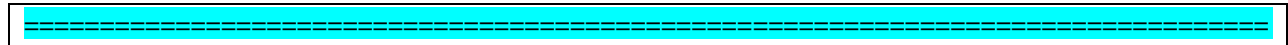


RAO BULLETIN

15 June 2011

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- == Tax Burden for California Retirees ----- (As of JUN 2011)
- == Veteran Legislation Status 13 JUN 2011---- (Where we stand)
- == Have You Heard? ----- (Did you know 2)

Attachment - Veteran Legislation
Attachment - VADM Koenig on Military Health Care
Attachment - Missouri State Veteran's Benefits
Attachment - WWII PCE(R)s

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Health Care Reform Update 41: Vice Admiral Harold Koenig, MC (Retired) was a member of the USNA Great Class of 62, Plebe year. He left the Naval Academy after Plebe year, due to a medical problem and subsequently graduated from Baylor College of Medicine. He then re-joined the Navy as a Navy Physician. His career highlights include CO of Balboa Naval Medical Center, and Surgeon General of the Navy. He was asked to give a presentation to the USNA Alumni, San Diego Chapter in APR 2011 and spoke on the subject of Tricare, Medicare and Obamacare (PPACA). His talk was most enlightening in the face of all the discussion about Obamacare and healthcare in general these days. It provided:

- Lots of interesting facts regarding care in other countries and comparisons to our care here in the U.S.;
- The ‘free’ healthcare for life myth that many of us were promised or thought that we were;
- Background on how we got to the situation which military retirees are in today; and
- What can be expected in the future

An edited transcript of the talk ‘smoothed up’ by the VADM himself can be found in the attachment to this Bulletin titled, **‘VADM Koenig on Military Health Care’**. [Source: http://1958.usnaclasses.com/news_events.htm 7 Jun 2011 ++]

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Tomb of the Unknowns Update 05: Repairs made last year to cracks that zigzag across the monument at the Tomb of the Unknowns at Arlington National Cemetery are failing, and officials said 8 JUN that they are trying to figure out how to fix them. Initially, the cemetery was to begin working on the monument this week. But historic preservationists, upset that they were notified of the problems just a week before new repairs were to start, accused the cemetery of moving too fast and possibly performing a shoddy job that could jeopardize the 48-ton white marble monument. “This is racing forward,” said Robert Nieweg, director of the National Trust for Historic Preservation’s Southern Field Office. “They’ve already failed once. Why would they rush into a second repair when the experts don’t know for certain why the first one failed? .??. If you don’t do it right, you can harm the historic resource.” But Army officials who oversee the cemetery said they were happy to slow the process so that preservationists can weigh in on the complicated project and be assured that the monument will be treated with the utmost care. They also said that because of the recent hot weather, which would wreak havoc on the grout used to repair the cracks, the work would not have moved forward this week anyway. “We are committed to being transparent and seeking subject matter expert advice when it comes to things like this,” said Col. Tori Bruzese, the cemetery’s engineer. “We’re not in a rush to failure.”

For years, the Trust has criticized the Army’s stewardship of the nation’s premier military burial ground, saying it hasn’t done enough to preserve its historic monuments. Earlier this year, it blasted the cemetery when a pair of nine-foot-tall decorative urns that once flanked the stage of the cemetery’s Memorial Amphitheater were put up for sale by an Alexandria auction house. It was not clear how the urns ended up in private hands, but preservationists said it would have never happened had the cemetery been on the National Register of Historic Places, which grants protections to historic artifacts. The urns were returned to the Army, which has said it plans to put them on display at a museum or perhaps the cemetery. It also is working to list Arlington on the National Register. Over the years, the cracks, which run horizontally across the monument, have grown in length and width. They were repaired in 1975 and 1989, but in 2007, they were notably visible. One measured 28.4 feet long; another, 16.2 feet. That year the cemetery announced plans to replace the monument because of the cracks, saying that it was necessary to maintain Arlington’s pristine appearance.

Preservationists said that the monument could and should be repaired to maintain the authenticity of the Tomb, where a changing of the guard ceremony takes place every half-hour in the spring and summer. Ultimately, they prevailed, and in April 2010, the cracks were repaired. Last fall, however, cemetery officials noticed that the grout

used to fill the cracks was flaking and, in some cases, falling out. Then last month, it notified several preservation groups that it planned to repair the monument 6 JUN, and it asked for input on the project. Comments were due 31 May — the day that Nieweg received the letter. Because one day was not enough time to thoroughly comment on the project, Nieweg said he called the Army Corps of Engineers, which is to perform the work, to voice his objections. “That’s not being transparent,” he said. “So we pushed back.” Bruzese said that she was “sorry about the mailings.” She said the cemetery postponed the work and set up a conference call 7 JUN with several parties, including the Trust, the National Park Service and the Virginia Department of Historic Resources. “We were very pleased with the input we got from everybody,” she said. That means experimenting with several types of grout and performing the work under the right conditions, which probably won’t be until September. Parts of the monument might have to be covered during the repairs, she said, but the Tomb won’t be closed to visitors. [Source: The Washington Post Christian Davenport article 8 Jun 2011 ++]

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Negative Progress

VA Claims Backlog Update 52: The Department of Veterans Affairs again took heat from lawmakers about the slow adjudication process for veterans who are seeking disability benefits and compensation. “The failures of [VA regional] offices to process these claims in a timely manner is unacceptable,” said Rep. Jon Runyan (R-NJ), the chair of the House Veterans Affairs disability assistance and memorial affairs subcommittee, during a 3 JUN hearing. “We continue to throw money and employees at this ... and yet the problems are getting worse,” Runyan said. As of 31 MAY, more than 800,000 disability claims are pending across the country, according to a House VA Committee press release. Of those, more than 60% have been pending for more than 125 days. That wait could increase to 230 days by next year, according to the committee. [Source: Armed Forces News Issue 10 Jun 2011 ++]

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Airline Baggage Policy Update 01: Military members traveling on orders on several major U.S. air carriers can check four, and in some cases, five bags without charge based on new policies the airlines instituted in recent days. Delta Air Lines, American Airlines, United Airlines and Continental Airlines announced the new policies after Army reservists returning from Afghanistan had to pay more than \$2,800 to cover the costs of their fourth checked bags on a Delta flight. Two members of the unit en route to Fort Polk, La., complained of their plight on a YouTube video that went viral. Delta apologized for the situation and is working with the soldiers individually “to make this situation right for each of them,” a Delta spokeswoman said. “We regret that this experience caused these soldiers to feel anything but welcome on their return home,” she said. “We honor their service and are grateful for the sacrifices of our military service members and their families.” Delta’s new policy allows U.S. servicemembers traveling on orders to check up to four bags in economy class and five bags in first and business class at no charge, she said. Each bag can weigh up to 70 pounds and measure up to 80 linear inches. Due to weight and space constraints, travelers on Delta Connection carriers, regardless of their seating class, can check up to four bags without charge.

Other airlines are following Delta’s lead. American Airlines is in the process of increasing its baggage policy for military members to check five bags without cost, spokesman Tim Smith reported. “Full implementation of that policy, and further details, should be completed in the next few days,” he said. One of the checked bags can weigh up to 100 pounds and measure up to 26 linear inches, but others are subject to the regular 50-pound, 62-linear-inch restrictions. The previous American policy allowed servicemembers to check three bags without cost. “But given the potential confusion, with different military units carrying different amounts of bags depending on their mission, we have elected to proceed with our five-free-bag limit,” Smith said. “We think it just makes good sense and eliminates

possible confusion." The new policy will apply whether the military members are traveling on official orders or on personal travel, Smith said. United Airlines and Continental Airlines, which merged last fall, also announced that they will now waive the fee for military personnel traveling on orders to check a fourth bag. The decision was made, according to spokeswoman Christen David, "in recognition of their sacrifice and service to our country." Servicemembers traveling for official business, including deployments, are entitled to receive full reimbursement for reasonable, authorized excess baggage fees, defense officials said. [Source: AFPS Donna Miles article 9 Jun 2011 ++]

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SVAC Update 07: Senator Veterans Affairs Committee Chair Patty Murray (D-WA) and Ranking Member Richard Burr (R-NC) held a wide-ranging hearing 8 Jun on 35 bills covering veterans' health care, compensation, employment, education, survivor, and other issues. Among those of particular interest to MOAA, TREA, and VFW are:

- S 423 – Providing Authority for a Retroactive Effective Date for Awards of Disability Compensation in Connection with Applications that are Fully-developed at Submittal. According to the Department of Veterans Affairs, this bill would authorize a potentially retroactive award of disability compensation to a Veteran whose compensation application was fully developed as of the date submitted to VA. Another way of saying it is that the bill would provide an incentive for veterans to file these fully-developed claims by compensating them for a period of up to one year prior to the date the claim was filed.
- S.490 (Akaka, D-HI) would extend eligibility for health insurance under the CHAMPVA program to qualifying veterans' children until age 26.
- S.491 (Pryor, D-AR) would acknowledge Guard and Reserve retirees as veterans whether or not they had been called to active duty by the Defense Department (many are disqualified now despite state-directed callups to guard borders, airports after 9/11, or remediate effects of natural disasters such as hurricane Katrina and the Gulf oil spill)
- S.696 – Treatment of Vet Centers as Department of Veterans Affairs facilities for purposes of payments of allowances for beneficiary travel to Department facilities. This bill would require VA to provide veterans with a travel reimbursement for trips to Vet Centers that is equal to what they currently receive for travel to VA health centers.
- S.698 (Warner, D-VA) would prohibit advance gravesite reservations at Arlington National Cemetery
- S.745 (Schumer, D-NY) would permit student-veterans currently enrolled in private colleges in certain states to be 'grandfathered' under 2010 rates for the Post-9/11 GI Bill.
- S.769 would allow medical service dogs access to VA facilities.
- S.815 – Sanctity of Eternal Rest for Veterans Act of 2011 (or the SERVE Act of 2011). This bill would guarantee that military funerals are conducted with dignity and respect. It would extend to civilian cemeteries the protections already provided in law for veterans' cemeteries. It would also double the "No Protesting" window to two hours before and after funerals, increase protest distances for those grieving, toughen penalties for violation of the law, and permit family members and the U.S. Attorney General to sue violators for monetary damages.
- S.815 (Snowe, R-ME) would increase the distance from military funeral-goers within which protests are prohibited at private or national cemeteries and impose penalties on violators
- S.874 (Akaka, D-HI) would pay a surviving spouse any applicable VA disability amount for the month of a veteran's death upon favorable completion of a disability claim pending at the time of the veteran's death
- S.894 (Murray, D-WA) would authorize a 2012 COLA adjustment for VA compensation and pension programs.

- S.951 (Murray, D-WA) would mandate transition counseling for all separating and retiring service men and women. Among other initiatives, it also would extend the period for vocational rehabilitation and employment services for wounded warriors an additional 24 months
- S.957 (Boozman, R-AR) would improve rehabilitative services for veterans with traumatic brain injury
- S.1148, The Veterans Program Improvement Act of 2011, is a comprehensive bill that would expand many VA programs, to include homeless grants and per diem rates, increased fiduciary oversight, and streamline the claims appeals process.

[Source: MOAA Leg Up, TREA & VFW Washington Updates 10 Jun 2011 ++]

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Arrears of Pay Update 02: For an example of inconsistency of laws governing different federal agencies, look no further than the way the law treats survivors of disabled veterans versus those of military retirees. A few years ago, there was a general outrage when Senate Veterans’ Affairs Committee leaders discovered the VA hadn’t complied with laws requiring the VA to pay survivors the VA disability compensation due for the month in which their disabled veteran spouse died. Instead, the VA persisted for years in electronically recouping the final month’s payment from the survivor’s checking account. You can imagine the compounded trauma grieving new survivors suffered upon learning the VA had abruptly snatched \$1,000 to \$2,000 or more from their checking accounts — money often needed to pay their immediate bills. Chagrined VA officials fell over themselves to apologize for not complying with the law and took quick action to do so. And now, the Senate Veterans’ Affairs Committee is considering legislation to have the VA adjudicate any disability claim pending at the time of death, pay the survivor the amount due the veteran for the month of death, and bar the VA from taking any recoupment action for that amount.

Several years after forcing an end to recoupments against VA survivors, Congress still has done nothing to stop DoD from recouping the final month’s military retired pay from unsuspecting survivors. DoD’s practice is only slightly different from what the VA used to do, in that DoD (some time later) issues the survivor a pro-rated check for the number of days of the month the retiree was alive. For years The Military Coalition {TMC} have pushed to bar recoupment of the final month’s military retired pay. But the proposal has gone nowhere, for a too-familiar reason — lack of funds and the inability of Congress to identify an acceptable cost offset. The TMC is well aware there are more inequities than can be fixed at once. And that the budget is tight and about to get much tighter. But if some serial mugger were tracking and preying on every new military survivor, the whole country would be up in arms about it. When it was the VA doing the mugging, an outraged Congress put a stop to it. But somehow it’s OK when it’s the Pentagon doing the mugging? Think “mugging” is too strong a word? You wouldn’t if you were a new military survivor. Their financial loss and personal anguish are much the same whether it’s perpetrated by an armed thief invading their homes or a Defense Finance and Accounting Service civil servant invading their checking accounts. It’s an outrage — or ought to be — either way. [Source: MOAA Steve Strobridge 'As I See It' article 9 Jun 2011 ++]

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Tricare Providers Update 01: The Department of Defense continues to applaud the growing number of medical professionals signing up to accept TRICARE, the health care plan for members of the uniformed services, retirees and their families. For 9.6 million TRICARE beneficiaries worldwide, TRICARE relies heavily on civilian providers to supplement the health care provided by military treatment facilities. Today, more than 325,000 providers across the United States are in the TRICARE network, with over 1 million providers accepting TRICARE beneficiaries. The Department of Defense (DoD) Survey of Civilian Physician Acceptance of TRICARE Standard

shows that in Fiscal Year 2007, almost 93% of responding physicians in 53 areas were aware of the TRICARE program. Almost 85% of those physicians accepted new TRICARE Standard patients.

The campaign to increase the number of providers accepting TRICARE patients started several years ago, led by the TRICARE Regional Office-West and TriWest Healthcare Alliance, the TRICARE managed care support contractor serving 21 western states. Recently, Colorado's leadership announced the number of providers in the state increased from 4,830 to more than 7,920. Hawaii's leadership announced the number of providers in the state increased from 2,885 to close to 4,000. At the same time, Idaho's number of providers in the state increased from 2,190 to more than 3,820 and Utah's number of providers increased from 2,200 to more than 3,600. The most impressive numbers thus far come from South Dakota, where the number of providers in the state increased from 900 to more than 3,000. South Dakota's governor, Dennis Daugaard, wrote the South Dakota State Medical Association (SDSMA) to personally express his gratitude to the health care providers for stepping up when the military families of the state have needed them the most.

More than 2 million TRICARE beneficiaries use TRICARE Standard, the fee-for-service option that provides the most flexibility for patients to see any TRICARE authorized provider. TRICARE offers a large number of potential patients. It is also an industry leader in claims payment timeliness. Ninety-nine percent of clean claims are processed within 30 days. Ninety percent of claims are processed within 15 days. Choosing to accept TRICARE beneficiaries is quick and easy – whether simply accepting TRICARE, being a participating provider or joining the TRICARE network. Expanding TRICARE's network of providers is critical to the care of America's heroes and TRICARE continues to reach out to state officials, medical associations and individual physicians. If your physician is not currently signed on as a Tricare provider and you would like to see him/her become one, encourage him/her to go to <http://www.tricare.mil/tma/providerinformation> for more about or becoming a network, participating or certified provider. [Source: Tricare News Release No. 11-40 10 Jun 2011 ++]

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Cancer Statistics Update 02: The National Cancer Institute and the Centers for Disease Control and Prevention have analyzed cancer incidence and follow-up information from nine Surveillance, Epidemiology, and End Results (SEER) programs to estimate the number of people in the United States ever diagnosed with cancer who were alive on January 1, 2007. [Cancer survivors - United States, 2007. MMWR 60:269-272, 2011] <http://www.cancertreatmentwatch.org/reports/survivors.pdf> The analysis found:

- The number of cancer survivors in the United States increased from an estimated 3.0 million in 1971 (1.5% of the U.S. population), to 9.8 million (3.5%) in 2001 and to 11.7 million (3.9%) in 2007. This growth can be attributed to earlier detection, improved diagnostic methods, more effective treatment, improved clinical follow-up after treatment, and an aging U.S. population.
- Female breast (22.1%), prostate (19.4%), and colorectal (9.5%) cancers were the most common types of cancer diagnosed, accounting for 51.0% of diagnoses among persons who were alive on January 1, 2007.
- Among cancer survivors on January 1, 2007, about 7.6 million (64.8%) had lived with a diagnosis of cancer for at least 5 years and 1.1 million of had lived for at least 25 years.

[Source: Consumer Health Digest #11-16, June 9, 2011 ++]

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PTSD Update 70: A recent VA Compensation Service Bulletin <http://www.scribd.com/doc/56836424/CPServiceBulletinApril2011>] sought to eliminate processing ambiguity relating to PTSD claims. Regional Offices nationwide have been largely critiqued because of erratic application of rating criteria. The current bulletins are intended in part to decrease the overall 23% of botched claims

processing. Anyone paying attention to veterans' issues has heard horror stories from veterans who attempted to gain service connection for PTSD despite possessing medals and records showing their unit came under hostile fire in Iraq and Afghanistan. Once denied, many of these veterans give up on the appeals process because it forces them to revisit the trauma every time the issue is revisited. If you are one of these veterans or know one who is, here's what you need to know about the bulletin and how it can affect your claim for disability compensation:

- First, the 2010 change to the VA regulation governing PTSD disability claims is intended to encompass all PTSD situations from military service. This means veterans who were assaulted, either sexually or physically, while on active duty may be eligible for this benefit if the stressor is documentable or contained somewhere within their service medical records. The regulation, 38 CFR 3.304(f)(3) also allows for the veteran's lay statement to satisfy the establishment of an "occurrence" under specific criteria. This solution seems relatively straightforward; however, the jury is out as to how well the VA is implementing the criteria. The occurrence must be:
 - 1) "related to fear of hostile military or terrorist activity, and
 - 2) a VA psychiatrist or psychologist, or contract equivalent, confirms that the claimed stressor is adequate to support a diagnosis of PTSD, and
 - 3) the veteran's symptoms are related to the claimed stressor."
- Second, the process may prove lengthy because the VA has implemented a case-by-case review of the facts surrounding each claim. The VA claims representative will need to verify that the facts given by the veteran are true, including duty locations and service or campaign medals, prior to the veteran being scheduled for an exam. Thus, certain medals are now sufficient to schedule a PTSD examination. For example, VA Compensation has concluded that a veteran's receipt of the Vietnam Service Medal or Vietnam Campaign Medal is sufficient proof that the veteran service in a hostile military environment. This also includes veterans aboard ships in "blue water." Therefore, veterans with either of these medals should be able to pass the first threshold of proving the occurrence. Once the claim is verified, an examination should be scheduled.
- Third, veterans who have already been denied service connection for PTSD, but who have evidence similar to that discussed above may wish to reevaluate their initial claim and/or denial. Those veterans with old disabilities may want to revisit their condition for an increase. Either way, the process starts by knowing what is within your claims file. See "Beat Denials & Lowball Ratings" to begin researching your own claim. The first step is filing a Freedom of Information Act (FOIA) request for your file. The second should be finding a quality Veterans Service Officer or Veterans Law attorney in your area who you trust.

[Source: Veteran Issues by Colonel Dan article 10 Jun 2010 ++]

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Airport Security Update 01: An existing Transportation Security Administration (TSA) program, the Military Severely Injured Joint Services Operations Center Program, has been expanded to permit all paralyzed veterans to proceed through airport security safely and with dignity. The veteran or service member should contact the TSA Operations Center's 24-72 hours before a confirmed flight at the toll-free number (888) 262-2396 with flight information. The passenger may also email the call center at MSIJSOC@DHS.GOV with the itinerary. Callers will be connected to a TSA liaison officer who will notify security officials. The hotline will not be able to assist if Update 10 Jun 2011 ++]

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Vet Toxic Exposure ~ Ft. McClellan Update 01: New York Representative Paul Tonko, D-Albany, is sponsoring H.R.2053, known as the Fort McClellan Health Registry Act, which has been referred to both

the House Veterans Affairs Committee and the House Armed Services Committee. It would create a national health registry for veterans who were stationed at Fort McClellan from 1935 to 1999. The registry would be used to track health records of the veterans to see if there is a connection between their medical conditions and possible exposure to toxic chemicals while serving at McClellan. In the 1970s, Fort McClellan became home to the Chemical Decontamination Training Facility where soldiers worked with live nerve agents under controlled conditions, according to the base's website. The bill would also require the Secretary of Veterans Affairs to provide health examinations to veterans who were stationed at McClellan.

Beau Duffy, communications director for Tonko's office, said the representative became interested in sponsoring the bill after being contacted by a group of women veterans in his district who had been stationed at Fort McClellan. According to Duffy, one veteran in particular, Sue Frasier, inspired Tonko to research health issues affecting veterans stationed at McClellan. Frasier has been working on the bill for the past seven years, two of which were a review process by the Veterans Disability Benefits Commission. Creating a registry would be the first step in a process to help veterans who believe they have become ill due to exposure to toxic chemicals while stationed at Fort McClellan. "It's phase one of what's called presumptive service connected status," she said. The second part would be a national health study involving members in the registry.

Frasier said she entered the Army and was assigned to Fort McClellan in June of 1970 as a member of the Women's Army Corps. Frasier believes she and many others who were stationed at Fort McClellan were exposed to toxic chemicals on the base and in Anniston, where a Monsanto chemical plant contaminated civilian neighborhoods with PCBs. "The top signature medical condition across the group is respiratory diseases of all kinds," she said. Among members of the Fort McClellan Veterans Stakeholders Group, Frasier said the worst affected are those who were stationed there the longest, such as retirees. "Those people are really, really sick," she said. "We've got skin issues, muscular diseases like what I'm afflicted with, gastrointestinal diseases, lymph node and autoimmune diseases." Although she has unsuccessfully tried to get the bill through congress before, Frasier said she is hopeful this time will be successful. "All our justification reports are perfectly lined up like ducks in a row," she said. Frasier said she hoped to find support for the bill from the people of Alabama and said she and other veterans have fond memories of Fort McClellan. "We still love Alabama. We come back there for reunions and I vacation there," she said. "We still feel connected to Alabama." [Source: Anniston Star Alison Gene Smith article 8 Jun 2011 ++]

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Vet Toxic Exposure ~ Lejeune Update 21: Senate legislation that could offer health care to hundreds of thousands of victims of water contamination at Camp Lejeune, N.C., continues to have trouble gaining traction on a debt-wary Capitol Hill. Sen. Richard Burr of North Carolina, who sponsored the S.277 would like to see it approved in the coming month by the Senate Veterans' Affairs Committee, where he's the top Republican. "I hope my colleagues will agree that this is the right thing to do," Burr said. But the bill is controversial. At a hearing in the committee 8 JUN, both the Defense Department and the Department of Veterans Affairs said they oppose the legislation, calling it overbroad and possibly unnecessary. And some of the nation's veterans service organizations say they have serious problems with it, too. The Committee heard testimony from Jerome Ensminger, a Marine Corps retiree from North Carolina, concerning the on-going issue of water contamination at Camp Lejeune, North Carolina. Mr. Ensminger's testimony was riveting as he explained how his 9-year old daughter had passed away in 1985 from cancer that he believes was caused by the water at Camp Lejeune. He explained that she was the only one of his four daughters who was conceived, carried and born at Camp Lejeune. He went on to say that thousands of people who were stationed at Camp Lejeune sometime in their careers have been affected by this contamination and many of the sick have been virtually bankrupted by the expenses of the medical care required to combat the catastrophic illnesses they developed. Mr. Ensminger explained that this issue has been going on for decades and that he has been researching it for 13 years. He stated that he has discovered the Department of the Navy and the

Marines Corps have documents which “clearly reveal their leadership’s knowledge that our tap-water was contaminated nearly five years before they took any action to locate the source(s) and stop it from flowing.” He further stated that the documents he has uncovered “indicate there have been many obfuscations, half-truths, and outright lies disseminated by these two organizations and their leaders....”

Burr's bill, the Caring for Camp Lejeune Veterans Act of 2011, would require Veterans Affairs to pay for the health care of any veteran or family member whose ailment can be linked to water contamination at Camp Lejeune. He submitted it during the previous Congress as well. It was one of about three dozen veterans-related bills discussed at the meeting. Committee members will decide which should be brought forward for detailed discussion and a committee vote, called a mark-up. Up to a million people are thought to have been exposed to contaminated water from the mid-1950s through 1987. At the hearing, Veterans Affairs estimated the bill would cost \$3.9 billion over 10 years, though Burr thinks it would cost less and affect less than 650,000 people. The Department of Defense said at the hearing there isn't enough science to support Burr's broad approach to health care coverage, and it says the bill creates inequities by not including civilian employees and government contractors who also might have worked on base. The VA went further, saying the bill is unfair because it's impossible to know all the veterans who spent just short periods at Camp Lejeune on temporary assignment.

Other veterans organizations agree that the health care must be provided, but they say that the Defense Department — not the VA — should pay for the health care. Raymond C. Kelley, a lobbyist for the Veterans of Foreign Wars, said the government has a "moral obligation" to provide care. But, he added, that should come from the Defense Department. And the Disabled American Veterans worries about "rationing" of health care, since Burr's bill doesn't include new funding for the VA. Alone in fully supporting the bill was the American Legion, whose 2.4 million members make it the nation's largest veterans service organization. In his testimony, lobbyist Jeff Steele pointed out that the base's water was contaminated with known carcinogens, and that federal scientists have refuted military reports that mischaracterize the current science on the contamination. "The VA is better set up because of their extensive network to handle the health care claims of the people affected," Steele said later in an interview. "They will have spread out around the country." The committee's last chairman, Sen. Daniel Akaka of Hawaii, never acted on the bill because he, like many, thought it should be handled within the Defense Department. Some advocates had hoped that the new chairman, Sen. Patty Murray of Washington, would give more support. Her spokesman, Matt McAlvanah, wouldn't say this week where she stands on the bill — only that she'll work with Burr to find a workable solution on this issue. "Chairman Murray is very sympathetic to this issue and has long been dismayed by DoD's very poor record of tracking and treating exposures," McAlvanah said. If Burr's legislation is approved in committee, it would then go forward to the full Senate. Similar legislation is being considered by the House Veterans' Affairs Committee. [Source: McClatchy Newspapers Barbara Barrett article & TREA Washington Update 8 & 10 Jun 2011 ++]

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Vet Toxic Exposure ~ C-123 Aircraft: In a complaint to the Air Force inspector general, a retired officer alleges health officials have known since at least 1994 of Agent Orange contamination aboard C-123 aircraft flown by reserve squadrons for a decade after the Vietnam War, and failed to warn personnel of the health risks. After the Air Force stopped using UC-123K Provider aircraft to spray herbicide on the jungles of Vietnam, some of those aircraft, their spray tanks removed, were reassigned in 1972 to new missions at three stateside bases. For the next decade Air Force reservists flew and maintained them. In APR 2011 one of the postwar crewmen, disabled retiree Maj. Wesley T. Carter, 64, of McMinnville, Ore., had a heart attack requiring surgery, and also learned that he has prostate cancer. A medical service officer, Carter said he thought about the many hours he had served aboard foul-smelling C-123 "spray birds" after the war, flying out of Westover Air Force Base, Mass. So in

recent weeks he conducted online searches, looking for any report of lingering Agent Orange contamination on these planes assigned Reserve missions until 1982.

What Carter found alarmed him, enough he said, that he began to contact crewmen from his squadron. The first five he reached had prostate cancer. He heard of others who had died, most of them from more diseases that Department of Veterans Affairs presumes, at least for veterans of Vietnam, were caused by Agent Orange exposure. Carter started a blog, <http://www.c123kcancer.blogspot.com>, with links to reports and memos referencing dioxin contamination aboard C-123s flown by reservists after the war from Westover, Pittsburgh Air Reserve Base and Rickenbacker Air Force Base in Ohio. One of the first disturbing documents found, Carter said, deals with a famous C-123, nicknamed "Patches" during the war because it was hit so often by enemy fire during spraying runs. Patches was one of three C-123s, among 16 aircraft of the 731st Tactical Airlift Squadron, known to crewmen as having sprayed herbicide during the war. Carter found a report from 1994 showing that before Patches was put on display at the National Museum of the Air Force at Wright-Patterson Air Force Base, an analysis for toxins found that it was "heavily contaminated with PCDD," or polychlorinated dibenzodioxin, a human carcinogen. So work crews that prepared Patches for display had to wear hazardous material suits and respirators, and the public would not be allowed to touch it. Yet Carter and crewmates had flown it often. He remembered its strong smell, like the inside of one Halloween mask he had worn as a kid.

Retired Air Force Reserve Lt. Col. John O. Harris of Mashpee, Mass., flew 2,700 hours as a C-123 command pilot for the 731st, from 1973 to 1981. Almost 400 of those hours were in Patches or in one of the other squadron aircraft that had sprayed in Vietnam. Harris, 67, has diabetes and peripheral neuropathy, both conditions on the Veterans Administration's list of 14 Agent Orange presumptive diseases. "We knew it was there," Harris said of residual herbicide on some C-123 aircraft. "You could smell it on a hot day, or a cold day when the heaters were running. You could smell it so bad you couldn't stand it." Harris said he often flew with cockpit windows open. He compares the smell to wasp or roach spray. Vietnam vets in the squadron identified it as Agent Orange, Harris said. But no one back then understood the dangers of compounds used in the war to defoliate jungles and kill crops. Neither Harris nor Carter served on the ground in Vietnam. Both men now believe reservists who flew or maintained these aircraft should be treated like Vietnam veterans with regard Agent Orange-related presumptive diseases for when filing VA compensation claims or seeking survivor benefits. By filing an IG complaint, Carter wants the Air Force to explain why, after learning C-123s flown by reservists were toxic, the service did not warn former crewmen of their exposure and possible health risks

Several years ago Harris did file a claim for his diabetes, citing postwar exposure to Agent Orange on his missions with the 731st. He provided flight logs listing hours aboard "spray bird" aircraft. Both his claim and his appeal were denied, Harris said, because he had not served in Vietnam. Harris later remembered that, while flying F-4 Phantoms out of Thailand during the war, he had a two-hour refueling stop at Da Nang. He even recalled the guy he chatted with at the airfield that day. After finding him and supplying VA with his statement, Harris qualified for disability pay. "Two hours on the ground with no Agent Orange in sight trumped 11 years and 400 hours of definitive exposure flying spray UC-123s," he said. Harris figures he caught a break and others haven't. So he has joined Carter's quest to find more colleagues and notifying of them of toxin exposure. They want to help those with Agent Orange-related ailments get VA care and compensation, and for spouses of colleagues who have died from these conditions get VA Dependency and Indemnity Compensation.

Besides the memo showing Patches was toxic, Carter learned the government in 1996 stopped a contract to sell some of these C-123s because of contamination. Another report indicates Air Force struggled over how to dispose of these aircraft, worried that even burying them could contaminate the ground. Some officials told Carter that last year the service tore apart and melted down remaining C-123 aircraft. Asked to comment on this, on Carter's complaint and his blog, an Air Force spokesman, Jonathan Stock, said the service "is going to look into these claims" but can't make any immediate comment. Also, VA Press Secretary Josh Taylor said VA will "carefully review this matter."

Marshall Hanson with Reserve Officers Association added, "This cadre of Agent Orange casualties needs to be recognized for the contamination risks they have been exposed to, similar to crews that initially flew the same C-123 aircraft. Agent Orange presumption needs to be reexamined to include all those who were exposed outside the Vietnam territories, both in the Air Force and the Navy." [Source: Kitsap Washington Sun Tom Philpott article 28 May 2011 ++]

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VA Blue Water Claims Update 15: The story of the blue water veterans begins in Australia in the late 1990s. Australia sent troops to Vietnam as an ally of the U.S. Years later, Australian officials noticed a significant percentage of their Navy veterans were developing cancers that had been linked to Agent Orange exposure. An investigation followed, and a report issued in 2002 linked the illnesses with exposure to Agent Orange, a dioxin-laced herbicide. The sailors could have been exposed through drifting clouds of the spray or by swimming in contaminated marine waters. But the report found the most likely source of their exposure was the shipboard distilling plants, which converted salt water to fresh water for bathing, cooking and drinking. The ships could not carry enough potable water for their crews, so they scooped up ocean water and distilled out the salt in large plants belowdecks. The process did not clean the water of contaminants, however. In the case of dioxin, the scientists found the distilling plants concentrated the poison, increasing its potency.

While the troops on the ground might have, by luck, escaped being coated by clouds of Agent Orange, sailors like Charles Cooley of Fort Edward had to drink the water on their ships. That was why, the Australian scientists concluded, their navy veterans were suffering from Agent Orange diseases at a higher rate than the ground troops. Australian ships served alongside American ships in Vietnam, and American ships used the same water-distilling technology and equipment as the Australians. But while the Australians have recognized a link between Agent Orange and sailors' sicknesses for years, and compensated them, the blue water veterans in the U.S. are excluded from compensation. "These men were and are casualties of war. ... In the midst of recession, they are left without medical care. Their families are left without support as they pass," said John Wells, a retired Navy commander, in testimony last year before Congress. "While I am certainly happy that our Allies have taken the step of compensating and treating their Navy veterans, as an American, I am somewhat chagrined that we did not immediately follow suit," he testified.

Wells is a lawyer and the cofounder of the Veterans Association of Sailors of the Vietnam War. He retired as a commander after 22 years in the Navy. One of his jobs during his military career in the 1970s and '80s was chief engineer, in charge of his ships' salt water distillers. Since his retirement in 1994, he has been acting as an advocate for veterans and lobbying for legislation to extend exposure benefits to all Vietnam veterans under the broad standard set forward in the original Agent Orange Act of 1991. Those standards were narrowed in 2002, when the federal Department of Veterans Affairs changed its interpretation of the act to include only veterans who had set foot on Vietnamese soil. Later, that interpretation was loosened to include those who had sailed on Vietnam's inland waterways, but Air Force and Navy veterans who could not show they had gone on those waterways, or stepped foot on shore, were still excluded. The Australian study shows how unfair that exclusion is, Wells said, and two follow-up studies by the U.S. Institute of Medicine have supported the Australians' conclusions. The Institute of Medicine conducts scientific studies on public health concerns. Its 2008 report recommended that Navy Vietnam veterans be granted the presumption of poisoning from Agent Orange when they develop certain diseases, as Army veterans are. "The evidence that this committee has reviewed makes limiting Vietnam service to those who set foot on Vietnamese soil seem inappropriate," the report states.

Instead of changing its policy, however, the VA asked for another Institute of Medicine Study, which was released 20 MAY. In that study, scientists found too little evidence exists to prove that veterans of Vietnam from

any branch of the service have developed diseases because of exposure to Agent Orange. In the case of blue water veterans, for example, the report found it's impossible to know whether the marine waters off Vietnam were contaminated, because no ocean testing was done in the 1960s and '70s. But the Institute of Medicine panel also took another look at the shipboard distillers and found they would have enriched the dioxin in Agent Orange. If the sea water was contaminated, as experts like John Wells believe, running it through the distillers made the dioxin it contained 10 times more potent.

Wells has a sense of humor about the federal bureaucracy. "It's easier to deal with the credit card companies," he said. The VA won't admit mistakes, he said. "You give them a blue folder, someone who's colorblind looks at it and says it's gray; there's nothing you can do. It doesn't matter how many colors you bring in, how many experts. It's a gray folder from then on," he said. Charles Cooley's compensation was withdrawn last year when he applied for an increase, even though VA policy stipulated that, in circumstances like his, payments should not be stopped. His case is under appeal, a process that takes an average of four years. Meanwhile, he is months away from losing his home for lack of money to pay the mortgage. Wells has been working with members of Congress, including New York Sen. Kirsten Gillibrand, to get legislation passed to include blue water veterans in Agent Orange benefits. "Senator Gillibrand has done a super job in pushing this," Wells said. "It's a tight fiscal thing here, but people in the Congress I believe almost unanimously recognize this is part of our constitutionally mandated duty." Stephanie Valle, a spokeswoman for U.S. Rep. Chris Gibson, R-Kinderhook, stressed that his staff is always available to help veterans with claims. "We can certainly help if they feel they're not being treated fairly," she said. Valle said the office takes on about 100 new constituent cases a week, of which about three-quarters are veterans cases. [Source: Post Star Will Doolittle article 6 Jun 2011 ++]



Charles Cooley does his breathing therapy

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Tricare Overseas Program Update 09: The TRICARE Overseas Program (TOP) offers comprehensive prescription drug coverage to help you fill your prescriptions overseas. TRICARE covers most U.S. Food and Drug Administration (FDA)-approved prescription medications. Prescription drugs that are not approved by the FDA may be covered if International SOS confirms that the drug is commonly used for the intended purpose in the host nation. Medications that are considered over-the-counter drugs in the United States are not covered. For more information refer to <http://www.tricare.mil/pharmacy>. For information on costs refer to <http://www.tricare.mil/costs>. International SOS Assistance, Inc. (International SOS) provides you with most pharmacy benefits abroad. In order to fill prescriptions, you will need a prescription and a valid uniformed services identification card or Common Access Card.

Military Treatment Facility. Military treatment facility (MTF) pharmacies are the easiest and least expensive options for filling prescriptions. At MTF pharmacies, you may receive up to a 90-day supply of most medications at no cost. Non-formulary medications are not available at MTF pharmacies. For more information about MTF pharmacies, visit www.tricare.mil/militarypharmacy.

TRICARE Pharmacy Home Delivery. Outside of the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), you can only use TRICARE Pharmacy Home Delivery if you have an APO/FPO address or are assigned to a U.S. Embassy. Be aware that mail may be subject to local customs regulations. **Prescription must include a preprinted U.S. DEA number.** For beneficiaries residing in the Philippines using stateside physicians it is advised that their prescription be written to cover refills for a full year. (Note: Prescriptions are no longer valid one year from the date they are written and Philippine physicians do not have access to prescription pads with DEA numbers.). Home delivery is your least expensive option when not using an MTF. You can get up to a 90-day supply of medication for the same copayment as a 30-day supply at a retail network pharmacy. For more information regarding TRICARE Pharmacy Home Delivery, visit the Express Scripts, Inc. website at <http://www.express-scripts.com/TRICARE>.

TRICARE Retail Network Pharmacy. TRICARE retail network pharmacies are only available in the United States and U.S. territories (Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands. American Samoa has none at present. Guam). When you fill a prescription (one copayment for each 30-day supply) at a retail network pharmacy, you do not need to submit a claim for reimbursement. To find a TRICARE retail network pharmacy, visit <http://www.express-scripts.com/TRICARE>.

Host Nation Pharmacy. Filling a prescription at a host nation pharmacy is your most expensive pharmacy option overseas. Although there may be pharmacies that will file TRICARE claims for you in your area, you should be prepared to pay up front and file a claim with the TOP claims processor for reimbursement. TOP Standard beneficiaries are responsible for deductibles and cost-shares. Note: In the Philippines, a TRICARE-approved pharmacy must be used. For a list of approved providers in the Philippines, visit <http://www.tricare.mil/tma/pacific>. [Source: The 2011 Publication for Tricare Standard Overseas Beneficiaries May 2011 ++]

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Tricare Foot-Friendly Advice: To many, summer is a perfect time to show off beautiful feet. But for those with ingrown toenails, corns, bunions, cracked heels or toe fungus, summer can be pretty embarrassing and even painful. Recognizing April is National Foot Health Awareness Month, TRICARE reminds beneficiaries to practice good foot care year-round. “Foot health is important yet it is a part of the body that many are guilty of neglecting,” said U.S. Public Health Service Cmdr. Aileen Buckler, TRICARE population health physician. “Making sure you are practicing good foot health habits, including wearing comfortable shoes that fit well, can prevent many foot problems.” Ill-fitting shoes often cause many foot problems, according to the American Podiatric Medical Association (APMA). For service members, wearing boots that are too big or too small or not properly laced-up, can cause corns and blisters to develop over time. Each foot has 26 bones, 33 joints and more than 100 tendons, muscles and ligaments, so it’s no wonder a lot of things can go wrong. In order to keep feet healthy, beneficiaries should be familiar with the most common ills that affect feet, including:

- Ingrown toenails occur when a piece of the nail breaks the skin, which can happen if nails are not cut properly.
- Corns and calluses are caused by friction and pressure of too tight or small shoes.
- Bunions develop when the joint at the base of the big toe moves out of place, causing a painful bony lump, often with redness and swelling.

- Fungal and bacterial conditions, including athlete's foot, occur because feet spend a lot of time in shoes warm, dark, humid places perfect for fungus to grow.
- Cracked heels are commonly caused by dry skin (xerosis) and can get worse with wearing open-back shoes, increased weight or increased friction from the back of shoes. Dry cracking skin can also be a subtle sign of more significant problems, such as diabetes or loss of nerve function.
- Aging and being overweight increase the chances of having foot problems.

Foot problems can also be the first sign of more serious medical conditions such as: arth.R.itis, diabetes, nerve disorders and circulatory disorders. Keeping feet healthy requires ongoing care and attention. The National Institutes of Health (NIH) and the APMA suggest:

- Examining feet regularly
- Wearing comfortable shoes that fit
- Washing feet daily with soap and lukewarm water
- Trimming toenails straight across and not too short
- Avoiding barefooted walks
- Keeping feet moisturized
- Selecting and wearing the right shoe for the activity engaged in (i.e., running shoes for running)
- Avoiding flip-flops when walking long distances

Tricare Beneficiaries who notice symptoms indicating foot problems can see their primary care provider who will examine their feet and provide treatment or a referral, as necessary. If a beneficiary has a medical problem that can affect his or her feet, such as diabetes, the provider will discuss the types and frequency of foot exams that are recommended, based on their condition. To learn more about foot care, go to the APMA's website at <http://www.apma.org/MainMenu/News/Tip-Sheets.aspx> or the NIH's MedlinePlus website at <http://www.nlm.nih.gov/medlineplus/footinjuriesanddisorders.html>. [Source: Tricare Media Center Sharon Foster article 12 Apr 2011 ++]

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VA Homeless Vets Update 21: The Department of Veterans Affairs (VA) continues to develop housing opportunities for homeless and at-risk Veterans by adding 34 VA locations across the country. This strategy will increase the Department's available beds by over 5,000. VA currently has 15,000 transitional beds available to homeless Veterans. Culminating two years of work to end homelessness among Veterans, a recent strategic study, the Building Utilization Review and Repurposing (BURR) initiative, identified unused and underused buildings at existing VA property with the potential to develop new housing opportunities for homeless or at-risk Veterans and their families through public-private partnerships and VA's enhanced-use lease (EUL) program. Under the EUL program, VA retains ownership of the land and can determine and control its reuse. Additional opportunities identified through BURR will include housing for returning Iraq and Afghanistan Veterans and their families, assisted living for elderly Veterans and continuum of living residential communities.

The project will support VA's goal of ending Veteran homelessness by providing safe, affordable, cost effective, and sustainable housing for Veterans on a priority basis. To expedite the project, contractors will be asked to develop multiple sites in a region. VA will hold a one-day national Industry Forum in Chicago for interested organizations on July 13, 2011. For information regarding the forum contact mailto:VA_BURR@va.gov. Supportive housing projects are planned for homeless Veterans and their families at 23 VA sites: Tuskegee, Ala.; Long Beach and Menlo Park, Calif.; Bay Pines, Fla.; Dublin, Ga.; Hines and North Chicago, Ill.; Danville and Fort Wayne, Ind.; Leavenworth, Kan.; Perry Point, Md.; Bedford, Brockton and Northampton, Mass.; Battle Creek, Mich.; Minneapolis and St. Cloud, Minn.; Fort Harrison, Mont.; Castle Point, N.Y.; Chillicothe and Dayton, Ohio;

and Spokane and Vancouver, Wash. Under the enhanced-use lease agreements, Veterans will receive senior and non-independent living and assisted living at eleven VA sites: Newington, Conn.; Augusta, Ga.; Marion, Ill.; Topeka, Kan.; Togus, Maine; Grand Island, Neb.; Big Springs and Kerrville, Texas; Salem, Va.; Martinsburg, W.Va.; and Cheyenne, Wyo. [Source: VA News Release 8 Jun 2011 ++]

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TRICARE Retired Reserve Update 04:

Retired reservists can now get a DoD Self-service Logon (DS Logon) account at any TRICARE Service Center (TSC) worldwide. Once they have a DS Logon, they can use it to go online to purchase TRICARE Retired Reserve (TRR) health care coverage. To locate the nearest TSC refer to <http://www.tricare.mil/contacts>. In-person proofing at Veterans Administration (VA) regional offices or remote proofing through the Defense Enrollment Eligibility Reporting System (DEERS)/Defense Manpower Data Center Support Office (DSO) remain available as well. The DS Logon can be used to access the Web-based Reserve Component Purchased TRICARE Application (RCPTA) to qualify for and purchase TRR, a premium-based health care plan available to qualified gray-area retired reservists and their survivors. If a retired reservist does not have a DS Logon account, he or she can still call the DSO at 1-800-538-9552 (1-866-363-2883 for the hearing impaired) to request documentation via remote proofing. DSO will provide step-by-step instructions and the appropriate documentation to get a DS Logon. Retired reservists may also still go to designated VA regional offices to complete in-person-proofing and get a DS Logon account. To locate a VA regional office refer to <http://www.vba.va.gov/vba/benefits/offices.asp>. Getting a DS Logon is not restricted to retired reservists. Members of the Selected Reserve most likely have either a Common Access Card or Defense Finance and Accounting Service account that allow them to access the RCPTA to qualify for and purchase TRICARE Reserve Select. However, for those who do not, National Guard and Reserve members can also get DS Logon accounts as mentioned above, similar to retired reservists. For more information about TRICARE's health care benefits for members of the Reserve and National Guard refer to <http://www.tricare.osd.mil/reserve>. [Source: TRICARE News Release 8 Jun 2011 ++]

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Vet Jobs Update 29:

The US Department of Labor has recently released information explaining more than 28 million dollars in federal grants. These federal grants are geared towards unemployment of Veterans, and to train more than 21,000 of the unemployed. 22 of these grants which total more than 9 million dollars are being applied to Veterans who require further training when applying for "green" jobs that will help out with the environment. These grants will cover more than 4,000 Veterans who are currently seeking employment in the private sector regarding renewable energy, modern electric power development and clean vehicles. These grants were provided by the Veteran's Workforce Investment Program. The Labor Department's Homeless Veterans Reintegration Program is responsible for another 122 grants totaling more than 28 million dollars. These grants will provide training to another 17,000 Veterans who are currently homeless or at risk of becoming homeless. Refer to the US Department of Labor <http://www.dol.gov> for more information on these grants and other information regarding Veteran's Unemployment and rights. If you are an unemployed you might want to take the time to place your resume online at <http://www.hireveterans.com>. There are over 11,000 jobs currently available to you. There is no cost to use the service and you are free to post a resume and apply to the jobs in the database. [Source: Veteran Today John Vogel article 7 Jun 2011 ++]

Agent Orange Korea Update 03: According to U.S. veterans the defoliant Agent Orange was kept also at Camp Market, a depot of the U.S. Forces Korea in Bupyeong, Incheon, during the late 1960s. On <http://koreanwar.org>, a website for the Korean War Project for USFK veterans, Randy Watson in 2007 said "barrels of what I believe now to be Agent Orange" were kept at Ascom Depot. Watson says he was stationed at Ascom Depot's Company B, a supply and transport company, from 1968 to 1970. "We shipped supplies all over Korea and the far east. We would also take supplies by convoy to the DMZ area and to southern Korea," he recalled. "I remember several times shipping out Barrels of what I believe now to be Agent Orange to the DMZ areas. There were times some of these barrels had leaks from being hit by the forks of forklifts while loading them onto trailers and trucks," he added.

On the same website Wayne Allgood, who was also stationed at Ascom Depot in 1968, said he heard from comrades-in-arms that Agent Orange was kept at the depot and some barrels of the defoliant were damaged. He added he had been suffering from cancer since 2000. The Korean War Project, an organization that has its office in Dallas, Texas, has been raising the issue of Agent Orange, which the U.S. used in the Vietnam War, for about 10 years. On another U.S. veteran website, an anonymous man who served at Ascom Depot's Company B from 1968 to 1970, gave more detailed testimony about Agent Orange. He said there were "toxicity warning signs" and barrels of the defoliant were kept in storehouses and in the basement of Company B barracks. Company servicemen transferred barrels to the DMZ, or soldiers came from DMZ to take barrels there. Due to leaks from being hit by forklifts during loading, large amounts of liquid seeped into the ground, he said. Soldiers were exposed to the defoliant in the process of trying to roughly stop up the holes, and the leaked defoliant was discharged into the waterways within the camp, he added.

Ascom Depot was renamed Camp Market after military facilities were removed to the Yongsan Garrison in Seoul and a base in North Gyeongsang Province in the early 1970s. The Incheon Institute of Health and Environment took samples of soil and groundwater near the camp last Friday, and results are expected late this month. In addition to its use on the DMZ, Agent Orange was allegedly also used-stored-transported via Area D in Camp Carroll in Chilgok, North Gyeongsang Province, Camp Mercer (Carroll) in Bucheon, Gyeonggi Province, and Camp Casey, Tongduchon, Korea. DOD has stated that 21,000 gallons of Agent Orange were sprayed in Korea in 1968 and 1969 in an area from the Civilian Control Line to the southern boundary of the Demilitarized Zone. Only Republic of Korea troops were involved in the actual spraying of the herbicide Agent Orange in Korea. [Source: The Chosunilbo article 9 Jun 2011 ++]



A view of Camp Market in Bupyeong, Incheon

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VA Sexual Assaults: According to a report released 7 JUN by the Government Accountability Office, 284 alleged assaults occurred at the VA between JAN 07 and JUL 2010. Included were 67 rapes, 185 cases of inappropriate touching, and other assaults between patients against patients, patients against staff, and staff against patients. To read the full GAO report, entitled "VA Health Care: Actions Needed to Prevent Sexual Assaults and Other Safety Incidents," refer to <http://www.gao.gov> . The report was based on visits to only five of VA's 152 medical centers, and interviews with only four of their 21 Veterans Integrated Service Networks, or VISNs. This led House Veterans Affairs Committee Chairman Jeff Miller (D-FL) to ask "How widespread is this problem?" Hopefully, the answer to his question will come from H.R.2074 Veterans Sexual Assault Prevention Act introduced by Rep. Ann Marie Buerkle's (R-NY) on 1 JUN. The legislation if passed would require that not later than 1 OCT 2011, the Secretary of Veterans Affairs shall develop and implement a centralized and comprehensive policy on the reporting and tracking of sexual assault incidents and other safety incidents that occur at each medical facility of the Department, including--

- Suspected, alleged, attempted, or confirmed cases of sexual assault, regardless of whether such assaults lead to prosecution or conviction;
- Criminal and purposefully unsafe acts;
- Alcohol or substance abuse related acts (including by employees of the department); and
- Any kind of event involving alleged or suspected abuse of a patient.

The bill would require that the Secretary submit annually on 1 OCT to the Committee on Veterans' Affairs of the House of Representatives and the Committee on Veterans' Affairs of the Senate a report on the implementation of the policy. The report shall include:

- The number and type of sexual assault incidents and other safety incidents reported by each medical facility of the Department;
- A detailed description of the implementation of the policy required by subsection (a), including any revisions made to such policy from the previous year; and
- The effectiveness of such policy on improving the safety and security of the medical facilities of the Department, including the performance measures used to evaluate such effectiveness.

[Source: VFW Teresa Morris msg. & www.thomas.gov 8 Jun 2011 ++]

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Mobilized Reserve 7 JUN 2011: The Department of Defense announced the current number of reservists on active duty as of 7 JUN 2011. The net collective result is 5,651 more reservists mobilized than last reported in the 1 MAY 2011 RAO Bulletin. At any given time, services may activate some units and individuals while deactivating others, making it possible for these figures to either increase or decrease. The total number currently on active duty from the Army National Guard and Army Reserve is 73,605; Navy Reserve 5,298; Air National Guard and Air Force Reserve, 10,224; Marine Corps Reserve, 6,179; and the Coast Guard Reserve, 799. This brings the total National Guard and Reserve personnel who have been activated to 96,105 including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel who are currently activated may be found at <http://www.defense.gov/news/d20110607ngr.pdf> . [Source: DoD News Release No. 487-11 dtd 8 Jun 2011 ++]

Heart Failure Update 01: A national study has found that nearly 68,000 deaths potentially could be prevented each year by optimally implementing key national guideline-recommended therapies, including critical medications and cardiac devices, for all eligible heart failure patients. Although heart failure is a major cause of death, morbidity and health care expenditures in the U.S., the routine clinical use of scientifically proven treatments that reduce mortality and improve quality of life has been slow and inconsistent. "This is one of the first studies to quantify the potential survival benefits that could result if these guideline-recommended therapies were universally applied to all eligible heart failure patients in the United States," said the study's first author, Dr. Gregg C. Fonarow, UCLA's Elliot Corday Professor of Cardiovascular Medicine and Science and director of the Ahmanson-UCLA Cardiomyopathy Center at the David Geffen School of Medicine at UCLA. Published in the June edition of the American Heart Journal, the findings help further the understanding of the possible health benefits of more consistent use of these heart failure therapies. The study also provides strong motivation for clinicians to improve implementation of these evidence-based treatments through performance-improvement initiatives and programs.

Heart failure occurs when the heart can no longer pump enough blood to the body's other organs. Often, patients with heart failure have reduced left-ventricle ejection fraction, which indicates a lowered volume of blood being pumped out of this heart chamber with each beat of the heart. The study examined six evidence-based therapies for heart failure patients with reduced left-ventricle ejection fraction. The six therapies are highly recommended in the national guidelines of the American College of Cardiology and the American Heart Association for heart failure patients. In conducting the study, investigators used a number of published sources, including clinical trials results, in-patient and out-patient patient registries for heart failure patients, and heart failure quality-of-care studies in cardiology and general clinical practice settings. For each heart failure therapy, the study authors determined patient eligibility criteria, estimated the frequency of use, identified fatality rates and calculated mortality risk-reduction statistics due to treatment. They found that out of 2,644,800 heart failure patients with reduced left-ventricular ejection fraction in the U.S., many were eligible for the evidence-based therapies but did not receive them. The number of potential deaths that could be prevented each year with optimal implementation of all six therapies totaled 67,996, they said. Potential lives saved by individual therapies alone are as follows:

- Four heart failure medications . Aldosterone antagonists: 21,407 potential lives saved; beta blockers: 12,922; angiotensin-converting enzyme inhibitors or angiotensin receptor blockers: 6,516; hydralazine/isosorbide dinitrate: 6,655
- Cardiac resynchronization therapy. Potential lives saved with this device, which helps coordinate heart contractions: 8,317
- Implantable cardioverter-defibrillator. Potential lives saved with this device, which delivers electrical shocks if potentially fatal heart rhythm abnormalities occur: 12,179

According to the researchers, the greatest potential gains were seen with those therapies for which the treatment gaps (number of patients who did not receive the therapy for which they were eligible) and the magnitude of benefits were the largest. Improved use of aldosterone antagonist therapy, followed by beta blocker and implantable cardioverter-defibrillator therapies, would provide the greatest benefit in possible lives saved, they said. Mortality risk-reduction due to treatment ranged from 17 percent with angiotensin-converting enzyme inhibitors or angiotensin receptor blockers to 43 percent with hydralazine/isosorbide. The number of heart failure patients who were eligible but not currently being treated ranged from 139,749 for hydralazine/isorbide dinitrate to 852,512 for implantable cardioverter-defibrillators. "With tens of thousands of lives potentially saved with optimal application of these therapies, the findings have significant clinical and public health implications," Fonarow said. "Determining the impact of each evidence-based therapy is helpful in prioritizing performance-improvement initiative efforts and planning future strategies to improve adherence."Fonarow noted that the research estimated only reduction in deaths by optimal application of these therapies. Further study may evaluate hospitalization reductions, improvements in symptoms, functional status and other important clinical outcomes related to broader application of these therapies. [Source: ScienceDaily article 6 Jun 2011 ++]

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VA Fraud Waste & Abuse Update 34:

- **Wichita KS** - A disbarred Wichita attorney admitted Monday to embezzling from the veterans whose pension benefit checks she had been entrusted to administer in a case the defense contends only came to light because "the guilt was eating away" at her. Janell Jenkins-Foster, 57, pleaded guilty to two counts of embezzlement and agreed to pay back the more than \$330,600 she had stolen from veterans and their estates. Her defense attorney, Craig Robinson, told The Associated Press outside the courtroom that when Jenkins-Foster first came to him to admit to the thefts, the guilt was deteriorating her health. "I have done something terrible and I have to get it off my chest," Robins said Jenkins-Foster told him. She then recounted to him how she started misappropriating small amounts at first when she got behind on her bills and couldn't afford the lifestyle she wanted, he said. From those modest thefts, the amounts grew. The Veterans Administration and U.S. attorney's office did not immediately return messages seeking comment left Monday after close of business.

Prosecutors made no statement in the courtroom during the brief hearing. Robinson said Jenkins-Foster "liked what she did and she had a special relationship with all these veterans." So the first thing they did was notify the state disciplinary board for attorneys, he said, adding Jenkins-Foster surrendered her law licenses in Kansas and Missouri. They also contacted her employer, the Veterans Administration, the U.S. attorney's office, the district judge overseeing probate, and other authorities. She consented to pay the civil lawsuits from veterans that eventually followed. "To her credit, she has accepted responsibility," Robinson said. "She knows exactly what she has done."

Veterans named in the criminal information filed against her have been reimbursed by the bond companies who had insured Jenkins-Foster when she was the fiduciary of their accounts, her attorney said. Jenkins-Foster now lives in an apartment and has no money left. As part of her plea deal, prosecutors agreed to drop the remaining three counts against her, although she will still be liable to pay restitution for all the money she embezzled. Prosecutors also agreed to recommend the low-end of sentencing guidelines, with credit for acceptance of responsibility. The former attorney faces up to five years in prison on each of the two counts, although she is likely to get far less, if any, jail time under federal sentencing guidelines. She also faces up to a \$250,000 fine. Her sentencing was set for 22 AUG before U.S. District Judge Monti Belot, a federal judge before whom she once practiced. Her case is being prosecuted by Assistant U.S. Attorney Alan Metzger, a former classmate of hers. "Source: Boston Hearlad AP article 6 Jun 2011 ++]

- **MANILA, Philippines** - The Office of the Ombudsman has filed graft charges against former officials of the Philippine Veterans Affairs Office (PVAO) for supposedly defrauding funds earmarked for monthly pensions of veterans worth P26.33 million. Two counts of graft were filed against former PVAO administrator Wilfredo Pabalan and chief accountant Leovegildo Santos, and another was also filed against former administrator Artemio Arugay and consultant Enrique Santos. "The respondents were responsible for the transfer of PVAO funds totaling to P26,327,278.14 from a government accredited bank to a non-accredited bank and for the use of funds for purposes other than the payment of pensions for which the funds were reserved," the Ombudsman said in its 26-page resolution recommending indictment of all four respondents. The period supposedly covered January to August 2003. State auditors found out that Pabalan signed an agreement allowing Centennial Savings Bank (CSB) to become the "depository entity" of PVAO. The Ombudsman said the agreement was not dated, notarized nor passed the scrutiny of state auditors. Different amounts were withdrawn on different dates, findings showed. "The act of the PVAO officials in opening an account with CSB, a non-accredited bank, facilitated the cash manipulations and transfer of funds from one bank account to another, without complying with the requirements of the law, rules and regulations on proper documentation of government expenditures," the Ombudsman said. These were the findings of graft investigator Cherry Chiara Hernando that were approved by former Ombudsman

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Debt Collector's Rules Update 02: Owing more than you can pay is bad enough. Being badgered, hounded and abused by a debt collector can make your life a living hell. But if you ever find yourself harassed with dozens of phone calls daily, here's something you should know. You don't deserve to be treated like a doormat nor should you tolerate it. More important, if your legal rights are being violated, you might qualify for free legal help to make it stop. The Fair Debt Collection Practices Act stipulates what third-party debt collectors can and can't do when trying to collect. In 2009, the FTC received almost 120,000 complaints about third-party debt collectors: an increase of nearly 50% from 2008. The two most common complaints were phone harassment (34.7%) and obscene, profane or abusive language (13.5%), both violations of the law. And the FTC takes violations seriously. For example, in MAR 2010 they issued a press release about a million dollar fine levied against one national collection agency. The FTC charged that the company, Credit Bureau Collection Services, and two of its officers, Larry Ebert and Brian Striker, violated the FTC Act and the Fair Debt Collection Practices Act. The company also was charged with violating the Fair Credit Reporting Act by reporting information to credit agencies that consumers had proved was inaccurate, failing to inform the credit agencies that consumers had disputed the debts, and failing to investigate after receiving a notice of dispute from a credit reporting agency. The FTC's list of off-limits practices to debt collectors taken directly from the FTC website that constitute law violations are:

Harassment. Debt collectors may not harass, oppress, or abuse you or any third parties they contact. For example, they may not:

- Use threats of violence or harm;
- Publish a list of names of people who refuse to pay their debts (but they can give this information to the credit reporting companies);
- Use obscene or profane language; or
- Repeatedly use the phone to annoy someone.

False statements. Debt collectors may not lie when they are trying to collect a debt. For example, they may not:

- Falsely claim that they are attorneys or government representatives;
- Falsely claim that you have committed a crime;
- Falsely represent that they operate or work for a credit reporting company;
- Misrepresent the amount you owe;
- Indicate that papers they send you are legal forms if they aren't; or
- Indicate that papers they send to you aren't legal forms if they are.

Prohibited statements. Debt collectors also are prohibited from saying that:

- You will be arrested if you don't pay your debt;
- They'll seize, garnish, attach, or sell your property or wages unless they are permitted by law to take the action and intend to do so; or
- Legal action will be taken against you, if doing so would be illegal or if they don't intend to take the action.

Prohibited actions. Debt collectors may not:

- Give false credit information about you to anyone, including a credit reporting company;
- Send you anything that looks like an official document from a court or government agency if it isn't; or

- Use a false company name.

Unfair practices. Debt collectors may not engage in unfair practices when they try to collect a debt. For example, they may not:

- Try to collect any interest, fee, or other charge on top of the amount you owe unless the contract that created your debt – or your state law – allows the charge;
- Deposit a post-dated check early;
- Take or threaten to take your property unless it can be done legally; or
- Contact you by postcard.

If you have more questions about dealing with debt collectors, check out this video from the FTC at <http://www.ftc.gov/multimedia/video/credit/debt/debt-collection.shtm>. [Source: MoneyTalksNews Jim Robinson article 3 Mar 2010 ++]

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Debt Collector's Rules Update 03: The Federal Trade Commission, the nation's consumer protection agency, collects complaints about companies, business practices, and identity theft under the FTC Act and other laws they enforce or administer. If you have questions about dealing with debt collectors, check out this video from the FTC at <http://www.ftc.gov/multimedia/video/credit/debt/debt-collection.shtm>. If you are being harassed and/or believe the debt collector has violated FTC rules go to <https://www.ftccomplaintassistant.gov> and click on the window "FTC Complaint Assistant". **You will first be asked to answer a series of questions. After answering these questions, you will have the opportunity to provide additional details regarding your complaint in your own words.** The FTC enters all complaints it receives into Consumer Sentinel, a secure online database that is used by thousands of civil and criminal law enforcement authorities worldwide. The FTC does not resolve individual consumer complaints.

Except as otherwise provided by section 813 of the Fair Debt Collection Practices Act any debt collector who fails to comply with any provision of this title with respect to any person is liable to such person in an amount equal to the sum of—

- Any actual damage sustained by such person as a result of such failure;
- In the case of any action by an individual, such additional damages as the court may allow, but not exceeding \$1,000; or in the case of a class action, such amount for each named plaintiff as could be recovered as the court may allow and such amount as the court may allow for all other class members, without regard to a minimum individual recovery, not to exceed the lesser of \$500,000 or 1 per centum of the net worth of the debt collector;
- In the case of any successful action to enforce the foregoing liability, the costs of the action, together with a reasonable attorney's fee as determined by the court. On a finding by the court that an action under this section was brought in bad faith and for the purpose of harassment, the court may award to the defendant attorney's fees reasonable in relation to the work expended and costs.
- A debt collector may not be held liable in any action brought under this title if the debt collector shows by a preponderance of evidence that the violation was not intentional and resulted from a bona fide error notwithstanding the maintenance of procedures reasonably adapted to avoid any such error.
- An action to enforce any liability created by this title may be brought in any appropriate United States district court without regard to the amount in controversy, or in any other court of competent jurisdiction, within one year from the date on which the violation occurs.

[Source: <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre27.pdf>]

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TSGLI Update 03: Servicemembers who have suffered a traumatic injury since 7 OCT 01, may be retroactively eligible for as much as \$100,000, according to a Department of Veterans Affairs message. Troops who suffered one of several types of injury, including amputation, brain injury or burns, now qualify for compensation under the Servicemembers' Group Life Insurance Traumatic Injury Protection program, regardless of where they were injured, according to the message released Friday. Recent passage of the Veterans Benefits Act of 2010 granted eligibility to servicemembers who suffered traumatic injuries between 7 OCT 01 and 30 NOV 05. Previously, servicemembers were eligible only if they suffered the injuries in support of the wars in Iraq and Afghanistan, or if they had suffered the injuries anywhere else since 1 DEC 05. The new federal law also allows servicemembers who did not have the life insurance plan at the time of their injury to claim compensation, according to the message. The injuries did not have to occur on active duty, according to the message. For information on eligibility, go to <http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm> [Source: Stars and Stripes article 6 Jun 2011 ++]

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VAMC West Los Angeles: U.S. District Court Judge S. James Otero sided with 68-year-old Robert Rosebrock, a member of the U.S. Army who flew the flag upside down last year at a West Los Angeles medical center campus to protest what he saw as a failure to use the center to its potential as a place to help veterans, especially those without homes. The American Civil Liberties Union filed a lawsuit siding with Rosebrock after the Veterans Affairs police seized the flag from the veteran, saying that his free speech rights were violated. However, Otero did not grant a permanent injunction. In a press release, Rosebrock said, "On this Memorial Day weekend, it's good to know that the courts are recognizing the right to free speech that veterans have fought and died to defend. This land was deeded for the use and care of veterans and is being stolen away.... The Flag Code allows for the flag to be displayed upside down when property is in danger. It's clear to us that this property is in danger, and has been for a long time."

Rosebrock is the leader of a group of veterans who protest what they believe is the lack of care for U.S. veterans, and the misuse of Wilshire Boulevard medical center's grounds, which they claim should be used to house homeless veterans. In his column on veteranstoday.com, Rosebrock urges, "'We the People' must demand that our U.S. Government immediately fulfill its moral and patriotic responsibility of looking out for the best interests of America's Military Veterans." The protesting, which began as older veterans holding posters and American flags outside the medical center, went unnoticed by the Veterans Administration until Rosebrock displayed the flag upside down. The incorrectly displayed flag was reported and caught the attention of federal police. Following the incident, Rosebrock was cited six times for unauthorized demonstrations on Veterans Administration property. However, in the court ruling, the judge stated that Rosebrock's First Amendment right was violated when the Veterans Administration cited him and removed the flag. The judge denied a request for a permanent injunction, stating that Rosebrock's perseverance to draw attention to this condition of homeless veterans through negative depictions of America may actually cause more harm to the group he wishes to help. [Source: Canyon News Amy Oppenheim article 5 Jun 2011 ++]

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VAMC West Los Angeles Update 02: You can often hear West L.A. residents, and those on the nearby Santa Monica border, whining about the rampant homeless-veteran population in their area (which is

trying desperately to gentrify -- to polish itself into the next Brentwood or Beverly Hills). They complain about ranting, raving vets who drift onto their sidewalks after visiting the West L.A. veterans' hospital, one of a scarce few facilities dedicated to their rehabilitation on a 387-acre parcel donated to the U.S. Department of Veterans Affairs some 130 years ago, to be used for housing Civil War heroes and beyond. But a class-action ACLU lawsuit, filed 8 JUN in U.S. district court, points out that the majority of the parcel... is now built up with businesses and recreational facilities of no direct service to vets. Developers have been drooling over the slab of prime real estate for years: For a long time, it was just a patch of rolling fields with a VA hospital in the middle. And that kind of pleasantry won't last in Los Angeles, where (not-so) elegant density is the destiny of every remaining open space. (You're next, Playa Vista.)

Though the Department of Veterans Affairs has always defended these leases by saying rent money is going toward the war-hero cause, the Los Angeles Times reports that the ACLU, skeptical as ever, is now demanding proof -- in addition to a promise for more veteran housing and treatment options. VA renters include Enterprise Rent-a-Car, a couple entertainment companies, a private school and a baseball diamond used by the UCLA Bruins: "Nobody knows how the deals were negotiated, where the money has gone," Rosenbaum tells the Times. However, Rachel Feldstein, associate director of New Directions, a service center on the VA campus with 206 temporary sleep spots for veterans, says the facility "currently has open beds." (She says the center gets about half its money from the Department of Veteran Affairs; the rest is donations.) A Salvation Army "Haven" also on the campus offers more "emergency" beds and temporary rehab programs. But nearby residents can attest: A more permanent solution is needed. About 8,000 homeless vets roam the streets of Los Angeles -- more than any other city in the nation. And each, argues the ACLU, has a particular set of war-grown issues that deserve individual attention.

Still, their rehabilitation is a nuanced struggle, argues the Times: The VA has taken some steps to improve the plight of homeless veterans. A year ago, it committed \$20 million to convert a little-used building on the campus into therapeutic housing, but the project is not completed. "We have acres and acres available," said Ronald L. Olson, an attorney working pro bono on the case. "We need to supply the kind of supportive housing that will allow them to get care." The lawsuit asks us to remember that these men and women are homeless because they're mentally and physically scrambled. And that's a direct consequence of the service they did for our country -- a nasty mission of nightmarish killing fields and questionable politics. [Source: LA The Informer Simone Wilson article 8 Jun 2011 ++]



"Locked Out of West LA VA

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Ohio Vet Bonus Update 01: More than 33,500 Ohioans have claimed a bonus from The Ohio Veterans Bonus Program that was launched in August 2010. The initial bonus funds available were \$200 Million, and \$23 Million in funds have been paid. Bonuses are available to veterans who served more than 90 days active duty, not for training, during the periods of the Persian Gulf War and the conflicts in Afghanistan and Iraq. For the Persian Gulf, the period is from Aug 2, 1990 through Mar 3, 1991; for Afghanistan, from Oct. 7, 2001 through a date to be determined by the President, and for Iraq, from March 19, 2003 and also through a to-be-determined date.

Payment can be received for active duty service anywhere in the world during these periods, but is higher for veterans who served in the Persian Gulf or in Afghanistan or Iraq. Eligible veterans must have been Ohio residents at the time of their entry into the service, and must be Ohio residents currently.

The bonus pays \$100 a month to veterans who served in the Persian Gulf theater, or in the countries of Afghanistan or Iraq, up to a maximum of \$1,000. For veterans who served elsewhere, the payment is \$50 a month up to a \$500 maximum. Veterans medically discharged as a result of combat service can receive \$1,000, regardless of how much time they spent in combat, plus up to \$500 for months of service elsewhere. Family members of those killed in action or who died from disease as a result of their in-theater service can receive a bonus of \$5,000 plus whatever the service member was eligible for, up to a total of \$6,500. To begin the application go to https://veteransbonus.ohio.gov/odvs_web/Application_Instructions.aspx. For most veterans the information needed for the application can be found in the veteran's Service Record Book and on their DD-214. Active duty service member, medically discharged, medically retired, or family of an eligible veterans will need additional documents. Refer to https://veteransbonus.ohio.gov/odvs_web/Eligibility_Requirements.aspx for more information on the documentation required.

To complete step 5 of the online application a list of the veteran's deployment dates can be found in their Service Record Book in the Individual Separation Information, or on the dates listed for a deployment medals. Box 12 of the DD-214 also contains total numbers days of foreign service. Veterans have to prove residency at time of service. The easiest way would be by providing their DD-214 as long as, box 7b. HOME OF RECORD AT TIME OF ENTRY, has an Ohio address listed. If Ohio is not listed as home a record an Ohio State Income Tax Return from date of enlistment could be used or call 1-877-OHIO VET (1-877-644-6838) option 2 to find out what other type of documentation can be used. For proof of current residency the veteran will also need to submit a photocopy of their Ohio driver's license, Voter registration records, or Ohio State Income Tax Return.

It is important not to sign the application until it is notarized. The application must be notarized before submission to the Ohio Department of Veterans Services. Notary service for applications is available at Ohio's entire 216 county Clerk of Courts locations in all 88 counties. Some clerk locations may assess a nominal fee. The Ohio Veterans Bonus is recognized as being the equivalent of non-reportable gifts and therefore does not qualify as taxable income. The agencies' letters to the Attorney General can be used as proof of the decision for tax purposes. For more information or help obtaining records:

- Mailing Address: Ohio Veterans Bonus Program (VBP), Post Office Box 373, Sandusky, Ohio 44871
Phone Number: 1-877-OHIO VET (1-877-644-6838).
- Lost SRB and DD-214 <http://www.archives.gov/veterans/>

[Source: Akron Veterans Affairs Examiner Derek Wright article 6 Jun 2011 ++]

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Ohio MIRF: The Military Injury Relief Fund (MIRF), which was created by House Bill 66 in June 2005, provides grants to Ohio military personnel injured while serving in country under Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF). Eligible veterans include those who have a combat-related injury including Post Traumatic Stress Injury (PTSD). MIRF is funded by donations, and the program works on a first come first served basis. MIRF grants have been reported to be in the range of \$500 to \$1,000. The current fiscal year deadline is June 30th and time is running out. The simplest way to receive the grant is by sending in the following documents: MIRF application which can be downloaded at <http://listserv.ohio.edu/pipermail/cvc-1/attachments/20100217/9c881138/attachment-0001.pdf>, W-9 Form (signed in blue ink) which can be downloaded at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>, a photo copy of the applicants DD 214 (or DD 215), photo copy of Ohio drivers license, utility bill, rental agreement, officially filed federal or state tax form or military Leave and Earnings

Statement (LES), The final document needed is one which proves injury while serving in country under Operation Iraqi Freedom or Operation Enduring Freedom. The following is acceptable documentation for Proof of Injury documents: award certificate for the Purple Heart Medal, documentation of any incident in which the service member is injured while receiving hazardous duty, combat, or hostile fire pay, or Veteran Affairs award letter for including service-connected disability incurred while serving in country under Operation Iraqi Freedom or Operation Enduring Freedom. It is recommended that that applicants visit their county's Veterans Service Office or contact Ohio Job & Family Services: Veteran Services at 1 (888) 296-7541, option 5 to ensure application is in order before submitting since situations vary from veteran to veteran. [Source: Akron Veterans Affairs Examiner Derek Wright article 6 Jun 2011 ++]

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Sleep Apnea Update 03: A new computer screening tool developed and patented by a University at Buffalo physician is helping to detect severe obstructive sleep apnea in cardiovascular patients who have not yet been diagnosed with this common and potentially dangerous condition. The study, funded by the U.S. Department of Veterans Affairs, is being conducted by a UB researcher at the Veterans Affairs Western New York Healthcare System. The goal is to evaluate how well the computer screening tool developed at UB diagnoses sleep apnea in patients with heart disease, compared to an overnight sleep study, or polysomnography, considered the 'gold standard' for diagnosing sleep apnea. "The importance of this grant is that it may give us a faster way to screen for sleep apnea in patients who are already at high risk but who are undiagnosed," says Ali A. El Solh, MD, UB professor of medicine in the School of Medicine and Biomedical Sciences and professor of social and preventive medicine in the School of Public Health and Health Professions, who is principal investigator. It is estimated that between 30 percent and 50 percent of cardiovascular patients also suffer from obstructive sleep apnea, many of whom are undiagnosed.

Obstructive sleep apnea prevents sufficient air from getting into the lungs during sleep, causing oxygen levels in the blood to drop. Because it causes numerous interruptions in their sleep, people with sleep apnea are at higher risk for car crashes, work-related accidents and other medical problems, including complications after surgery. Since sleep apnea episodes can also trigger cardiovascular events such as heart attacks, atrial fibrillation and stroke, patients with heart disease who also suffer from sleep apnea are at even higher risk. "Previous data have shown that patients with heart disease have a high occurrence of sleep apnea and it often goes undiagnosed," says El Solh. "It makes sense for us to try and screen them for sleep apnea as early as possible so that if they are diagnosed with sleep apnea, we can start treating them before they suffer another event."

The computer screening tool developed by El Solh and Brydon J. Grant, MD, professor emeritus of medicine, diagnoses sleep apnea based on a patient's answers to questions concerning anthropomorphic and clinical characteristics such as body mass index, neck size and the presence of hypertension. If the neural network-based screening tool proves to be as accurate as polysomnography, then El Solh says that it may provide clinicians with a much faster, more accessible way to identify sleep apnea, especially in high-risk patients. The study will end in December and data analysis should be complete early next year. The University at Buffalo is a premier research-intensive public university, a flagship institution in the State University of New York system and its largest and most comprehensive campus. UB's more than 28,000 students pursue their academic interests through more than 300 undergraduate, graduate and professional degree programs. Founded in 1846, the University at Buffalo is a member of the Association of American Universities. [Source: University of Buffalo News Center release 6 Jun 2011 ++]

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Sleep Apnea Update 04: Men who have type 2 diabetes in addition to obstructive sleep apnea seem to benefit from a regular exercise regimen, a new study has found. Greater endurance from consistent physical activity can significantly boost survival rates for men with both conditions, researchers found. The findings are significant since the prevalence of sleep apnea, which commonly occurs in people with diabetes and high blood pressure, is on the rise, the study authors noted. "Recent findings suggest that patients with sleep apnea have an increased risk of dying of any cause compared with individuals without sleep apnea," study co-author Dr. Skikha Khosla, an endocrinologist at the Washington, D.C. Veterans Affairs Medical Center and George Washington University, said in a news release from the Endocrine Society.

Good exercise capacity has already been linked to a lower risk of death in patients with type 2 diabetes, Khosla added. The new study found that there is a similar relationship in men who also have obstructive sleep apnea, a disorder that disrupts breathing during sleep. For the study, researchers analyzed 567 male veterans averaging 62 years of age who completed exercise fitness testing between 1996 and 2010. The men's fitness levels were based on the number of peak metabolic equivalents (METs) they achieved during a stress test (a test that determines how well the heart handles exertion). Men who earned 5 or fewer METs were classified as low fitness. Those who earned more than 10 METs were considered high fitness, and anyone in between was graded as moderate. After taking other risk factors into account, such as race, smoking and medication use, the researchers found that the risk of death among the men was 13 percent lower for every 1-MET increase in fitness level. Moreover, men in the low-fitness category had a 75 percent higher risk of death than those considered high fitness. "Although these data are epidemiologic and our patient population was small, the trend we saw in mortality is impressive," said Khosla. She added, however, that more studies are needed to confirm the results. Although people with sleep apnea should strive to get 150 to 200 minutes of physical activity each week, they should talk to their doctor before starting any exercise program and work towards that goal gradually, Khosla advised. The National Sleep Foundation has more on the connection between sleep apnea and exercise at <http://www.sleepfoundation.org/article/sleep-topics/diet-exercise-and-sleep>. [Source: U.S. News & World Report | Health Day article 6 Jun 2011 ++]

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VA Cancer Care Update 01: VHA (Veterans Health Administration) services were found to be either similar or better than the private sector for several chronic disease treatments, including cancer, researchers reported in the medical journal *Annals of Internal Medicine*. VHA is part of the VA (US Department of Veterans Affairs) that provides the medical assistance VA program through various of its own outpatient clinics, medical centers, hospitals and long-term healthcare facilities. More people work in VHA than in all the rest of the VA put together. VHA is not part of the US Department of Defense Military Health System; it is a separate entity. VHA is the largest integrated health care service in the USA.

The authors had set out to determine how good cancer care for elderly patients was in the VHA compared to fee-for-service Medicare. They gathered data in both systems on older male patients with prostate, hematologic and colorectal cancers. The investigators found that medical care in the VHA centers was overall either just as good or better than what was being provided in the private sector hospitals and clinics. There were better rates of curative resection for colon cancer, chemotherapy treatments for hematologic neoplasm, and bisphosphonate usage for multiple myeloma in the VHA system. If severity of illnesses are really higher among veterans than those in the private sector, the authors say that VHA quality of care may actually be underrated. VHA patients scored worse than those in the fee-for-service Medicare in 3-dimensional conformal radiation therapy versus intensity-modulated external-beam radiation therapy for prostate cancer - the only one with a poorer score. This may be indicative of a slower adaptation to newer technologies by the VHA, the authors suggest. [Source: *Annals of Internal Medicine* Christian Nordqvist article 6 Jun 2011 ++]

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Flag Day Update 01: Flag Day was first observed in 1877 on the 100th anniversary of the Continental Congress' adoption of the Stars and Stripes as the official flag of the United States. In that year, Congress asked that all public buildings fly the flag on June 14. The idea quickly caught on and many people wanted to participate in waving the flag. One early supporter was B. J. Cigrand, a Wisconsin schoolteacher who wanted June 14 to be known as "Flag Birthday." In 1916, President Woodrow Wilson proclaimed Flag Day as a national celebration. However, the holiday was not officially recognized until 1949 when President Harry Truman signed the National Flag Day Bill. Although Flag Day is not celebrated as a Federal holiday, Americans everywhere continue to honor the history and heritage it represents. The longest-running Flag Day parade is held annually in Quincy, Massachusetts, which began 1952 and will celebrate its 59th year in 2009. The largest Flag Day parade is held annually in Troy, New York, which bases its parade on the Quincy parade and typically draws 50,000 spectators. In 1996, President Bill Clinton issued the following proclamation:

An unserviceable American flag should never be disposed of in the trash or garbage. The colors of the United States of America should be retired honorably. The 14,000 + American Legion Posts worldwide will accept your unserviceable American flags and will honorably retire them. Post 364 in Woodbridge, VA has a flag retirement ceremony every flag day, and the boy scouts of Troop 1367 always assist. [Source: Daniel D. Eubank's Blog <http://danieldeubank.wordpress.com> 6 Jun 2011 ++]



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D-Day Update 02: D-Day was the turning point in World War II. June 6, 1944 saw the start of the largest air and sea operation in military history. On D-Day, the Allies landed around 156,000 troops, of which 73,000 were Americans. The amount of equipment used was staggering. In the airborne landings on both flanks of the Normandy beaches, 2,395 aircraft and 867 gliders of the RAF and USAAF were used on D-Day. Operation Neptune involved huge naval forces, including 6,939 vessels: 1,213 naval combat ships, 4,126 landing ships and landing craft, 736 ancillary craft and 864 merchant vessels. Some 195,700 personnel were assigned to Operation Neptune: 52,889 US, 112,824 British, and 4,988 from other Allied countries. By the end of the 11th of June, 326,547 troops, 54,186 vehicles and 104,428 tons of supplies had been landed on the beaches. There is no "official" casualty figure for D-Day. Total Allied casualties on D-Day are estimated at 10,000, including 2,500 dead. British casualties on D-Day have been estimated at approximately 2,700. The Canadians had 946 casualties. The US forces lost 6,603 men. Every June 6 all Americans are encouraged to take time to reflect on what took place on the beaches at Normandy and appreciate the sacrifice made by so many to ensure the continuation of our free market economy and our Federal

Republic. Their sacrifices helped give us the freedoms we enjoy today. [Source: VetJobs Veteran Eagle 1 Jun 2011 ++]



Sculptures by French artist Rachid Khimoune in the shape of turtles and representing Russian, German and American helmets from World War II are laid on Omaha Beach, France, for the 67th anniversary of the Allied landings in Normandy.

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Tricare Reserve Select Update 13: The Defense Department needs to do a better job educating reservists about the health care benefits available to them, according to the government's watchdog. The Government Accountability Office found that the military's reserve components lack a central point of contact to inform eligible reservists of their options under TRICARE Reserve Select. Most members of the Selected Reserve who are not on active duty can purchase TRICARE coverage under TRICARE Reserve Select after the coverage associated with active duty expires. It is the same benefit as TRICARE Standard and TRICARE Extra, but TRS enrollees must pay a monthly premium to receive benefits through the program. "Without centralized accountability, the reserve components do not have assurance that all members of the Selected Reserve who may need TRS have the information they need to take advantage of the health care options available to them," the GAO report said. Officials from Defense's Office of Reserve Affairs told GAO they had not met with the reserve components since 2008 to discuss how they were fulfilling their TRS education responsibilities under a 2007 department policy. Officials from three of the seven reserve components told GAO that they were not aware of the policy.

The military increasingly has relied on reservists to serve because of the wars in Iraq and Afghanistan, and Congress has boosted the health benefits available to them and their families. As of DEC 2010, about 392,000 of the more than 858,000 Selected Reserve members were eligible for TRICARE Reserve Select, according to Defense officials. Of those, about 67,000 members, or 17%, had purchased the coverage. Two-thirds of Selected Reserves serve in the Army Reserve and Army National Guard. To be eligible for TRS, a member of the Selected Reserve cannot qualify for coverage under the Federal Employees Health Benefits Program. Eligible enrollees also must not be serving on active duty, or have been notified of active-duty service in support of a contingency operation, or have returned within 180 days from active duty in support of a contingency operation.

GAO also found that TRICARE contractors faced challenges when it came to educating reserve component units about TRS because they didn't have enough information about the units. "As a result, the contractors are not able to

verify whether all units in their regions have received briefings [on TRS]," the report said. In addition, low response rates to surveys gauging reservists' awareness of TRS are not reliable indicators of whether the department is adequately disseminating information about the program, GAO said. Defense will have results available this summer to a follow-up survey on whether access to care for TRS beneficiaries has changed. GAO recommended the assistant secretary of Defense for reserve affairs develop a policy requiring each of the seven reserve components to designate a central point of contact for TRS education who is responsible for providing information about the program to members. Defense agreed with the recommendation. [Source: GovExec.com Kellie Lunney article 3 Jun 2011 ++]

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VA HISA Grants: Veterans with service-connected disabilities or Veterans with non-service-connected disabilities may be eligible to receive assistance for a home improvement necessary for the continuation of treatment or for disability access to the home and essential lavatory and sanitary facilities. There is a Federal grant program called the Home Improvements and Structural Alterations (HISA) program. On 5 MAY 2010 the President signed the Caregiver and Veterans Omnibus Health Service Act of 2010, increasing the amounts available under the HISA grant as follows:

- Home improvement benefits up to \$6,800 may be provided for a service-connected condition or for a non-service-connected condition of a Veteran rated 50 percent or more service-connected;
- Home improvement benefits up to \$2,000 may be provided to all other Veterans registered in the VA health care system.

Examples of what HISA may pay for include:

- Allowing entrance or exit from Veteran's home
- Improving access for use of essential lavatory and sanitary facilities
- Improving access to kitchen and bathroom counters
- Handrails (bathrooms and stairs)
- Lowered Electrical outlets and switches
- Improving paths or driveways.

HISA will not pay for:

- Walkways to exterior buildings
- Routine renovation
- Spa, hot tub or jacuzzi
- Exterior decking (in excess of 8 x 8 feet).

In order to receive a HISA grant, the Veteran must first have a prescription from a VA or fee-basis physician for improvements and structural alterations that are necessary or appropriate for the effective and economical treatment of his/her disability. This must include:

- Specific items required
- The diagnosis with medical justification
- The Veteran's name, address, SSN and phone number(s).

The Veteran must also provide:

- A completed Veterans Application for Assistance in Acquiring HISA
- Detailed quotes from licensed contractors

The process may seem complex and time consuming but with a little help from your local VA office the HISA Grant may be very beneficial to improve your quality of life. To access a PDF copy of the 18 APR 2008 VHA HISA Handbook 1173.14 refer to http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1681. [Source: Park Rapids Enterprise Gregory Remus article 4 Jun 2011 ++]

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GI Bill Update 98: Student veterans required to give back Post-9/11 GI Bill overpayments will get more time to do so under a new Department of Veterans Affairs policy. Prior to the extension, GI Bill overpayments had to be repaid before the end of the term, which in some cases left students paying thousands of dollars in a few months. The new policy gives them up to a year to make repayments. The new repayment policy took effect on 20 APR 2011 without fanfare. Sen. Jon Tester (D-MT) who has pushed for the change, announced the new repayment rules on 24 MAY. VA confirmed the rule change on 2 JUN. Tester had pushed VA to change the rules after receiving complaints that students, who often were not at fault when excess tuition and fees was paid to a college or university, were given very little time to repay the money. In some cases, students were put in a position of repaying the department out of their own pockets while waiting on their school to pay them. Although pleased that the VA is giving veterans more time to pay, Tester said he still is not satisfied. He wants safeguards put in place to protect the credit records of veterans who end up owing money because of clerical errors. He also wants the VA to come up with a way for schools that receive overpayments to directly reimburse the government without getting the student involved.

VA spokesman Josh Taylor, who on 2 JUN confirmed Tester's announcement that the repayment policy had indeed changed, said overpayments generally happen when a student drops a course or drops out of school. "Because tuition payments under the Post-9/11 GI Bill are paid direct to the school based on enrollment status on the beginning of a term, changes in enrollment status after the beginning of the term may result in an overpayment, which VA must recover," Taylor said. The VA has long required repayment in the same school term that the money was received. However, Taylor said the VA understands that paying back the government is now more difficult because Post-9/11 GI Bill benefits are larger. "With the greater benefits paid under the Post-9/11 GI Bill, we recognize the increased financial burden placed on veterans when debts are incurred while using this program," Taylor said. "We agree that veterans need more flexibility to repay such debts." [Source: TheLeafChronicle.com Rick Maze 4 Jun 2011 ++]

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VA Stroke Study: An Indiana University study that exposed older veterans with stroke to yoga produced promising results as researchers explore whether this popular mind-body practice can help stroke victims cope with their increased risk for painful and even deadly falls. The pilot study involved 19 men and one woman, average age of 66. For eight weeks, they participated in a twice weekly hour-long group yoga class taught by a yoga therapist who dramatically modified the poses to meet the veterans' needs. A range of balance items measured by the Berg Balance Scale and Fullerton Advance Balance Scale improved by 17 percent and 34 percent respectively by the end of the program. But equally exciting to lead researcher Arlene A. Schmid, rehabilitation research scientist at the Richard L. Roudebush VA Medical Center in Indianapolis, was the measurable gain in confidence the study participants had in their balance. "It also was interesting to see how much the men liked it," said Schmid, assistant professor of occupational therapy in the School of Health and Rehabilitation Sciences at Indiana University-Purdue University Indianapolis. Many of the veterans wanted the study to continue or asked for a take-home exercise plan so they could continue the practice. "They enjoyed it so much partly because they weren't getting any other treatment. They had already completed their rehabilitation but felt there still was room for improvement."

Statistics concerning strokes and falls are grim, with studies showing that strokes can quadruple the risk of falling and greatly increase the risk of breaking a hip after a fall. An estimated 80 percent of people who have strokes will also have some degree of impaired balance. The study participants performed poses initially while seated in chairs and then progressed to seated and standing poses. Eventually, they all performed poses on the floor, something Schmid considers significant because of a reluctance many older adults have to working on the floor. "Everything was modified because we wanted them to be successful on day one," Schmid said. "Everyone could be successful at some level." A score of less than 46 on the Berg Balance Scale indicates a fall risk. Schmid said the study participants on average began the study with a score of 40 and then improved to 47, moving them past the fall risk threshold. The study participants also showed significant improvements in endurance based on a seated two-minute step test and a six-minute walk test.

Schmid said research into therapeutic uses for yoga is "really taking off," particularly in mental health fields. Clinically, she has been watching a small trend of occupational therapists and physical therapists also becoming yoga therapists. The yoga performed in the study was modified to the extent that Schmid said it would be very difficult to find a comparable class offered publicly. Such a class should be taught by a yoga therapist who has had additional training in anatomy and physiology and how to work with people with disabilities. Schmid hopes to expand the study so she and her colleagues can explore whether such classes are effective on a larger scale. The study was funded by the Department of Veterans Affairs, Quality Enhancement Research Initiative (QUERI). [Source: ScienceDaily article 4 Jun 2011 ++]

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Virginia Vet Tax Exemption Update 01: A new Virginia state law, which voters endorsed overwhelmingly at the polls in November 2010, requires localities to exempt real estate taxes for veterans and surviving spouses on a primary residence and up to 10 acres on the same property. Only veterans who have a 100 percent service-connected, permanent and total disability qualify. However, localities all over the state are having to inform veterans that they are ineligible because they're not disabled enough, according to the U.S. Department of Veterans Affairs. Many veterans are receiving a 100-percent disability payment, because they are considered unemployable; however, their disability is not rated as 100 percent service-connected. The legislation is worded in such a way that just because you receive 100 percent benefits, doesn't mean you qualify. According to a letter from City Manager Selena Cuffee-Glenn to City Council members, the Virginia Commissioner of Revenue Association has submitted a request to the state Attorney General for a legal opinion on the matter. [Source: Suffolk-News Herald article 4 Jun 2011 ++]

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Scam ~ Theft of the Dead: Dealing with the loss of a loved one is tough enough without being forced to untangle a complicated web of fraudulent charges. It can take up to six months for banks and government agencies to learn of a death on their own. Since criminals can use that window to steal a dead person's identity, here are the steps you can take to close it. If you're in charge of an estate:

- **Get certified copies of the death certificate.** The first thing you'll do if placed in charge of an estate is to contact everyone the deceased dealt with by phone to notify them. While you're on the phone, find out the process for closing or transferring ownership of the account. Nearly all financial institutions will require a death certificate to begin the process. Some may accept photocopies, but most won't: You'll need a certified copy for each. As added protection, also send a certified copy to each of the credit reporting agencies (Experian, Equifax, and TransUnion.)

- **Contact financial institutions in writing.** Once you understand what each agency or institution wants, prepare it in writing with all the supporting documentation. What they require will differ by institution, but you'll most likely need to include the name and Social Security number of the deceased, dates of birth and death, home addresses for the past five years, and a copy of the death certificate. Keep copies of all correspondence.
- **Keep the obit vague.** When memorializing a loved one in the newspaper, realize the information is going public and may be seen by identity thieves. Try to avoid using the full date of birth, middle and maiden names, and home address.
- **Be careful dumping documents.** Make sure to shred any paperwork or junk mail belonging to the deceased before throwing it out, just as you would to protect your own identity. To opt out of junk mail offers, go to OptOutPreScreen.com , or call 1-888-557-8688 to have a name removed from direct marketing lists.
- **Request a credit report.** Request from all three credit reporting agencies (CRA) a copy of the deceased's credit report. When you get the report, check it for new or suspicious activity, look for accounts that are still open, and make sure the agency flags the report with a notice of death. The primary contact numbers for the CRAs are:
Equifax: Call (800) 525-6285. TDD: (800) 255-0056.
TransUnion: Call (800) 680-7289. TDD: (877) 553-7803. Fraud victims can also email <mailto:fvad@transunion.com> .
Experian: Call (888) 397-3742.
- **Freeze their credit.** The policies and fees for doing this vary by state, but they prevent any new credit being granted in the deceased's name. Consumers Union has information about each state's policies and exceptions. Note that this won't prevent new credit being granted by institutions the deceased has an existing relationship with – which is why it's so important to notify them and close those accounts.
- **Follow up.** A few months after doing all of the above, make sure nothing's gone wrong by getting a new copy of the credit report. This can be done for free from each agency through AnnualCreditReport.com. Make sure you've also terminated any memberships or ID: driver's license, professional licenses, gym membership, and so on.

[Source: Money Talks News Brandon Ballenger article 6 Jen 2011 ++]

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Vet Cremains Update 06: A bill sponsored by state Rep. Deberah Kula that would allow for the respectful interment of unclaimed veterans' remains is poised for final passage in the Pennsylvania House. House Bill 973 would require that if a funeral establishment ascertains that unclaimed cremated remains are of a veteran, and it has not received final arrangement instructions from the legally authorized person in control, it would have to relinquish those remains to a veterans' service organization so they can be interred in a national cemetery. "It is a very sad fact that there are unclaimed remains of veterans in state hospitals and funeral homes all across the country that should be given a respectful burial," said Kula [D-Fayette/Westmoreland]. "By allowing veterans' service organizations, such as the Missing in American Project, to claim these remains we can ensure that those who served this country are laid to rest with honor." The Missing in America Project's mission is to locate, identify and inter the unclaimed cremated remains of veterans through joint efforts of private, state and federal organizations. So far MIAP has located, identified and interred over 630 veterans with honor.

At the national level similar legislation H.R.2051 was introduced by U.S. Congressmen Pat Tiberi (R-OH) and Steve Stivers (R-OH) on 26 MAY. 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. [Source: PA House Democratic Communications Office press release 27 May 2011 ++]



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Stolen Valor Update 39: David A. Fabrizio, 66, a Marine Corps veteran who led the push for construction of a veterans memorial in Niagara Falls recently accepted a plea agreement for illegally wearing medals he had not earned. He is believed to be the first person in Western New York to be prosecuted under the U.S. Stolen Valor Act law enforcement officials said. During a gathering of "Niagara Youth Marine Cadets" on 3 OCT 09 Fabrizio wore several military decorations that he never earned indicating he was a Vietnam War veteran, had earned the Presidential Unit of Citation and the Combat Action Ribbon, and was a certified scuba diver and an airborne gunner. Fabrizio is chairman of the Niagara Falls Memorial Commission, a group that has worked for years to raise money for a \$1.7 million veterans memorial soon to be built in Hyde Park. A spokesman for Fabrizio said he did serve 33 years with the Marine Corps, but never overseas or in combat. "My name and reputation will survive through this minor, yet dark personal event," Fabrizio said in a statement e- to The Buffalo News. He added that the incident will not deter him from his efforts to see that veterans are honored.

The incident has upset some local Marines, who said they do not consider it a minor matter. "A lot of us heard about this, and yes, it did upset us," said Marine Lt. James Lalor, executive officer of the Buffalo-based India Company, 3rd Battalion of the 25th Regiment. "Any Marine who has ever earned a rank or an honor is sensitive to this kind of thing. A lot of Marines earned those honors but never got to wear them on their chest because they never came back alive." The October 2009 incident prompted a complaint to the Buffalo FBI office, which investigated, authorities said. Fabrizio pleaded guilty 16 MAY to a misdemeanor count of violating the Stolen Valor law by wearing unauthorized military decorations. The charge is viewed as a petty offense in the federal courts. U.S. Magistrate Judge Jeremiah J. McCarthy fined Fabrizio \$500 and then rescinded the fine after Fabrizio donated \$500 to the veterans memorial fund, according to court records.

Ken Hamilton, a spokesman for the veterans memorial commission who spoke to The News on Fabrizio's behalf. said. "He was speaking to a bunch of kids, trying to get them to consider military service." According to Hamilton, Fabrizio served four years as an active Marine and then 29 years in the Marine Corps Reserves, and did not serve any of his time overseas. Fabrizio reached the rank of master gunnery sergeant, which took him to the pay grade of E-9, the highest an enlisted Marine can reach. Hamilton said he believes that Fabrizio could have been found not guilty if he had insisted on going to trial. He said Fabrizio decided to plead guilty "so as not to interfere with his efforts, and the efforts of the Niagara Falls Veterans Memorial Commission, to build a monument that is befitting to all service members." Matt Szudzik, the commandant of the Bett-Toomey Detachment of the Marine Corps League.

said he is thankful that the federal government prosecuted Fabrizio for wearing honors he didn't earn. "I don't like the idea of anyone going around wearing honors they aren't entitled to wear," said Szudzik, "A lot of men really did serve in combat and got wounded. This kind of thing is a slap in the face to them." [Source: Buffalo News article 4 Jun 2011 ++]



David A. Fabrizio

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Stolen Valor Update 40: An Iraq war veteran from Massachusetts has acknowledged he didn't receive two combat medals he listed in a biography handed out to students whom he addressed at a Memorial Day ceremony. Adam Whitten, 26, spoke to students at Narragansett Regional Middle-High School in Templeton on 27 MAY about post-traumatic stress disorder and the trauma of war. In the biography, given to all students as part of the official program, Whitten claimed he'd received two Bronze Stars for valor in combat: one when he was shot in the chest while wearing a bullet proof vest and the other when he was injured by an explosive. The biography also said a Purple Heart was pending. But a check of his military records by The Gardner News showed no medals, awards or combat injuries.

The newspaper reported Whitten initially insisted he had the medals when a reporter questioned him. But Whitten later issued a statement to the paper saying he didn't receive the medals and that his application for a Purple Heart was declined. "I am an honest person who knows when to speak up to stop a snowball effect," Whitten wrote. "I provided a bio with this letter that is correct and am truly sorry for the confusion." Whitten served with the Army's 323rd Maintenance Company between OCT 03 and FEB 05, including 12 months in Iraq. Phillip Tyler, who served with Whitten during his time in Iraq, told the newspaper he was dismayed by Whitten's claims, and that the unit didn't see heavy action in Iraq. He said it was sent on some convoys, but its mission was to serve as a maintenance company. "Nothing happened to anybody," said Tyler, who added members of the company are upset with Whitten. "Everyone in the unit is shocked and surprised," he said. [Source: Boston Globe AP article 7 Jun 2011 ++]

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Tricare Provider Availability Update 03: (Note: Military Times Copyrighted material - Not authorized for reproduction on any public domain website or website accessed newsletter . Forwarding via email in personal communications is authorized.) A new congressional report confirms what Tricare beneficiaries already know: It is getting harder to find private health care providers who accept the military's health insurance. The 63-page report, released 3 JUN by the Government Accountability Office, says a combination of low

reimbursement rates, concern about possible cuts in federal health programs and shortages of civilian providers have made it more difficult to Tricare beneficiaries to find civilian providers. Tricare pays Medicare rates for most procedures, although there are 24 waivers in effect to increase payments in some locations. The low reimbursement rates for Tricare, when compared with payments of many private sector health insurance programs, leaves many civilian providers reluctant to accept military patients, the report says, and talk of cutting Medicare has resulted in increased concerns and more providers refusing to see Tricare patients.

There are nationwide shortages of doctors and medical personnel affecting everyone, particularly mental health providers, but the report says there are also regional shortages that can lead to uneven availability of some specialists. In particular, Texas, Louisiana and Florida have limited mental health providers. In Del Rio, Texas, there are no specialists for dermatology, allergies and psychiatry. The report was provided to the House and Senate armed services committees, which oversee the military health care system. The committees are trying to come up with ways to cut costs without hurting the quality or accessibility of care. It is not clear that spending more money on Tricare would solve the problems, the report says. Tricare can pay bonuses and increase reimbursement rates to get doctors to participate in the health program, but these options are of little use when an entire community is short of specialists, the report says. [Source: NavyTimes Rick Maze article 3 Jun 2011]

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Military Retirement System Update 02: (Note: Military Times Copyrighted material - Not

authorized for reproduction on any public domain website or website accessed newsletter . Forwarding via email in personal communications is authorized.) A push to overhaul the military retirement system for the first time in 60 years is rising rapidly on the political radar and could become a key component of the controversial budget battles coming early next year. Numerous Pentagon offices are studying the issue under the widely held belief that a major change is more likely than ever And Defense Secretary Robert Gates raised the issue in a speech suggesting “taking a look at the rigid, one-size-fits-all approach to retirement, pay and pensions left over from the last century ... A more tiered and targeted system, one that weights compensation toward the most high-demand and dangerous specialties, could bring down costs while attracting and retaining the high-quality personnel we need,” Gates said May 24. The Defense Business Board, an influential Pentagon advisory panel, plans to release a formal study with recommendations later this year. At the same time, the services are weighing how various proposed changes may affect their specific branches. “It’s starting to heat up,” said one Defense Department official familiar with the discussions.

Gates noted the timing in his speech: “We may have a political window here where we can look at the long-term interests of the military, as well as the budgetary interest, and see if we can’t do some smart things that politically have been impossible,” he said. Today’s system of 20-year cliff vesting with benefits available immediately upon retirement dates to 1948 and has been viewed as politically untouchable. But the likelihood of change has soared recently as both Republicans and Democrats look to slash federal spending. President Obama in April ordered another \$400 billion in defense savings over the coming decade. On Capitol Hill, concern about budget deficits has become a top priority, and the \$20 billion that the Pentagon sets aside each year to cover retirement benefits accrued by today’s force are an inviting target. At the Pentagon, military officials fear that personnel costs such as retirement and health care could overwhelm the defense budget and threaten weapons modernization programs. Inside the services, manpower planners would love to have more flexibility to build an ideal force, and might support a change in the retirement system to allow for more focused incentive packages for troops and career fields in the highest demand.

About 70 percent of all service members separate before reaching the 20 years needed to qualify for retirement pay, and the figure is even higher for enlisted combat troops. “Somebody who has served for 10 years leaves with

nothing,” Gates said. “That doesn’t make any sense. That’s not fair.” The main proposal on the shelf at the Pentagon comes from the 10th Quadrennial Review of Military Compensation, released in 2008. It suggests lowering the years-of-service requirement from 20 to 10 while eliminating pension payments immediately upon retirement, which for some troops comes as early as age 37. Under that plan, troops with 10 to 20 years of service would receive retirement pay starting at age 60, and those with more than 20 years would receive checks starting at age 57. Gates also criticized the current system for encouraging well-trained troops to leave military service. “Somebody who’s highly skilled, he gets to lieutenant colonel, he has 20 years in, he’s reached his period of maximum contribution and value to the department, and we give him every incentive to leave instead of stick around and give us the value that we’ve invested in for 20 years,” Gates said.

The individual services will inevitably debate retirement changes because their force structures vary. For example, the Marine Corps is exceptionally young, so few Marines ever qualify for a 20-year retirement package. On the other hand, airmen are far more likely to reach retirement age, because the Air Force depends more on highly skilled, older service members. The powerful military associations in Washington will strongly oppose any changes to the retirement system, which will require approval from Congress. Steve Strobbridge, the Military Officers Association of America’s director of government relations, said he strongly supports a grandfather clause that would guarantee the current retirement package even for the youngest troops in uniform today. Any change should affect only future recruits who clearly understand what they are getting into, he said. [Source: ArmyTimes Andrew Tilghman article 2 Jun 2011 ++]

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Vet Jobs Update 29: (Note: Military Times Copyrighted material - Not authorized for reproduction on any public domain website or website accessed newsletter . Forwarding via email in personal communications is authorized.)

The chairman of the House Veterans’ Affairs Committee announced an ambitious goal Wednesday of finding jobs for 400,000 veterans within two years, a move that would reduce the unemployment rate for veterans of all generations from 7.7 percent today to about 4.5 percent. To do this, Rep. Jeff Miller (R-FL) said he doesn’t want to create new programs or spend additional money. Instead, he wants to concentrate on making sure existing public and private programs are working efficiently. “Good jobs are out there. We just need to retool our programs so veterans can compete for them,” Miller said. The problem might be more difficult, requiring that a broad sword be taken to bureaucracy that could be making it harder for veterans to land jobs. Veterans looking for jobs — and the employers who might want to hire them — face a confusing array of programs, a panel of employment experts told the committee.

There are 8,000 websites providing information about veterans’ employment, said Jolene Jefferies of Direct Employers Association, a non-profit group that helps 600 U.S. corporations with recruiting strategies. For all of that information, there is nothing available that tells employers how to locate veterans who are qualified for the available jobs, said Jefferies, the association’s vice president for strategic initiatives. Henry Jackson of the Society for Human Resource Management said companies trying to hire veterans are often confused about where to seek help. “Employers would greatly benefit from having a more streamlined set of resources that they can consult to find talent, post their open positions and find information about hiring veterans and other transitioning service members,” Jackson said. It also would help to know what works, said Kevin Schmiegel, the U.S. Chamber of Commerce’s vice president for veterans employment. His organization hosts job fairs around the nation to help link veterans and employers, but Schmiegel said it remains unclear how many veterans are landing jobs. After a big job fair in Chicago earlier this year, Schmiegel said a survey was sent to participating employers, but only 20 percent responded.

Schmiegel suggested veterans employment could grow by simply linking veterans and employers. “Ninety percent of military occupations are directly transferable to the private sector,” he said. Veterans, though, have difficulty translating their military experience into civilian terms. And employers can be reluctant to hire veterans, especially if they are concerned that combat veterans may have post-traumatic stress disorder, or that Guard and reserves members could be mobilized for an extended deployment. Marshall Hanson of the Reserve Officers Association said employers’ concerns need to be addressed as part of a hiring initiative, which could include increased notification time when Guard and reserve members are about to deploy. Miller said there needs to be a careful review of what works and what doesn’t. There are advocates for a large federal program that would serve as a one-stop resource for veterans and employers, but it is not clear if such a program would solve the problems. Schmiegel, for example, said his experience has shown that many people leaving the military think about the future in terms of where they are going to live, not what job they might find. That thought process seems to favor local hiring programs over federal programs, he said.

Miller said the current unemployment rate for all veterans is 7.7 percent, with about 875,000 veterans looking for jobs. He doesn’t expect to find 400,000 jobs overnight; he said it is a goal he wants met “in the next year, or two years at the outside.” There are several bills pending before Congress aimed at improving veterans’ employment, and Miller said he is working on his own package. He is still working on the details, but the bill will not create additional bureaucracy and won’t have a large price tag, he said. He wants, in general, for the government to streamline existing programs to focus on what works, and to hold program managers more accountable for results — judged by whether veterans are getting jobs. He also wants to make sure that programs focus not just on newly separating veterans, but also on middle-aged veterans who have lost work and are far removed from the transition assistance and job training programs helping newer veterans. [Source: AirForceTimes Rick Maze article 1 Jun 2011 ++]

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TRICARE Philippines Update 01: The following is applicable to military retirees residing in the Philippines

Tricare Standard -

- TRICARE beneficiaries must utilize certified providers when seeking care in the Philippines in order to guarantee that TRICARE will reimburse. An updated listing of certified providers for the Philippines can be found on the TRICARE Pacific website at the following link: <http://www.tricare.mil/tma/pacific/>
- If a TRICARE beneficiary seeks care from a provider in the Philippines that is not certified, they run the risk of the provider being denied certification and being responsible for the entire bill. Certified providers in the Philippines are authorized to file claims for TRICARE beneficiaries. However, it is at their discretion to do so; providers may refuse to file claims for TRICARE beneficiaries even though they are certified. As with all overseas locations, TRICARE beneficiaries should expect to pay upfront for their medical care and then file their own claim for reimbursement
- For eligible retirees and their eligible family members living in overseas locations, only TRICARE Standard is available. TRICARE Standard is automatic as long as their information in DEERS is up-to-date; no need to enroll. In TRICARE Standard, the beneficiary can expect to pay for their medical care upfront and then file a claim for reimbursement with the overseas claims processor Wisconsin Physician Services (WPS). TRICARE Standard deductibles and cost shares will apply; once the deductible of either \$150 single or \$300 family has been met, the beneficiary will be responsible for a 25% cost share of the billed charges and TRICARE will reimburse them 75%. After they have met their catastrophic cap of \$3,000 for the fiscal year, TRICARE will reimburse the allowable amount. The deductible and cost-shares both count towards their catastrophic cap which resets each fiscal year starting October 1st. TRICARE

Standard beneficiaries do not require any sort of pre-authorization or pre-certification for any care they receive.

Tricare For Life -

- Medicare parts A and B, along with TRICARE Standard as the second payer, give beneficiaries their TFL coverage. Whenever a TFL beneficiary receives medical care within the United States and its territorial waters, Medicare is the primary payer and TRICARE pays secondary. However, when TFL beneficiaries receive medical care in overseas locations, Medicare does not pay and TRICARE becomes the primary payer.
- Although Medicare does not cover medical services received in overseas locations by enrolled members, in order for TRICARE eligible beneficiaries to continue to use their TRICARE benefits from 65 years of age on, they must continue to pay for Medicare Part B.

Tricare Mail Order Pharmacy - If the beneficiary utilizes an APO, FPO mailbox to receive mail in their overseas location and prescriptions are written by a U.S. licensed provider, TMOP may be an option in getting their prescriptions filled when either the MTF pharmacy does not carry the necessary medications and/or the up-front costs of the host-nation pharmacy's medications are beyond the beneficiary's financial means. You can contact TMOP by calling 1-866-363-8667 or by going online at www.express-scripts.com

Tricare Dental Program - As of September 01, 2008, TRDP is now offered to retirees and their eligible family members living overseas. For an explanation of benefits and coverage and for enrollment information, please visit www.trdp.org or call the customer service line at 1-888-838-8737.

Tricare Claims -

1. Complete, sign, and date DD Form 2642. This form can be found on the www.tricare.mil website.
 2. Make copies of all receipts/bills/invoices for medical care received.
 3. Send the DD Form 2642 and copies of all receipts/bills/invoices to: WPS-Foreign Claims, P.O. Box 7985, Madison WI, 53707-7985 Or claims may be faxed to WPS at 608-301-2251. Be sure to include a cover page annotating who the fax is from and the total of pages being faxed. Claims can also be submitted online at <http://www.tricare-overseas.com>
- Claims for prescription medications filled at a host-nation civilian pharmacy will also be sent to the above address. Scripts from a physician must be included when submitting claims for medications.***
 - If the beneficiary has other health insurance (OHI), they must receive a statement from their OHI first and then include it with the claim they will then file with TRICARE.***
 - Be sure to file all claims within one year of the date of service or the date of discharge. If claims are received after the one year period, they will be denied and TRICARE will not reimburse you for your medical expenses.***

ISOS Claim Site - This is a website that allows beneficiaries to monitor their claims and keep track of yearly out-of-pocket expenses. It also provides a secure format in which to contact the overseas claims processor WPS directly and gives access to various TRICARE forms and resources including TRICARE benefit updates and news releases. To register for an account, click on the following link: <http://www.tricare-overseas.com>

Contact Information

ISOS: ISOS is open 24 hours 7 days a week for Beneficiary assistance.

- From a Philippines Landline: +65 6339 2676 or 180014410576
- From a Magic Jack, Vonage, Skype : 1-877-451-8659

WPS (Wisconsin Physicians Services) Claims Department is Open 2:00am-7:00 pm Mon-Fri

If you have a claims questions not during these hours you can still call ISOS and request a WPS call back.

TAOP (Tricare Area Office Pacific) is open Mon-Fri 7:00am – 4:00pm JTS

- Commercial : +81-611-743-2037
- From a Magic Jack, Vonage, Skype : 1-888-777-8343 Option #4

[Source: TAOP Briefing Sheet May 2011 ++]

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DoD Statistical Report 2010: The FY2010 Statistical Report on the Military Retirement System just released by Pentagon’s actuaries provides a wealth of information for both stat geeks and everyday observers. Here are a few highlights of how some selected statistics have changed since FY2001.

Regular, non-disability retirees:

- FY2010: 1.47 million received retired pay of \$40.2 billion
- FY2001: 1.37 million received retired pay of \$28.3 billion

Guard/Reserve, non-disability retirees:

- FY2010: 357,000 received retired pay of \$4.89 billion
- FY2001: 243,000 received retired pay of \$2.61 billion

Military disability retirees:

- FY2010: 93,000 received retired pay of \$1.38 billion
- FY2001: 98,000 received retired pay of \$1.3 billion

Survivors:

- FY2010: 294,000 received annuity payments of \$3.65 billion
- FY2001: 259,000 received annuity payments of \$1.96 billion

SBP participation rate among newly retiring servicemembers:

- FY2010: 81%
- FY2001: 68%

SBP premium receipts vs. SBP benefit payments:

- FY2010: Retirees paid \$1.14 billion in premiums Survivors received \$3.63 billion in annuities
- FY2001: Retirees paid \$995 million in premiums Survivors received \$1.92 billion in annuities

For more information, visit the DoD Actuary's website <http://actuary.defense.gov/statbook10.pdf>. [Source: MOAA Leg Up 3 Jun 2011 ++]

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Retiree Pay Update 03: Retired pay earned but not paid in the final month of your life goes to whoever is listed as your Arrears of Pay (AOP) beneficiary. Defense Finance and Accounting Service (DFAS) will also contact this person for help with closing your account. You can choose anyone, from family members to friends to associates, to be your AOP beneficiary. But if you don't designate someone, it could take many months to locate

your survivors, identify who is legally entitled to your pay, and then make the payment. To designate or change your Arrears of Pay (AOP) beneficiary, all you have to do is follow these simple steps:

1. Complete a Designation of Beneficiary Information form (DD 2894) which can be downloaded at <http://www.dtic.mil/whs/directives/infomgt/forms/efoms/dd2894.pdf>.
2. Sign and date the form. (Unsigned and undated forms will not be processed.)
3. Mail or fax the form to: DFAS U.S. Military Retired Pay, P.O. Box 7130, London, KY 40742-7130 Fax: 800-469-6559

You must notify DFAS of any changes in your AOP beneficiary's contact information. Otherwise all correspondence will be sent to the wrong address, further delaying closure of your account. [Source:

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TRICARE Hurricane Preps: Every summer warm temperatures and rising humidity over the Atlantic Ocean create conditions for spawning the swirling storms called hurricanes. June begins the 2011 Atlantic hurricane season, and the National Oceanic and Atmospheric Administration (NOAA) forecasts an “above-normal” season. After a spring when tornadoes battered the U.S. and a deadly earthquake and tsunamis struck Japan, disaster preparedness should be on the mind of every TRICARE beneficiary who may find themselves in the path of a hurricane. Being prepared can make a huge difference in the aftermath of a natural disaster. Be sure to have a complete emergency kit on hand. The kit should contain food and water, a battery operated weather radio, flashlights, first aid supplies and medical necessities. Medical assistance may not be immediately available after a disaster. Make sure everything in the kit works and that food and water have not expired. Following is a checklist of health-related items to include for each family member:

- Copies of each family member’s uniformed services ID card (or sponsor’s name and Social Security number), Medicare card or other health insurance card.
- Copies of family members’ names, addresses, phone numbers, etc.
- Copies of medical records.
- A list of primary care managers, other doctors and phone numbers.
- Emergency contact names and phone numbers .
- TRICARE regional and pharmacy contractors and Medicare contacts.
- Known prescription medications and doses.
- A list of allergies.
- A properly stored, 30-day supply of prescription medications.
- Non-prescription drugs such as pain relievers, anti-diarrhea medication, antacids, laxatives, itch control creams, etc.
- Style, model and serial numbers for any medical devices.
- Extra batteries for wheelchairs and hearing aids.
- Any personal items such as eyeglasses and other special equipment

TRICARE provides up-to-date information before, during and after a disaster at <http://www.tricare.mil/disasterinfo> . Downloads on the site include a wallet card with critical contact information and a disaster preparedness flyer. It also has information about continuing benefits during a disaster. To view the NOAA’s 2011 Atlantic hurricane season outlook, go to <http://www.cpc.ncep.noaa.gov/products/outlooks/hurricane.shtml> . You can sign up to receive disaster e-mail updates at <http://www.tricare.mil/subscriptions>. [Source: Tricare News Release No. 11-35 3 Jun 2011 ++]

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VA House Committee Hearings:

- The House Veterans Affairs Committee met 1 JUN to discuss how to get veterans back to work. Witnesses from both the private and public sectors testified on the effectiveness of current job training programs, the need to bridge the gap between employers and veterans, and to improve the overall system. Committee Chairman Jeff Miller (D-FL) spoke about his ambitious goal to help 400,000 veterans find jobs within two years, a move that would reduce the overall veteran unemployment rate for from 8.3 percent today to about 4.5 percent.
- The Subcommittee on Economic Opportunity met 2 JUN on the Transition Assistance and Vet Success programs. The subcommittee recently sent staffers to visit four TAP sites in Florida, Georgia, North Carolina and South Carolina, and to several Vet Success programs on campuses. What they found were inadequate facilities and materials for those attending classes. Witnesses expressed their views that the Departments of Labor, Defense and the VA, plus state workforce agencies, need to take a harder look at the overall quality of the TAP program.
- The Subcommittee on Disability and Memorial Affairs also met 2 JUN to discuss underperforming VA Regional Offices. VFW testified that the quality of disability claims processing has slipped significantly in the past few years, which has led to a 25-percent increase in appeals. VFW offered concrete suggestions on how to improve quality now, to include requiring a second review of all rating decisions, increase access of veterans' service officers to VA decision makers (which is currently limited in some ROs), and aggressive steps to replace management at offices with the worst quality, along with retraining of staff and other measures. Committee members asked questions that focused on production and the reasons why disability claims take so long to be correctly adjudicated. During Q&A, VFW said quality will suffer as long as Congress and VA supervisors remain focused solely on production. Both must be accomplished simultaneously. To read VFW's testimony refer to <http://www.vfw.org/VFW-in-DC/Congressional-Testimony>.

[Source: VFW Washington Weekly 3 Jun 2011 ++]

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Scam ~ Treasury Department: Perpetrators commonly use various government agencies or officials to legitimize their scams. Most recently, the Internet Crime Complaint Center (IC3) has received several complaints which fraudulently represent the Financial Crimes Enforcement Network of the U.S. Department of the Treasury. Victims reported they received an e-mail claiming to be from the U.S. Department of the Treasury stating their lost funds, which were stolen and diverted to a foreign account registered in their name, have been recovered. The e-mail advised to cease all money transactions, especially overseas, and to respond to the e-mail so the lost funds could be returned. The e-mail further stated the U.S. government is making adequate arrangements to ensure outstanding beneficiaries receive their funds. The e-mail is signed by James H. Freis, Deputy Director of the Financial Crimes Enforcement Network, and requires victims to provide personally identifiable information that could potentially result in identity theft. The U.S. Department of the Treasury posted a scam alert on their website on 13 APR, stating they do not send unsolicited requests and do not seek personal or financial information from members of the public by e-mail and recommending that recipients not respond to such messages. The alert further provides links for victims to report solicitations claiming to be from the U.S. Treasury. [Source: TREA Washington Update 3 Jun 2011 ++]

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National Guard Educational Foundation: Defense contractor DRS Technologies has created a college scholarship fund for children of members of the National Guard who died “in support of the war on terrorism.” The Guardian Scholarship Fund will be administered by the National Guard Educational Foundation. The first awards will be made in time for the fall semester this year. Students will receive up to \$6,250 per year for four years (a total of \$25,000) if they attend a four-year institution. “For those attending a two-year program at a community college or technical school, the scholarship will provide up to \$6,250 for both years. Qualified applicants can learn more and apply on line at <http://www.ngef.org/index.asp?bid=300>. A video about the program and an explanation of how to donate to the fund can be seen at <http://www.drsfoundation.net/guard>. More than 650 Guardsmen have died in the line of duty since the terrorist attacks of Sept. 11, 2001.” [Source: TREA Washington Update 3 Jun 2011 ++]

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SBP DIC Offset Update30: Rep. Rob Andrews (D-NJ) submitted an amendment to the National Defense Authorization Act H.R.1540 that would have solved the concurrent retired veterans disability and retirees pay problem. It would have also abolished the SBP/DIC offset and it would have corrected the present problem of members of the reserve components receiving credit for active duty service by allowing early receipt of retired pay. And it would have paid for all of this by legalizing and taxing internet gambling in the U.S. But his amendment was ruled “nongermane”. And so it died. Then at the end of May the Congressman submitted H.R.1979 which covers the same areas but does not make all the same improvements. It really can’t do so because it is a standalone bill that does not have any designated funding. H.R.1979 would end the SBP/DIC offset. (as does Rep Joe Wilson’s (R-SC) H.R.178). It would end the remaining steps that end the military retired pay/veterans disability pay offset for longevity retirees with 50%-90% and improve the TERA retirees retired/VA disability payments. . And it would allow retirees from the Guard and Reserve to start to collect their retired pay three months earlier than the age of 60 for every 90 days they serves on active duty without limiting the 90 days to 1 fiscal year effective retroactively back to January 28, 2008.

Widows and veterans are encouraged to contact their representatives and request they support tH.R.1979 and sign on as cosponsors. To facilitate this the Uniformed Services Disabled Retirees organization has provided an Action alert at [http://capwiz.com/usdr/issues/alert/?alertid=48860506&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=48860506&queueid=[capwiz:queue_id]). If you click on this site it will take you to a preformatted editable message that can automatically be forwarded to your district representative by email after you complete your identification data. It also allows you to print a letter if you want to send it via U.S. mail. [Source: TREA Washington Update 3 Jun 2011 ++]



Rep. Rob Andrews

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PTSD Update 69: People with post-traumatic stress disorder (PTSD) may be at a higher risk for heart disease, with a study of U.S. war veterans finding that those with the disorder were more likely to have heart disease than their peers. The war veterans with PTSD were also more likely to have heart disease progress faster, and they were more likely to die of any cause over the next three years, according to the study in the American Journal of Cardiology. "For the longest time (PTSD) was basically known as a psychological or psychiatric disorder," said Ramin Ebrahimi of the Greater Los Angeles Veterans Administration Medical Center, who led the study. "Little by little we understood that these patients actually do have a fair amount of other medical problems." While the study doesn't mean that PTSD necessarily causes heart disease, it does suggest that worrying about the mental toll of the disorder is only part of the total picture. He added that PTSD also strikes survivors of rape and natural disasters as well as those involved in combat or other violence.

According to the National Institute of Mental Health, about 1 in 30 adults in the United States suffers from PTSD in a given year, a risk that is much higher in war veterans. Ebrahimi and his colleagues screened 637 veterans suspected of having heart disease for PTSD and signs of coronary artery disease. The veterans were an average of about 60 years old, and most were men. Eighty-eight fit the criteria for PTSD. Calcium scans showed the majority had some kind of plaque buildup in their coronary arteries. More than 75 percent of the veterans with PTSD had narrowed arteries, compared to 59 percent of those without PTSD. After their initial tests, the researchers followed participants for an average of three and a half years. Over that time, 17 percent of the veterans with PTSD died, compared to 10 percent without PTSD.

The new study confirms earlier findings, said Joseph Boscarino, an investigator at Geisinger Health System in Danville, Pennsylvania. "Something needs to be done in terms of better interventions," he told Reuters Health, adding that the link is still unclear. Stress hormones related to PTSD could affect the chance of getting heart disease, or perhaps the behavior of people with PTSD, such as higher rates of heavy alcohol use and smoking, puts them more at risk, he said. In addition, certain genes could influence a person's risk for both PTSD and heart disease, rather than the PTSD proving the cause. "If you treat someone for PTSD early on ... you should prevent not only the psychological problems, but you're also potentially preventing the medical problems" that may come later, Boscarino added. [Source: FoxNews.com | Heart Health Reuters article 31 May 2011 ++]

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WRAMC Update 14: Doctors and nurses at Walter Reed Army Medical Center are warning that the region's military hospitals won't be able to properly care for wounded troops returning from Iraq and Afghanistan unless the Pentagon delays its plans to consolidate the hospitals this fall. The Defense Department plans to begin shutting down Walter Reed in August, transferring patients and staff from the District facility to the newly expanded military medical center in Bethesda and to a new community hospital at Fort Belvoir in Virginia. But not all operating rooms and patient services at Bethesda will be ready by the moving deadline established by law according to medical personnel who spoke on the condition of anonymity. Unless the Pentagon finds a way to delay the move, those employees said, they'll be unable to provide care for all of Walter Reed's wounded troops, veterans, and other injured soldiers returning from the wars. Local government officials are already urging the Pentagon to delay moving more than 30,000 local defense personnel in the Washington area until road improvements can be made around the office and hospital sites to accommodate more daily commuters and avoid gridlock. But the new warnings from medical personnel add a sense of urgency to those efforts. "My equipment could break down tomorrow, and that should be OK because we're going to [Bethesda]," one Walter Reed nurse said. "But they're not ready to handle my workload."

Defense officials have recognized that space limitations at Bethesda are troubling. An independent panel found in 2009 that operating rooms at the new medical center wouldn't be able to handle the current workload and meet the

highest medical standards set by law. Only 13 operating rooms at Bethesda are expected to be ready to receive wounded warriors by the time Walter Reed closes. Bethesda and Walter Reed now have 32 operating rooms combined. Officials said some wounded troops could be sent to a new community hospital being built at Fort Belvoir in Fairfax County -- 10 operating rooms will be ready there by September -- but that facility lacks the equipment needed to treat some battlefield injuries, the medical staffers said. Bethesda will have 20 fully functional operating rooms by May 2012. Until then, officials said they'll double up operating room use by working 12-hour shifts, a tactic they say will meet the military's high standards but that Walter Reed medical personnel doubt will help. "You're just putting a dress on a pig in one sense, because there's still no room," another nurse said. The Pentagon is required by law to move personnel by 15 SEP, but Congress is crafting legislation that would give the defense secretary the authority to delay some of the moves. [Source: Washington Examiner Ben Giles article 31 May 2011 ++]

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Debit vs. Credit Cards: Debit card fraud, in which thieves actually steal money from your bank account, is on the rise, highlighting one of the biggest weaknesses of using that form of payment. Recently, Michaels Stores reported its checkout-line PIN pads were tampered with in 20 states. Some of its customers reported fraudulent cash machine withdrawals, each totaling hundreds of dollars. A similar incident happened last year with debit card customers of discount grocer Aldi in 11 states. Debit card information can be stolen by any retail clerk who handles your card. Or the theft can be more complex. Thieves can secretly install "skimmer" devices that fraudulently collect bank information from cards inserted or swiped at checkout counters, gas station pumps and bank cash machines. "Representing many targets, and due to well-known vulnerabilities, point-of-sale systems continue to be the easiest method for criminals to obtain the data necessary to commit payment card fraud," said a report by information security firm Trustwave. Here is the lowdown on debit cards, also called check cards, compared with alternative payment methods.

- Credit cards are often blamed for helping people incur high-interest debt, but their consumer protections compared with debit cards cannot be denied. A stolen credit card number is usually not a big deal. When a thief makes a fraudulent purchase, you simply notify your credit card company. It issues you a new card, and you probably don't pay a dime. You're never poorer for it, except for the hassle of changing some accounts that are automatically charged to that card.
- A stolen debit card number can be more serious. A thief can make purchases or, with access to the PIN code, withdraw money at a cash machine, and money will be taken from your account. At that point, you have to fight with your bank to put money back in your account. "Debit cards open up your checking account to being completely drained," said Paul Stephens, director of policy and advocacy at the nonprofit consumer organization Privacy Rights Clearinghouse, which recommends against using or carrying debit cards. "With a credit card, it's not a direct pipeline to your checking account."
- By federal law, you're at most liable for \$50 in a credit card fraud, but major cards hold you liable for nothing. However, debit card users have a limited time to report a loss or unauthorized use. Even if reported within two business days of discovering the theft, a customer can be liable for up to \$50 of the fraud amount. If reported after two days, the customer can be liable for up to \$500. If reported later than 60 days after the date of your bank statement that contains the fraud, a customer is in danger of losing all the money. Maybe more important than all that, a bank can take up to 10 business days -- two weeks -- to reinstate stolen money. "How many people can be without that money in their account when they have to pay their mortgage or rent?" Stephens said. "If banks take two weeks to restore funds, what do you do for money during that two-week period?"
- Banks and card networks may decide to be more generous than the federal law limits and hold you liable for nothing, especially if you are an obvious victim in a high-profile fraud, like the Michaels breach. For

some, it's their standing policy to offer "zero liability." Still, policies can change. Federal law is stronger protection. The important point is that using a credit card puts the bank's money at risk in the transaction; using a debit card puts your money at risk.

DEBIT SWIPE VS. DEBIT PIN: Many consumers have theories about which is safer: Paying with debit by signing, like a credit card, or typing your personal identification number into a keypad. Checkout clerks will ask, "Debit or credit?" although both are debit transactions. Banks would like you to swipe and sign, because they make more money from signature transactions than PIN transactions. Merchants like you to type a PIN because it is cheaper for them. But from a consumer standpoint, it doesn't much matter. If a thief uses your account information, money will be gone from your account either way. One consideration, however, is that some card issuers offer more consumer-friendly fraud policies for signature-based transactions because they want to encourage that more-profitable payment method. And most debit card rewards require you to sign. Check your card's policy.

PERSONAL CHECKS VS. DEBIT CARDS: Personal checks don't have the same electronic fraud hazards as debit cards, but they have their own. Identity thieves can garner a lot of information from a paper check: usually a name, address, phone number, bank name, bank account number, electronic routing number and signature. Sometimes, checkout clerks ask for a driver's license and write the number on the check. That's a lot of information for an identity thief. Checks are also vulnerable to "washing," in which a thief chemically erases whatever you wrote on the check then fills it out, making it payable to himself.

CASH VS. DEBIT CARDS: Cash can be a good way to pay. Like debit cards, consumers won't incur finance charges. Its drawbacks are that if cash is lost or stolen, it's probably gone for good with no recourse -- no bank to complain to. And cash is unwieldy to use for expensive purchases.

DEBIT CARD VS. ATM-ONLY CARD: Consumer advocate Clark Howard for years has called debit cards "piece-of-trash fake Visa and fake MasterCard." There's a little-known alternative. Banks won't publicize it, but most will issue you an old-fashioned ATM-only card, without the Visa or MasterCard logo. ATM-only cards allow you to withdraw cash from an ATM but aren't as risky as debit cards that can operate on credit card networks. If lost or stolen, an ATM-only card is useless to a thief who doesn't also have your PIN code.

All payment methods have drawbacks. But from a fraud standpoint, credit cards are the safest way to pay. One strategy is to apply for a new credit card with a relatively low limit and use it as a debit card for everyday purchases, resolving to pay it off every month without exception, Stephens said. "There's no question about it, a credit card is the way to go," Stephens said. "It's just a question of a consumer having the discipline to use a credit card in a responsible manner." [Source: Chicago Tribune Gregory Karp article 20 May 2011 ++]

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TSP Update 20: The investment options in the federal employee retirement savings plan posted a mix of small gains and losses in May, following a strong performance in the previous month. The Thrift Savings Plan's F Fund, which invests in fixed income bonds, saw a gain of 1.31 percent in May, while the stable government securities G Fund had a small monthly growth, at 0.25 percent. The G Fund has increased 1.22 percent so far this year. The F Fund gained 3.06 percent during the same period. The remaining funds in the plan posted small declines in May. The international stocks in the I Fund saw the largest drop for the month, decreasing 2.90 percent. The S Fund, which invests in small and midsize companies and tracks the Dow Jones Wilshire 4500 Index, declined 1.27 percent, with the C Fund -- invested in common stocks of large companies on the Standard & Poor's 500 Index -- close behind at a 1.13 percent loss. The S Fund has gained 9.76 percent this year to date. The C Fund is up 7.81 percent in the same period, followed closely by the I Fund, up 6.51 percent so far this year.

All the life-cycle funds, designed to move investors to less risky portfolios as they get closer to retirement, saw small losses following a month of gains. The L 2040 dropped 1.15 percent in May; L 2030 declined 0.97 percent; L 2020 lost 0.74 percent; and L Income, for federal employees who have reached their target retirement date and have started withdrawing money, dropped 0.05 percent. The new L 2050 Fund, which opened on Jan. 31 after the L 2010 closed at the end of last year, declined 1.39 percent. L 2040 is up 6.77 percent so far this year, with L 2030 close behind at 6.07 percent. L 2020 gained 5.17 percent in that time, and L Income grew 2.69 percent. [Source: GovExec.com Emily Long article 1 Jun 2011 ++]

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Vet Cemetery Illinois Update 02: Lincoln National Cemetery's Memorial Squad consist of 109 volunteers, a dedicated crew of mostly suburban former military personnel. Members of the detail stand in the rain, heat or snow as they administer a rifle salute, fold and present the American flag, and play taps on a bugle for families burying veterans. They work six to seven hours a day, four days a week, spending hours at funerals of soldiers they don't know. They sometimes go without meals because there are so many funerals, and they spend their own money to travel from Plainfield, Kankakee and Orland Park. "They do an outstanding job honoring our veterans and are irreplaceable," said Marty A. Fury, director of the cemetery. They serve because they want to ensure each veteran gets a proper final salute, they say. They want each veteran's relatives to know their loved one was appreciated for his or her service and sacrifice. A member of the squad Cecila Seabrook says, "It's a thank you for giving years of your life in service to this country. Not all veterans have been in a war. Not every veteran has gone overseas. But it doesn't matter. They all deserve this honor." Seabrook joined the squad after she so impressed by their services at her father's funeral.

Military funeral honors consist of, at a minimum, the folding and presentation of the American flag and the sounding of taps by two uniformed members of the military services, according to the Department of Defense. At the ceremonies, the volunteers are dressed in crisp uniforms that resemble those worn in the armed services. Two of the volunteers stand at attention and salute the coffin or urn when the remains arrive at the cemetery's shelter before the burial. Then members of the detail march in formation to their positions. As one of the guards calls the commands, several others fire military rifles three times in unison. Next, taps is played. Finally, two or more members fold the American flag, and one presents it to the next of kin. "Every veteran has earned this honor," said Gene Sinclair, of Orland Park, who at 84 is the oldest member to participate in the ceremonies. "We owe this to them." Sinclair works on Tuesdays. Other than the four weeks when he was recovering from hip surgery, he hasn't missed a day in four years: "I tell my family, 'When I go, you get me out here on a Tuesday.'" A military funeral honor is supposed to be available for any active military member or former member who left the military under any circumstance other than a dishonorable discharge. But personnel is not always available to perform the ceremonies.

Lincoln National Cemetery was dedicated in 1999. But it wasn't until 2003 that enough trained volunteers were available to make up an official detail, officials said. Even then, there were enough members to serve families only one day a week. Eventually, the detail gained enough members to provide ceremonies four days a week. The other weekday is managed by a VFW post, officials said. "I feel honor-bound to be here," said Henra Hutchings, 68, of Plainfield, who served 23 years in the military. "I can no longer wear an Army uniform, but I can still help my fellow veterans." Seabrook, of Crest Hill, is one of a handful in the detail who have not served in the armed forces. On Thursdays, she helps fold the American flag and present it to a surviving relative. The man who played taps at her father's funeral, she learned, was Ed Crobie, a Marine Corps veteran who so far has performed at more than 1,000 funerals. Even before there was a formal detail, Crobie volunteered at the cemetery and played taps at the services. Seabrook was working full time at AT&T when she joined the detail. She changed her schedule so she could spend one day a week at the cemetery. "When I go out to the cemetery, I know my dad's remains are there, and

I feel his presence with me," she said. "I know he is in that space, and it's very comforting to me to go out there and spend the day with my dad. It's pretty special to me." [Source: Chicago Tribune Lolly Bowean article 29 May 2011 ++]

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Vietnam Veterans Memorial Update 08: In the early morning, just as the sun breaks over the Capitol dome, a small group of volunteers gathers at the black granite Vietnam Veterans Memorial, that heart-breaking slash in the earth by the Lincoln Memorial on the Mall. They quietly hook up hoses, attach nozzles and spray down the wall, removing a week's worth of dust, dirt and debris. Then they fill up buckets with a mild detergent, switch to soft brushes and, starting on either end of the wall, begin to scrub. Countless fingerprints, smears and tears that have accumulated since the last wash, a week ago. So many hands have touched the Wall over the past 29 years. Most of these men and women have touched it, too, and it touches them even as they work to keep it clean.

The washing of the dead, with its religious resonances, arose out of frustration. In 1998, dissatisfied with the job that the National Park Service was doing and upset that bird droppings had filled in some of the engraved names, Jan Scruggs of the Vietnam Veterans Memorial Fund took action. He handed 37 toothbrushes to visiting vets from Wisconsin, who scrubbed the filth away. Members of the Silver Spring chapter of the Vietnam Veterans of America and the Air Force Sergeants Association at Andrews Air Force Base stepped in and began monthly cleanings. A little more than a decade ago, the vets and the Park Service began working more closely together, and the organized weekly cleanings began. They expanded to the nearby Three Servicemen statue, the Vietnam Women's Memorial and, on alternate weekend days, the Korean War Veterans Memorial. Each year after the cherry blossoms are past, until the first snowfall, the volunteers turn up Saturdays and Sundays at 6:30 a.m., long before tourists arrive. The work takes less than hour.

Many military veterans are among the regular volunteers, but there are also church groups, Boy Scouts, college sorority sisters, union members and a few people who visit the nation's capital specifically for this duty. More than 58,000 names are on the Wall. On Father's Day last year, sons and daughters of some of those names were among the washers. If you'd like to volunteer to help wash the Wall, contact the National Park Service at (202) 426-6841. The Vietnam Veterans Memorial Fund(VVMF), which was the power behind the construction of the memorial in 1982, has recently raised the money to improve the lighting, maintain the landscaping, restore the nearby Three Servicemen statue and investigate the hairline cracks in the Wall. To learn more about the VVMF and how you can assist refer to <http://www.vvmf.org>. [Source: Washington Post Patricia Sullivan article 29 May 2011 ++]



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SS Online Service: The Social Security Administration is ramping up its authentication procedures to allow contributors to access their Social Security statements online instead of waiting for a once-yearly letter or contacting a field office, an agency official said. Once the statements are up, the agency intends to make more Social Security information available online, but there are no specific service plans at this point, said Alan Lane, the agency's associate chief information officer for open government. There is not yet a firm deadline for the statements going online, he said. When the entire project is complete, people will be able to use a single username and password to access all Social Security's online services. The agency will contract with an outside vendor to supply usernames and passwords and to verify the people requesting them are who they say they are, Lane said. SSA has been especially cautious about making its information available online because Social Security numbers are highly valuable to identity thieves, Alan Balutis, chairman of the agency's Future Systems Technology Advisory Panel, said at a May 24 meeting.

As the rest of the government moves information online and citizens begin to expect online services from government, though, SSA is under pressure to find a safe way of following suit. Citizens who want more security than a simple username and password combination when they access their Social Security statements will be able to opt for a double authentication process, Lane said. That will involve entering a newly generated personal identification number that's been texted to a preregistered cellphone, he said. If the agency adds more sensitive information to the service, it may require a double authentication with every log in, he said. SSA is in the middle of a major technical overhaul to manage the onslaught of retiring baby boomers in the coming years. The agency also has launched a series of Web initiatives to better communicate with increasingly tech-savvy retirees, including online videos featuring retirement age luminaries such as Patty Duke and Star Trek's George Takei. [Source: GovExec.com Joseph Marks article 31 May 2011 ++]

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Veteran Statistics Update 02: If projections from the U.S. Department of Veterans Affairs are correct, it will be several decades before Americans will have to say farewell to the last veterans of World War II and much longer for the conflicts that have occurred since:

- About 2 million U.S. veterans of that conflict remain from among the more than 16 million who served between 1941 and 1945. Most World War II veterans are in their mid-80s and, as a result, their number is declining rapidly. Nationally, we are losing about 850 each day. Nevertheless, the VA estimates that about 57,000 World War veterans will be alive in 2025, the last year for which the federal agency has made a projection.
- Of the 5.7 million men and women who were in the armed forces during the time of the Korean War, about 2.5 million are alive. The VA estimates that 1.8 million men and women served in Korea.
- About 8.7 million Americans were in the armed forces during the Vietnam-War era, with 3.4 million deployed in Southeast Asia. There are 7.8 million living veterans from that period.
- Of the 2.32 million men and women who served during the time of the first Gulf War -- Desert Storm and Desert Shield -- in 1990 and 1991, about 3 percent -- approximately 70,000 -- have died.

VA statistics on veterans of America's wars include at least two unlikely facts.

- While the last veterans of the Civil War have been gone for more than a half-century, two of their children are still listed on benefit rolls.
- Even more surprising, perhaps, is that the government reports that 82 parents of World War II service members are receiving benefits.

[Source: Pittsburgh Post-Gazette Len Barcoucky article 28 May 2011 ++]

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Saving Money: New auto insurance plans offer potentially big discounts if you drive less and better, but only if you can prove it to your insurer's satisfaction. They're called pay-as-you-drive or pay-as-you-go depending on who's selling them. (The technical term is telematics usage-based auto insurance). Whatever you call it, the concept is the same: let the insurance company electronically monitor your driving and, if you can prove you deserve to pay less, you might. Pay-as-you-drive policies aren't available from all insurers or in all states. Programs, potential discounts, and exactly what's being monitored differ widely from carrier to carrier.

- According to their website, GMAC's policy offers discounts of up to 54%, and they track only your mileage through GM's OnStar system. Other companies, however, go a lot farther. Progressive's Snapshot program – now offered in 27 states – requires that you plug a monitoring device into your car's diagnostic port (available only on cars manufactured after 1996). The company then monitors your driving behavior for six months, including the number of miles you drive, the time of day you're out, and how often and how hard you brake. Based on data collected during that period, you're then offered a discount of from 0 to 30%. Progressive says enrolling in Snapshot won't ever result in a higher premium. Those driving between midnight and 4 A.M., however, need not apply.
- On the Snapshot page of Progressive's website, you're asked four questions: the state where you live, if you drive less than 30 miles per day, if you avoid driving between midnight and 4 A.M. and if you avoid sudden stops. If you respond saying you drive in the wee hours of the morning, the site comes back with "Since you drive between midnight and 4 a.m., you might not save with Snapshot." That alone is enough to drive consumer advocates to distraction. "Some consumers simply don't get to choose whether or not they're driving at midnight," Says Consumer Watchdog's Carmen Balber. "What if I work the third shift at a factory. What if I clean office buildings at night? I shouldn't be penalized because my job requires me to be on the road at tH.R.ee A.M. simply because other drivers might be more risky at that time of night." Progressive's Hutchinson counters that the program is voluntary and tracks only "how safely, how often, how far and when" you drive – at least the company doesn't monitor where you've been or your speed.
- Allstate's Drivewise program, on the other hand, does monitor your speed. According to their website, they not only monitor your mileage, time of day and hard braking and accelerations, they also say "speeds over 80 mph will affect your rating."

The exact savings you'll achieve by driving less or more safely is often unclear: a problem for consumer advocates. "No two policies are alike," says Balber of Consumer Watchdog. "Some insurance companies will tell you directly what you're savings will be, but other companies mix that in with a variety of factors." GMAC, for example, says on their website that if you're currently paying \$800 per year to insure your car, proving you drive only 5,001 – 7,500 miles annually will knock \$270, or 34 percent, off your premium. Progressive tells you nothing: you sign up for the program, pay \$30 for a tracking device, drive around for six months, then they'll let you know if you earn a discount, and if so, how much. Whether you feel this type of tracking is an offensive invasion of your privacy or a great way to slash your insurance bill, one thing seems almost certain: this type of computerized monitoring is probably here to stay. Today's technology supports it and it theoretically enables insurance companies to more closely align risk with cost. For consumer advocates like Balbar, the mere existence of pay-as-you-drive isn't the problem. "If you're someone who doesn't mind having the insurance company riding shotgun in your car, tracking every move you make, then by all means, allow them to." But, she adds, "Our concern is that consumer shouldn't be penalized for choosing privacy." In other words, while allowing your driving habits to be monitored is the exception today, it may ultimately become the rule. If that happens, those refusing to allow their insurance company into their car could someday pay the price in the form of higher insurance premiums. [Source: Money Talks News Michael Koretzky article 2 MAR 2011 ++]

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Notes of Interest:

- **Oregon VA Loans.** The Oregon Department of Veterans' Affairs (ODVA) has lowered its 30-year term fixed home mortgage rate to 4.125% to qualified veteran home buyers. The ORVET Home Loan Program is separate from the federal VA home loan guaranty program. Even if a veteran has purchased a home using the federal VA program, they may still be eligible for an ORVET home loan. For more ORVET Home Loan information and rate details, contact ODVA's Home Loan Department at 1-888-673-8387 or 503-373-2051, or visit <http://www.oregon.gov/ODVA/HOMELOANS>
- **Oreck settles.** The Federal Trade Commission has approved a settlement agreement under which Oreck Corporation must pay \$750,000 and refrain from making unsubstantiated claims for any vacuum cleaner or air cleaning product. Oreck's Halo vacuum cleaner, contained a light chamber that generated ultraviolet light. Oreck's Proshield air cleaner uses an electrostatic charge to filter air particles. The FTC objected to claims that the products could prevent or substantially reduce the risk of flu, colds, and other illnesses caused by bacteria, viruses, molds, and allergens. FTC settlement requires Oreck Corporation to stop making false and unproven claims that its ultraviolet vacuum and air cleaner can prevent illness.
- **Wealth.** The number of millionaire households worldwide increased by 12.2 percent in 2010, to 12.5 million," MSNBC reports. "Although those millionaires represent just 0.9 percent of all households, they control about 39 percent of all global wealth."
- **Memorial Day.** The US Department of Veterans Affairs clarifies that Memorial Day is for honoring military personnel who DIED in the service of their country, particularly those who died in battle or of wounds sustained in battle. Veterans Day, however, is intended to thank LIVING veterans for their service.
- **Vet Jobs.** For every three federal employees that retire, only one new employee will be hired, according to H.R. 2114, the Reducing the Size of the Federal Government Through Attrition Act of 2011 introduced by House Oversight and Government Reform Committee leader. Approximately 400,000 federal employees are currently eligible for retirement.

[Source: Various 1-14 Jun 2011 ++]

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Medicare Fraud Update 69:

- **Tampa FL** - Andres Cespedes, 44, owner and vice president of a Lakeland physical therapy company pleaded guilty in federal court Friday to one count of conspiracy to commit health care fraud. He was accused of defrauding Medicare by billing for therapy that wasn't given. He and others bought Dynamic Therapy Inc. from its previous owners and transformed it into a fraudulent enterprise, according to the federal Departments of Justice and Health and Human Services. Dynamic Therapy, listed on the Internet as having had offices on Exploration Avenue and Edgewood Drive in Lakeland, doesn't have an active telephone listing. Its previous number was disconnected. Dynamic claimed it provided physical therapy services to Medicare beneficiaries, but in reality got patient information through kickbacks and bribes, and then billed Medicare for physical therapy that never occurred, according to the U.S. Department of Justice. According to court documents, Cespedes submitted or arranged for the submission of \$757,654 in fraudulent claims to the Medicare program by Dynamic from fall 2009 to summer 2010. Cespedes admitted he and his co-conspirators paid and caused the payment of kickbacks and bribes to Medicare beneficiaries in order to obtain their Medicare billing information, and used it to submit claims to for physical therapy services that weren't provided. The owners and operators of Dynamic also stole the identities of a physical therapist and Medicare beneficiaries in order to submit additional false claims to Medicare. Cespedes admitted that he knew the Medicare beneficiaries never received the services billed to Medicare. He faces a maximum penalty of 10 years in prison and a \$250,000 fine. A sentencing date hasn't been set.
- **Hartford CT** - Federal prosecutors say Hartford-based Dr. Mark Izard has agreed to pay a \$2.2 million civil settlement to resolve allegations he fraudulently billed Medicare and Medicaid for medical services he never provided to patients. Izard did not admit any wrongdoing in the settlement, which was announced 1 JUN. Authorities allege Izard billed Medicare and Medicaid for services he supposedly provided to nursing home patients. But officials say those patients were actually at Hartford Hospital and the services were provided by nurses and medical residents. Izard's lawyers released a statement saying he had a defense to each allegation but decided to settle what they called a "billing dispute." They say he has decided to retire at age 78 after a 50-year-career.
- **Miami FL** - Reynel Betancourt, 51, was sentenced 7 JUN to 77 months in prison for his participation in a \$9 million Medicare fraud scheme. He was also sentenced to three years of supervised release following his prison term and ordered him to pay approximately \$6 million in restitution, jointly and severally with his co-defendants. Betancourt pleaded guilty on 29 MAR to one count of conspiracy to commit health care fraud and to one count of money laundering conspiracy. According to the plea documents, beginning approximately in MAR 06, Betancourt entered into an agreement with the owners of Dearborn Medical Rehabilitation Center (DMRC) to recruit patients for DMRC, a business that purported to provide infusion and injection therapy services to Medicare patients. Betancourt admitted to paying patients to sign paperwork claiming that they had received injection therapy services and specialty medications that they did not receive. DMRC billed the Medicare program for more than \$9 million in purported infusion therapy treatments, which Betancourt admitted were not medically necessary and not provided. Additionally, Betancourt admitted that he laundered the proceeds of the Medicare fraud conspiracy through two sham corporations that he created solely for the purpose of concealing the fraud proceeds.
- **Miami FL** - Federal officials have captured a Medicare fraud suspect who had been on the lam for several months at Miami International Airport. Luis Perez Moreira was charged in 2010 with submitting more than \$2.5 million in false Medicare claims on behalf of his Miami medical supply company. According to an indictment, Medicare paid about \$383,000. Authorities said Perez and his business partner recruited another man as a nominee owner to put the business in his name, open bank accounts and sign blank checks so that Perez could go undetected. Perez had been living in Cancun, Mexico before he was captured Tuesday. He was one of more than 150 fugitives sought by Department of Health and Human Services inspector general officials.

- **Miami FL** - Angel Gonzalez, 43, and Adrian Chalarca, 24, each pleaded guilty 10 JUN to one count of conspiracy to commit health care fraud. Gonzalez was vice president and owner of Dynamic Therapy. Chalarca was the company's president and administrator. The two took in \$757,654 in fraudulent claims as part of a nationwide fraud investigation, the Justice Department said. Ten other people with Tampa Bay area ties were also arrested. Gonzalez and Chalarca brought in money by paying bribes to Medicare beneficiaries for billing information, which they submitted to Medicare for physical therapy that was never provided, the department said. They each face a \$250,000 fine and 10 years in prison. A date for sentencing has not been scheduled. Andres Cespedes, another vice president with the firm, pleaded guilty in May for his role in the scheme.
- **Sewell NJ** - Salvatore Chillemi, the manager of an adult day health services facility in Somers Point, was sentenced Friday to three years in state prison and ordered to pay \$147,076 in fines and penalties for defrauding the Medicaid program. The facility, Shore Winds Adult Medical Day Care, is no longer in business. Chillemi was also barred from participation in the Medicaid program and any other federally or state funded health insurance or prescription assistance program for eight years. The sentence was based on Chillemi's 11 APR guilty plea to an accusation that charged him with second-degree health care claims fraud. Chillemi served as the manager and client outreach coordinator for Shore Winds, an adult day health services facility. In pleading guilty, he admitted that between MAY 06 and NOV 08, he fraudulently submitted five or more claims for adult day health services valued at a total of more than \$1,000, purportedly provided to Medicaid beneficiaries. An investigation by the state Office of the Insurance Fraud Prosecutor determined that the services for which the claims were submitted were either not provided, or not provided to the extent for which they were billed.

[Source: Fraud News Daily 1-14 Jun 2011 ++]

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Medicad Fraud Update 41:

- **Dallas TX** - The City of Dallas has agreed to pay the U.S. and Texas \$2.47 million and enter into certain compliance obligations to resolve allegations that it violated the civil False Claims Act and Texas Medicaid Fraud Prevention Act, announced U.S. Attorney James T. Jacks of the Northern District of Texas. The U.S. and Texas contend Dallas caused "upcoded" claims to be submitted to Medicare and Medicaid for city-dispatched 911 ambulance transports between 2006 and 2010. Dallas fully cooperated with the investigation, and by settling did not admit any wrong-doing or liability. Ambulance services generally are coded either as basic life support level or advanced life support (ALS). ALS transports are reimbursed at a higher rate by both Medicare and Medicaid. The U.S. and Texas contend Dallas directed its billing contractor to code every 911-dispatched transport at the ALS level, which indicates an ALS service was furnished and/or the patient's condition necessitated an ALS intervention. The U.S. and Texas believe Dallas caused to be submitted for payment claims falsely representing to Medicare and Medicaid that such ALS services were appropriate and furnished by Dallas personnel when in fact no ALS-service was rendered and/or the patient did not require an ALS transport. The U.S. and Texas initiated the investigation in response to an August 2009 whistleblower suit brought by Douglas Moore, a former employee of Dallas' auditing department. Under the False Claims Act and Texas Medicaid Fraud Prevention Act, private individuals may bring actions alleging fraud on behalf of the U.S. and Texas and collect a share of any proceeds recovered by the suit. Mr. Moore can receive up to 30 percent of the recovery under the settlement.
- **Boise ID** - Dr. Jerry Cramer (chiropractor), found guilty of grand theft in Fourth District Court, has been sentenced to 90 days behind bars, 14 years of probation and more than \$140,000 in restitution for ripping off the Medicaid system. Prosecutors said Dr. Jerry Cramer began fraudulently billing Medicaid in 2008. According to the Idaho Attorney General's Office, Cramer billed Medicaid for patients he had not treated in

several years. Medicaid provides much needed health-care services to more than 200,000 Idaho's poor, elderly, disabled or children in foster care. The U.S. Department of Health and Human Services estimates 10 percent of Medicaid expenditures are fraudulent.

[Source: Fraud News Daily 1-14 Jun 2011 ++]

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

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

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Military History: One of the least-known but most significant warship variants of WWII was the PCE(R) - the Navy's equivalent of a seagoing ambulance. Only 13 were commissioned and these saw extensive duty only in the later campaigns of the Pacific. Though few in number the heroic role of the PCE(R)s in Pacific invasions was truly remarkable for had they not existed thousands of wounded aboard the smaller vessels of the amphibious fleets may have perished before adequate medical aid reached them. Born to battle, the PCE(R)s proved war at best is a nasty business. Saving as many lives as possible in the bloody arena of battle became an urgent priority in the island-hopping phase of the Pacific War where heavy casualties were frequently taken far at sea thousands of miles from hospital facilities. While large hospital ships assigned to invasion fleets did their best to expedite front-line medical aid they were not always available in adequate enough numbers to be everywhere when needed. This shortcoming became especially critical to those who sustained serious wounds aboard the smaller ships of the fast moving battle fleets, and with amphibious landing craft which existed in large numbers but whose diminutive size precluded the inclusion of sick bays or emergency facilities for medical personnel. For a more detailed account of their history and exploits refer to this Bulletin's attachment titled “**WWII PCE(R)s**”. [Source: Sea Classics Owen Gault article1 Jul 04 ++]

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

- Jun 17 1775 – Revolutionary War: Battle of Bunker Hill (actually it was Breed's Hill)
- Jun 17 1942 – WWII: 1st American expeditionary force lands in Africa (Gold Coast)
- Jun 18 1812 – War of 1812: The U.S. Congress declares war on the United Kingdom of Great Britain and Ireland.
- Jun 19 1944 – WWII: First day of the Battle of the Philippine Sea. 300 Japanese aircrafts shot down
- Jun 21 1945 – WWII: US defeat Japanese forces on Okinawa.
- Jun 22 1944 – President Roosevelt signed into law the Servicemen's Readjustment Act of 1944, commonly known as the GI Bill of Rights.
- Jun 22 1990 – Cold War: Checkpoint Charlie is dismantled in Berlin.
- Jun 23 1945 – WWII: Last organized Japanese defiance broken (Tarakan)

- Jun 24 1952 – Korean War: US airplanes bomb energy centers at Yalu Korea
- Jun 25 1876 – Custer & 7th Cavalry wiped out by Sioux & Cheyenne at Little Big Horn
- Jun 25 1948 – Cold war: The Berlin Airlift begins.
- Jun 25 1950 – Korean War: Conflict begins with the invasion of South Korea by North Korea.
- Jun 25 1996 – The Khobar Towers bombing in Saudi Arabia kills 19 U.S. servicemen.
- Jun 26 1918 – WWI: Western Front Battle for Belleau Wood - Allied Forces under John J. Pershing and James Harbord defeat Imperial German Forces under Wilhelm German Crown Prince.
- Jun 26 1924 – Latin America Interventions: After 8 years of occupation US troops leave Dominican Republic
- Jun 26 1993 – The U.S. launches a missile attack targeting Baghdad intelligence headquarters in retaliation for a thwarted assassination attempt against former President George H.W. Bush in April in Kuwait.
- Jun 26 2005 - War in Afghanistan: Three U.S. Navy SEALs and 16 American Special Operations Forces soldiers are killed during Operation Red Wing, a failed counter-insurgent mission in Kunar province, Afghanistan.
- Jun 27 1944 – WWII: Cherbourg, France liberated by Allies
- Jun 27 1950 – Korean War: North Koreans troop reach Seoul, UN asks members to aid South Korea, Truman orders Air Force & Navy into Korean conflict
- Jun 28 1919 – WWI: Treaty of Versailles ending war signed in France
- Jun 28 1965 – Vietnam: 1st U.S. ground combat forces authorized by Pres Johnson
- Jun 29 1943 – WWII: Germany begins withdrawing U-boats from North Atlantic in anticipation of the Allied invasion of Europe
- Jun 29 1949 – US troops withdraw from Korea after WW II
- Jun 29 1966 – Vietnam: U.S. planes bomb Hanoi & Haiphong for 1st time
- Jun 30 1815 – US naval hero Stephen Decatur ends attacks by Algerian pirates
- Jun 30 1943 – WWII: Gen MacArthur begins Operation Cartwheel (island-hopping)

[Source: Various Jun 2011 ++]

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Military Trivia Update 29:

1. What was the only U.S. Army Airborne unit to see combat in the Korean War?
2. How many U.S. Air Force B-29 bombers were lost in the Korean War?
3. On which Parallel is the DMZ that divides North and South Korea?
4. Not counting the U.S. and the Republic of South Korea, how many United Nations countries sent combat troops to Korea?
5. Which was 'NOT' a battle of the Korean War: Kettle Hill, Old Baldy, Outpost Eerie, or Sniper Ridge?
6. Who was the Commanding General of the U.S. Army's X Corps in the Korean War?
7. What U.S. Air Force Jet Fighter type shot down a MIG-15 in the world's first all-jet dogfight in the Korean War?
8. What was the target for the largest air strike of the Korean War?
9. Who replaced Lt. General Matthew B. Ridgway as Commander of the 8th U.S. Army in April 1951?
10. Who signed the Armistice for the United Nations ending the Korean War on July 27, 1953?

Answers

1. 187th Airborne Regimental Combat Team. They made their first jump on October 20-21, 1950, near P'yongyang the Capital of North Korea, the first and second waves consisted of 2,673 paratroopers. The next day they were followed by a third drop of support units consisting of 671 paratroopers. Their second

jump was five months later on March 23, 1951, at Munsan-ni near the 38th Parallel with 3,486 paratroopers jumping. The 187th Regimental Combat team was the only Army Airborne unit to see combat in the Korean War.

2. 34. When the Korean War ended on July 27, 1953, the U.S. Air Force B-29s had flown over 21,000 sorties, nearly 167,000 tons of bombs had been dropped and 34 B-29s had been lost in combat, sixteen to fighters, four to flak and fourteen to other causes. B-29 gunners had accounted for 34 Communist fighters.
3. 38th Parallel. South Korea came into being after World War Two, the result of a 1945 agreement reached by the Allies at the Potsdam Conference, making the 38th Parallel the boundary between a northern zone of the Korean peninsula to be occupied by the U.S.S.R., and southern zone to be controlled by the U.S. Forces.
4. 15 - They were: Australia, Belgium, Canada, Columbia, Ethiopia, France, Great Britain, Greece, Holland, Luxembourg, New Zealand, Philippines, South Africa, Thailand and Turkey. Four countries sent medical assistance they were, India, Italy, Norway and Sweden.
5. Kettle Hill. In the Battle of San Juan Hills, Kettle Hill was the northeastern extension of the heights and was the first hill that Lt. Colonel Theodore Roosevelt and his Rough Riders captured in their famous charge up San Juan Hill on July 1, 1898, in the Spanish-American War.
6. Lt. General Edward M. Almond. When the Korean War broke out, General Almond was serving as Chief of Staff to General of the Army Douglas MacArthur at General Headquarters Far East Command. In September 1950, he was named to command X Corps for the Inchon Landing, and for the duration of the War.
7. F-80C Shooting Star. On September 8, 1950, an F-80C Shooting Star flown by Lt. Russell J. Brown, flying with the 16th Fighter Interceptor Squadron, shot down a Russian-built MIG-15 in the world's first all-jet dogfight.
8. P'yongyang, North Korea. On August 29, 1952, the largest air strike of the Korean War occurred. 1400 Far East Air Force and carrier aircrafts bombed P'yongyang the Capital of North Korea.
9. Lt. General James A. Van Fleet. He took command of the U.S. Eighth Army on April 11, 1951, from Lt. General Matthew B. Ridgway who had replaced General Douglas MacArthur as Commander in Chief United Nations Command.
10. General Mark Clark, Commander in Chief United Nations Command, at 10:00 A.M. on July 27, 1953, signed the Armistice Documents ending the Korean War.

[Source: <http://www.funtrivia.com/playquiz/quiz249922df808.html> Jun 2011 ++]

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Tax Burden for California 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 California:

Sales Taxes

State Sales Tax: 8.25% (food and prescription drugs exempt. Tax varies according to locality. Can be as high as 10.50%)

Gasoline Tax: * 46.6 cents/gallon

Diesel Fuel Tax: * 48.7 cents/gallon

Cigarette Tax: 87 cents/pack of 20

* Does not include 1 cent local option.

Personal Income Taxes

Tax Rate Range: Low - 1.25%; High - 9.55%. For 2010 the state has enacted a 0.25 percentage point increase in each of the state's income tax brackets. A tax credit for dependents was reduced from \$309 to \$98. For information on taxes for military personnel, refer to http://www.ftb.ca.gov/forms/06_forms/06_1032.pdf.

Income Brackets: Lowest - \$7,300; Highest - \$46,767. For joint returns, the taxes are twice the tax imposed on half the income.

Number of Brackets: 6

Tax Credits: Single - \$99; Married - \$198; Dependents - \$309; 65 years of age or older - \$99

Standard Deduction: Single - \$3,637; Married filing jointly - \$7,274

Medical/Dental Deduction: Same as Federal taxes

Federal Income Tax Deduction: None

Retirement Income Taxes: Social Security and Railroad Retirement benefits are exempt. There is a 2.5% tax on early distributions and qualified pensions. All private, local, state and federal pensions are fully taxed.

Retired Military Pay: Follows federal tax rules.

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

Property is assessed at 100% of full cash value. The maximum amount of tax on real estate is limited to 1% of the full cash value. Under the homestead program, the first \$7,000 of the full value of a homeowner's dwelling is exempt. The Franchise Tax Board's Homeowner Assistance program, which provided property tax relief to persons who were blind, disabled, or at least 62 years old, and met certain minimum annual income thresholds, has been halted. The state budgets approved for the 2008/2009 and 2009/2010 fiscal years deleted funding for this Homeowner and Renter Assistance Program that once provided cash reimbursement of a portion of the property taxes that residents paid on their home. For more information, call the Franchise Tax Board at 1-800-852-5711, or visit.

The California constitution provides a \$7,000 reduction in the taxable value for a qualifying owner-occupied home. The home must have been the principal place of residence of the owner on the lien date, January 1st. To claim the exemption, the homeowner must make a one-time filing of a simple form with the county assessor where the property is located. The claim form, BOE-266, *Claim for Homeowners' Property Tax Exemption*, is available from the county assessor. A listing is assessors can be found at <http://www.boe.ca.gov/proptaxes/assessors.htm>.

Inheritance and Estate Taxes

There is no inheritance tax. However, there is a limited California estate tax related to federal estate tax collection.

For further information, visit the California Franchise Tax Board <http://www.ftb.ca.gov/index.shtml?disabled=true> or the California State Board of Equalization <http://www.boe.ca.gov> websites.

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

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Veteran Legislation Status 13 JUN 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?

- Stewardesses is the longest word typed with only the left hand, lollipop is the longest word typed with your right hand, typewriter is the longest word that can be made using the letters only on one row of the keyboard, and the average person's left hand does 56% of the typing.
- In the English language there are two words that have all five vowels in order: abstemious & facetious, dreamt is the word that ends in the letters "mt", and no word rhymes with month, orange, silver, or purple.
- The sentence: "The quick brown fox jumps over the lazy dog" uses every letter of the alphabet.
- The words racecar, kayak and level are the same whether they are read left to right or right to left (palindromes) and there are only four words in the English language which end in "dous": tremendous, horrendous, stupendous, and hazardous.
- A cat has 32 muscles in each ear, a goldfish has a memory span of tH.R.ee seconds, a shark is the only fish that can blink with both eyes, a snail can sleep for tH.R.ee years, and an ostrich's eye is bigger than its brain.
- A "jiffy" is an actual unit of time for 1/100th of a second.
- Almonds are a member of the peach family.
- Our eyes are always the same size from birth, but our nose and ears never stop growing; women blink nearly twice as much as men, and babies are born without kneecaps. They don't appear until the child reaches 2 to 6 years of age.
- February 1865 is the only month in recorded history not to have a full moon and the winter of 1932 was so cold that Niagara Falls froze completely solid.
- In the last 4,000 years, no new animals have been domesticated.
- There are more chickens than people in the world, if the population of China walked past you 8 abreast the line would never end because of the rate of reproduction, and all the ants in Africa weigh more than all the Elephants.
- Leonardo Da Vinci invented the scissors and Winston Churchill was born in a ladies' room during a dance.

- Peanuts are one of the ingredients of dynamite!
- Rubber bands last longer when refrigerated.
- The cruise liner, QE 2 moves only six inches for each gallon of diesel that it burns.
- The microwave was invented after a researcher walked by a radar tube and a chocolate bar melted in his pocket.

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"The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the veterans of earlier wars were Treated and Appreciated by their Nation."
— George Washington

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