
- Color-shades of black, brown and tan and other areas white, gray, pink or blue
- Diameter-change in size (usually larger)
- Evolving-skin changes over weeks or months

Beneficiaries who are concerned about their skin can get screenings with TRICARE Prime, Standard and Extra. TRICARE covers skin cancer screenings for individuals with family or personal history of skin cancer, increased occupational or recreational exposure to sunlight, and clinical evidence of lesions. Beneficiaries should speak with their primary care manager or health care provider for more information on getting skin cancer screenings. TRICARE encourages beneficiaries to protect and screen skin to avoid potential problems from the sun. For more information on skin cancer screenings, visit www.tricare.mil/mybenefit or skin cancer information at <http://www.cdc.gov/cancer/skin>. [Source: TRICARE News Release 20 May 2011 ++]

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TRICARE Cancer Screenings Update 02: More than 12,000 women are diagnosed with cervical cancer every year, and 4,000 women die from this disease. Once the leading cause of death among women, the Centers for Disease Control and Prevention reports the number of cervical cancer deaths have decreased dramatically as a result of regular cervical cancer screening. TRICARE has added coverage for an enhanced cervical cancer screening test that helps detect the presence of the human papillomavirus (HPV). The HPV DNA test is done to find a high-risk HPV infection that can cause cervical cancer. To perform the HPV test, cells are collected from the cervix at the same time as a pap smear is performed. "The addition of HPV DNA testing increases the chance that a woman's health care team will discover a cervical cancer early," said TRICARE Deputy Director Rear. Adm. Christine Hunter. "Early detection allows prompt treatment and improves survival."

The HPV DNA test is covered as a cervical cancer screening under TRICARE's clinical preventive services when performed in conjunction with a Pap smear for women aged 30 and older. Coverage is based on national guidelines for the use of HPV DNA testing and is retroactive to 7 SEP 2010. Preauthorization for HPV testing is not required, and beneficiaries have no copayments or cost-shares for routine cervical cancer screening under TRICARE. In addition, TRICARE covers the CDC recommended vaccine series to prevent HPV infection in girls. The HPV vaccine is recommended for girls 11 or 12 years of age, but doctors may start the series in girls as young as 9 years old, and can give catch-up vaccinations through 26 years of age for those who have not completed the vaccine series. TRICARE also covers screening for breast, colorectal and prostate cancer without cost shares or copays. For more information, visit <http://www.tricare.mil/preventiveservices>. [Source: TRICARE News Release 19 May 2011 ++]

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Credit Score Update 04: Homeowners who are falling behind on a mortgage often worry just how much they might be damaging their credit score. How much will a score be dinged if a payment is late a month or more? Or worse, what happens if the homeowner must resort to a short sale or winds up in foreclosure? FICO, which produces the widely used credit score of the same name, says it has been getting many such questions from regulators, lenders, loan servicers and others who advise consumers with mortgage troubles. So to answer those queries -- and to dispel some myths -- the company analyzed the effects of different mortgage scenarios on

consumers with poor, good and excellent scores. Lenders use credit scores to decide whether to extend credit and under what terms. One of the big myths, FICO scores director Joanne Gaskin says, is that a short sale is better for a credit score than a foreclosure. A short sale is a deal between the lender and homeowner, who finds a buyer to purchase the house for less than what's owed. In a foreclosure, the lender seizes the house and attempts to sell it to recoup its money. In both cases, a lender gets back less than what's owed on the loan. "Both are considered a default. There is little difference in impact," Gaskin says.

FICO scores range from 300 to 850; the higher the number, the better. In its analysis, FICO looked at three scores: 680, which is low; 720, good but not prime; and 780, something to brag about. In a foreclosure or short sale, the low score would shed 85 to 105 points; the middle score would drop 130 to 150 points; and the high score would plunge 140 to 160 points. (When problems arise, the better your score, the harder you fall.) In certain cases, a short sale could be less damaging than a foreclosure. Credit scores are derived from information that lenders and others send to credit reporting agencies. Some lenders report a short sale without including the amount of debt the borrower didn't repay. When a balance shortfall isn't reported, a score would be 35 points higher in a short sale than a foreclosure, FICO says. That's not much, but there are better reasons to consider a short sale, says John Ulzheimer, president of consumer education for SmartCredit.com. With a short sale, you're more likely to maintain the property and its value, which is good for the neighborhood and the lender, says Ulzheimer. And lenders might look more kindly on you in the future. For example, if you're current on your mortgage and undergo a short sale, you still could qualify for a mortgage insured by the Federal Housing Administration. But after a foreclosure, homeowners must wait three years to be eligible for an FHA-backed loan.

Another myth about credit scores is that being one month late on the mortgage payment won't affect a score much, Gaskin says. But once you're late, the damage is done. Being 30 days behind can be almost as bad as 90 days. FICO found that those with low scores lost 60 to 80 points whether they were 30 or 90 days late. Those with top scores lost 90 to 110 points after being late one month; and dropped an extra 20 points if they were tardy three months. "That first 30 days late makes a significant impact and it takes a good deal of time to repair that credit," Gaskin says. A homeowner with a low score, for instance, needs nine months to recover from a late mortgage payment. But a consumer with a high score will need three years to bounce back from a 30-day late payment, FICO says. Indeed, the higher the FICO score, the more damage delinquencies and defaults cause and the longer it takes to return to that old score.

Vickie Gipson, director of foreclosure prevention at St. Ambrose Housing Aid Center in Baltimore, says she recommends that homeowners who are trying to recover from financial problems start rebuilding their score by paying bills on time. "What you have to do is really look forward," she says. "When you face these kinds of devastating circumstances, yes, there is an impact, but you can get through it." How long it takes for a credit score to recover

- Starting FICO score 680: 30 days late on mortgage: 9 months ; 90 days late on mortgage: 9 months; Short sale (no balance shortfall reported): 3 years; Short sale (with balance shortfall reported): 3 years; Foreclosure: 3 years; Bankruptcy: 5 years
- Starting FICO score 720: 30 days late on mortgage: 2.5 years; 90 days late on mortgage: 3 years ; Short sale (no balance shortfall reported): 7 years ; Short sale (with balance shortfall reported): 7 years; Foreclosure: 7 years; Bankruptcy: 7-10 years
- Starting FICO score 780: 30 days late on mortgage: 3 years; 90 days late on mortgage: 7 years; Short sale (no balance shortfall reported): 7 years; Short sale (with balance shortfall reported): 7 years; Foreclosure: 7 years; Bankruptcy: 7-10 years

[Source: Military.com | Credit & Debit article May 2011 ++]

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CA VET License Plates: The state of California's specialized veteran's license plates are now available for purchase online. Previously, the Department of Motor Vehicles (DMV) in conjunction with the California Department of Veterans Affairs (CalVet) has offered these specialized license plates through in person and mail-in sales only. This new online system of purchasing will make it easier for all California motorists to show their support for veterans and the men and women serving in our military. "These plates are available for any motorist to buy. The more plates purchased the more our state is able to help veterans," said Peter J. Gravett, CalVet Secretary. "Every plate purchased basically covers the cost of filing a claim for a veteran, so that he or she can get the benefits they have earned."

The plates have several models that help honor and recognize specific veteran groups, military units and services. In addition to these plates, more than 200 insignias are available to put on these plates to help signify which organizations or military affiliations each motorist represents. To view all available logos for your cars, motorcycles and trucks, go to <http://www.cacvso.org/page/2011-1-19-59-license-plate-logos/>. The cost for sequential plate is \$30 and \$10 more for personalized plates. With online sales CalVet expects the annual sales of these plates to rise. All proceeds from the sale of veteran's plates are used to expand veteran's service in local communities. Since the inception of the veterans plate program in 1995, approximately 24,500 veteran plates have been issued with \$6.8 million raised and distributed by the California Department of Veterans Affairs to benefit participating county veteran service offices and to commemorate veteran organizations. To purchase your plate or to learn more visit <http://dmv.ca.gov/ipp2/welcome.do?localeName=en>. [Source: Lake County News Editor article 18 May 2011 ++]

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VA Barcodes: A new threat to your personal information. It's so simple it's scary. And all an identity thief needs is a smartphone. It can happen to anyone. Every year, millions are the victims of identity theft. Criminals steal driver's licenses, credit cards and Social Security numbers. Now throw smartphones into the mix and a free app putting all of us at risk. You won't believe how easy it is to scan someone's identity, and how the NBC-affiliated television station TMJ4 Milwaukee found the problem in their city. They report that those who served our country are the most in danger. "I never thought the V.A. would make me vulnerable," Vera Roddy told them. She was in Desert Storm. Now a patient at Milwaukee's VA Medical Center she can't believe what can do with a Smartphone. Using a free "app" she could scan the barcode on her V.A. patient I.D. and easily pull up her Social Security number. "That's very scary." And very simple to do. Just download the barcode app for free, then point and scan. It reads most barcodes like the ones the VA uses on patient wristbands, I.D.'s and employee badges.

If you take a close look barcodes with our personal information are popping up more and more, including Wisconsin driver's licenses and passports. The smartphone app couldn't read those. But it had no problem at the VA whose employees were found to have no idea how easy it is for a stranger to take their private information. Suzanne Canney calls it disturbing. She's a victim of identity theft and a veteran. She's always been worried about how the VA handles vets' personal information. Like wristbands given to patients in the E.R. that, as Canney points out, "have your complete name, Social Security number and date of birth." She finds them abandoned in the VA parking lot. She collects them and destroys them. "It makes me crazy angry to hear that a veteran's been harmed in any way," even when it comes to their identity Canney says. Now she's worried about the smartphone barcode app. "I think we need to bring it to the attention of the V.A. and ask them if there's a better way to protect our identity."

TMJ4 wanted to know too and contacted the U.S. Department of Veterans Affairs. "We are taking this very seriously," Gail Belles, Deputy Director of Health, Data and Information, tells them. She says the VA has known about the smartphone risk and sent out a warning in January. After VA officials heard TMJ4 were interviewing veterans and employees they sent out another warning memo, telling everyone to guard their own badges. Belles

says that's the best plan right now while the VA works to change a system that has always used Social Security numbers. "So it's going to take us a long time to be sure that we've hit all the areas that SSN is used," Belles said. For now, veterans are on their own, along with anyone else carrying around personal information with a "not so secret" barcode. When it comes to identification, barcodes are being used all the time. So keep an eye out and know what kind of information your barcode contains as apps are everywhere and will only get more sophisticated. The VA is making progress. Once their system is overhauled, they said Social Security numbers won't be used on any documents like badges and patient ID cards, but that's a massive project and could take years. [Source: TMJ4 Milwaukee Courtney Gerrish article 18 May 2011 ++]

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VA Medical ID Bracelets & Pendants: VA issued a directive on policy regarding the provision of medical identification (ID) bracelets or pendants containing pertinent medical information (allergies or diagnoses) that would be valuable to emergency health care providers. Symptoms of common ailments can be misdiagnosed by responders to an emergent situation involving a person who is unable to communicate. Prompt and accurate diagnosis is essential to effective treatment. The use of an ID bracelet or pendant is a standard way to provide this information to health care providers in a situation where the individual cannot communicate. It is VHA policy that ID bracelets and pendants must be available, upon appropriate request by Department of Veterans Affairs clinicians through Prosthetics Service, for veteran patients whose pertinent medical information would be valuable to emergency medical care providers.

Each Facility's Chief of Staff is responsible for ensuring that electronic consults to Prosthetics Service are in place for use by clinicians to request ID bracelets or pendants when such devices are indicated, and that clinicians are educated about their availability and appropriate use. The consult must:

- Specify the information to be engraved on the device. This can include, but is not limited to: food and drug allergies, diabetes, seizure disorder, and metal fragments in the body. In addition to the medical condition, the Veteran has the option as to what personal information is to be included.
- Specify if an ID bracelet or pendant is required.

Medical ID manufacturers are currently working with VA organizations across the nation as registered suppliers of customized medical IDs. They are working to help VA organizations with process and ordering procedures. Veterans should contact their local VA clinic for or contact Justin Noland of American Medical ID at (713) 600-6713 more information about this topic. [Source: VHA Directive 2009-007 24 Feb 09 ++]

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Tricare User Fees Update 69: House Armed Services Committee Chair Rep. Buck McKeon (R-CA) is taking some heat for accepting a modest TRICARE fee increase for some retirees in FY2012. But that's a bad rap. What he's really doing is exactly what MOAA has urged for years — putting some principles in the law to help protect military beneficiaries from the much more severe budget-driven TRICARE cuts that are sure to come in the years ahead. The real issue here isn't the proposed \$5 monthly TRICARE Prime fee increase or a couple of dollars for a prescription copayment. Those pale in comparison to the thousand-dollar threats we've seen in the past and that we'll see again in coming years. Without some permanent protections in the law, the military community is extremely vulnerable to big-time cuts as Congress' budget-cutting fever rises with every passing week. The McKeon proposal would recognize explicitly in law — for the first time — that career military people prepay a very steep premium for their healthcare in retirement through decades of service and sacrifice. In addition, it would specify that the annual percentage increase in TRICARE fees can't exceed the percentage growth in military retired pay. By

accepting some very small increases for FY2012, he also would take off the table the budget-cutters' strongest argument— that TRICARE fees haven't been raised in 16 years.

We're grateful to long-time champions like House Military Personnel Subcommittee Chair Rep. Joe Wilson (R-S.C.) and Ranking Member Rep. Susan Davis (D-CA) whose subcommittee proposed barring any fee increase for FY2012. We understand and appreciate their zeal to protect the military community. But the reality is, simply seeking to prevent increases on a year-to-year basis — without any long-term protection in the law — only leaves us more and more vulnerable to big fee increases. In that regard, budget-cutting pressures will be even greater next year, and the “no increase in 16 years” argument then will be “no increase in 17 years.” So simple year-to-year protections— even if successful —just keep raising the risk for each succeeding year. We need a fix for the longer term, when we'll be facing major fee-hike proposals not just for TRICARE Prime but also for TRICARE Standard and TRICARE For Life. The protections McKeon seeks in permanent law — the recognition of the large premium value of career military service and the COLA-percentage cap on TRICARE fees — will be essential to fight those threats as well. Can we guarantee that protection will be foolproof? No. But there's no question having those provisions in law will give us a far, far stronger defense against inappropriate fee increases. And for seeking to provide that essential defense, McKeon deserves our gratitude, not our attitude. [Source: MOAA News Exchange Col. Steve Strobridge comments 18 May 2011 ++]

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Memorial Day Update 02: A new poll commissioned by [The National WWII Museum](http://www.thenationalwwii.com) reveals the nation is in danger of forgetting the real meaning of Memorial Day. Fully 80 percent of all Americans confess to having “little,” or only “some” knowledge of the military holiday. Just 20 percent of respondents claim to be “very familiar” with the day and its purpose. Memorial Day is a federal holiday honoring those who have died in military service. Begun to remember Civil War warriors, the remembrance grew to encompass all Americans who have died in all of the nation's wars. The day is observed annually on the last Monday of May and is traditionally viewed as the official start of the summer. “Our poll is very revealing,” said The National WWII Museum President and CEO Gordon H. “Nick” Mueller. “More than 416,800 American servicemen and women died in World War II. Today, with Americans fighting in Afghanistan, a time to honor those who give their lives for their country has never been more urgent. Unfortunately, few of us really know the full importance of Memorial Day. As a nation we're in danger of forgetting the day's meaning altogether.”

To help educate all Americans on Memorial Day's importance, The National WWII Museum is launching a number of initiatives, including a new website – www.mymemorialday.org, which offers 10 things anyone can do to share and commemorate the holiday.

The Museum's Memorial Day suggestions include:

- Thanking a veteran
- Placing an American flag on the grave of a veteran
- Visiting a military museum or historic military site
- Writing a veteran and thanking them for their services to the nation
- Organizing a community-wide observance
- Honoring a veteran with a brick at The National WWII Museum
- Changing their Facebook profile to an American flag
- Writing a letter to the editor of a local newspaper to remind their community about Memorial Day's significance.

For more information on the museum, call 877-813-3329 or 504-528-1944 or visit www.nationalww2museum.org. Follow them on Twitter at <http://twitter.com/#!/WWIImuseum> or visit their Facebook fan page <http://www.facebook.com/WWIIMuseum>. [Source: MOAA News Exchange 18 May 2011 ++]



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VA Caregiver Program Update 10: In the first week for open applications, the Department of Veterans Affairs (VA) has assisted more than 625 Veterans, Servicemembers and their Family Caregivers in applying for new services under the Caregivers and Veterans Omnibus Health Services Act 2010. "We are off to a good start having helped hundreds to apply, but we know there are thousands more who will qualify and need to apply today," said Secretary of Veterans Affairs Eric K. Shinseki. "I encourage eligible Veterans and their Family Caregivers to apply now to receive the benefits they have earned." New services for primary Family Caregivers of eligible post-9/11 Veterans 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 plan. The stipend portion of this service will be backdated to the date of the application. Comprehensive Caregiver training and medical support are other key components of this program.

VA began processing applications for eligible post-9/11 Veterans and Servicemembers to designate a Primary Family Caregiver on May 9, 2011. On top of receiving the 625 plus applications, Caregiver Support Coordinators have also assisted nearly 1,200 other Caregivers in finding more than two dozen other Caregiver benefits VA provides. Applications can be processed by telephone through the Caregiver Support Line at (855) 260-3274, in person at a VA medical Center with a Caregiver Support Coordinator, by mail or online at www.caregiver.va.gov with the new Caregiver Application (VA Form 1010-CG). The website application also features a chat option that provides the Family Caregiver with a live representative to assist in completing the application form. [Source: VA News Release 18 May 2011 ++]

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Burn Pit Toxic Emissions Update 16: Veterans who served in Iraq and Afghanistan have a higher rate of debilitating respiratory illness than those deployed elsewhere, according to a new study that bolsters concerns among some medical professionals and members of Congress about the potential harm to troops from toxic chemicals and dust in the Middle East. Soldiers who served in Iraq or Afghanistan complain of lingering coughs, shortness of breath, dizziness and other symptoms. Now, scientists say troops who served in the Middle East have

higher rates of respiratory problems compared to those who served elsewhere. The findings place renewed urgency on getting at the root of why some young, previously healthy soldiers have been returning from the Middle East complaining of symptoms including shortness of breath and dizziness. In many cases, the soldiers can no longer pass a required physical to continue with active duty. There appears to be "a modest increase in the incidence of respiratory symptoms in those individuals who have returned from deployment to Southwest Asia," said Craig Postlewaite, director of the Department of Defense's Force Readiness and Health Assurance office.

Data collected from more than 7,000 veterans who served between 2004 and 2010—thought to be the largest study of its kind to date—show that some 14.5% of the 1,816 of the veterans in the study who had served in Iraq or Afghanistan had respiratory illnesses, including bronchitis and asthma. That compares with 1.8% of the 5,335 veterans deployed anywhere else, according to researchers in New York state who conducted the study. "We're confident we are detecting airway obstruction," said Anthony Szema, a professor of medicine and surgery at the State University of New York at Stony Brook School of Medicine. Szema, who also serves as chief of the allergy section at the Veterans Affairs Medical Center in Northport, N.Y., conducted the research under the authorization of that VA Medical Center. The data haven't yet been published but were selected by experts in the field to be presented at the conference. They are consistent with results of a smaller study Dr. Szema's team published last year in the journal *Allergy and Asthma Proceedings*. Congress and the military have launched investigations into the issue, including a 2009 Senate hearing focused on one possible cause: toxins released from facilities known as "burn pits," open-air fires used to dispose of trash at military bases in Iraq and Afghanistan. In the past, the pits have burned everything from plastic water bottles and computers to medical waste. Other possible culprits, according to researchers, include Mideast dust storms where tiny, porous particles carry metals, fungi or bacteria from other sources, and blast pressure from explosive devices.

The military said in a 2008 report that particles released from the burn pits didn't exceed levels sanctioned by the U.S. Environmental Protection Agency. Assessments by the Armed Forces Health Surveillance Center and the Naval Health Research Center "provide no indication at this time on a population-wide basis that burn-pit smoke exposures result in any long-term health risks," Dr. Postlewaite said. Determining whether the symptoms are due to exposure while on duty has been difficult, because most soldiers never had a lung-function test prior to deployment for comparison, although they would have had to pass certain physical tests. In addition, some veterans have post-traumatic stress disorder, which can impair breathing. "I don't think we have a sense for how big the problem is at all," said Cecile Rose, a pulmonary and occupational medicine expert at National Jewish Hospital in Denver who is spearheading a working group on veteran respiratory issues and helped organize the panel on the topic at the conference. Since the 2009 Senate hearing, the armed forces have taken steps to shut down or limit the use of burn pits, and have built incinerators that burn more cleanly. The U.S. Department of Veterans Affairs has asked the Institute of Medicine, an agency that advises the government on policy, to assess the health risks of burn pits. The report is expected later this year. [Source: WSJ Shirley S. Wang article 17 May 2011 ++]

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VA Debit Cards: The Department of Veterans Affairs (through the Treasury Department) will offer beneficiaries without bank accounts the option to enroll in the Direct Express debit card program with Comerica Bank. Direct Express payments will be directly deposited into that account and made accessible through a debit card. Personal funds cannot be transferred into this account as it can only be used to receive Federal benefits. Direct Express cardholders have 24/7 access to their money at automated teller machines and are able to make purchases at any retailer that accepts MasterCard. [Source: Mil.com | Benefits 16 MAY 2011 ++]

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TRICARE Advisory: It can be difficult and confusing to tell the difference between routine aches and pains, and symptoms that could indicate more serious health problems. TRICARE reminds beneficiaries to pay attention to potential warning signs. “While not every symptom requires a trip to the doctor, there are certain symptoms that should not be missed and require a medical provider’s evaluation,” said U.S. Public Health Service Cmdr. Aileen Buckler, TRICARE population health physician. “Symptoms of chest pain, loss of consciousness or respiratory difficulty require the immediate care of a medical provider, while other, non-urgent symptoms can be treated in a primary care provider’s office.” To improve health and avoid serious illness, the Office on Women's Health, under the Department of Health and Human Services (HHS) provides a list of common health problems and warning signs that go along with them. To see the complete list, go to <http://www.womenshealth.gov/tools/serious.cfm> .

At the first sign or symptom of a heart attack or stroke, seek immediate medical assistance. Some treatments are much more effective if started as close to the onset of symptoms as possible. The most common sign of a heart attack is a mild or strong pain in the center of the chest. It can last more than a few minutes or it can go away and come back. Other common signs of a heart attack include:

- Pain or discomfort in one or both arms, back, neck, jaw or stomach
- Shortness of breath
- Nausea or vomiting
- Faint feeling
- Breaking out in a cold sweat

More than three out of four people that have a stroke have a history of high blood pressure, according to the HHS. Because a stroke happens fast, blood pressure checks are important. The most common signs of a stroke are sudden:

- Numbness or weakness of the face, arm or leg, especially on one side of the body
- Trouble seeing in one or both eyes
- Trouble walking or loss of balance
- Confusion or trouble speaking or understanding
- Loss of consciousness
- Severe headache with no known cause

Many conditions can impact the health of a person’s lungs: asthma, chronic obstructive pulmonary disease, tuberculosis, bronchitis, pleurisy and pneumonia. Some symptoms of lung problems are:

- Coughing up blood or mucus
- Shortness of breath
- Wheezing
- Uncomfortable or painful breathing
- A feeling of tightness in the chest

Stomach problems are a common health complaint. They are often associated with digestive disorders that include heartburn, gastric ulcers and dyspepsia. Some symptoms of stomach or digestive problems are:

- Bleeding from the rectum
- Blood or mucus in the stool
- Constipation, diarrhea or both
- Stomach pain or discomfort
- Unexplained weight loss or weight gain

Mental health symptoms vary, depending on the type and the severity of the disorder. According to the HHS, the most common mental health disorder is depression. For more information on TRICARE mental health programs and resources, refer to <http://www.tricare.mil/mentalhealth>. Some symptoms of mental health problems are:

- Anxiety and constant worry
- Extreme fatigue and tension even when rested
- Flashbacks and nightmares about traumatic events
- No interest in getting out of bed
- Seeing or hearing things that aren't there

For several of the conditions discussed, getting in to see a primary care physician quickly is important, but if any of the symptoms are severe, such as shortness of breath, excessive bleeding or chest tightness, seek immediate medical care. TRICARE covers many health screenings and examinations to keep beneficiaries healthy or detect health problems early. To learn more, go to: <http://www.tricare.mil/preventivecare>. [Source: Tricare News Sharon Foster article 16 May 2011 ++]

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Tricare Overseas Program Update 08: TRICARE Standard covers most care that is medically necessary and considered proven. This means that the treatment is appropriate and necessary for your illness or injury based on accepted standards of medical practice and TRICARE policy. There are special rules and limitations for certain types of care, and some types of care are not covered at all. TRICARE policies are very specific about which services are covered and which are not. It is in your best interest to take an active role in verifying coverage before you seek care. Visit <http://www.tricare.mil> for information about covered services and benefits. Click on the “Quick Links” tab in the middle of the home page and then select “See What’s Covered.” You can browse benefit information from A to Z and also view popular topics for men, women, children and seniors. This page offers a guide to your TRICARE coverage, but it is not all-inclusive. You can also visit <http://www.tricare.mil> for additional information about covered services that require prior authorization.

TRICARE Overseas Program Standard beneficiaries are not required to obtain referrals before visiting a health care provider, but some services require prior authorization from International SOS Assistance, Inc. (International SOS). A prior authorization is a review of the requested service to determine if it is medically necessary at the requested level of care. If you have questions about authorization requirements, visit <http://www.tricare.mil>. The following services always require prior authorization:

- Adjunctive dental services
- Extended Care Health Option services
- Home health services
- Hospice care
- Nonemergency inpatient admissions for substance use disorders or behavioral health care
- Outpatient behavioral health care visits beyond the eighth visit per fiscal year (Oct. 1–Sept. 30)
- Transplants—all solid organ and stem cell•

Note: Home health services and hospice care are not covered outside of the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands). International SOS may have additional prior authorization requirements, which may change from time to time. Contact your TOP Regional Call Center and select option 3 to learn about these requirements. [Source: The 2011 Publication for Tricare Standard Overseas Beneficiaries May 2011 ++]

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VA Home Loan Update 28: The Department of Veterans Affairs (VA) announced 17 MAY that special disaster assistance may be available to Veterans with VA-guaranteed home loans who have been affected by recent tornados in the South. Veterans living in the designated disaster areas in Alabama, Arkansas, Georgia, Mississippi and Tennessee may receive mortgage assistance through their loan servicers. "VA wants to do everything we can to help Veterans and their families during this difficult time," said Secretary of Veterans Affairs Eric K. Shinseki. "It is important for Veterans to be aware of their rights and understand there are many resources available to help them recover from this disaster." VA strongly encourages mortgage companies not to initiate any new foreclosures in the disaster areas for a period of 90 days. The agency also encourages mortgage companies that service VA-guaranteed home loans to extend every possible forbearance to borrowers who are in distress through no fault of their own. This includes suspension of reporting to credit bureaus and waiving late charges for affected borrowers.

There are almost 26,000 Veterans with VA-guaranteed home loans in counties in Alabama, Arkansas, Georgia, Mississippi, and Tennessee that have been declared eligible for individual assistance by the Federal Emergency Management Agency (FEMA) Veterans should contact their insurance company as soon as possible to file claims for losses. At the same time, they need to contact their mortgage companies to let them know their circumstances. Veterans should also start the FEMA disaster application process as soon as possible by calling 1-800-621-3362. Low interest loans, cash grants, and housing assistance may be available from agencies associated with the disaster recovery effort. VA has information available on its web site <http://www.benefits.va.gov/homeloans> that provides basic guidance on options veterans should consider following a major disaster. Veterans may also contact their nearest VA Regional Loan Center at 1-877-827-3702. The following Counties affected by the tornado outbreak and are eligible for individual assistance through FEMA:

- **Alabama:** Autauga, Calhoun, Cullman, DeKalb, Elmore, Etowah, Franklin, Jefferson, Lawrence, Marengo, Marion, Marshall, St. Clair, Sumter, Tallapoosa, Tuscaloosa and Walker.
- **Arkansas:** Benton, Clay, Faulkner, Garland, Lincoln, Pulaski, Randolph and Saline.
- **Georgia:** Bartow, Catoosa, Coweta, Dade, Floyd, Greene, Lamar, Pickens, Polk, Spalding, Troup and Walker.
- **Mississippi:** Clarke, Greene, Hinds, Jasper, Kemper, Lafayette and Monroe.
- **Tennessee:** Bradley, Greene, Hamilton and Washington.

[Source: VA News Release 17 May 2011 ++]

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VA Home Loan Update 29: Veterans who seek VA loans for home purchases currently are not allowed to pay for their own pest inspection during the buying process. Such costs, usually from \$50 to \$100, are typically paid by the seller or the lender in the case of REO transactions. Jeannette Way, chair of the National Association of REALTORS Federal Housing Policy Committee, said the group for months has been trying without success to persuade VA officials "to level the playing field" for veteran borrowers by removing that requirement, which can make veterans' purchase offers less appealing to sellers who may not want to be responsible for such fees. At the REALTORS Midyear Legislative Meetings on 11 MAY, the committee agreed to seek legislative action through Congress to lift the impediment. Way pointed out that the VA Home Loan Guarantee Program currently has no administrator, making legislative relief a more viable option. "Since buyers who are veterans are not allowed to pay for those inspections, it makes their transactions more complicated," Way said. The committee is proposing to "allow VA borrowers to negotiate all fees and closing costs." [Source: REALTOR Magazine Wendy Cole article May 2011 ++]

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Agent Orange Kidney Cancer Link: There appears to be a link between Agent Orange and kidney cancer in U.S. veterans exposed to the herbicide in Vietnam, a new study suggests. Researchers at the Veterans Affairs Medical Center in Shreveport, La. examined the records of 297 patients diagnosed with kidney cancer between 1987 and 2009. Thirteen of the patients, aged 39 to 63 when they were diagnosed, said they had been exposed to Agent Orange. Documented exposure to the herbicide and pathology reports were available for 10 of the patients. The researchers reviewed these patients' age at diagnosis, tumor size, side of lesion, pathology and survival. Nine of the 10 patients had clear-cell cancers, which typically have worse outcomes than papillary tumors, which appeared in one patient. One patient had both clear-cell and papillary cancers. During the average follow-up of 54 months, four patients developed metastatic cancer and one patient died from his cancer. The findings were presented 14 MAY during a special news conference at the American Urological Association (AUA) annual meeting in Washington, D.C. Research presented at meetings should be viewed as preliminary because it has not been subjected to the peer review that typically accompanies publication in a medical journal. "We know that the chemicals in Agent Orange were extremely toxic, and are known to cause cancer," press conference moderator Dr. Anthony Y. Smith said in an AUA news release. "These data indicate that we may need to better determine whether exposure to these chemicals should be considered a risk factor for kidney cancer." [Source: HealthDay News article 14 MAY 2011 ++]

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VA Health Care Funding Update 25: Experts predict that caring for injured, older troops soon will seriously strain already rising budgets for military and veterans' health care. Geoffrey Wawro, a military history professor at the University of North Texas in Denton, said he doesn't think the nation is financially prepared for the growing problems of head injuries and post traumatic stress disorder among older veterans of the wars in Iraq and Afghanistan. "These will bring huge costs going forward," he said. "Just look at the aging population (generally), and the effect on health care. As people age, they require more of it." Medicare spending is rising quickly; it represented 2.3 percent of the U.S. Gross Domestic Product in 2000 and is expected to reach 4.5 percent of the GDP in 2020, according to a 2009 report to the boards of trustees of the Federal Hospital Insurance and Federal Supplemental Medical Insurance trust funds. The military already has seen steep increases in health care costs, which are expected to continue rising. President Barack Obama's fiscal 2012 defense budget request includes \$52.5 billion for a military health system serving 9.6 million people. That's 2.7 times higher than the 2001 budget, and spending is projected to reach \$66.6 billion by 2016. Administration officials attribute the growth to health care inflation, increasing use, benefit improvements and having more beneficiaries.

Budgets for health care are also on the rise at the U.S. Department of Veterans Affairs. The VA's budget for medical care was \$48.2 billion in 2010, and is estimated to be \$51.7 billion this year. It's expected to hit \$54.9 billion in 2012, when the patient load is expected to be 6.2 million. VA officials said they have provided care to about half of all Iraq and Afghanistan veterans who have left the military since 2002 — or about 625,000 veterans — and are committed to caring for them as they age. A statement from national VA officials said, "the current alignment, organization and allocation of resources ... are sufficient to meet the long-term needs of veterans with impairments or disabilities" from brain and musculoskeletal injuries. Though there are budget uncertainties, "there are ample clinicians to provide" for veterans, said Dr. David X. Cifu, national director of physical medicine and rehabilitation for the Veterans Health Administration. "To date, we haven't had difficulty with that."

The VA also has reached out to certain combat veterans with an "enhanced eligibility." Those discharged on or after Jan. 28, 2003, may enroll in the VA health care system for five years from the date of discharge and get free care and medications for combat-related conditions. After five years, those veterans can continue with the VA but may be shifted to other priority groups, depending on their income level and may have to make co-payments.

Department of Defense officials said they are confident “that funding to meet the need to sustain the health and treat illnesses and injuries of our service men and women will be available” as time goes on. But Wawro warned that unknown and potentially costly problems may arise in the future. That's happened in the past, he noted, with the Persian Gulf War Syndrome, which encompasses chronic problems such as fatigue, headaches and muscle pain; and problems among Vietnam veterans related to the defoliant Agent Orange. Such unforeseen issues are difficult to plan for financially, Wawro said. [Source: Courier-Journal Laura Ungar article 14 May 2011 ++]

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Prostate Cancer Update 12: Even when treated with hormone therapy to suppress tumor growth, obese men face an elevated risk of their prostate cancer worsening, researchers at Duke University Medical Center have found. The research, reported at the American Urological Association annual meeting 15 MAY advances the link between obesity and prostate cancer, which has generated research interest in recent years as the incidence of both conditions remains high and often overlaps. "Over the past decades, there has been increasing prevalence of obesity in the U.S. and Europe, and a high rate of prostate cancer that is the second-most lethal cancer for men," said Christopher J. Keto, M.D., a urologic fellow at Duke University Medical Center and lead author of the study. An estimated one in six U.S. men will be diagnosed with prostate cancer during his lifetime, according to the American Cancer Society; additionally, one in three U.S. men are obese.

To examine the role obesity may play in prostate cancer, Keto and colleagues at Duke identified 287 men whose diseased prostates had been removed at five U.S. Department of Veteran Affairs hospitals from 1988-2009. Because their cancers had reappeared, the men had also been given androgen deprivation therapy (ADT). The chemical inhibits production of the male hormone testosterone, which fuels prostate tumors. Men in the study group who were overweight or obese had a three-fold increased risk of cancer progression compared to normal-weight men, despite receiving the same treatment. Additionally, overweight men had more than a three-fold increased risk of their cancer spreading to the bone compared to normal-weight men, while obese men had a five-fold increase in the risk of metastases. Keto said additional studies are needed to determine why heavy men fare worse than normal-weight men, even when treated similarly. One area of scrutiny may be the dosage of ADT. "We think perhaps obese men may require additional ADT," Keto said. "The dose is the same regardless of weight, while most drugs are dosed according to weight."

Stephen J. Freedland, M.D., associate professor of urology in the Duke Prostate Cancer Center and senior author of the study, said the findings build upon the Duke group's broader research efforts into the connection between obesity and prostate cancer. "By being thematic in our research we can really get to the bottom of something," Freedland said. "The study supports a growing body of literature showing that obese men with prostate cancer do worse. Our next step is to figure out why." Freedland said knowing that heavy men are at higher risk for bad outcomes could lead to better interventions. He said the Duke group has launched a new trial to test the effects of diet and exercise on overweight and obese men whose prostate cancer treatment includes hormone therapy. "If obesity is bad for prostate cancer, we may have to be more aggressive in our treatment," he said. "Ultimately, we aim to learn why, which in turn can lead us to better treatments for these men." [Source: Duke University Medical Center Press Release 11 May 2011 ++]

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Saving Money: With average pump prices now hovering around \$4/gallon nationwide, the web is full of ideas to use less. Some tips are certainly worth considering. But there's also a lot of myth and misinformation out there. For example, ever heard that you should only buy gas in the morning because fuel volume decreases as the outside temperature increases? While most tips sprout from a kernel of truth, many produce so little effect they're

not worth considering. According to Consumer Reports, buying gas in the morning falls into that category. The best way to improve your fuel efficiency is simple: use your gas and brake pedals judiciously. Here are the top fuel savers, in order of maximum benefit:

- **Drive proactively.** Rapid acceleration and hard braking can lower your mileage by up to 37 percent, according to Edmunds. Look at the road ahead, and try to use your brake and gas pedals as little as possible. (Bonus: This may save you on insurance too, if you have a pay-as-you-drive policy.)
- **Slow down.** Going the speed limit – instead of 15 mph over it – can increase fuel efficiency up to 14 percent, Edmunds says. The U.S. Department of Energy adds: “Mileage usually decreases rapidly at speeds above 60 mph” and suggests that higher speeds can cost as much as 23 percent. Consumer Reports found dropping from 75 to 55 in an SUV saved 33 percent. (Bonus: Fewer speeding tickets means more gas money.)
- **Don’t idle.** When you’re sitting still, you get zero mph. Duh, you say – and so did Edmunds, until they realized that turning off an engine rather than idling could increase overall fuel efficiency up to 19 percent. To get their results, Edmunds drove a 10-mile route, stopping 10 times for two minutes each, then compared turning off the car to letting it idle. Consumer Reports suggests turning off your car if you’re going to be stopped for more than 30 seconds. As for taxing your starter? They say it won’t hurt it.
- **Cruise control.** Edmunds found this saves up to 14 percent on flat terrain, but warns not to use it in hilly terrain areas since your car will gulp gas trying to maintain a set speed on a slope.

What about other common advice, like rolling up windows and keeping tires properly inflated? That didn’t make a significant difference for Edmunds (i.e. a provider of automotive information via Web sites, books, and other media). Consumer Reports suggested running the AC could cost as much as 1 mpg: not enough savings to justify stewing in your car on hot summer days. That junk in the trunk can hurt your fuel efficiency, though FuelEconomy.gov estimates you only save up to 2 percent per 100 pounds. [Source: MoneyTalksNews Brandon Ballenger article 18 May 2011 ++]

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Notes of Interest:

- **Deficit.** MAY 16 was the day when the federal government “officially” reached the current legal limit on its debt which is \$14 trillion \$294 billion. But nothing’s all that precise when the numbers get that big, which is why the Treasury has several options for postponing a default for the next 78 days. Thus 11 weeks from then is the last day for Congress to not only negotiate, but clear, legislation setting budget-cutting conditions for an extension of federal borrowing power. The more projected deficits get trimmed, the higher the debt ceiling will be allowed to rise.
- **GI Bill.** A rise in improper payments and delays in claims processing are among the challenges the Veterans Affairs Department faces in implementing the Post-9/11 GI Bill, according" to the Government Accountability Office (GAO). "Almost one-third of \$356 million in advance payments were awarded to ineligible recipients, GAO said in a new report, citing findings by the VA inspector general."
- **SS Trust Funds.** The Social Security Board of Trustees released its annual report on the Social Security Trust Funds. According to the report, combined assets of the Old-Age and Survivors Insurance, and Disability Insurance (OASDI) Trust Funds will be exhausted in 2036, one year sooner than projected last year. The Disability Insurance Trust Fund will be exhausted in 2018, which was also the prediction last year.
- **Vet Deaths.** The National World War II Museum reports that more than 900 World War II veterans die every day. In 2010, more than 103,000 of the 8 million veterans active during the Vietnam War died, according to the U.S. Department of Veterans' Affairs, a number that has spiked over the last decade.

- **Illegal Immigrants.** The Supreme Court on 26 MAY upheld, 5-3, a 2007 Arizona law that penalizes businesses for hiring illegal immigrants — rejecting the arguments that states have no role at all in policing immigration.
- **Vet Suicides.** The U.S. Department of Veterans Affairs released preliminary data that indicates the rate of suicide among 18-to-29-year-old men increased from 2005 to 2007. The department estimates that in 2005 there were 44.99 suicides per 100,000 veterans, compared to 56.77 suicides per 100,000 veterans in 2007.
- **Oregon Vet Suicides.** Oregon Legislators approved a proposal and forwarded it to Gov. John Kitzhaber 26 MAY to better identify military veterans who die by suicide. House Bill 3611 would require people submitting death certificates to make reasonable efforts to find out if the deceased was a veteran, served in combat, and if so, where.
- **ROK Agent Orange.** On 23 MAY the US Army acknowledged that it buried chemicals on the bases in South Korea three decades ago.

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

Medicare Fraud Update 68:

- **Charleston WV** - Igor Shevchuk, Arsen Bedzhanyan and Sargis Tadevosvan were arrested at Lester Raines Honda in South Charleston 6 MAY. The three were charged with health-care fraud, conspiracy and aiding and abetting. Federal investigators discovered five fake companies established in Charleston, South Charleston and Dunbar, claiming to be Medicare providers, according to U.S. Court documents. Those five companies all turned in claims to Medicare and Medicaid that totaled about \$2.35 million, but the doctors in the claims told investigators they had never heard of the companies
- **Houston TX** - A Houston-area businesswoman who led a \$2 million Medicare fraud scheme involving power wheelchairs has been sentenced to seven years in prison. Federal prosecutors announced the sentence for 46-year-old Doris Vinitski, who owned Onward Medical Supply. Vinitski in April 2010 pleaded guilty to one count of conspiracy to commit health care fraud. She was sentenced 14 MAY. Investigators say Onward in 2003 began billing Medicare for medical equipment that patients did not need or never received. Vinitski said she paid kickbacks, as much as \$1,000 per patient, to recruiters who then led the potential customers to Onward. Her estranged husband, John Lachman, last year pleaded guilty to conspiracy to commit health care fraud and was sentenced to more than two years in prison.
- **Miami FL** - Homero Izquierdo Ruiz, 46, was sentenced 18 MAY to a 39-month term of imprisonment, concurrently, on two counts of health care fraud.. In addition to the terms of imprisonment, Ruiz received a three-year period of supervised release and was ordered to pay restitution to Medicare in the amount of \$1,045,977.72, and to forfeit his interest in \$104,959.00 to the United States. According to the stipulated factual basis in support of his guilty plea, Ruiz purchased Physical Therapy and Fitness (PT&FI), a physical therapy outpatient clinic that received reimbursement from Medicare Part A for the treatment of patients referred by physicians for physical therapy. After the purchase fraudulent billing to Medicare began to occur, especially during the month of July 2010. Medicare records show that PT&FI received a total of approximately \$528,094.27 in reimbursement from Medicare beginning on 3 JAN thru 13 AUG 2010. In addition, in MAY 2010, he purchased Ebenezer Medical Services, Inc. which was a pharmacy that received reimbursement from Medicare Part D plan for prescription drugs. At one time, Ebenezer qualified as a pharmacy, but when the Defendant purchased the “business,” Ebenezer was not actually functioning as a pharmacy. Medicare records show that approximately \$587,843.06 was paid to Ebenezer from 14 MAY thru 13 AUG 2010. Sixteen doctors provided attestation letters stating that the items billed by Ebenezer under their names and National Provider Identification numbers were billed in a false manner. In addition, four beneficiaries filed complaints that the billing listed prescription drugs that were never issued to them.

- **Warwick RI** - John M. Almon, owner of Med-Care Ambulance LLC, pleaded not guilty 19 MAY to over-billing Medicare and Blue Cross & Blue Shield of Rhode Island for routine ambulance runs for dialysis patients in 2008 by categorizing them as specialty-care transports. Such transports are reimbursed at a higher rate, and authorities said he waived the copayment of people using his service to encourage more runs. Almon was charged with defrauding the federal Medicaid program of \$625,000 and Blue Cross-Blue Shield of \$78,292 through faulty billing practices. In addition, he faces charges that he obstructed a federal audit by instructing his employees to clean up the records to hide “red flags,” and lied to investigators about a letter sent by Medicare officials in March 2008 telling him about the errors. Despite the warning letter, Almon continued billing runs at the specialty-care rate after obtaining a financial analysis to determine how much his firm would lose if it switched billing to basic life-support transports. Almon’s arrest follows a SEP 08 raid by state and federal investigators of Med-Care Ambulance’s offices in Warwick. Medicare typically reimburses for 80 percent of the allowable charge for medically necessary services supplied to a Medicare patient, including ambulance rides. The patient is obligated to pay the remaining 20 percent, court records show. Specialty-care transports are for critically injured or ill people and were reimbursed at \$706 each way in 2008. Basic life-support runs, requiring an IV or acute care, were reimbursed at \$217 each way at the time.
- **Jacksonville FL** - Diabetic Services and Supplies Inc. admitted that it filed \$230,000 in false claims to Medicare. Despite a nationwide crackdown on health-care fraud in federal courts and regulatory offices, the St. Johns County-based company struck an agreement allowing it to avoid a fine of as much as \$500,000. Instead, Diabetic Services offered to pay back the \$230,000 it took, and a U.S. district judge, Marcia Morales Howard, accepted the plea deal this month. Prosecutors may suggest lighter penalties for first-time offenders, companies that already employ a fraud-deterrence program or defendants who agree to assist investigators in other cases. Essentially, Diabetic Services was accused of overbilling Medicare. From January 2006 to July 2008, the company billed Medicare for generic diabetic shoe inserts as if they were more-expensive, custom-molded inserts. The move came after Medicare cut its reimbursement rate for inserts by 20 percent.
- **Nashville TN** - A former health-care company defrauded Medicare, and its new parent company must pay the U.S. government \$82.6 million, a federal judge ruled 26 MAY. The summary judgment was entered in a long-running whistle-blower case against once-Nashville-based Renal Care Group, which operated dialysis treatment centers and supplied equipment for home dialysis treatments. The company was acquired five years ago by Fresenius Medical Care Holdings Inc., a German company, for \$3.5 billion. The company’s U.S. headquarters are in Massachusetts, but it maintains a major clinical affairs division in Nashville. The ruling replaces a previous \$19.3 million ruling against Fresenius last year that was mistakenly entered by Haynes based on a misunderstanding between the judge and the federal government, which joined the whistle-blower case three years ago. Haynes found that between 1999 and 2005, before the sale to Fresenius, Renal and its affiliate companies recklessly disregarded federal law by submitting fraudulent claims for reimbursement to Medicare. The government essentially accused the company of filing claims for a higher tier of Medicare reimbursements than it was allowed for supplying patients with at-home equipment. The higher reimbursements are not supposed to be given to companies that also operate dialysis facilities in addition to providing home-treatment supplies. Fresenius spokeswoman Jane Kramer said the company will appeal the ruling to the 6th U.S. Circuit Court of Appeals and ask that the case be remanded for a jury trial.

[Source: Fraud News Daily 16-31 May2011 ++]

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Medicaid Fraud Update 40:

- **Washington DC** - Jacqueline Wheeler, 54, a health care provider who did business in the District of Columbia, was indicted 15 MAY by a federal grand jury and charged with one count of health care fraud and 39 counts of false statements in a health care matter.. Wheeler was the chief executive officer of the Health Advocacy Center, Inc., and also the owner of Sheridan Rehabilitative and Wellness Centers, Inc. a private company, which was located at the same Sheridan Street address. The Health Advocacy Center was purportedly engaged in serving as an advocate for improved health care delivery to the community. It also provided management support, as well as financial advice and assistance to other health care providers. It was a registered District of Columbia Medicaid provider. Sheridan was purportedly engaged in providing rehabilitative services to the mentally and physically disabled community. It also purportedly provided housing to mentally and physically challenged individuals. Sheridan was not an authorized D.C. Medicaid provider but was a registered naturopath with the District of Columbia Department of Health, Health Professional Licensing Administration. However, she was not a medical doctor and was not licensed to practice medicine. Wheeler did work with a licensed medical doctor, who was part owner of the Health Advocacy Center. This doctor's specialty was physical medicine and rehabilitation. Because Sheridan was not authorized as a D.C. Medicaid provider, it was unable to submit bills to D.C. Medicaid. From on JAN 06 through APR 08 Wheeler prepared and submitted all of the billing for the Health Advocacy Center, and handled all financial matters for both the Health Advocacy Center and Sheridan. She submitted or caused the submission of approximately 603 claims to D.C. Medicaid for manual therapy services that the Health Advocacy Center purportedly provided to approximately 22 District of Columbia Medicaid beneficiaries. In these claims, she maintained that the Health Advocacy Center provided in excess of 20 continuous hours of manual therapy for each patient in a single 24-hour period, and sought approximately \$6.2 million from D.C. Medicaid for manual therapy services. In performing therapeutic procedures such as manual therapy, the health care provider is required to bill in 15 minute intervals or units. There are only 1,440 minutes in a day. However, Wheeler routinely billed and/ or caused D.C. Medicaid to be billed from 1,440 of continuous minutes of manual therapy for a single patient in a 24-hour day, to as many as 2,910 continuous minutes (or 48.5 hours) of manual therapy for a single patient in a 24-hour period. D.C. Medicaid paid the Health Advocacy Center in excess of \$2.5 million for manual therapy services that were purportedly provided to the patients. The payments were deposited in bank accounts controlled by Wheeler. After D.C. Medicaid paid the Health Advocacy Center for the fraudulent claims, Wheeler diverted the proceeds of the fraud for her personal use and benefit, including the purchase of real estate in Florida, North Carolina, and the District of Columbia.
- **Honolulu HI** - A psychiatrist who has spent a lifetime traveling the world, meeting famous people and giving spiritual awareness lectures has been arrested in Argentina on charges of falsely billing \$1 million in health insurance claims in Hawaii. Dr. Carlos Livio Warter, 61, was arrested 22 MAY at his home in a wealthy Buenos Aires neighborhood, where he had been working as a psychiatrist and leading seminars based on his latest book, "Pathways to the Soul." He will be extradited to the United States, said Osvaldo Magnoli, chief of fugitives investigations for Interpol in Argentina. A Chilean-born naturalized U.S. citizen, Warter traveled regularly to Argentina, Chile and Hawaii. A federal grand jury indictment accuses Warter of knowingly sending about \$1 million in inflated bills to Medicaid and TRICARE.. It alleges he overbilled for sessions that didn't last as long as he claimed, and even billed for sessions when he wasn't physically in the state, pocketing more than \$530,000 to which he wasn't completely entitled. In addition to the federal indictment, Warter was charged in AUG 09 with 37 state felonies accusing him of Medicare fraud, each punishable by up to five years in prison.
- **Wichita KS** - A federal grand jury indicted on 23 MAY Steven J. Palacios, 59, the owner of Advanced Medical Concepts along with Veneda Brown, 38, and Bonita Regina Carter, 51, on federal charges of Medicare fraud through the illegal sale of motorized wheelchairs. The indictment contends Palacios unlawfully paid Brown more than \$48,000 and Carter more than \$46,000 to refer Medicare recipients to his

business. Palacioz sought reimbursement from Medicare even though he knew the recipients were not qualified to receive the wheelchairs, according to the charges. From 2002 through 2006, the indictment alleges, Medicare paid Palacioz more than \$2.4 million. If convicted, the three could face five to 10 years in prison.

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

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State Veteran's Benefits: The state of Mississippi provides several benefits to veterans as indicated below. To obtain information on these refer to the “**Veteran State Benefits MS**” attachment to this Bulletin for an overview of those benefits listed below. Benefits are available to veterans who are residents of the state. For a more detailed explanation of each click on “**Learn more about ...**” wording highlighted in blue on the attachment.

- Housing Benefits
- Financial Assistance Benefits
- Employment Benefits
- Education Benefits
- Other State Veteran Benefits

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

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Military History: The Solomon Islands were the scene of the Pacific war's lengthiest and most bitterly fought naval campaign. Including the fighting in the immediate vicinity of Guadalcanal, more than a dozen battles raged in these confined waters. Most of them were night surface battles, where the weapons and tactics of the Japanese Navy were at their finest. Unfortunately, the Japanese were faced with a foe willing to accept heavy losses in order to prevail, and also one who learned from past mistakes. The end of the Solomon Islands campaign marked the snapping of the logistical backbone of the Japanese Navy. After months of grueling fighting in the region, the critical cruiser and destroyer contingents of Nihon Kaigun had been depleted past the point of recovery. Many vessels had been sunk in the course of the conflict, and many more seriously damaged and put out of action for months. Even those vessels still in some semblance of fighting trim had largely been denied regular maintenance and refits, making them less and less efficient as time wore on. The net result was a fleet that was in no position to assume the multiple burdens being placed upon it. Japan no longer had enough escorts to shield its remaining carriers, *and* guard convoys against submarine attacks, *and* retain sufficient strength (and proficiency) to engage in surface battles.

The Americans, by contrast, had now gained the initiative in the entire Pacific theatre. While American ship losses in the Solomons had been severe, they had been more than made up by the prodigious output of its hyperactive shipbuilding programs. The Americans had also done a better job of rescuing their surviving sailors and airmen than their Japanese opponents, meaning that the US Navy was preserving its cadre of veteran combat men. By the end of the Solomons campaign, therefore, the US Navy had not only begun to achieve material superiority, it was also pulling ahead technologically, tactically, and in terms of training. The Americans had now forged the naval power that would hand Japan an unbroken string of defeats until the end of the war. For a more detailed account of the battles fought in the Solomon Islands refer to the Bulletin attachment “**Solomon Islands Naval Battles**”

[Source: http://www.combinedfleet.com/battles/Solomon_Islands_Campaign May 2011 ++]

Military History Anniversaries: Significant 1-15 JUN events in U.S. Military History are:

- Jun 01 1812 - War of 1812: U.S. President James Madison asks the Congress to declare war on the United Kingdom.
- Jun 01 1813 - Mortally wounded USS Chesapeake Capt John Lawrence utters Navy motto "Don't give up the ship".
- Jun 01 1918 - WWI Western Front: Battle for Belleau Wood - Allied Forces under John J. Pershing and James Harbord engage Imperial German Forces under Wilhelm, German Crown Prince.
- Jun 02 1944 - WWII: Allied "shuttle bombing" of Germany begins, with bombers departing from Italy and landing in the Soviet Union.
- Jun 02 1969 The Australian aircraft carrier Melbourne slices the destroyer USS Frank E. Evans in half off the shore of South Vietnam killing 74 American sailors .
- Jun 03 1861 - Civil War: Union defeats Confederacy at Philippi, WV in first land battle of the war.
- Jun 03 1864 - Civil War: Gen Lee wins his last victory of Civil War at Battle of Cold Harbor.
- Jun 03 1952 Korean War: A rebellion by North Korean prisoners in the Koje prison camp in South Korea is put down by American troops.
- Jun 04 1845 - Mexican-American War: Conflict begins.
- Jun 04 1919 - Latin America Interventions: U.S. Marines invade Costa Rica.
- Jun 04 1940 - WWII: British complete the evacuation of 300,000 troops at Dunkirk.
- Jun 04 1942 - WWII: Battle of Midway Island begins. Japan's 1st major defeat in WWII.
- Jun 05 1917 - WWI: Ten million U.S. men begin registering for draft.
- Jun 06 1918 - WWI: U.S. Marines enter combat at the Battle of Belleau Wood. 1st U.S. victory of WWI.
- Jun 06 1944 – WWII: D-Day: 150,000 Allied Expeditionary Force lands in Normandy, France.
- Jun 07 1932 - Over 7,000 war veterans march on Washington, D.C., demanding their bonus pay for service in World War I.
- Jun 07 1942 - WWII: Japanese troops land on Attu, Aleutian Islands.
- Jun 07 1965 - Vietnam: US troops ordered to fight offensively.
- Jun 08 1776 - American Revolution: Battle of Trois-Rivières - American attackers are driven back at Trois-Rivières, Quebec.
- Jun 08 1967 - Six-Day War: The Naval Intelligence ship USS Liberty attacked in the Mediterranean by Israel killing 34 and wounding 171.
- Jun 08 1985 - Bosnia: Downed U.S. Air Force pilot Captain Scott O'Grady is rescued by U.S. Marines in Bosnia.
- Jun 09 1863 - Civil War: the Battle of Brandy Station, Virginia.
- Jun 09 1945 - WWII: Japanese Premier Kantaro Suzuki declares that Japan will fight to the last rather than accept unconditional surrender.
- Jun 09 1999 - Kosovo War: The Federal Republic of Yugoslavia and NATO sign a peace treaty.
- Jun 10 1953 - Korean war: Battle of Outpost begins and lasts through the 18th.
- Jun 10 1898 - Spanish American War: U.S. Marines land on the island of Cuba.
- Jun 10 1965 - Vietnam War: The Battle of Dong Xoai begins.
- Jun 10 1999 - Kosovo War: NATO suspends its air strikes after Slobodan Milošević agrees to withdraw Serbian forces from Kosovo.
- Jun 11 1775 - American Revolution: In war's first naval battle Unity (U.S.) captures Margareta (British).
- Jun 12 1918 - WWI: First airplane bombing raid by an American unit, France
- Jun 14 1775 American Revolution: The U.S. Army is founded when the Continental Congress authorizes the muster of troops.
- Jun 14 1944 - WWII: First B-29 raid against mainland Japan.

- Jun 15 1859 - Pig War: Ambiguity in the Oregon Treaty leads to the "Northwestern Boundary Dispute" between U.S. and British/Canadian settlers.
- Jun 15 1898 - Spanish American War: U.S. Marines attack Spanish off Guantánamo Cuba.

[Source: Various May 2011 ++]

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Military Trivia Update 28:

- Syngman Rhee was the first president of South Korea. His presidency, from August 1948 to April 1960, remains controversial. It was affected by Cold War tensions on the Korean peninsula and elsewhere. Rhee was regarded as an anti-Communist and a 'strongman', and he led South Korea through the Korean War. His presidency ended in resignation following popular protests against a disputed election. He died in exile in Hawaii.
- Japan annexed the Korean peninsula in 1910 and continued to occupy it till 1945. During this period many Koreans fled to China and Russia. From these countries several resistance groups operated against the Japanese.
- Stalin, Roosevelt and Chiang Kai-Shek divided the Korean peninsula along the 38th parallel in 1945. The idea of dividing Korea along the 38th parallel dates from 1902 when Japan suggested to Russia that Korea could be divided so they both could have a piece of Korea and avoid conflict. However, this agreement was never signed.
- The Korean War was fought under the flag of the United Nations. Ethiopia was one of the nations that participated. Ethiopia ordered three 1,200-man battalions to the UN Command, beginning in June 1951 but only one battalion at a time. The first of these battalions - known as Kagnew (Conquerors') Battalions - arrived in May 1951 and was assigned to the U.S. 7th Infantry Division.
- Douglas MacArthur was appointed as Supreme Commander by the United Nations. He had also been Supreme Commander of the Allied Powers in Japan after World War II.
- The Yalu River (Chinese) or the Amnok River (Korean), is the border between China and North Korea. The Chinese name comes from a Manchu word meaning "the boundary between two fields".
- MacArthur tried to convince U.S. politicians to take the war into China. With the use of nuclear weapons China could have been destroyed. This opinion, along with numerous arguments with the U.S. president concerning the Korean War, led to the discharge of MacArthur.
- U.N forces approaching the Chinese border caused the Chinese to come to the aid of the North Koreans. The Chinese made contact with American troops on 25 OCT 50, with 270,000 People's Volunteer Army troops under the command of General Peng Dehuai, much to the surprise of the UN, which had disregarded evidence of such a massive force. However, after these initial engagements, the Chinese forces pulled back into the mountains. UN leaders saw the withdrawal as a sign of weakness and greatly underestimated Chinese fighting capability. The UN forces thus continued their advance to the Yalu River, ignoring stern warnings from the Chinese.
- The same day the war had officially begun (June 25), the United Nations immediately drafted UNSC Resolution 82, which called for all hostilities to end and North Korea to withdraw to the 38th Parallel; a UN Commission on Korea to be formed to monitor the situation and report to the Security Council; and all UN members to support the United Nations in achieving this, and refrain from providing assistance to the North Korean authorities.
- The Korean War never ended. According to a 7 SEP 07 NPR report, President Bush stated that it was his administration's position that a formal peace treaty with North Korea was possible only when the north abandoned its nuclear weapons programs.

[Source: <http://www.funtrivia.com/playquiz/quiz283848207f2c8.html> May 2011 ++]

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Tax Burden for Arkansas 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 Arkansas:

Sales Taxes

State Sales Taxes: 6.0% (prescription drugs exempt). Food taxed at 2%, city and county sales taxes could add another 6.5%. To view local rates, refer to

<http://www.dfa.arkansas.gov/offices/exciseTax/salesanduse/Pages/RecentChangesinLocalTaxes.aspx>

Gasoline Tax: 21.87 cents/gallon

Diesel Fuel Tax 22.8 cents/gallon

Cigarette Tax: \$1.15 cents/pack of 20

Personal Income Taxes

Income Brackets: Six. Lowest - \$3,899; Highest - \$32,600. A special tax table is available for low- income taxpayers reducing their tax payments.

Tax Credits: Single - \$23; Married - \$46; Dependents - \$23

Additional deduction if 65 years of age or older - \$23

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

Medical/Dental Deduction: Same as Federal taxes

Federal Income Tax Deduction: None

Retirement Income Taxes: Social Security is exempt, as are VA benefits, Workers' Compensation, Tier 1 and Tier 2 Railroad Retirement benefits, and unemployment compensation. Up to \$6,000 in military, civil service, state/local government, and private pensions are exempt. The exemption refers to income from public or private retirement systems, plans or programs. IRA distributions can be included as part of the \$6,000 exemption if the taxpayer is 59½ or older. Out-of-state government pensions also qualify for the exemption.

Retired Military Pay: Up to \$6,000 of federal retirement pay and/or survivor benefits excluded.

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

Arkansas property taxes are levied by counties, municipalities, and school districts. All households are eligible for a homestead tax credit of up to \$350 regardless of income or age. Political subdivisions collect taxes on real property (house and land) and personal property (motor vehicles, boats and motors, motorcycles and all-terrain vehicles). Assessment is based on 20 percent of the true market value. The taxable assessed value of homesteads will not increase more than 5% above the previous taxable assessed value except when new additions or substantial improvements are made to the property. However, the taxable value of the homestead will continue to increase each year until it equals 20% of market value. The taxable assessed value of homesteads of residents aged 65 or older, or those who are disabled are capped at the previous year value unless improvements are made or the property is sold.

For more information about real property taxes, refer to <http://www.dfa.arkansas.gov/offices/incomeTax/individual/Documents/402-Taxes.pdf>

Inheritance and Estate Taxes

There is no inheritance tax. In 2003 the estate tax was repealed for those deceased after January 1, 2005.

For further information, visit the Arkansas Department of Finance and Administration site <http://www.dfa.arkansas.gov/Pages/default.aspx> or call 501-682-7225. For general tax information go to <http://portal.arkansas.gov/business/Pages/businessTaxCenter.aspx>. For a booklet on moving to Arkansas go to http://www.arkansas.gov/dfa/income_tax/documents/moving_2_arkansas.pdf.
[Source: www.retirementliving.com May 2011 ++]

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Veteran Legislation Status 29 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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Have You Heard?

While my son was on board the Navy carrier USS George Washington, the air wing was busy with training missions. After talking to a pilot, one air-traffic controller accidentally left his microphone on and remarked to a nearby buddy, "That guy sounded just like Elmer Fudd."

The airwaves got strangely quiet as everyone listened, realizing that the pilot had also heard the comment. After about ten seconds, the pilot broke the silence by announcing, "Be vewy, vewy quiet. We are hunting submawenes."

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A Purple Heart just proves that were you smart enough to think of a plan, stupid enough to try it, and lucky enough to survive.

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A large group of Taliban soldiers are moving down a road when they hear a voice call from behind a sand-dune. "One Marine is better than ten taliban". The Taliban commander quickly sends 10 of his best soldiers over the dune whereupon a gun-battle breaks out and continues for a few minutes, then silence.

The voice then calls out "One Marine is better than one hundred taliban". Furious, the Taliban commander sends his next best 100 troops over the dune and instantly a huge gun fight commences. After 10 minutes of battle, again silence.

The voice calls out again "One Marine is better than one thousand Taliban". The enraged Taliban Commander musters one thousand fighters and sends them across the dune. Cannon, rocket and machine gun fire ring out as a huge battle is fought. Then silence.

Eventually one wounded Taliban fighter crawls back over the dune and with his dying words tells his commander, "Don't send any more men, its a trap. There's actually two of them.

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An Army Ranger was on vacation in Louisiana and wanted a pair of genuine alligator shoes. However, the local vendors were asking very high prices. So the Army Ranger decided to go into the swamps and get his own alligator and then have the shoes made at a more reasonable price. When he mentioned this to one of the shopkeepers, he was told that he might run into a couple of Marines who had decided to do the same thing.

So the Ranger headed into the bayou and a few hours later he saw the two Marines. They were standing waist deep in the water. The Ranger then saw a huge gator swimming rapidly underwater towards one of the Marines.

Just as the gator was about to attack, the Marine grabbed its neck with both hands and strangled it to death with very little effort. Then both Marines dragged it on shore and flipped it on its back. Laying nearby were several more of the creatures.

The Ranger then heard one of the Marines shout, "Damn, this one doesn't have any shoes either!"

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"There are many well-meaning people today who work at placing an economic floor beneath all of us so that no one shall exist below a certain level or standard of living, and certainly we don't quarrel with this. But look more closely and you may find that all too often these well-meaning people are building a ceiling above which no one shall be permitted to climb and between the two are pressing us all into conformity, into a mold of standardized mediocrity."

--- **Ronald Reagan** [Commencement Address at Eureka College 1957]

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