

RAO BULLETIN

1 August 2011

PDF Edition

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Attachment - Veteran Legislation

Attachment - Nevada State Veteran's Benefits

Attachment - Remember the Alamo!-Anzio!

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RAO Bulletin Non-Receipt Update 02: Since MAY 2011 a number of YAHOO users have indicated they did not get their Bulletin. However, I have received nothing back indicating the Bulletin message was not delivered to any of those who reported non-receipt. I suspect that either my Mailing List Provider (YMLP) or YAHOO has done something to modify how some of Yahoo's customer's operating programs respond to incoming email. The problem could be those affected do not have our email addee listed in their address book. Normally, if you're not receiving email you are expecting via Yahoo, there are two things you can do. Use the "**Not Spam**" button and "**Create a filter**" to automatically send email from our domain to your Inbox. Doing this has

apparently resolved many of the Yahoo users non-receipt problems who have contacted us. It is the only way to really ensure delivery. To verify if you have us in your address book:

A. Report rejected email as "Not Spam"

- Check your Yahoo Spam folder.
- If you see the email raoemo@sbcglobal.net from [RAO](#) Baguio, highlight it and click "Not Spam."
- This does not guarantee that your mail will be delivered in the future, but it does help.

B. Create a Filter

- Click "Options" in the top right navigation bar.
- Select "Mail Options" from the list that drops down.
- Choose "Filters" located on the left side of the page.
- Click the "Add" button on the Filters page.
- Choose the field you want to match in the incoming message. For example, "header" or "to."
- Choose the criterion by which you want a match to be made, such as "contains."
- Enter the text string to compare. For example: from RAO Baguio.
- Choose the destination folder to which you would like the message delivered. For example: Inbox.

Since we are not receiving any returned messages from Yahoo we cannot verify what domain number (i.e. number which appear on a rejected message that identifies the sender) is being blocked by Yahoo. Yahoo requires that a domain number be provided to them before they will follow up on any report from us regarding blocked messages to your email addree. Thus, if you start not receiving the Bulletin you will have to work it out with them on your end. If they ask for a domain number you can try 74.143.236.40. This may or not be valid. You should also go to <http://s11.zetaboards.com/CFLNewsChat/forum/27519/> and verify that you can access the Bulletin in PDF format there. At that point send us an email stating the result of that test and that you are not receiving your Bulletin so we can send some Test Bulletins to you using different signal paths and formats to further troubleshoot the problem.

Bulletins are sent on the 1st and 15th of each month and we have not missed publishing on those dates in 12 years. Thus, if you do not receive one there is most likely some type of problem on your end. In the future you can always tell if you missed a Bulletin by going to either http://post_119_gulfport_ms.tripod.com/rao1.html or <http://s11.zetaboards.com/CFLNewsChat/forum/27519/> on the 2nd & 16th of every month.

- a) The site http://post_119_gulfport_ms.tripod.com/rao1.html contains a Website Edition which is an abbreviated version of the Bulletin in text format without pictures/graphs/color coding/attachments other than the Legislative Updates/and headers for Military Times copyrighted material. However, it does contain all of the Bulletins sent this calendar year and an alphabetical listing by title of all articles published in the last 5 years which are available for recall upon request.
- b) Under Pined topics at <http://s11.zetaboards.com/CFLNewsChat/forum/27519/> you can open a PDF attachment that contains everything you would normally receive in the PDF email edition of the Bulletin.

[Source: Lt. James "EMO" Tichacek, USN (Ret), Associate Director RAO Baguio Jul 2011 ++]

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Vet Benefit Funding Update 01: If you're following the ongoing debt ceiling/budget negotiations you know multiple plans have been offered by various individuals or groups to cap federal spending or require a balanced budget. Those sound reasonable in concept, but then how can a balanced budget not be a good thing? Well the devil is in the details of how they will impact on you. In many cases, the specifics are vague...either because

they have yet to be worked out, or because it's inconvenient to have constituents understand exactly what kind of pain would be involved before there's a vote. In some cases, proposals have been pretty specific. In others, impacts have to be inferred by doing some math. Consider the proposals submitted to date:

- The "Cut, Cap and Balance" legislation (H.R.2560) plan was passed by the House of Representatives by a vote of 234 to 190 – and then blocked in the Senate this morning by a 51 to 46 vote. Among other things, that legislation envisioned capping federal outlays below 20 percent of Gross Domestic Product (GDP) by FY2017. For comparison, federal spending currently represents about 24% of GDP. For FY2014 and subsequent years, H.R.2560 would explicitly exempt military personnel accounts, military (but not federal civilian) retired pay, TRICARE For Life, Medicare, Social Security and veterans' benefits from cuts. But a separate section citing exemptions for FY2012 lists only Social Security, Medicare, veterans' benefits, and net interest. Spending on non-exempt "mandatory spending" programs for FY12 would be capped at \$680.7 billion – an apparent 21.7% cut below the \$828.6 billion requested in the Administration's FY2012 budget for those programs. While the Senate's blocking vote rendered the issue moot, the potential for large one-time program cuts in FY2012 is still disturbing.
- The Corker-McCaskill budget cap bill (S.245) plan would phase in reductions at a more moderate pace, limiting FY2013 spending to 25% of the FY09-11 average GDP, with further reduction in later years. It would allow no exemptions. That would require a 5% cut in FY 2013 outlays for retired pay, TRICARE For Life, and SBP, for example, with cuts escalating each year – to 19% by FY2021. Giving up COLAs for five years would be a head start to meet those goals, but more would be needed – perhaps rolling back some concurrent receipt payments. A 5% cut in TFL would require something on the order of a \$350 per person annual TFL deductible. For SBP, it would require several years of COLA forfeitures, plus maybe rolling back recent payments to SBP-DIC widows or reinstating some level of benefit reduction upon receipt of Social Security.
- The balanced budget amendment (H.J. Res 1) plan introduced in the House would cap federal outlays at 20% of GDP. The Judiciary Committee subsequently amended it to reduce that to 18%. Neither version would exempt any spending category, allowing the ceilings to be waived only in years when war is formally declared, or Congress passes a joint resolution if the country is engaged in armed conflict that causes "an imminent and serious military threat to national security."
- A plan endorsed by a group of senators calling themselves the "Gang of 6" includes initiatives similar to those proposed by last year's deficit commission. They would dramatically reduce military retirement value for new entrants, require holders of Medicare supplement policies (including TFL) to absorb an extra \$3,000 per year (\$6,000 per couple), and raise TRICARE fees for retired military families under 65 by up to \$2,000 a year or more, and freeze military pay raises, among other things.
- House Speaker Rep. John Boehner's (R-OH) plan would offer an immediate \$1 trillion raise in the debt ceiling tied to legislation that includes still-undefined discretionary spending caps aimed at reducing spending by \$1.2 trillion over 10 years. The \$1 trillion stopgap increase would carry the U.S. until early 2012 - forcing another vote in an election year. The House bill would then create a bipartisan, bicameral joint committee made up of 12 lawmakers who would be charged with finding \$1.6-\$1.8 trillion in savings through whatever means they determine by November 23. It also requires the House and Senate to vote on a Balanced Budget Amendment by the measure after October 11, but before the end of the year. It does not require that the measure be passed by the two-thirds majority required for a constitutional amendment

- Senate Majority Leader Harry Reid's (D-NV) plan proposes raising the debt ceiling past the 2012 elections and include a plan for \$2.7 trillion in spending cuts.

[Source: MOAA Legislative Update 22 Jul 2011 ++]

Editors Note: As we approach the 11th hour without any long term agreement all the veteran community can be sure of is that whatever happens each of us will be impacted in some way. Whether now or later the budget will have to be balanced and the policy of deficit spending reversed. There is no short term fix and political procrastination is only making the eventual outcome worse. Sen. Tom Coburn's comment on the debt reducing proposals of President Obama's fiscal commission as he laid out his own \$9 trillion dollar debt reduction plan was, "Four trillion dollars doesn't solve our problem. Four trillion dollars buys us five years to solve the next five trillion dollars that we're going to have to solve." This only speaks to future cuts. Veterans must face the reality that some of their benefits will eventually be trimmed and that future benefit gains will be extremely difficult to obtain. The only recourse we have is to monitor how our legislators deal with the crisis and note our satisfaction with their response in the next election.

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Web Domain Names: In JUN 2011, the organization responsible for the .com, .org, .edu, and other extensions of Web domain names approved a plan to introduce what could amount to hundreds or even thousands of other extensions over the next two years. The plan by the Internet Corporation for Assigned Names and Numbers (ICANN) was prompted primarily by the requests of governments around the world that wanted top-level domains to reflect their language and the particular alphabet it uses, including Chinese, Japanese, Hindi, Arabic, and Cyrillic. The changes, however, will affect everyone who visits Web sites.

Along with responding to the wishes of governments, the ending of limitations in domain name extensions provides new options for companies, other organizations, and even well-heeled individuals. Pepsi, as one example, would be able to register the **.pepsi** extension. New York City would be able to register **.nyc**. Others would be able to register **.music**, **.sports**, or whatever else they think they can monetize or otherwise want. The entry barrier will be high. The initial cost includes the ICANN application fee of \$185,000, and there are subsequent annual charges of \$25,000. Among the thorny issues being worked on by ICANN is dealing with new domain name extensions that individual governments find objectionable, including pornographic terms and hate speech in other languages that might not be apparent by the party registering it.

Currently, **.coms** rule the roost, and this isn't likely to change any time soon. Of the 210 million domain names that had been registered by May 2011, **.com** names accounted for more than 90 million, according to Verisign, an Internet infrastructure company. In distant second place was **.net**, at 13 million. In all, 22 generic top-level domain extensions are now in existence. Unrestricted extensions, available to anyone, include **.com**, **.net**, **.org**, and **.info**. Other top-level domains, with specific requirements, include **.edu**, **.gov**, **.int**, **.mil**, **.biz**, **.name**, and **.pro**. There are many more country extensions, such as **.ca** for Canada and **.de** for Germany. Many companies are expected to register their company's name as an extension for defensive purposes, even without having a clear plan yet about what to do with it. On the other hand, trademark owners will receive the same kind of protection from ICANN that they have now, which prevents others from using their trade name in a website address.

Still, the new system is controversial says Janet Satterthwaite, a trademark and domain name attorney at the law firm Venable in Washington, D.C. "The system is certain to create major headaches for companies because of the need for increased monitoring of all the new domains and the real potential for cybersquatting and creation of bogus addresses." Cyber squatters register domain names in hope of forcing a company or individual to buy it from them

(at a huge profit), to gain online advertising revenue resulting from Web surfers mistakenly going to a fake site instead of a genuine one, and even as a "phishing" tool to trick surfers into revealing credit card and other personal financial information in order to steal from them. The new system also is controversial for Web users. Because the new domain extensions likely will result in many new website addresses, it likely will be more difficult to remember specific ones. The situation is analogous to having to remember and punch in area codes with local phone numbers, though Web users will be aided by their browser's favorites or bookmark feature as well as by being able to find a Web address fairly easily through a Web search. [Source MOAA News Exchange Reid Goldsborough article 27 Jul 2011 ++]

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POW/MIA Update 01: A coalition of groups representing veterans and the families of missing U.S. service members has accused the Defense Department of undercutting a joint U.S.-Russian program that seeks answers to the fate of Americans who disappeared behind the Iron Curtain. The U.S.-Russia Joint Commission on POW/MIAs, established in 1992, has given investigators from the United States access to Russia's central military archives and opportunities to interview potential eyewitnesses about U.S. service members who may have perished in the former Soviet Union or the territory of its allies during World War II, Korea, Vietnam and the Cold War. "After nine months of broken promises, we cannot sit quietly and allow senior officials in the Department of Defense to redirect funding, transfer researchers and linguists and jeopardize any possibility of mission success for the U.S.-Russia Joint Commission on POW/MIAs," the coalition stated in an editorial released this month.

The issue was addressed 22 JUL at the National League of POW/MIA Families national meeting in Crystal City, but Defense Department officials attending the conference did not satisfy concerns raised by the veterans groups, according to Ann Mills-Griffiths, executive director of the league. "Other than to say the overall accounting mission will continue to do the most with what it has, their responses did not answer our questions or shed any new light into the direction [the Defense Department] may be taking," said Joe Davis, spokesman for the Veterans of Foreign Wars, one of the groups that signed the editorial. In a 29 JUN memo shortly before leaving office, Secretary of Defense Robert M. Gates directed "a reassessment of what is minimally required" to increase the capacity of the POW/MIA accounting community. "Our concern is very much about the undercutting of the Joint Commission," Mills-Griffiths said.

Air Force Maj. Carie Parker, a spokeswoman for the Defense POW/Missing Personnel Office, said Friday that the Pentagon is working with the National Security Council "to ensure that the department provides the appropriate support to the commission." No funding to support the commission has been cut "to date," said Parker, adding that she was unaware of plans to do so. "The mission continues," she said. Parker noted that funding for the division that supports the commission has increased 14 percent over the last six years. She said that while two research analysts in the division have been transferred to a new World War II section, they are "doing the same exact job." The veterans' coalition editorial said that a failure to fully support the commission "will make it nearly impossible for our government to locate information and/or remains to help determine the fates of hundreds, if not thousands, of Americans who may have perished in the former Soviet Union or in the lands of their allies during World War II, Korea, Vietnam and the Cold War." Other groups signing the editorial include the American Legion, Disabled American Veterans, Vietnam Veterans of America, Marine Corps League, American Veterans and Jewish War Veterans of the U.S.A. The number of service members or civilians missing and unaccounted for include 78,000 from World War II, 8,000 from Korea, 1,680 from Vietnam, 120 from the Cold War, and one each from Iraq and Afghanistan. [Source: Washington Post Steve Vogel article 24 Jul 2011 ++]

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WRAMC Update 15: On the occasion of the closing of Walter Reed Army Medical Center, the Military Order of the Purple Heart saluted the magnificent Doctors, Nurses, Corpsmen, Medics, and professional staff who have selflessly devoted their lives to treating our nation's wounded servicemen and women, Presidents and privates alike, and active duty and retired military personnel and their families. Opened in 1909, hundreds of thousands of the nation's war wounded from World War I to today, including 18,000 troops who served in Iraq and Afghanistan, have been treated at the hospital. The hospital was named for Major Walter Reed, a U.S. Army surgeon who confirmed the theory that yellow fever was transmitted by a particular species of mosquitoes. Reed's success with stopping the spread of yellow fever made it possible for the building of the Panama Canal where previously the mosquitoes had caused so much death due to the disease.

The official 'casing of the colors' ceremony for Walter Reed Army Medical Center took place on 27 JUL and movement of the patients will begin in August. According to VADM John M. Mateczun, Commander of D.C. area medical facilities, "This is the largest medical restructuring ever undertaken in the military health care system." Patients will be moved to either the Bethesda National Naval Medical Center or to Ft. Belvoir into what will become the Walter Reed National Military Medical Center and the Fort Belvoir Community Hospital. When the consolidations are over, the new Walter Reed will have 345 beds in all, including 50 intensive care beds and 20 operating rooms. The community hospital at Belvoir will have 120 beds, including 10 each for ICU and surgery. Mateczun noted, "At this time of year we're generally receiving back about 20 inpatients evacuating from Iraq and Afghanistan a week." The organization now known as the "Military Order of the Purple Heart of the U.S.A. Inc.," (MOPH) was formed in 1932 for the protection and mutual interest of all who have received the decoration. [Source: MOPH News Release 26 Jul 2011 ++]

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Jane Fonda: A new controversy over Oscar winner Jane Fonda's Vietnam War activism caused the actress to come out swinging against home shopping TV network QVC on 23 JUL, over what she described as its caving in to "extremist" pressure to cancel her appearance. In a blog posting on Showbusiness website TheWrap.com, Fonda wrote that she was scheduled to appear on QVC to introduce her book "Prime Time" about aging and life cycles. But the network, Fonda wrote, reported receiving a flood of angry calls regarding her anti-war activism of the 1960s and 1970s, and it decided to cancel Fonda's appearance. Four decades ago, the American actress angered Vietnam War supporters who gave her the nickname "Hanoi Jane" for her 1972 visit to the capital of North Vietnam at the height of the conflict. At the time, she posed for photos showing her sitting atop a Viet Cong anti-aircraft gun, and she remains an object of derision by some U.S. veterans and others.

Fonda, 73, has in the past expressed regret about those images, and in her post at The Wrap she took aim at QVC and her critics. "I am, to say the least, deeply disappointed that QVC caved to this kind of insane pressure by some well funded and organized political extremist groups," Fonda wrote. QVC acknowledged Fonda's appearance was canceled, but said it was because of a programming change. "It's not unusual to have a schedule change with our shows and guests with little or no notice," QVC spokesman Paul Capelli said in a statement. "I can't speak to Ms. Fonda's comments, other than to confirm that a change in scheduling resulted in her not appearing on 23 JUL"

In 2005, Fonda was spat upon at a book signing in Kansas City, Missouri, by a man who said he was angered by her Vietnam War-era actions. "Bottom line, this has gone on far too long, this spreading of lies about me!" Fonda wrote at TheWrap.com. "... I love my country. I have never done anything to hurt my country or the men and women who have fought and continue to fight for us." The daughter of late screen legend Henry Fonda, the actress most recently starred in 2007 film "Georgia Rule." She won Oscars for roles in the films "Coming Home" (1978) and "Klute" (1971). QVC is a unit of Liberty Media Corp. [Source: Reuters article 16 Jul 2011 ++]



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Veteran Charities Update 19: Veterans call it disgraceful. Former state Sen. Dan Gelber wants to make it a felony. The problem, men dressed in military fatigues at intersections and grocery stores, soliciting donations for veterans. Real military vets say non-veterans dressed in fatigues are fooling the public into donating money. Senate Bill 1824 - which earned a 10-0 vote in the committee - would make it a felony to misrepresent oneself as a veteran or member of the U.S. Armed forces in order to collect donations from the public. In many of Florida's major cities, paid solicitors asking motorists and shoppers for contributions, are dressed in military combat uniforms and stationed on street corners and at retail stores. "This is a critical first step toward passage, and I thank my colleagues for joining me in standing up for our veterans all across Florida," Gelber said. "The unanimous vote just goes to show that impersonating our veterans for personal enrichment won't be tolerated." The bill next heads to the senate criminal justice committee for a hearing.

"Why do they need to wear the uniform? We are furious," Don Rickard, Treasurer of the Disabled American Veterans Chapter 133, told Miami TV Channel 10's reporter Jeff Weinsier. "It galls me. Words can't describe it," said Harry Ahrens with The Veterans of Foreign Wars. "Do you get any money? How much money do you get?" Weinsier asked "Brian," a non-veteran who was wearing fatigues and soliciting on Hillsboro Boulevard and Federal Highway for an organization called Veterans in Need Foundation. "Sir, I have no comment," the man replied. Weinsier asked Josh Riley, the Chief Operating Officer for the foundation, how much money collected actually goes to veterans. "We don't have a figure to give to the public at this time," Riley said. An internet check revealed Veterans In Need Foundation located at 2303 W Mcnab Rd, Pompano Beach, FL 33069 Tel: (954) 941-1919 is a private company categorized under Veterans' and Military Organizations. Current estimates show this company has an annual revenue of \$81,000 and employs a staff of approximately 3. [Source: <http://www.local10.com/news/22813479/detail.html> article 15 Mar 2010 & VFW Post 2391 Incident report 25 Jul 2011 ++]

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WWII Vets Update 04: Navajo code talker Joe Morris, one of more than 400 American Indians who used the language of their ancestors to relay secret battlefield orders during World War II, has died. He was 85. He was one of more than 400 American Indians who used the language of their ancestors to relay secret battlefield orders during World War II, has died 24 JUL after a stroke at the Veterans Administration Loma Linda Healthcare System. Navajo code talkers were young Navajo men who used their language to successfully transmit secret communications in every major engagement in the Pacific theater, including Guadalcanal and Iwo Jima. Morris kept secret what he did during his Marine Corps service until President Ronald Reagan declassified the role of the code talkers in 1982. Morris then began giving presentations to schools and colleges. The Navajo dialect never left the Southwest United States and the language was never written down. The Japanese had no way of learning it, and the

complicated nature of the language made it difficult for others to learn. Twenty-nine original code talkers were recruited to train another 400 Navajo to work as communicators. Morris was 17 when he joined the Marines. According to his daughter Colleen Anderson he was quite modest about his role in the war and didn't consider himself a hero, she said. "He just wasn't that kind of person. He would say that he didn't do it alone. He would always include (the other code talkers) in presentations," Anderson said. He was buried in Riverside National Cemetery. [Source: Associated Press article 21 Jul 2011 ++]



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Vet Toxic Exposure~Mosul: Researchers in Tennessee say they've discovered scarring inside small airways in the lungs of U.S. troops returning from Afghanistan and Iraq, causing a rare condition called constrictive bronchiolitis. The cause of the scarring -- and the number of troops that may have it -- isn't yet clear. But the findings, published 21 JUL in the New England Journal of Medicine, could help veterans prove disabilities stemming from their war service. "These guys had very believable stories," said Dr. Robert Miller of Vanderbilt University Medical Center. "They were elite athletes. ... Now, they can't run 2 miles." Although many were exposed to a 2003 sulfur-mine fire near Mosul, Iraq, not all were, so the cause remains a mystery. In the 2004-09 study, 49 soldiers underwent open-lung biopsies. Of those, 38 were diagnosed with constrictive bronchiolitis. Twenty-eight of those soldiers had been exposed to the sulfur-mine fire. Vanderbilt is shipping slides to National Jewish Hospital in Denver for further study. Meanwhile, Miller urged the U.S. Department of Veterans Affairs to recognize the disorder in making disability rulings.

In May 2008 ScienceDaily reported a large group of soldiers returning from Iraq had been diagnosed with bronchiolitis. In that article Miller said the U.S. Department of Defense believes that the Mosul sulfur fire in 2003 which burned for almost a month was deliberately set and considers it a combat-related event. It was the largest ever man-made release of sulfur dioxide and was 100 times greater than the release from the Mount Saint Helen's volcanic eruption. "Air samples collected by the U.S. Army confirmed that sulfur dioxide levels in the area were at toxic levels." A total of 56 soldiers from Fort Campbell, Kentucky were evaluated for unexplained shortness of breath on exertion. Surgical lung biopsies were performed on 31 of the soldiers referred, with 29 having bronchiolitis. Most of those diagnosed with bronchiolitis had a prolonged exposure to sulfur dioxide from the Mosul sulfur mine fire, however, several had no known specific exposures. All of the soldiers evaluated were physically fit at the time of deployment. On return, none of those diagnosed with bronchiolitis met physical training standards. In

almost every case they were declared unfit for duty and were medically boarded with a service connected disability. [Source: Detroit Free Press article 25 Jul 2011 ++]

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VA Budget 2012 Update 04: The Senate was able to clear some controversial amendments in mid-JUL and pass the FY 2012 Military Construction/VA Funding bill. The Senate bill is virtually identical to what was passed on 14 JUN by the House. Both provide \$69.5 billion for veterans benefit programs and \$52.5 billion in advanced appropriations for FY 2013. The two bills have a few differences which will be ironed out by a conference committee before the end of the current fiscal year (30 SEP). More information is available on the Senate Appropriations Committee website at <http://appropriations.senate.gov/news.cfm?method=news.view&id=952f6b79-1409-45a6-9923-7c5bc0ba88d3>. To see how your senators voted, go to http://www.senate.gov/legislative/LIS/roll_call_lists/roll_call_vote_cfm.cfm?congress=112&session=1&vote=00115. [Source: VFW Washington Weekly 22 Jul 2011 ++]

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Reserve/Guard Tricare Update 01: TRICARE's commitment to providing quality medical care to beneficiaries affiliated with the uniformed services includes National Guard and Reserve members and retirees. Several health care options are available to reservists and their families. But their eligibility for certain plans is determined by the sponsor's status.

- **Activated.** While activated under federal orders for more than 30 consecutive days, National Guard and Reserve members are eligible for the same health care benefits as other active duty service members. These benefits include TRICARE Prime, Prime Remote, TRICARE Overseas Program (TOP) Prime and TOP Prime Remote. Enrollment is required for TRICARE Prime options. The families of activated National Guard and Reserve members are covered under the same health plans as other active duty family members. Families can learn more about the available plans by clicking the "Quick Links" tab located on the home page at www.tricare.mil.
- **Deactivated or less than 30 days.** National Guard and Reserve members who are deactivated or serving on active duty for 30 days or less are covered for any injury, illness or disease sustained in the line of duty, including conditions incurred or aggravated while traveling directly to and from their place of duty. In order to receive coverage for such injuries, guard and reserve members must obtain a Line of Duty Determination/Notice of Eligibility (LOD/NOE) from their respective service component. Line of duty coverage is separate from customary TRICARE health plans and does not apply to family members.
- **TAMP.** The duty status of reservists can change quite often. The Transitional Assistance Management Program (TAMP) provides temporary health care coverage to National Guard and Reserve members and their families. TAMP covers uniformed service members and their eligible family members for 180 days beginning the day after the sponsor separates from active duty, giving beneficiaries some time to make arrangements regarding their ongoing health insurance. To become eligible, National Guard and Reserve members must have separated from an active duty stint that was more than 30 consecutive days and conducted in support of a named contingency operation. While sponsors and family members covered by TAMP are assigned TRICARE Standard and Extra or TOP Standard options, they may enroll in TRICARE Prime or TOP Prime where available.

- **CHCBP.** Reservists who are deactivated under other than adverse conditions and do not qualify for TAMP or TRICARE Reserve Select (TRS) may be able to purchase premium-based health coverage under the Continued Health Care Benefit Program (CHCBP), which provides temporary coverage starting the day after TAMP and other military health care benefits expire. If eligible, Reserve component (RC) members can purchase CHCBP within 60 days of losing their regular TRICARE or TAMP benefits. Coverage is limited to 18 months for former active duty service members who are deactivated under other than adverse conditions and their eligible family members. CHCBP coverage is limited to 36 months for eligible unmarried former spouses, children who no longer qualify for TRICARE benefits as an eligible family member and certain unmarried children by adoption or legal custody. RC members must verify their eligibility for transitional health care benefits by contacting their nearest military personnel office or Real-Time Automated Personnel Identification System (RAPIDS) identification (ID) card-issuing facility. To find the nearest ID card office, visit the Rapids Site Locator website at www.dmdc.mil/rsl/owa.
- **TRS.** Inactive Selected Reserve members of the Ready Reserve who are not eligible for the Federal Employee Health Benefits (FEHB) program may qualify to purchase the TRS health plan for themselves and their families. Retired reserve members who are under the age of 60 and not eligible for the FEHB program may be eligible to purchase the TRICARE Retired Reserve (TRR) plan.

As always, beneficiaries must be registered in the Defense Enrollment Eligibility Reporting System (DEERS) in order to remain eligible for TRICARE programs. Visit <http://www.tricare.mil/deers> for more information about updating your DEERS records. Additional information about TRICARE eligibility can be found at <http://www.tricare.mil/mybenefit/home>. [Source: Tricare News Release 21 Jul 2011 ++]

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VA Presumptive VN Vet Diseases Update 18: Sen. Tom Coburn (R-OK) submitted Amendment #564 to MilCon/VA Spending Bill (H.R.2055) to change the manner in which presumptive disabilities related to exposure to Agent Orange would be determined. If approved it would have significantly restrict benefits to Vietnam veterans. Currently Vietnam veterans are presumed to be exposed to Agent Orange if they have certain conditions or diseases after the VA determines that a positive association exists between the exposure and the occurrence of the disease. Congress chose this mechanism because it is nearly impossible for Vietnam veterans to prove that exposure to Agent Orange caused their disease. The senator wanted to require veterans to prove a positive connection between Agent Orange exposure and one or more of the 15 presumptive illnesses that the VA now recognizes. Requiring a "causal relationship" would essentially have meant that VA benefits for Agent Orange exposure would have been out of reach for many Vietnam veterans that were exposed to the Agent Orange herbicide.

Now that the VA Secretary has determined he had the scientific evidence required to recognize the disabilities, Coburn wanted a change in presumptive rules presumable as a cost saving measure to balance the budget. Fortunately, On 20 JUL the Senate voted on Coburn's amendment and defeated it by a vote of 69-30. The 30 Senators who voted for the amendment were: Alexander (R-TN) | Barrasso (R-WY) | Blunt (R-MO) | Chambliss (R-GA) | Coats (R-IN) | Coburn (R-OK) | Cochran (R-MS) | Corker (R-TN) | Cornyn (R-TX) | Crapo (R-ID) | DeMint (R-SC) | Enzi (R-WY) | Graham (R-SC) | Hatch (R-UT) | Hutchison (R-TX) | Johnson (R-WI) | Kirk (R-IL) | Kyl (R-AZ) | Lee (R-UT) | Lugar (R-IN) | McCain (R-AZ) | McConnell (R-KY) | Paul (R-KY) | Portman (R-OH) | Risch (R-ID) | Sessions (R-AL) | Shelby (R-AL) | Toomey (R-PA) | Vitter (R-LA) | Wicker (R-MS). Veterans who would have been impacted by this amendment are encouraged to take time to thank those Senators who voted in favor of veterans, as well as to let those who voted for the amendment know their disappointment that they would try to balance the budget on the backs of disabled veterans. [Source: VFW & FRA Action Alerts 20 Jul 2011 ++]



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Mobilized Reserve 26 JUL 2011: The Department of Defense announced the current number of reservists on active duty as of 26 JUL 2011. The net collective result is 1,831 fewer reservists mobilized than last reported in the 15 JUL 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 71,378; Navy Reserve 4,618; Air National Guard and Air Force Reserve, 9,808; Marine Corps Reserve, 6,052; and the Coast Guard Reserve, 746. This brings the total National Guard and Reserve personnel who have been activated to 92,602 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/d20110726ngr.pdf>. [Source: DoD News Release No. 657-11 dtd 28 Jul 2011 ++]

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Vet Cemetery Alabama Update 03: The last of the more than 60,000 Confederate veterans who came home to Alabama after the Civil War died generations ago, yet residents are still paying a tax that supported the neediest among them. Despite fire-and-brimstone opposition to taxes among many in a state that still has "Heart of Dixie" on its license plates, officials never stopped collecting a property tax that once funded the Alabama Confederate Soldiers' Home, which closed 72 years ago. The tax now pays for Confederate Memorial Park, which sits on the same 102-acre tract where elderly veterans used to stroll. The tax once brought in millions for Confederate pensions, but lawmakers sliced up the levy and sent money elsewhere as the men and their wives died. No one has seriously challenged the continued use of the money for a memorial to the "Lost Cause," in part because few realize it exists; one long-serving black legislator who thought the tax had been done away with said he wants to eliminate state funding for the park.

These days, 150 years after the Civil War started, officials say the old tax typically brings in more than \$400,000 annually for the park, where Confederate flags flapped on a recent steamy afternoon. That's not much compared to Alabama's total operating budget of \$1.8 billion, but it's sufficient to give the park plenty of money to operate and even enough for investments, all at a time when other historic sites are struggling just to keep the grass cut for lack of state funding. "It's a beautifully maintained park. It's one of the best because of the funding source," said Clara Nobles of the Alabama Historical Commission, which oversees Confederate Memorial Park. Longtime park director Bill Rambo is more succinct. "Everyone is jealous of us," he said. Tax experts say they know of no other state that still collects a tax so directly connected to the Civil War, although some federal excise taxes on tobacco

and alcohol first were enacted during the war to help fund the Union. "Broadly speaking, almost all taxes have their start in a war of some sort," said Joseph J. Thorndike, director of a tax history project at Tax Analysts, a nonprofit organization that studies taxation.

Alabama's tax structure was enshrined in its 1901 Constitution, passed after Reconstruction at a time when historians say state legislators' main goal was to keep power in the hands of wealthy white landowners by disenfranchising blacks and poor whites. The Constitution allowed a state property tax of up to 6.5 mills, which now amounts to \$39 annually on a home worth \$100,000. Of that tax, 3 mills went to schools; 2.5 mills went to the operating budget; and 1 mill went to pensions for Confederate veterans and widows. The state used the pension tax to fund the veterans home once it assumed control of the operation in 1903. The last Confederate veteran living at the home died in 1934, and its hospital was converted into apartments for widows. It closed in 1939, and the five women who lived there were moved to Montgomery. Legislators whittled away at the Confederate tax through the decades, and millions of dollars that once went to the home and pensions now go to fund veteran services, the state welfare agency and other needs. But the park still gets 1 percent of one mill, and its budget for this year came to \$542,469, which includes money carried over from previous years plus certificates of deposit.

All that money has created a manicured, modern park that's the envy of other Alabama historic sites, which are funded primarily by grants, donations and friends groups. Legislators created the park in 1964 during a period that marked both the 100th anniversary of the Civil War and the height of the civil rights movement in the Deep South. Nothing is left of the veterans home but a few foundations and two cemeteries with 313 graves, but a museum with Civil War artifacts and modern displays opened at the park in 2007. Rebel flags fly all around the historic site, which Rambo said draws more than 10,000 visitors annually despite being hidden in the country nine miles and three turns off Interstate 65 in the central part of the state. While the park flourishes quietly, other historic attractions around the state are fighting for survival.

The old Confederate pension tax that funds the park has never been seriously threatened, Rambo said. Backers were upset this year when Gov. Robert Bentley's budget plan eliminated state funding for historic sites because of tight revenues, he said, but the park's earmarked funding survived. "Once I informed the public what was going on the support just rose up," said Rambo, the director since 1989. Two heritage groups, the Sons of Confederate Veterans and United Daughters of the Confederacy, led the charge, but ordinary citizens complained too, he said. "Some were people who don't belong to those organizations who really like the park and come out here for picnics and all and were really upset," he said. State Rep. Alvin Holmes, a black Democrat who's been in the Legislature since 1974, said he thought funding for the park had been slashed. "We should not be spending one nickel for that," said Holmes, of Montgomery. "I'm going to try to get rid of it." Holmes may have a hard time gaining support with Republicans in control of Legislature and the governor's office. In the meantime, a contractor recently measured the museum for a new paint job, and plans calls for using invested money to construct replicas of some of the 22 buildings that stood on the site when it was home to hundreds of Confederate veterans and their wives.

Confederate Memorial Park is located in Chilton County east of Interstate-65 off Highway 31, 11 miles below Clanton. It is 9 miles south of Exit 205 and 13 miles north of Exit 186. The site is open daily from 6 a.m. until dark. Museum hours are 9 a.m. to 5 p.m. daily. Admission is \$5 per adult, \$4 for college students, seniors, and military veterans, \$3 per child (6-18), and \$12 per family of 4 or more. For additional info refer to <http://www.preserveala.org/confederatepark.aspx>. [Source: Associated Press Jay Reeves article 20 Jul 2011 ++]



A Confederate flag graces a soldiers grave stone in Cemetery

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Veterans' Court Update 10: Actor Martin Sheen, who portrayed a president on television and is the father of admitted drug user Charlie Sheen, testified before a Senate subcommittee on 19 JUL to ask Congress for continued support of drug courts, an alternative criminal justice program. A drug court is a special docket that addresses the cases of nonviolent drug offenders. Members participate in substance abuse treatment programs – usually for at least one year – and are subject to random drug testing. There are currently more than 2,500 drug courts across the country, treating more than 120,000 Americans. Drug court advocates contend that the courts help reduce recidivism (i.e. the act of a person repeating an undesirable behavior after they have either experienced negative consequences of that behavior, or have been treated or trained to extinguish that behavior), reducing the number of people in prison ,and returning law-abiding, tax-paying citizens to society.

Drug court participants reported 25% less criminal activity and had 16% fewer arrests than comparable offenders not enrolled in drug courts, according to a Justice Department study. "It's a deeply personal [issue]," Sheen told reporters after the congressional hearing, adding that "it's no secret I've been through a 12-step program." Sheen quickly reminded lawmakers that he's no expert on the subject. "Celebrity, to a greater or lesser degree, is often confused for credibility. For instance, I am not a former president of the United States," Sheen said in his opening remarks, a reference to his role as President Jed Bartlet on the Emmy award-winning television show "The West Wing." Sheen is also well-known for his critically acclaimed role in "Apocalypse Now," a 1979 film about the war in Vietnam. Despite his amateur political status, Sheen noted that he helped create a drug court in Berkeley in 1996. Graduates from that drug court helped establish sober-living houses in the area. Since then, he's been an advocate for drug courts because "it is an extension of my work with the peace and social justice community," he said.

Earlier, Sheen joined fellow actor Matthew Perry and more than a dozen members of Congress to address hundreds of people in a rally in support of drug courts. The advocates, holding up signs that said "Drug Courts Save Lives," pressed lawmakers to commit a minimum of \$88.7 million in the 2012 budget toward drug courts, noting that the courts offer a significant return on investment. Every dollar spent on drug courts yields an average of \$2 in savings for the criminal justice system. Beyond the dollars and cents, drug courts have helped reclaim the lives of many who had succumbed to drug addiction. "You have no idea how ... far that money really does go," one drug court graduate said at the rally. Others charge that with a soaring national debt, drug courts should be funded by states. "With out-of-control spending and surging public debt threatening our nation's stability, increased federal

funding of state and local courts should not be a priority,” David Muhlhausen, research fellow at the conservative Heritage Foundation, said before the subcommittee. The hearing was called by Sen. Sheldon Whitehouse (D-RI who chairs the Judiciary Committee's crime and terrorism subcommittee. [Source: Los Angeles Times Andrew Seidman article 19 Jul 201 ++]

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PTSD Update 73: For years now, some veterans groups and marijuana advocates have argued that the therapeutic benefits of the drug can help soothe the psychological wounds of battle. But with only anecdotal evidence as support, their claims have yet to gain widespread acceptance in medical circles. “There is a widely accepted need for a new treatment of PTSD,” said Rick Doblin, who wants to do research on marijuana. Now, however, researchers are seeking federal approval for what is believed to be the first study to examine the effects of marijuana on veterans with chronic post-traumatic stress disorder. The proposal, from the Multidisciplinary Association for Psychedelic Studies in Santa Cruz, Calif., and a researcher at the University of Arizona College of Medicine, would look at the potential benefits of cannabis by examining 50 combat veterans who suffer from the condition and have not responded to other treatment. “With so many veterans from the wars in Iraq and Afghanistan, there is a widely accepted need for a new treatment of PTSD,” said Rick Doblin, founder and executive director of the psychedelic studies group. “These are people whom we put in harm’s way, and we have a moral obligation to help them.”

In April, the Food and Drug Administration said it was satisfied that safety concerns over the study had been addressed by Mr. Doblin and Dr. Sue Sisley, an assistant professor of psychiatry and internal medicine at Arizona, according to a letter from the drug administration provided by Mr. Doblin. But the letter also noted that the project could not go forward until the researchers identified where they would get their marijuana. And that cannot happen, Mr. Doblin said, until the project is approved by a scientific review panel from the Department of Health and Human Services, which includes representatives from an assortment of federal health agencies. If the proposal is approved, Mr. Doblin said, the researchers will use marijuana grown by the University of Mississippi under a contract with the National Institute on Drug Abuse. It is the only marijuana permitted to be used in federally approved studies.

A Health and Human Services spokeswoman said the proposal was still under review. “The production and distribution of marijuana for clinical research is carefully restricted under a number of federal laws and international commitments,” the spokeswoman, Tara Broido, said in an e-mail. “Study proposals are reviewed for scientific quality and the likelihood that they will yield data on meaningful benefits.” An institutional review board must also approve the study, as well as the Drug Enforcement Administration, Mr. Doblin said. Getting final approval from the federal government could prove difficult, Mr. Doblin and Dr. Sisley conceded. They said it was far more challenging to get authorization for a study that examines the benefits of an illegal drug than its risks. “We really believe science should supersede politics,” Dr. Sisley said. “This illness needs to be treated in a multidisciplinary way. Drugs like Zoloft and Paxil have proven entirely inadequate. And there’s anecdotal evidence from vets that cannabis can provide systematic relief.”

Medical marijuana is legal in 16 states and the District of Columbia. But only New Mexico and Delaware specifically list post-traumatic stress disorder as a qualifying condition for treatment, according to the Marijuana Policy Project, a Washington-based group that supports legal regulation of the drug. Currently, nearly a third of the 4,982 patients approved for medical marijuana in New Mexico suffer from post-traumatic stress disorder, more than any other condition, according to the state’s health department. It is unclear how many are veterans. One recent Army veteran from Texas who fought in Iraq for 18 months beginning in 2006, said he used marijuana three times a day in lieu of the painkillers and antidepressants he was prescribed after returning home. He asked that his name not

be used because Texas does not allow medical marijuana. The veteran, who said he had been shot in the leg and suffered numerous head injuries from explosions while deployed as a Humvee gunner, said marijuana helped quiet his physical and psychological pain, while not causing the weight loss and sleep deprivation brought on by his prescription medications. "I have seen it with my own eyes," he said. "It works for a lot of the guys coming home."

If the study is approved, veterans who participate would be observed on an outpatient basis over three months, Mr. Doblin said. During two four-week increments, they would be given up to 1.8 grams of marijuana a day to treat anxiety, depression, nightmares and other symptoms brought on by PTSD. Researchers would also observe the veterans for periods when they are not permitted to use marijuana. In addition to a placebo, researchers plan to use four marijuana strains in the study, each containing different levels of tetrahydrocannabinol (THC), a primary component of the drug. One of the strains will also contain cannabidiol (CBD), another ingredient thought to have an anti-anxiety effect. Mr. Doblin said the veterans would be allowed to use the marijuana at their own discretion. Half will be instructed to smoke the drug, while the other half will inhale it through a vaporizer. [Source: New York Times Dan Frosch article 18 Jul 2011 ++]

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PTSD Update 74: (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.) -- More than a thousand Iraq and Afghanistan veterans with post-traumatic stress disorder would be given lifetime disability retirement benefits such as military health insurance under the terms of a settlement reached between the government and the veterans. Attorneys for the veterans, the Justice Department and the military jointly filed a motion on 28 JUL that spelled out the terms. The settlement must be approved by a judge to be final. It also affects another thousand veterans who already had lifetime retirement benefits, but would receive a higher disability rating from the military. All of the veterans affected by the settlement would potentially receive new monthly disability compensation.

The settlement stems from a 2008 class action lawsuit filed in the U.S. Court of Federal Claims in Washington by veterans unable to serve, at least in part, because of the anxiety disorder who said they were illegally denied benefits. The law requires the military to give a disability rating of at least 50 percent to troops discharged for PTSD, but each of the plaintiffs received a disability less than that, said Bart Stichman, co-executive director of the National Veterans Legal Services Program, a nonprofit organization that represented the veterans.

As part of the lawsuit, the military in January 2010 said it would expeditiously review the cases. But attorneys for the veterans grew concerned about the pace in which the cases have been reviewed by military boards. One of the boards reviewing the cases was moving so slow, it was going to take seven years for all the cases to be reviewed, Stichman said. That led to settlement talks. Each of the veterans in the suit was released from the military between Dec. 17, 2002, and Oct. 14, 2008. PTSD is an anxiety disorder that can develop after a terrifying event in which a person felt physically harmed or threatened. [Source: NavyTimes Kimberly Hefling article 29 Jul 2011 ++]

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VA Service Dogs Update 04: (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.) -- Proposed legislation requiring the Veterans Affairs Department to train and provide service dogs for former troops is drawing mixed reviews from influential veterans' groups. A bill introduced by Rep. Michael Grimm (R-NY) calls for VA to launch a five-year pilot program to study the value of having former service members diagnosed with post-traumatic stress disorder and other mental health issues train service

dogs as part of their therapy. The dogs could then stay with their handlers or be provided to other veterans who need them. Grimm said he drafted the Veterans Dog Training Therapy Act (H.R.198) to help veterans and study the effectiveness of such animals in a “controlled environment with proper oversight.” But VA and several veterans groups oppose Grimm’s bill.

On 25 Jul 2011, spokesmen for VA and the Veterans of Foreign Wars voiced their opposition before the House Veterans’ Affairs Committee’s health panel, while representatives from Disabled American Veterans and the Vietnam Veterans of America remained noncommittal or raised concerns about the program’s certification standards. Citing the benefits of therapeutic animals for patients with myriad disabilities and illnesses, VFW representative Shane Barker nonetheless said his group believes private groups should work with VA to provide service dogs for vets. VA Principal Deputy Undersecretary for Health Dr. Robert Jesse said VA already offers animal-assisted therapy at some facilities. He offered to work with the committee to design a therapy dog program but described the Grimm bill as “unworkable.” “H.R.198 imposes specific requirements that focus on the training of service dogs. The bill is very prescriptive ... and it would require evaluation of a large and very detailed list of factors, many of which cannot be measured,” Jesse said. VA estimates the pilot program, which would take place at three to five VA medical centers, would cost \$10 million.

Grimm has said Congress could consider using funds from VA’s general administrative account to help pay for the program. AMVETS, which has an ongoing relationship with Paws With a Cause, an accredited assistance dog training organization that helps train and pair people with service and therapy dogs, strongly supports the legislation, said Christina Roof, acting AMVETS legislative director. “H.R.198 will offer a structured program that has clear and concise rules, goals and measurable end results,” she said. Also under review by the by the subcommittee was the Veterans Equal Treatment for Service Dogs Act (H.R.1154) which would require VA to permit service dogs in all of its facilities. According to bill’s sponsor Rep. John Carter (R-TX) some veterans’ service dogs have been turned away from VA clinics and hospitals. Jesse told the panel that VA has recently amended its regulations to broaden access for all service dogs, not just guide dogs and seeing eye dogs. As of this writing only H.R.1154 has been approved and passed to the HVAC for consideration. [Source: ArmyTimes Patricia N. Kime article 26 Jul 2011 ++]

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VA Claim Filing: (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 seemingly simple idea — to have the Veterans Affairs Department send out emails to speed up notifications to veterans that their disability claims have been received — has drawn complaints from major veterans groups that say the idea would be more expedient but not necessarily fair. Representatives of Veterans of Foreign Wars and Disabled American, testifying 30 JUL before a House subcommittee about H.R.2383, the Modernizing Notice to Claimants Act, said they are concerned that veterans may be hurt by the bill, which would authorize electronic communication instead of regular mail to provide notice that VA has received a claim and has begun to process it. The problem for them isn’t the electronic notice, but how people often deal with email and what rights they might be waiving if the notice isn’t clear and veterans don’t read the fine print.

Jeffrey Hall, DAV’s assistant national legislative director, said veterans now receive a detailed and individualized notice from the VA that includes a form giving consent for VA to help obtain private medical records that might support a claim, requests for specific information to help process the claim and a record of what steps have been taken so far. It also asks for crucial information to support a claim, and provides legal notice of VA’s duty to help a veteran. At the hearing of the House Veterans’ Affairs Committee’s oversight and investigations panel, Hall said he worries that electronic messages will be less detailed and more generic, and may not be fully read because the

Internet is “an environment where users have become accustomed to checking the box on license and other disclaimer agreements without first reading them.” Ryan Gallucci, VFW’s deputy national legislative service director, had similar concerns. One of his worries is that veterans might read the message and believe they have to collect their own medical evidence while waiving VA’s duty to help. “Under this proposal, veterans may spend weeks and months collecting their medical evidence based on VA’s encouragement to veterans to collect their own records,” he said. “This will negatively affect veterans by making their effective date later.”

Hall said it is possible that veterans could end up with lower disability rates because those filing electronic claims and getting electronic replies may be less likely to seek the help of veterans service officers, who understand the VA system and how to get the maximum benefit. Even so, both Hall and Gallucci like the general idea of VA communicating electronically with veterans, with Gallucci noting that “many veterans conduct business via email and web-based portals.” But for this specific purpose, Hall said electronic notification may end up becoming a tool to cut the disability claims backlog, but in a way that leaves veterans with something less than their full benefits. “The only way to reduce the backlog is to create a system designed to get claims done right the first time, not just get them done quickly,” Hall said. “As such, we believe that notice should be sent by the most effective means, not simply the most expeditious means. For many veterans, that may well be by way of electronic communication. Others may strongly prefer written communication.” Thomas Murphy, VA’s compensation service director, said electronic notification “would significantly enhance” efficiency and “provide increased flexibility,” and has the potential to “significantly shorten overall claim development time.” Some technical changes are sought by the VA in the bill, but Murphy said the VA “fully supports” the measure. Rep. Bill Johnson, R-Ohio, chairman of the oversight and investigations subcommittee, is the bill’s sponsor. The bill was subsequently amended, approved, and passed on to the HVAC for consideration. [Source: NavyTimes Rick Maze article 20 Jul 2011 ++]

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VA Claim Shredding Update 05: (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 VA has ended special handling rules for claims related to a 2008 disclosure that supporting information filed by some veterans may have been shredded. In 2008, the Veterans Affairs Department revealed that documents found at several regional offices waiting to be shredded appeared to be original documents sent by veterans to support their claims. Because VA officials could not say if other supporting documents had already been destroyed, more lenient claims processing rules were announced in November 2009. VA announced 18 JUL that those special rules are no longer needed. Thirty months have passed since the 18-month period when it was possible supporting documents could have been misplaced or destroyed, and VA officials no longer believe there are active claims that would have been affected.

The improperly handled documents uncovered by the VA inspector general involved claims submitted between April 14, 2007, and October 14, 2008. If a veteran claimed to have filed supporting documents for a claim during that period that were lost or destroyed, VA officials could provide backdated effective dates or claims, or take other steps to help the veteran resolve the claim. In a statement published in the Federal Register announcing the special handling policy has ended, VA officials said they believe that all allegations of lost or missing documents have been addressed. At this point, veterans whose claims were missing “reasonably would have inquired about the document submission or would have been informed of its misplacement or destruction,” the statement said. “Because it has been over 30 months since October 2008, we do not anticipate any new allegations.” [Source: ArmyTimes Rick Maze article 18 Jul 2011 ++]

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Military Retirement System Update 05: (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 sweeping new plan to overhaul the Pentagon's retirement

system would give some benefits to all troops and phase out the 20-year cliff vesting system that has defined military careers for generations. In a massive change that could affect today's troops, the plan calls for a corporate-style benefits program that would contribute money to troops' retirement savings account rather than the promise of a future monthly pension, according to a new proposal from an influential Pentagon advisory board. All troops would receive the yearly retirement contributions, regardless of whether they stay for 20 years. Those contributions might amount to about 16.5 percent of a member's annual pay and would be deposited into a mandatory version of the Thrift Savings Plan, the military's existing 401(k)-style account that now does not include government matching contributions. A critical new feature would adjust those contributions to give more money to troops who deploy frequently, accept hardship assignments or serve in high-demand jobs. It would also give the services a new lever to incentivize some troops to leave or stay on active duty longer.

The new proposal was unveiled 21 JUL by the Defense Business Board, the wellspring for many cost-saving initiatives adopted by the Defense Department in recent years. The new retirement plan would mark the biggest change in military retirement in more than 60 years and require approval from Congress. "The current system is unfair, unaffordable and inflexible," said Richard Spencer, a former finance executive and Marine Corps pilot who led the board's eight-month retirement study. This alternative plan would "enhance the ability of the service member to build a meaningful retirement asset [with] complete flexibility for their lifestyle or desires," Spencer said. It's unclear whether troops would have immediate access to all the retirement money or whether it would be partially or completely withheld until a traditional retirement age, such as 65. Under the current TSP, troops cannot withdraw money until age 59½ without incurring a significant penalty, except in certain specified circumstances. Fairness is a key factor, Spencer said. Along with saving the Pentagon money, the new plan offer significant retirement benefits to the roughly 83 percent of troops who leave service before reaching 20 years.

Unlike other proposals to overhaul military retirement that would grandfather current troops, the board suggests that DoD could make an "immediate" transition to the new system, which would affect current troops quite differently depending on their years of service:

- **Recruits.** The newest troops out of boot camp after the proposed change would have no direct incentive to stay for 20 years and would not get a fixed-benefit pension. Instead, they would receive annual contributions to a Thrift Savings Plan account and could leave service with that money at any time — although under current rules, they can't withdraw the money until age 59½ without paying a penalty, except in certain specified circumstances.
- **Five years of service.** Troops would immediately begin accruing new benefits in a TSP account. If they remained in service until the "old vesting date" — the 20-year mark — they also would get one-fourth of the "old plan benefit," or about 12 percent of their pay at retirement, as an annuity. If they separated, for example, after 10 years, they would walk away with no fixed-pension benefit but would have a TSP account with five years of contributions.
- **10 years of service.** Troops would immediately begin accruing new benefits in a TSP account. If they remained in service for 10 more years, they would receive half of the "old plan benefit," about 25 percent of their pay at retirement, as an annuity. If they separated after 15 years, they would walk away with no fixed-pension benefit but would have a TSP account with five years of contributions.
- **15 years of service.** Troops would immediately begin accruing new benefits in a TSP account. If they remained in service for five more years, they would receive three-fourths of the "old plan benefit," about 37.5 percent of their pay at retirement, as an annuity.

- **20 years and beyond.** Troops who stayed in past 20 years would continue to receive annual TSP contributions.

The far-reaching proposal comes at a time of immense pressure on the military to cut spending and help reduce the national debt. President Obama has talked about cutting \$400 billion over the next 12 years, while some proposals gaining support on Capitol Hill would call for cutting more than \$800 billion over the same period. Military retirement costs have soared in recent years because of rising life expectancy. If not contained, they will eventually “undermine future war-fighting capabilities,” Spencer said. A new system may allow the military to make rapid changes in the size and structure of the force. For example, troops with 15 years of experience are likely targets for downsizing, and this plan would provide them with a significant retirement benefit, Spencer said. The proposed change would have no affect on current retirees or disabled veterans.

Most private-sector companies contribute 4 percent to 12 percent of base pay into an employee’s retirement savings account. By comparison, the current military retirement benefit, for those who ultimately get it, amounts to a 75 percent contribution each year, the board said. The board considered keeping the current system with some major changes, but concluded that those changes would not save enough money or fix the fairness and flexibility issues. Those changes included withholding pension payments until a traditional retirement age; reducing pensions to 40 percent of regular pay rather than the current 50 percent; or calculating retirement pay based on the average pay over a member’s last five years in uniform, rather than the three years under the current system. Those changes would save about \$254 billion over 20 years, the board said. [Source: AirForceTimes Andrew Tilghman article 25 Jul 2011 ++]

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VA Wrong Surgery Study: Procedures and surgeries on the wrong patient and wrong body part have declined substantially at Veterans Affairs hospitals nationwide, while reports of close calls have increased, according to a study that credits ongoing quality improvement efforts. These efforts include a VA requirement for doctors, nurses and other hospital workers to report medical errors and near-misses to their bosses. The study is based on reports from mid-2006 to 2009; they were compared with data from the previous five years. The per-month rate of reported errors declined to about two from about three at the VA’s 153 centers that do surgery or other major medical procedures. Reported monthly close calls increased to about three from almost two.

Skeptics might wonder if a decline in reported errors means hospital workers are clamming up, but co-author Julia Neily, a nurse and associate director with the VA’s National Center for Patient Safety, said, “Care is becoming safer.” She said the increase in close-call reports suggests doctors, nurses and their co-workers are becoming more willing to speak up when something goes wrong or looks like it’s about to. The VA’s quality improvement efforts encourage that kind of openness. Veterans facilities also are among hospitals that have adopted pilot-style checklists, where a member of the operating team reads off things like the patient’s name, the type of procedure, anesthesia and tools needed. Body parts to be operated on are marked, and team members are supposed to speak up if something doesn’t sound right. Patients, too, are sometimes involved before being wheeled into the operating room.

The study was published online 18 JUL in the Archives of Surgery. During the 42 months studied, there were 101 medical errors and 136 close calls, out of more than half a million procedures. The researchers and patient safety experts not involved in the study said the results show a promising trend, including a decline in the severity of medical errors at VA hospitals. Still, there were troubling signs -- 30 procedures or surgeries on the wrong patient and 48 on the wrong body part or wrong side of the body. Most “wrong patient” events involved CT scans, MRIs and other radiology procedures. “Wrong” surgeries included implanting the wrong size eye lens and the wrong type of knee joint. Why these major errors continued to happen despite a big focus on improving safety “is THE

question," Neily acknowledged. Sometimes patients have the same or similar names, she said. Sometimes patients speak different languages or otherwise have difficulty communicating with their doctors, said Dr. Allan Frankel of the Institute for Healthcare Improvement, who stressed that non-VA hospitals are also struggling to get those numbers down to zero after adopting similar systems.

Dr. David Mayer, co-director of the Institute for Patient Safety Excellence at the University of Illinois at Chicago, said sometimes surgeons and other OR team members are distracted during "time-outs" and checklist-reading before surgeries, thinking ahead to the operation. At UIC's medical center, surgeons are encouraged to have these sessions outside the operating room, in a quiet setting around patients' beds, to make it easier to focus, Mayer said. Some VA hospitals also use that approach, Neily said. The study lacked data on deaths related to surgery mistakes during the study, although the authors said there were no deaths in 2009, the most recent year examined. A 2006-08 study published last year reported an 18 percent decline in deaths at 74 Veterans hospitals that had adopted the surgery checklist approach. [Source: AP Medical Writer Lindsey Tanner article 18 Jul 2011 +]

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Traumatic Brain Injury Update 18: Patients diagnosed with traumatic brain injury (TBI) had over twice the risk of developing dementia within seven years after diagnosis compared to those without TBI, in a study of more than 280,000 older veterans conducted by researchers at the San Francisco VA Medical Center (SFVAMC) and the University of California, San Francisco (UCSF). "This finding is important because TBI is so common," said senior investigator Kristine Yaffe, MD, chief of geriatric psychiatry at SFVAMC and professor of psychiatry, neurology and epidemiology at UCSF. She noted that about 1.7 million Americans are diagnosed with TBI each year. In addition, she said, TBI is often referred to as the "signature wound" of the wars in Iraq and Afghanistan, where it accounts for 22 percent of casualties overall and affects up to 59 percent of troops exposed to blasts.

The study authors analyzed the medical records of 281,540 veterans age 55 or older who received care through the VA from 1997 to 2000 and did not have a prior history of dementia. They found that 15 percent of veterans who received a diagnosis of TBI developed dementia by 2007, compared with 7 percent of those not diagnosed with TBI. Even after controlling for factors such as age, medical history and cardiovascular health, the authors found that a TBI diagnosis still doubled the risk of dementia. The findings were presented at the 2011 Alzheimer's Association International Conference on Alzheimer's Disease in Paris, France. Lead author Deborah Barnes, PhD, a mental health researcher at SFVAMC, said that the study is one of the first to examine the association between dementia and different types of TBI diagnosis, including intra-cranial injuries, concussion, post-concussion syndrome and skull fracture. "It didn't matter what type of diagnosis it was – they were all associated with an elevated risk of dementia," said Barnes, also an associate professor of psychiatry at UCSF.

The authors speculated that among potential causes for the increased risk, the most plausible is that TBI is associated with diffuse axonal injury, or swelling of the axons that form connections between neurons in the brain. This swelling, explained Yaffe, is accompanied by the accumulation of proteins, including beta-amyloid, which is a hallmark of Alzheimer's disease. "The loss of axons and neurons could result in earlier manifestation of Alzheimer's symptoms," said Yaffe. Barnes said that for veterans, the findings have different implications depending on the age of the veteran. "Older veterans who have had some kind of head injury should be monitored over time, so that if signs of dementia develop, treatment can begin as soon as possible," she said. "For younger veterans, early treatment and rehabilitation following TBI may help prevent the development of dementia over the long term." The research was supported by funds from the Department of Defense that were administered by the Northern California Institute for Research and Education. [Source: UCSF News Center Steve Tokar article 19 Jul 2011 ++]

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Traumatic Brain Injury Update 19: Dr Bruce Capehart, medical director of the OEF/OIF program at the Veterans Affairs hospital in Durham, North Carolina, and Dr. Dale Bass, associate research professor in the Department of Biomedical Engineering at Duke University's Pratt School of Engineering, addressed the "epidemiology, diagnosis, and treatment of mild TBI among combat veterans, with a particular focus on blast injury and the presence of comorbid posttraumatic stress disorder (PTSD)." The authors conclude, "Making an accurate TBI diagnosis in a combat veteran includes obtaining a history of past head injuries, including those injuries not considered significant by the veteran; performing a careful clinical assessment of psychiatric symptoms; possibly referring for neuropsychological testing; and providing symptom-focused treatment. Appropriate treatment can result in significant clinical benefit for the veteran.

A recent Army program will assist providing info on exposure to blasts resulting in TBI. The Army will outfit a brigade of soldiers in Afghanistan in the next few weeks with gauges worn on their bodies that can alert medics to an explosion's severity -- proof of possible brain injury. It is the beginning of an effort over the next several months to wire up soldiers and vehicles with sensors, black boxes and digital cameras. The data may shed light on how blast exposures damage the brain, even when a soldier appears only dazed, researchers say. An estimated 300,000 troops have suffered mild brain injuries, mostly from explosions, in Iraq and Afghanistan. "(This) is the beginning of a process...that's going to lead us to collecting the data researchers need to untie this Gordian knot," says Gen. Peter Chiarelli, the Army vice chief of staff.

Sensors will measure blast effects from buried bombs known as improvised explosive devices that have killed nearly 3,000 troops in Iraq and Afghanistan and wounded about 30,000. The newest sensor, developed by the Defense Advanced Research Projects Agency (DARPA) for nearly \$1 million, is the size of the timepiece on a wristwatch and weighs less than an ounce. Soldiers will wear three -- on the breast and shoulder of their body armor, and on a helmet strap against the back of their necks. "It's an environmental sensor ... like a dive watch," says Col. Geoffrey Ling, a DARPA scientist. In addition to recording blast force and over-pressure, data that can be downloaded via a USB port, the device gives an immediate read of bomb severity, says Jeffrey Rogers, a DARPA physicist and one of the inventors. After an explosion goes off near a soldier, a medic inserts a stylus or pen tip into a recessed hole on the device. A light flashes green, yellow or red, indicating whether the blast was strong enough to warrant further medical attention. "We're really worried about the guy who's not complaining," Ling says. A second blast sensor developed by the Army -- worn inside the crown of the helmet and measuring how the head is whipped about in a blast -- will be used by six brigades by December. That device cost more than \$50 million to develop and produce, says Lt. Col. Jon Rickey, program manager. By early next year, the Army also hopes to have 50 to 100 bomb-resistant vehicles in Afghanistan outfitted with sensors in the hull and seats connected to a "black box," says Gary Frost, of the Army's Rapid Equipping Force. [Source: Psychiatric Times & USA Today articles 13 & 18 Jul 2011]

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Medicaid Eligible Vets: A growing number of states are shifting health care costs to the federal government by finding military veterans who receive Medicaid and signing them up for medical benefits through the U.S. Department of Veterans Affairs. Arizona, California and Texas are among the states that are working to replicate a program first launched in Washington State. That program, begun in 2003, has moved some 9,500 veterans from the state's Medicaid rolls to the VA's. Washington State has avoided paying \$27 million in health care bills this way — enough to make a small dent in a strained state budget. And veterans generally find that the benefits offered through the VA are more generous than what they were getting through the state. "The fact that it saves Medicaid dollars is an added benefit," says Bill Allman, who created the Washington State program and is its

biggest advocate nationally. “That would appear to make it a no-brainer for each and every state.” Of course, Allman’s program doesn’t result in less spending on health care — what saves money for the state costs money for the feds. But at a time when federal stimulus dollars have dried up, it represents a clever way to get the federal government to pick up one of the states’ bills.

Allman came up with the idea for the program while working with a database intended to catch welfare fraud. Allman works in the Washington State Health Care Authority. He also served in Vietnam. He discovered that the federal database known as the “Public Assistance Reporting Information System,” or PARIS, could also tell him which Medicaid clients were veterans. With that information, Allman’s office could work with the state VA to determine which benefits those veterans were eligible for but not receiving and encourage them to sign up. Generally, anyone who has served in the military for 24 continuous months or the full period for which they were called to active duty, and meets other criteria set by Congress, is eligible for VA health benefits. Of the 22.6 million veterans nationwide, only 8.3 million received health care in VA facilities in 2010, according to the U.S. Department of Veterans Affairs. Many do not know they are eligible. Some 40 percent of current veterans are over the age of 65.

Under Allman’s program, the state spends less money and the veteran gets equal or more generous coverage. That’s particularly true when it comes to long-term care. If a veteran dies while receiving long-term care services from Medicaid, the state can claim assets such as a family home to repay taxpayers for the cost of their care. Veterans’ benefits don’t have that string attached because the veterans earned the benefits through their military service. “Medicaid is a payer of last resort,” Allman says. “Speaking as a Vietnam veteran, I would much rather collect benefits that I earned than to request state aid.” It costs states money to set up and manage a program like Washington’s. But Allman figures that for every \$1 spent on the program, the state gets back \$8 in health bills paid by the federal government. The experience was much the same in Montana, which copied the program in 2008 and shifted \$900,000 in costs off its books in the first year. Maryland expects to save \$750,000 in the first year of its program. And in California, which will go statewide with a pilot program it had initiated in several counties, the Legislative Analyst’s Office ran its own numbers and estimated that the state could save \$250 million by shifting 144,000 veterans from Medicaid to VA health care.

The federal government doesn’t track how many states have implemented the veterans program or estimate how much extra it costs the VA as a result. For the states, says Tom Miller, a PARIS Project Officer with the U.S. Department of Health and Human Services, “The benefits outweigh the cost of administering a program like the state of Washington’s.” Not all states have come around to using PARIS this way. For example, New York has been aggressive about using the database to crack down on benefits fraud; it saved \$62 million in 2009 after PARIS showed that more than 10,000 Medicaid, welfare and food stamp recipients had moved out of state. New York, however, currently does not use PARIS to link veterans with federal government benefits. “All we can say at this point is that New York is looking into this program,” says Peter Constantakes, a spokesman for the New York State Department of Health. Allman says that as more troops return from Iraq and Afghanistan and retire from the military, the Washington program is just one way to help ensure veterans get the benefits they are owed for their service. “It is the most rewarding program that I’ve ever been involved with in my 27-year state government career,” he says. [Source: Stateline | State Policy and Politics Pamela M. Prah article 18 Jul 2011 ++]

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CA Vet Driver Licenses: A new program initiated by the Department of Motor Vehicles (DMV) and the California Department of Veterans Affairs (CalVet) will help connect veterans in California with the services and benefits they have earned through their prior or current service in the U.S. Military. When a Californian applies for a new driver’s license or renewal, or if they apply for an identification card, they will notice on the new

application forms a checkoff box that will permit the DMV to share the applicants contact information with CalVet. The veterans will then be sent information that gives a brief outline of services and benefits and includes a postage-paid reply card that the veteran fills out and returns to CalVet. Once the card is received the veteran will automatically begin receiving information about services like education benefits, employment assistance, disability and compensation payments, health care benefits and much more. “The most challenging thing we have to do in this department is to ensure that veterans in California are educated about the benefits and services that they have earned through their honorable service in the military,” said CalVet Secretary Peter J. Gravett. “This partnership has the potential to help our department connect with nearly every one of the nearly 2 million veterans living in this state.”

CalVet Services, through its “CalVet Connect” initiative has as its guiding philosophy that programs of benefits to veterans fulfill necessary, proper, and valid public purposes by promoting patriotism, by recognizing and rewarding sacrifice and service to country and by providing needed readjustment assistance to returning veterans and their families, whose lives were interrupted when they responded to their country’s call to military service. The CalVet Services initiative has as its goal to help returning service members and their families with the sometimes difficult task of reentering civilian life. By utilizing online tools like its Reintegration form, the Department links returning veterans with service providers and resources. This program offers CalVet the opportunity to inform veterans and their dependents about veterans benefits and how to obtain these benefits through the process of application and representations of claims. CalVet’s partnership with DMV augments this program by allowing many military and service members who may not have been reached before, with the opportunity to share their contact information with CalVet so that appropriate benefits information can be provided to them. Veterans wishing to contact CalVet’s reintegration program directly can do so by visiting <https://my.calvet.ca.gov/Pages/Intake/ReintegrationForm.aspx>. [Source: Lake County News Editor article 19 Jul 2011 ++]

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VA Fraud Waste & Abuse Update 37:

- **Saginaw MI** - Financial desperation is no excuse for defrauding disabled veterans and the U.S. government, a federal judge said prior to sentencing Michael Andrews, 50, for misdemeanor embezzlement. U.S. Magistrate Judge Charles E. Binder on 18 JUL ordered him to serve three years or probation and pay more than \$19,105 in restitution to the U.S. Department of Veteran Affairs. He pleaded guilty in March to one count of embezzling funds belonging to the United State and the Veterans Administration. Andrews, owner of Access Michigan Vans, Inc., admitted under oath that the veterans' agency paid him to install handicap ramps at the homes of three veterans. The contracts were handled through the veterans' office in Saginaw. Andrews admitted that he did not install the three handicap ramps and instead kept the money paid on the contracts for his own use. [Source: The Bay City Times LaNia Coleman article 19 Jul 2011 ++]
- **Peoria IL** - A former parcel delivery service worker in central Illinois has pleaded guilty to stealing drugs headed to military veterans. Sean Locke of Mackinaw admitted that he stole drugs including methadone, oxycodone and fentanyl patches while working as a United Parcel Service clerk in East Peoria. The medications were being mailed to Department of Veterans Affairs patients. UPS and the U.S. Drug Enforcement Agency launched the investigation that led to Locke's arrest after several VA patients reported that their medication wasn't arriving. U.S. attorney's office spokeswoman Sharon Paul says most of the stolen drugs have been recovered. Locke was charged with one count of felony drug possession with intent to deliver. He faces between three and 20 years in federal prison when he's sentenced 27 OCT. [Source: Associated Press article 24 Jul 2011 ++]
- **VAMC Eire PA** - Pamela Sue Hartleb faces one felony count of possession of a controlled substance by fraud, forgery, deception or subterfuge. According to the indictment, the offense took place four years ago

between AUG and OCT of 2007 while Hartleb was working as a registered nurse at the Erie Veterans Affairs Medical Center. Hartleb obtained multiple doses of hydrocodone and oxycodone by removing pills from an automated pill-dispensing machine, according to the indictment. Instead of administering the pills to patients, Hartleb pocketed the pills to "consume them either immediately or at a later time." She did not obtain or present a prescription for the drugs, the government says. The charge carries a maximum possible penalty of up to four years in prison and a \$250,000 fine. She is scheduled to be arraigned Tuesday before U.S. District Magistrate Judge Susan Paradise Baxter. [Source: Erie Times-News Lisa Thompson article 16 Jul 2011 ++]

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VAMC West Los Angeles Update 04: The U.S. Department of Veterans Affairs announced 20 JUL that it's providing more than 400 housing vouchers for homeless veterans in the Los Angeles area – far too few, critics countered, to cover the need. "This initiative will strengthen our ongoing efforts to eliminate Veteran homelessness by 2015," Veterans Affairs Secretary Eric Shinseki said. However, advocates for homeless veterans in Los Angeles were disappointed by the number of vouchers. "This is basically a drop in the bucket," U.C.L.A. Law Professor Gary Blasi said. By the V.A.'s own count, more than 8,000 veterans live on the streets of Southern California. Blasi is co-counsel on a lawsuit that seeks to force the federal government to provide permanent housing and support services to homeless veterans at the sprawling West L.A. Veterans Administration campus - especially to those suffering from post traumatic stress disorder. Blasi acknowledged the pledge from Secretary Shinseki to end veteran homelessness by 2015. "It was very good to hear that pledge when it was made," he said. "Unfortunately, we haven't seen a lot of action that would indicate we have a path forward to actually achieving that result."

Shinseki – a retired U.S. Army general - said his agency continues to “make good progress to reduce veteran homelessness, though much work remains.” The V.A. said its providing more than \$5 million in funding for housing vouchers. It comes from the U.S. Housing and Urban Development’s Veterans Affairs Supportive Housing program (HUD-VASH). Under the program, homeless veterans are referred to local public housing agencies for “Housing Choice” Section 8 vouchers to assist with rent payment. Blasi said veterans from Iraq and Afghanistan need more support than just rent subsidies because many suffer from post traumatic stress disorder. "So it doesn't really reach the people that are most disabled," Blasi said. The V.A. said in its statement that it provides a variety of programs to eligible homeless veterans, including case management and services to support recovery from physical and mental health problems, and substance use. "The V.A. is committed to providing Veterans and their families with access to affordable housing and medical services that will help them get back on their feet," Secretary Shinseki said. [Source: 89.3 KPCC Southern California Public Radio Frank Stoltze article 19 Jul 2011 ++]

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Virginia Vet Tax Exemption Update 02: Virginia Attorney General Ken Cuccinelli decided that a new constitutional amendment passed by voters in NOV 2010 applies to more veterans than originally interpreted. Cuccinelli decided that the law, which exempts veterans with a 100-percent service-connected, permanent and total disability from paying property tax on their primary residence, includes veterans with a “total disability rating” from the U.S. Department of Veterans Affairs. The decision was made after several General Assembly members asked for clarification on the new amendment. Originally, many localities interpreted it as veterans who are rated as 100-percent disabled. However, many veterans are considered only partially disabled, but the VA rates them as totally disabled because they are unable to engage in “substantially gainful employment.” The law also applies to surviving spouses of such veterans if the veteran died on or after Jan. 1, 2011. Also in response to

the request by the General Assembly members, Cuccinelli determined that real estate that has been put into a trust by a veteran is not eligible for the exemption. [Source: Suffolk News-Herald article 19 Jul 2011 ++]

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VA Cemetery Texas Update 06: The U.S. Department of Veterans Affairs has denied allegations of religious censorship at Houston National Cemetery — accusations that have sparked calls for investigations from members of Congress — according to a new document filed in federal court. The document is the government's first detailed response to a lawsuit that accuses VA officials and cemetery director Arleen Ocasio of closing the cemetery chapel, banning volunteer groups from saying the words "God" or "Jesus" at burial services, and forbidding the groups from religious recitations or prayers during the services unless families submitted the texts to her for approval. The lawsuit's claims are factually inaccurate, argued assistant U.S. attorney Fred Hinrichs in the 21-page document filed 15 JUL in Houston's federal courthouse. The document asserts:

- Ocasio and other cemetery employees never banned religious words such as God and Jesus, do not censor the content of prayer or religious speech from burial services, do not require written approval for religious rituals, and are not engaged in unlawful religious discrimination, according to the document.
- In every instance, defendants have sought to honor and respect the religious preferences, if any, of the families of deceased veterans during private committal services.
- Houston National Cemetery employees give families the option of reciting any religious or non-religious text they choose at burial services, the document explains, and do not provide any religious or non-religious text when it is not desired by the families.
- Registered VA volunteers who attend burial services at the cemetery have agreed to abide by VA policies, and do not have "a right to interject their own religious beliefs into the private committal services of others," the document argues.

The document also contests the lawsuit's description of the cemetery chapel's closure. The document maintains:

- The chapel was temporarily closed because of "construction fumes and noise" in 2010, but reopened July 5 and the chapel bells have continued to toll each day except for one week this spring.
- A Bible, cross and Star of David that had been displayed inside the chapel were removed in 2009, before Ocasio's tenure as director and the items are now stored within the chapel and available for use during a burial service if requested by a family. [Mourners who attended a service in the chapel had complained the symbols gave the appearance of government religious bias.]

One of the most striking allegations contained in the lawsuit was that cemetery officials had ordered National Memorial Ladies to stop telling families "God bless you," and to remove "God bless" from condolence cards. The VA responded in the document that the cemetery had received a complaint about a year ago from a family member who was upset that military uneral honors had included references to Christianity although the family had specifically requested no religious symbol on the deceased veteran's grave marker. Subsequently, defendant Ocasio asked the Memorial Ladies to endeavor to respect particular family members religious preferences, and to provide only general condolences without religious reference unless the Memorial Ladies were aware of a family's religious preference and expressions of a specific religious nature would be appropriate.

The nonprofit Liberty Institute, which filed the lawsuit on behalf of the volunteer groups Veterans of Foreign Wars District 4, American Legion Post 586, and National Memorial Ladies, stands by all the allegations against the VA and Ocasio. "Everything we said is true," said Hiram Sasser, Liberty Institute's director of litigation. "My response is that we represent World War II and Vietnam veterans and veterans of the Persian Gulf and veterans of other wars, including the wars in Iraq and Afghanistan, and their integrity and honesty is above reproach," Sasser

said. "They have sacrificed and served this country well, and they expect to be treated with dignity and respect by the VA." [Source: Houston Chronicle Lindsay Wise article 18 Jul 2011 ++]

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Cellphone Voicemail Hacking: With the same method used by hackers at News Corp's British tabloid News of the World, anyone can hack into your cellphone's voicemail. All they need to know is your phone number. It works like this... If you want to access your own voicemail, you can simply dial your own number from your phone, press star or pound, and your voicemails will start playing. So if someone else wants to access your voicemail, all they have to do is make the phone company think they are calling from your number, and your messages will start playing for them. Services like SpoofCard make it all too easy to do just that. About \$5 buys 25 minutes of talk time, with a twist. Customers can set the number that shows up on caller ID to whatever they want. To hack your voicemail, they would simply tell SpoofCard to fake your phone number for them. Then, when they call your number with the service, your phone company assumes it's you and starts playing your messages. Fortunately, preventing this kind of hack on your voicemail is as simple as changing your voicemail preferences to always require a PIN. Simply follow the not-as-complex-as-they-look instructions for your cell provider:

AT&T - To enable a password for all voicemail calls:

- Press and hold 1 to call into the voicemail system from your wireless device.
- Press * to skip to the main menu.
- Press 4 for personal options.
- Press 2 for administrative options.
- Press 1 for password options.
- Press 1 to turn password on or off.
- Press 2 to turn password on.
- When prompted, enter your 4- to 15-digit password, then press the # key.

Sprint

- Access your voicemail account from your Sprint phone.
- Once in the main menu, choose change personal options.
- Next, choose administrative options.
- You will hear skip passcode is currently turned on. To turn it off, follow the prompts.
- The passcode you originally created will be played to you. Be sure to remember it, as you will need to enter it to gain access to your voicemail in the future.

T-Mobile - To turn off / on your voice mail password security, follow these steps:

- Call your voice mailbox from your mobile phone by pressing and holding the 1 key or by dialing 123.
- Once you arrive at your voice mailbox, press the Star (*) key to ensure you are in the main menu area.
- To access the password security menu, press the 5 key.
- To toggle your password on or off, press the 2 key.

Verizon - Verizon is the one major cell carrier in the U.S. that requires you enter your PIN every time you access your voicemail. In fact, you have to jump through a little hoop if you want things set differently. So odds are, if you're a Verizon customer, you're already safe from this kind of an attack on your voicemail.

You're only as safe as your PIN. If you've never set up a PIN for your voicemail account, you might have a default one; anyone could dial in from any number, use the default PIN, and listen to your messages. To keep your

voicemail private, you should set up a PIN or change your default PIN as soon as you can. If you set your PIN to something simple, like your address or birthday, you're not completely at risk, but you are close. Try to use something unique that has no connection to your personal life. It doesn't have to be hard to remember – something like 7676 works well – only unrelated to you. Taking this simple step can help ensure your private messages stay that way. [Source: MoneyTalksNews Dan Schointuch article 19 Jul 2011 ++]

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VA Blue Button Prize Competition: The Department of Veterans Affairs (VA) announced on 19 JUL it is offering a \$50,000 prize to the first team that builds a personal health record (PHR) using the Blue Button download format, and arranges to install the PHR on the websites of 25,000 physicians across America. Sponsored by the VA Innovation Initiative (VAi2), the Blue Button Prize Competition is open to all U.S. organizations and individuals. The contest started on July 18. “Over six million Veterans who receive health care from VA can already download their personal health data using the Blue Button,” said VA Secretary Eric K. Shinseki. “We want to be sure the 17 million Veterans who receive care from non-VA doctors and hospitals can do the same.”

VA first offered Blue Button downloads through its My HealtheVet website in August, 2010; since then nearly 300,000 Veterans have downloaded their PHR data, including upcoming appointments at a VA Medical Center, medications, allergies, health reminders and, in a recent upgrade, their laboratory results. The Department of Defense also provides Blue Button download capabilities to its TRICARE beneficiaries, and Medicare beneficiaries can download their claims histories using the Center for Medicare and Medicaid Services' Blue Button functions. “Veterans can now expect that downloading their data will be a routine part of the care they receive from VA,” said White House Chief Technology Officer Aneesh Chopra. “We want Veterans across America – and the general public – to think of Blue Button downloads as something they receive from their family doctors as a routine matter.” Getting a low-cost user-friendly application into hands of physicians is a key part of the competition, according to VA Chief Technology Officer Peter L. Levin. “Moving health data can and should be safe, simple and inexpensive,” Levin said. “Blue Button technology is all of those things. Doctors who use PHRs developed as part of this competition can give their patients the ability to keep and control their own health data. Blue Button's simple format can even support patient-authorized health data transfers to other doctors or hospitals.”

The Blue Button Prize Competition is sponsored by the VA Innovation Initiative (VAi2). VAI2 is a department-wide program that solicits the most promising innovations from VA employees, the private sector, non-profits, and academia to increase Veterans' access to VA services, improve the quality of services delivered, enhance the performance of VA operations, and delivering of those services more efficient. Through prize contests, private sector innovators help improve federal government operations and technology developed using tax dollars is made readily available to the public. Qualifying PHRs must be easily installed by physicians and other clinical professionals, must be readily available to all of the physicians' patients, and must allow patients to download their data using VA's Blue Button's simple text-based format – which can be read and printed on any computer without using special software. Contemporary PHRs are designed to address consumer health information needs by enabling individuals to access, manage, and share their personal health information in a private and secure environment. The meaningful use of technologies such as PHRs has the potential to improve health care processes and outcomes. The PHRs must also meet data-security requirements. The contest will run through 18 OCT 2011, unless a winner is declared sooner. Contest rules are available at <http://challenge.gov/VAi2/198-blue-button-for-all-americans>. [Source: VA News Release 19 Jul 2011 ++]

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National Guard ChalleNGe Program: Young people accepted in to the National Guard ChalleNGe Program are more likely to earn a GED certificate, have at least one college credit and be making more money three years after they begin the program than those who applied for the program, but were not accepted. The survey by the nonprofit research group, MDRC, of 1,200 young people was released in early JUL on Capitol Hill. Gen. Craig R. McKinley, the National Guard Bureau chief, said, “It’s gratifying to us to see these kinds of results.” For example, 71.8 percent of those who entered the program received a high school diploma or GED certificate, compared with 55.5 percent of the other group. ChalleNGe participants also earned more than \$2,200 more than the others. Also, nearly 35 percent had earned at least one college credit, compared to less than 19 percent of the other group. More were working and more were involved in a productive activity. “Overall, we see these results as quite promising,” said Dan Bloom of MDRC.

The program was created in 1993 by Congress and now has a presence in 27 states. It is funded 75 percent by federal money and 25 percent by state funds. Sen. Mary Landrieu (D-LA), a co-chair of the honorary board of the National Guard Youth Foundation that oversees the program, said that as Congress looks for programs that are not working in its attempt to cut the budget, “This would not be a place to trim.” One part of the survey was less positive, however. In each group, about half reported at least one arrest. Also, ChalleNGe participants three years removed from the program were more likely to report using illegal drugs other than marijuana. McKinley said, “These are things we in the National Guard can take as a challenge to us.” [Source: NGAUS Washington Report 19 Jul 2011 ++]

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GI Bill Update 99: Rep. Dan Boren (D-OK) has introduced Legislation that would allow the surviving spouse of a deceased service member to use that member’s Post 9/11 GI Bill benefit. Current law allows the spouse of a deceased military member to receive education benefits through the Survivors and Dependents Education Assistance program. But the benefit is less than under the Post 9/11 GI Bill. “The Spouses of Fallen Heroes Scholarship Act is an important step for meeting the needs of military families,” Boren said in a statement. “We must do everything within our means to care for our nation’s surviving spouses.” [Source: NGAUS Washington Report 19 Jul 2011 ++]

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GI Bill Update 100: Changes are coming for Post-9/11 GI Bill users this summer/fall when the Post-9/11 Veterans Education Assistance Improvements Act of 2010 - S.3447 goes into effect. Many veterans, servicemembers, and their eligible family members will see some significant changes in the benefits. Keep in mind that Congress is working on additional changes to the changes that will be implemented as those in the Restoring GI Bill Fairness Act of 2011 - HR 1383. Unfortunately, it is still unknown if the changes to the legislation will be passed before the Post-9/11 Veterans Education Assistance Improvements Act goes into effect. The intent of the Post-9/11 Veterans Education Assistance Improvements Act is to expand eligibility, simplify tuition rates, and ensure that the Post-9/11 G Bill offers the same types of benefits as older versions of the GI Bill. To do so, congress was forced to reduce the cost by trimming certain aspects of the original program. In the end, some veterans will have their benefits reduced so that others may have a share of the benefits. The following summary explains how these changes will affect the education benefits of specific groups of Post-9/11 GI Bill eligible students.

National Guard Members: Eligibility Expanded - Certain National Guard members mobilized on Title 32 orders on-or-after September 11, 2001 are now eligible for the Post-9/11 GI Bill and any qualifying Title 32 mobilization

may be used to increase your percentage of eligibility. Effective August 1, 2009, but not payable until October 1, 2011.

Online Students: New Housing Allowance - The housing allowance which will become effective 1 OCT 2011 be payable to students enrolled solely in distance learning inclusive of online education. The housing allowance is half the national average BAH for an E-5 with dependents. For 2011 the rate will be \$673.50. This amount is subject to prorating based on the number of credits being taken. Note: This does not include active duty or their GI Bill eligible spouses.

Active Duty Post-9/11 GI Bill Users

- Tiered Benefits - Active duty members will see their tuition and fees prorated based on the eligibility tiers (40%-100%). This previously applied to veterans only. These same limitations apply to transferee spouses of active duty servicemembers. - Went into effect on March 5, 2011.
- Tuition Rate Limits - Active Duty Members and their transferees will be subject to the same national rate as veterans (\$17,500 a year) for enrolled in a private or foreign school pursuing a degree. In addition, they will have their tuition and fees at public schools limited to the in-state tuition and fees rate. - Effective August 1, 2011.
- Transferability Expanded - NOAA and PHS personnel are now eligible to transfer their entitlement to eligible dependents - Effective August 1, 2011
- New Book Stipend - Allows students on active duty (and their eligible spouses) to receive the books and supplies stipend. - Effective October 1, 2011.

Veterans Using Post-9/11 GI Bill

- Tuition and Fees Changes - Tuition and fee rates for those attending a public school will have all public school tuition and fees covered at the in-state (or resident) rate. Tuition and fee rates for those attending private and foreign school will have the tuition and fee payments capped at \$17,500 annually. Note: The Yellow Ribbon Program still exists for out-of-state fees and costs (non-resident) above the cap.
- Monthly Kicker Payments - The VA will pay MGIB (chapter 30) and MGIB-SR (chapter 1606) 'kickers' or Army/Navy College Fund payments, on a monthly basis instead of a lump sum at the beginning of the term. - Effective August 1, 2011.
- Prorated Housing Stipend - Students enrolled at more than half-time but less than full-time will begin having their housing allowance prorated based on the number of classes they are taking (also called rate of pursuit). This amount will be rounded to the nearest tenth. For example a student enrolled with a rate of pursuit 75% would receive 80% of the BAH rate. - Effective August 1, 2011.
- End of Payments During School Breaks – The VA will no longer pay benefits during breaks – like spring or winter break. The end to “interval pay” applies to all VA education benefit programs unless under an Executive Order of the President or due to an emergency, such as a natural disaster or strike.
 1. This means that when your semester ends (e.g. December 15th), your housing allowance is paid for the first 15 days of December only and begins again when your next semester begins (e.g. January 10th) and is paid for the remaining days of January.
 2. Students using other VA education programs are included in this change. Monthly benefits will be pro-rated in the same manner.
 3. Entitlement that previously would have been used for break pay will be available for use during a future enrollment.
- Multiple Licensing, Certification and National Placement Exams – Reimbursement for more than one “license or certification” test will be possible. In addition to reimbursement of fees paid to take national

exams used for admission to an institution of higher learning (e.g., SAT, ACT, GMAT, LSAT). - Effective August 1, 2011.

- Expanded Vocation Training Opportunities – Veterans will be eligible to Post-9/11 GI Bill benefits to cover the following:
 1. Non-college degree (NCD) programs: Pays actual net cost for in-state tuition and fees at public NCD institutions. At private and foreign institutions, pays the actual net costs for in-state tuition and fees or \$17,500, whichever is less. Also pays up to \$83 per month for books and supplies.
 2. On-the-job and apprenticeship training: Pays a monthly benefit amount prorated based on time in program and up to \$83 per month for books and supplies. Learn more about OJT and Apprenticeship.
 3. Flight programs: Per academic year, pays the actual net costs for in-state tuition and fees assessed by the school or \$10,000, whichever is less.
 4. Correspondence training: Pays the actual net costs for in-state tuition and fees assessed by the school or \$8,500, whichever is less. - Effective October 1, 2011.

- New Voc-Rehab Stipend Options - Vocational Rehabilitation participants may now elect the higher housing allowance offered by the Post-9/11 GI Bill if otherwise eligible for the Post-9/11 GI Bill. - Effective August 1, 2011.

[Source: Military.com | Benefits Week of July 18, 2011 ++]

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GI Bill Update 101: On 21 JUL the Restoring G.I. Bill Fairness Act (H.R.1383) sailed through the Senate with unanimous support. Following a 424-0 vote in the House the bill heads to the President’s office later this week. "Today, we kept our promise to America's student veterans. Together with our colleagues in the Senate, Congress is sending a bill to the President that keeps the original intent of the Post-9/11 G.I. Bill intact," said Rep. Jeff Miller [R-FL] who sponsored the House version of the bill. “Our veterans who have returned home and are in the process of getting an education at the school of their choice should not have been penalized for choosing one school over another, only to then find out Congress changed the rules on them midstream.” Miller’s legislation in the House mirrored a nearly identical version in the Senate, which was sponsored by Sen. Charles E. Schumer [D-NY]. Schumer said in a statement that he was “confident the president will quickly sign this bipartisan bill.”

Since going into effect nearly two years ago, the Post-9/11 G.I. Bill has provided educational assistance to veterans returning home from war. It entitled a veteran who served for a minimum of three years after 9/11 to a full tuition subsidy at a public college. An additional provision called the Yellow Ribbon Program enabled thousands more veterans at private schools to attend college free of cost. But at the end of last year, Congress voted to change those rules by capping tuition assistance at in-state public rates for out-of-state veterans attending public colleges and, beginning in AUG , limiting tuition assistance to \$17,500 per year for veterans in private schools. H.R.1383 will temporarily preserve higher rates for tuition and fees for programs of education at non-public institutions of higher learning pursued by individuals enrolled in the Post-9/11 Educational Assistance Program of the Department of Veterans Affairs before the enactment of the Post-9/11 Veterans Educational Assistance Improvements Act of 2010. [Source: Huff Post college Amanda M. Fairbanks article 26 Jul 2011 ++]

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National Park Passports Update 04: Sen. Jon Tester (D-MT) would give free, lifetime passes to national parks and other national historic sites to honorably discharged military veterans. He has introduced

legislation that would create the Freedom Pass available to qualified veterans for a one-time \$10 processing fee. The National Parks Freedom Pass Act would also allow active-duty and reserve-component military members to purchase an annual pass for national parks and federal recreation areas at half price. They would pay half of the normal \$80 fee. "National parks are America's treasures, and the men and women who put their lives on the line to protect them deserve a lifetime of access to them," said Tester, who sits on the Senate Veterans' Affairs Committee. [Source: NGAUS Washington Report 19 Jul 2011 ++]

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VA Homeless Vets Update 22: The number of homeless veterans on any given night has dropped by over 55,000, the Department of Veterans Affairs said on 15 JUL, due in part to programs like the \$46.2 million announced 14 JUL to provide permanent housing for 6,790 homeless veterans. Despite a still-stagnant economy and increased troop drawdowns leading to potentially higher numbers of homeless veterans, VA Deputy Press Secretary Drew Brookie said the number of veterans that are homeless each night has dropped from an estimated 131,000 in 2009 to 75,700 as of June this year. But continued pressure on this targeted group makes funding fundamental to the Obama Administration's goal of ending veteran homelessness by 2015, according to Anne Oliva, director of the Department of Housing and Urban Development's homeless office. "It's a critical time," Oliva told Reuters. "We have veterans that are returning from Iraq and Afghanistan that are potentially becoming homeless in higher numbers than they have in the past. This new influx of people ... we want to try and get in front of it." The \$46.2 million will go to public housing agencies in all 50 states and the District of Columbia. "We're reducing the time it takes to get veterans into homes," Brookie told Reuters.

The funding is part of the Veterans Affairs Supportive Housing Program. HUD Secretary Shaun Donovan and VA Secretary Eric Shinseki announced the grants Thursday morning. They are the first of two rounds of funding that will allocate the \$50 million appropriated to fight veteran homelessness in Fiscal Year 2011. Participating veterans in the HUD-VASH program generally contribute no more than 30 percent of their income toward rental of privately owned housing, according to the HUD. The program is coordinated by HUD, the VA and local housing authorities. "Now we know what works," Oliva said. "This is the time; we have the resources ... having one veteran homeless is too many." [Source: Reuters Molly O'Toole article 15 Jul 2011 ++]

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VA Appeals Update 09: The United States Court of Appeals for Veterans Claims is a national court of record, established under Article I of the Constitution of the United States. The Court has exclusive jurisdiction to provide judicial review of final decisions by the Board of Veterans' Appeals, an entity within the Department of Veterans Affairs. The Court provides veterans an impartial judicial forum for review of administrative decisions by the Board of Veterans' Appeals that are adverse to the veteran-appellant's claim of entitlement to benefits for service-connected disabilities, survivor benefits and other benefits such as education payments and waiver of indebtedness. In furtherance of its mission, the Court also seeks to help ensure that all veterans have equal access to the Court and to promote public trust and confidence in the Court.

Whether or not you have someone to represent you, if you disagree with the final decision of the Board of Veterans' Appeals (BVA) and want to appeal to the Court, you **must** file a notice of appeal with the Court **within 120 days** after the date the Board mailed a copy of its final decision. The starting day is the date which is stamped on the front of the Board's decision. If you do not appeal to the Court or file a motion for reconsideration with the Chairman of the Board within 120 calendar days from the date that the Board's decision was mailed to you, the Board's decision becomes final and the Court may not have jurisdiction to hear your appeal. A Notice of Appeal is considered received by the Court on the date of a legible postmark if it is properly addressed and sent by the U.S.

Postal Service or the date it is actually received by the Court if it is sent by means other than the U.S. Postal Service or faxed. Filing a **motion for reconsideration** with the Board within 120 days of its original decision stops the clock on your time to file an appeal with the Court. If you do file a motion for reconsideration with the Chairman and the Chairman denies your motion, the time to file an appeal with the Court begins again, and you must file a written Notice of Appeal with the Court within 120 days from the date of the Chairman's letter denying the motion for reconsideration (set out in a letter). You **do not** need a lawyer to file the appeal.

Steps to file

- **Go to the Court's website and review the procedures and requirements for filing an appeal. The site is http://www.uscourts.cavc.gov/about/how_to_appeal/HowtoAppealWithoutHowtoFile.cfm.**
- **Complete the Court's Form 1 "Notice of Appeal" and send it to the Court. See additional information below regarding mailing of Notice of Appeal. The form can be completed on online and downloaded at http://www.uscourts.cavc.gov/documents/NOA_Consent_Combined-Form.pdf**
- **Submit the one-time \$50 fee to file, OR ask the Court to waive the fee by filing the Court's Form 4 "Declaration of Financial Hardship" The form can be completed on online and downloaded at http://www.uscourts.cavc.gov/documents/Form-04_DofFH_-_FORM-RE1.pdf.**
- If you do not have computer access both forms can be requested from the court at the address below; or the Pro Bono Program can send them to you.
- *If time is running out and you cannot get these forms, you may simply print your name, current address, and telephone number on a piece of paper and write: "I want to appeal my BVA decision dated _____." Then sign your name. Don't forget the 120-day deadline for filing.* Mail, hand deliver, or fax the completed form(s) or your letter to: Clerk of Court, US Court of Appeals for Veterans Claims, 625 Indiana Avenue, N.W., **Suite 900**, Washington, DC 20004 Tel: (202) 501-5970 FAX (202) 501-5848.
- If you fax your Notice of Appeal, you **must** mail the filing fee or Declaration of Financial Hardship so that the Court receives it not later than 14 days after the fax was sent. You should also contact the Court to confirm receipt of the Notice of Appeal as the Court is not responsible for faxes that are not received.
- Self-represented appellants may file a Declaration of Financial Hardship with a Notice of Appeal by submitting those forms to esubmission@uscourts.cavc.gov. You should keep evidence of the date on which you sent the Notice of Appeal.

SEND YOUR NOTICE OF APPEAL FORM DIRECTLY TO THE COURT. DO NOT SEND IT TO THE VA OR THE PRO BONO PROGRAM!

- **NOTE:** It is very important to use the Court's complete address, including "Suite 900." VA also has an office at 625 Indiana Avenue, and if the Postal Service delivers your appeal to VA instead of to the Court, you can lose your case before you even get a chance to tell the Court your side of the matter.
 - **NOTE:** A notice of appeal will still be considered to be on time even if the Court does not receive it within the 120-day deadline IF you mailed it to the Court's correct address AND it contains a legible U.S. Postal Service postmark dated within the 120-day time limit. Regular, first class mail is fine. You do not need to send it express mail, priority mail, or certified mail. (Note that a Federal Express, UPS or other delivery service date stamp, or foreign postal service postmark, does not count, and if you send your Notice of Appeal in any of these ways, the date the Court actually receives your Notice of Appeal will be your filing date.)
 - **NOTE:** There are two parties to every appeal to the Court. You will always be the "appellant" in the case, while the opponent in every appeal is the Secretary of Veterans Affairs. The Secretary will always be referred to as the "appellee."
 - **NOTE:** You can only appeal a final BVA decision that denied some or all of your requests for benefits.
- Steps to file

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Chronic Itching: Anyone who has had a mosquito bite knows how maddening the relentless itching can be, even if it only lasts a few days. But for people who suffer from itching that lasts weeks, months or even years, the discomfort can be debilitating. According to a new study, in fact, it can be just as debilitating as chronic pain. "Itching isn't much different than pain. Both impact quality of life," said Dr. Suephy Chen, associate professor of dermatology at the Emory University School of Medicine and a physician at the Atlanta VA Medical Center. Chen is also a co-author of the study published in the current issue of the journal Archives of Dermatology. Chen and her fellow researchers wanted to find out how much chronic itching impacts people's lives. They compared subjects with chronic itch to subjects with chronic pain and discovered that both conditions are equally as debilitating. They defined chronic itching as anything lasting longer than six weeks.

Certain medical conditions, such as eczema and psoriasis, can cause itching. Chronic itching can also be idiopathic, meaning there's no known cause of it. Regardless of the reason behind it, people with the condition often experience depression, anxiety and difficult sleeping. Study participants found their itching such a detriment to their quality of life that they indicated they were willing to give up 13 percent of their life span -- about 10 years, based on how long the average American lives -- to live itch-free. The study also found that being married helped people deal with their situation better. "Being married helped because they have a support system at home," said Chen. For people who aren't married, "having some other support system can be helpful." Support is vital because coping with chronic itching can be very difficult. Chen said she has several patients who have gotten divorced because their partners couldn't understand why the scratching wouldn't stop. "The impact of itching is underappreciated," said Dr. Robert Kirsner, professor and vice president of the Department of Dermatology at the University of Miami's Miller School of Medicine. "It can have severe effects on quality of life and this work serves to highlight its importance." "If you think about medical conditions that people pay attention to, like cancer, people can relate to that," Kirsner added. "It's hard to relate to someone itching."

Chronic itching is also difficult to treat, unlike itching that lasts only a short time as well as chronic pain. "There are a lot of options for pain control," said Dr. Jennifer Stein, assistant professor of dermatology at NYU Langone Medical Center in New York. "But for people who have chronic itching, there are fewer options. "It's especially bad at night," Stein added. "Sometimes, during the day you can preoccupy yourself with daily activities, but at night, there's not much to distract you from the itching." Constant scratching can cause rashes, redness or cuts, and infection can set in. It can also be stigmatizing. "It's fairly socially unacceptable to sit there scratching," said Chen. Chen and other experts hope this study can lead to the development of more effective treatments for chronic itching. [Source: ABC News | Health Kim Carollo article 20 Jun 2011 ++]

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Tricare Overseas Program Update 12: Fraud is intentional deception or misrepresentation resulting in some unauthorized benefit or financial gain. In order to prove that fraud has been committed against the government, it is necessary to prove that fraudulent acts were performed knowingly, willfully and intentionally. Abuse involves actions that are inconsistent with accepted, sound medical, business or fiscal practices. Abuse directly or indirectly results in unnecessary costs to the TRICARE program through improper payments. Abuse does not necessarily involve fraud, violation of laws, regulations or provisions of a contract or grant agreement. Each year, health care fraud and abuse adversely impact TRICARE Overseas Program (TOP) beneficiaries. Fraud and abuse compromise the quality of patient care and cost TRICARE valuable benefit dollars. The TRICARE Management Activity Program Integrity (TMA PI) office and International SOS Assistance, Inc. (International SOS)

are committed to the prevention, detection and prosecution of health care fraud and abuse for the TOP. Ongoing efforts to prevent fraud and abuse are making an impact and include both TMA PI administrative processes and notifications from TRICARE beneficiaries. Together, they can help put a stop to fraud and abuse and save TRICARE millions of dollars.

TMA PI and International SOS use many administrative controls and processes to help prevent fraud and abuse overseas. The following methods help TRICARE prevent fraud and abuse and control costs:

- **Prepayment review:** Prepayment review is a highly effective antifraud control. If unusual practices are detected by TRICARE, suspected providers may be required to submit additional information with their claims and have their billings subjected to closer examination.
- **National drug coding requirements:** National Drug Code (NDC) numbers are three-segment numbers that identify drug products in the United States. Overseas providers are usually not required to submit NDCs for TRICARE pharmacy claims. However, overseas providers in the Philippines, Panama and Costa Rica who submit over \$3,000 in claims are required to submit NDCs with pharmacy claims. Providers exceeding the \$3,000 cap are notified that they will be required to submit NDCs with pharmacy claims and will be subject to cost-control measures outlined in the TRICARE Reimbursement Manual.
- **Exclusions:** TRICARE does not make payments for any items or services furnished, ordered or prescribed by an excluded individual or entity.
- **Fee schedules:** Fee schedules help control costs and curb fraud and abuse that occur by the overbilling of services. For the Philippines and Panama, TRICARE has implemented country-specific maximum allowable charge (MAC) fee schedules by locality. Fee schedules can be viewed at <http://www.tricare.mil/CMAC/default.aspx>.
- **Education letters:** Education letters are sent to beneficiaries and providers for inappropriate behavior. When possible, TRICARE initiates this action before the behavior warrants a referral to an investigative agency. If you receive an education letter, take immediate action to correct the behavior.

As a TRICARE beneficiary, you are often the first line of defense against health care fraud and abuse. The following are some actions you can take:

- **Review explanations of benefits (EOBs):** Many fraud or abuse notifications come from beneficiaries reviewing their EOBs and reporting discrepancies. You should review your EOB and report any discrepancy you notice with your claim. Note: if you are a TOP Standard beneficiary and your provider offers to waive your copayment or deductible, it may be an indication of fraud.
- **Avoid recoupment actions:** On occasion, erroneous payments are issued and result in overpayment. In general, beneficiaries are responsible for refunding erroneous payments. If you suspect an overpayment for a claim, notify TRICARE immediately.
- **Protect your military identification (ID) card:** Identity theft is a serious problem. If your military ID card is lost or stolen, it could be used to commit health care fraud. Please guard your ID card to help prevent fraud.

You can report, anonymously or by name, any suspected fraudulent or abusive behavior by beneficiaries or providers using one of the following options. Provide as much information as possible when reporting suspected fraud or abuse. Any information you provide will remain strictly confidential.

- **By Phone:** Fraud Tip Hotline: Toll-free: +1-877-342-2503 Direct: +1-215-354-5020
- **By Fax:** +1-215-354-2395
- **By E-mail:** TOPProgramIntegrity@internationalsos.com
- **Online:** Visit <http://www.tricare-overseas.com/pdf/fraudabuse.pdf> to download and complete a fraud and abuse report form.
- **By Mail:** ATTN: TRICARE Program Integrity, 1717 W. Broadway, P.O. Box 7635, Madison, WI 53707

[Source: The 2011 Publication for Tricare Standard Overseas Beneficiaries May 2011 ++]

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Army BCT Museum: The Fort Jackson Post Museum closed its doors about two years ago for remodeling and redesignation as the U.S. Army Basic Combat Training Museum. Since then, the building has been totally renovated, including the installation of new bathrooms and a new roof. In addition, a new collections facility was built adjacent to the main building. Bessie Williams, the museum's director, said she had hoped that the facility would be open in 2010, but that construction delays changed the project timeline. "There were certain issues that came up that weren't expected, so that pushed things back," she said. With its redesignation, the museum has a different focus. In the past, the exhibits highlighted the history of Fort Jackson, beginning with the post's opening as Camp Jackson in 1917. Now the museum concentrates strictly on basic training throughout the years. Fifteen topics, such as land navigation, physical training and weapons training are highlighted in each of the museum's four galleries. The museum chronicles the history of the post and BCT from June 1917 to present day. The galleries focus on different time periods - World War I, World War II, the Cold War era and the present. More emphasis is placed on explaining artifacts by using text panels, graphics and information kiosks. The museum is located on Fort Jackson SC, the largest US Army training facility in the country, at Building 4442 Jackson BLVD. The fort is named in honor of President Andrew Jackson, a native of SC. Tours are self-guided. Admissions is free. Days and Hours of Operation are M-F 098-1600 with extended hours on Family Day. The museum is closed Sa-Su, and all federal holidays. For additional info call or Fax 803-751-7419/4434F. [Source: <http://www.jackson.army.mil/sites/bct/pages/673> Jul 2011 ++]



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Arlington National Cemetery Update 27: On 24 OCT, thanks to several years of persistent inter-faith advocacy and recent action in Congress, a conspicuously empty space on a knoll in Arlington National Cemetery will be filled with a long-overdue monument to Jewish chaplains. In a sense, the story of the soon-to-be erected Jewish Chaplains Monument at Arlington began in the North Atlantic near Greenland on the frigid night of Feb. 3, 1943. It was then that a German U-boat torpedoed the U.S. Army troop transport ship Dorchester. The troopship carried 902 service men, merchant seamen and civilian war workers. Among those aboard were four Army chaplains, Lt. George L. Fox, a Methodist; Lt. John P. Washington, Roman Catholic; Lt. Clark V. Poling, Dutch Reformed; and Lt. Alexander D. Goode, who was Jewish. All but 230 on the Dorchester perished in the sinking, but of those who survived, some owed their lives to the four chaplains. These men of God stayed aboard the stricken ship, offering the terrified, fleeing crew and passengers comfort with encouragement and prayers. They also handed out life jackets including, in the end, their own.

Almost 70 years later, Sons of The American Legion member Ken Kraetzer of New York, during a visit to Arlington National Cemetery, climbed Chaplains Hill where three monuments stand to honor military clergymen who have died in service. Each of the monuments there were established by their respective religious communities. Besides wishing to see the inscribed names of honored chaplains who had been alumni of his alma mater, Providence College, Kraetzer wanted to view a remembrance of World War II's fabled four chaplains. As Kraetzer tells it, "I was familiar with their story because of the Four Chaplains Mass held each year by the Dobbs Ferry, N.Y., post. Legion posts around the country deserve credit for keeping the four chaplains' story alive for now six decades." In 2006, The American Legion passed a national resolution calling for Medals of Honor for each of the four chaplains.

Kraetzer found three names, but not a fourth. Father Washington was remembered on the Catholic chaplains stone. Rev. Fox and Rev. Poling were celebrated on a monument dedicated to Protestant chaplains. But there was no mention of Rabbi Alexander Goode. In fact, as Kraetzer discovered, there was no monument to Jewish chaplains at all. "When I realized that Jewish chaplains were not honored at Arlington," says Kraetzer, "I called the Jewish War Veterans. They were not aware of this. They, in turn, suggested I call Adm. Harold Robinson, and Director of the Jewish Welfare Board's Jewish Chaplains Council. We have been on a mission ever since." After 3 year s of effort Adm. Robinson said, " We are just a couple of bureaucratic niceties away from casting the bronze plaque and contracting to have the monument erected - planning a dedication ceremony for the fall and an educational tour with the bronze plaque also in the fall and (publishing) a brochure about the role of chaplains in the United States military... (This project has) been very, very heartwarming and very moving, and I imagine the memorial's dedication will be altogether overwhelming." [Source: American Legion website Craig Roberts article 11 Jul 2011 ++]



The Jewish Chaplains Monument (simulated on right) will stand alongside memorials to fallen Catholic, Protestant and World War I chaplains.

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VA Death Pension Update 01: The widow of a Vietnam veteran has been forced out of one home and she could get kicked out again. She said it's because the Veteran's Administration is taking so long to pay the benefits owed to her following her husband's death. Now, she is out of time and money to pay the rent. "In June, it was go ahead and feed Riley, or I wasn't going to get my meds." Judy Julius opted to feed her service dog, Riley. She said her late husband, Charlie, a Vietnam veteran, would be disgusted to know how she's being treated. "Why so long? I mean this is a man who died believing I was going to be taken care of," Julius said.

Charlie passed in September but her first check didn't arrive until June. She said she didn't have income the entire time. Julius said she went to local veteran support offices, wrote politicians and called the Department of Veterans Affairs, trying to get her survivor pension. "I said 'ma'am, I'm due to be evicted if you do not get me some kind of income.'" Now that she's finally received two checks, her days are consumed by again calling the Veteran's Administration, to get the more than \$5,000 in back pay from the previous nine months. "It just seemed like every time I called, sign this, do this, do that, I would do what I was asked, but I wasn't getting anywhere." Julius said other widows are in the same position. "Nobody is willing to speak up because they're afraid they'll lose what they have," she said. She said she wants to be a voice for them, hoping others don't have the turmoil of losing everything else on top of losing their spouse. "Dogonnit, I'm sick and tired of the VA mistreating women like myself who are so dependent upon that."

Fox59 set out to make sure she gets the money she is owed. It even took them a week to get anyone to call them back. The help came from the Indianapolis Regional VA Office. They released the following statement: "We believe the delay in Ms. Julius receiving her benefits was due to an inaccurate address and a change in bank information. Our recommendation to Veterans and their dependents is let us know as early as possible when they have a new mailing address and if their bank information changes (i.e., opening or closing accounts, using savings account instead of checking account, etc.) in order to prevent delays in receiving their benefits." Judy was told the check is in the mail, but she said she'll believe it when she sees it.

Widows of veterans are eligible for pension if the following criteria can be met:

- the deceased veteran was discharged from service under other than dishonorable conditions, AND
- the deceased veteran served at least 90 days of active military service 1 day of which was during a war time period. If he or she entered active duty after September 7, 1980, generally he or she must have served at least 24 months or the full period for which called or ordered to active duty. (There are exceptions to this rule.) AND
- you are the surviving spouse or unmarried child of the deceased veteran, AND
- your countable income is below a yearly limit set by law (The yearly limit on income is set by Congress).

If you are unsure if you meet all criteria, you are encouraged to go ahead and file an application, particularly if your countable income appears to be near the maximum. VA will determine if you are eligible and notify you. If you do not initially qualify, you may reapply if you have un-reimbursed medical expenses during the twelve month period after VA receives your claim that bring your countable income below the yearly income limit. These are expense you have paid for medical services or products for which you will not be reimbursed by Medicare or private medical insurance. The following are examples of the types of exclusions or deductibles to countable income:

- Final expenses of the veteran's last illness and burial paid by the surviving spouse or eligible children.
- Public assistance such as Supplemental Security Income is not considered income.

- Many other specific sources of income are not considered income, however all income should be reported. VA will exclude any income that the law allows.
- A portion of un-reimbursed medical expenses paid by the claimant after VA receives your pension claim may be deducted.
- Certain other expenses, such as a surviving spouse's education expenses, and in some cases, a portion of the educational expenses of a child over 18 are deductible.

[Source: Indianapolis Fox59 News Jenny Anchondo article 14 Jul 2011 ++]

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Vet Jobs Update 32: Rep. Jeff Miller (R-Fla.), Chairman of the House Committee on Veterans' Affairs, wrote in the Hill's Congress Blog on 18 JUL -----

60,000 veterans were added to the unemployment rolls in June. That brought the total number of America's out-of-work veterans to over 1 million – a staggering figure. That is why I introduced the Veteran Opportunity to Work Act of 2011 (H.R. 2433), or the VOW Act. All of us have an obligation to find solutions to get America's veterans back to work. These men and women have defended our nation, only to return home to stand in an unemployment line. That is not the homecoming we promised them. Having a job provides a sense of self-worth and accomplishment. It is our workforce that makes America strong. It makes us exceptional and it averts perils such as homelessness – and the best prescription is meaningful employment. Veterans have the leadership, integrity and ingenuity employers often seek. But in today's job market, there is a disconnect translating the experiences that hail from the battlefield to Main Street USA. We have already set in place the building blocks for many of today's veterans. Through the Post-9/11 GI Bill, eligible veterans are getting college degrees, enrolling in on-the-job training programs, and training in specialized fields such as aviation in higher numbers than ever before. Nevertheless, the breadth of the joblessness problem in today's economy requires that more must be done.

- First, we must re-evaluate programs that are meant to acquaint our veterans with the civilian workforce. We owe it to these men and women, and every taxpayer, to ensure that these programs are effective and that measures are in place to gauge their viability. If they do not work, we must eliminate them and find ones that will.
- Second, we must give unemployed veterans of past wars temporary access to education programs to acquire skills, especially in fields with a shortage of workers, such as technology and health care. Two-thirds of our unemployed veterans are between the ages of 35 and 64, and many face skills and training deficits. Veterans of past conflicts are more likely to face significant financial obligations such as mortgages and college tuition for their children. Imagine looking forward to retirement, only to have to begin again.
- Third, we must enforce the job protections in place for veterans, especially those who serve in the National Guard and Reserve—14 percent of whom are currently unemployed.
- Fourth, we must work with the states to eliminate the regulations that hinder job growth. Our veterans have skills that are of value in the private sector and are being wasted due to unduly burdensome laws and regulations across the states. It is time for the states to recognize the quality of military training and the power of reciprocity.

We cannot do this in a vacuum, however. We have an obligation to these men and women, and to all Americans, to decrease our debt, lower taxes that impede growth, and assure employers, especially the small businesses that are the engine of our economy that produces 40 percent of new jobs, that help and leadership is on the way. The VOW Act is the most comprehensive solution to address the range of impediments to reducing veteran unemployment. In addition, we must also recognize that America's small businesses, many of which are veteran-owned, are suffering

more today than other companies. Therefore to complement the pillars outlined in the VOW Act, I have also introduced legislation that would provide small businesses with a tax credit toward the purchase of capital equipment for every unemployed veteran they hire (H.R. 2443). We have the opportunity to have the most qualified and desirable veteran workforce since World War II. But we must vow to act today. [Source: Hill Congress Blog article 18 Jul 2011 ++]

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VA Appointments Update 07: Some veterans attempted suicide, were hospitalized, or went to emergency departments while on long waiting lists for Veterans Affairs mental health clinics, according to new reports from the VA Office of Inspector General. An evaluation of the electronic waiting lists used at several mental health clinics in the Atlanta area found a "significantly high number" of patients waited for more than a month during 2010. Though facility managers were aware of the long wait times, they were still slow in getting help to veterans, the Washington Post reports. "We were not as quick as we should have been," William Schoenhard, VA's deputy undersecretary for health for operations and management, told the Senate Committee on Veterans Affairs during a committee hearing on 14 JUL. The VA OIG found evidence of mental health patients on the waiting list who attempted suicide, were hospitalized, or showed up to the emergency department. The report noted the agency only tracks the time it takes for new patients to get an appointment. Even so, committee Chairwoman Sen. Patty Murray (D-WA) said, the practice was "simply unacceptable and must change." Mental health services for veterans are in high demand as more and more soldiers are coming home from Iraq and Afghanistan. According to the report, more than 202,000 veterans who served in Iraq and Afghanistan have been seen for post-traumatic stress disorder at VA facilities through 31 MAR. [Source: GovExec.com Althea Fung article 15 Jul 2011 ++]

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VAMC Child Care Program: Secretary of Veterans Affairs Eric K. Shinseki announced the launch of free, drop-in childcare service centers at three VA medical centers to an audience of more than 700 participants attending the Fifth National Summit on Women Veterans' Issues July 15-17 at the Hyatt Regency Washington on Capitol Hill. "We know that many Veterans, particularly women Veterans, are the primary care takers of young children," said Secretary of Veterans Affairs Eric K. Shinseki. "We want these Veterans to have the opportunity to access the high-quality health care that VA offers, and we believe that these childcare centers will make it easier for Veteran caregivers to visit VA." The pilot centers are part of VA's continuing effort to improve access to health care for eligible Veterans, particularly the growing number of women Veterans. Congress established this childcare initiative as part of the "Caregivers and Veterans Omnibus Health Services Act of 2010 which was" signed by the President in May 2010. All the pilot childcare centers will be operated onsite by licensed childcare providers. Drop-in services are offered free to Veterans who are eligible for VA care and visiting a facility for an appointment. The three sites and childcare details include:

- Northport NY: 30 child capacity, 7:30 a.m. to 4 p.m., ages 6 weeks to 12 years
- Tacoma WA: Varying capacity, 7 a.m. to 6 p.m., ages 6 weeks to 10 years
- Buffalo NY: 6 to 10 child capacity, 6 a.m. to 6 p.m., ages 6 weeks to 12 years

In a survey, VA found that nearly a third of Veterans were interested in childcare services and more than 10 percent had to cancel or reschedule VA appointments due to lack of childcare. This pilot program will benefit both men and women Veterans. Development of the pilot program was facilitated by the Women Veterans Health Strategic Health Care Group, which strives to make positive changes in the provision of care for all women Veterans. "While the number of women Veterans continues to grow, they use VA for health care proportionately less than male Veterans," said Patricia Hayes, Chief Consultant of the VA's Women Veterans Health Strategic Health Care Group. "We hope that by offering safe, secure childcare while the Veteran attends a doctor's

appointment or therapy session, we will enable more women Veterans to take advantage of the VA benefits to which they are entitled.”

Women Veterans are one of the fastest growing segments of the Veteran population. Of the 22.7 million living Veterans, more than 1.8 million are women. They comprise nearly 8 percent of the total Veteran population and 6 percent of all Veterans who use VA health care services. VA estimates women Veterans will constitute 10 percent of the Veteran population by 2020 and 9.5 percent of VA patients. For more information about VA programs and services for women Veterans, please visit: <http://www.publichealth.va.gov/womenshealth> and <http://www.va.gov/womenvet> . [Source: VA News Release 16 Jul 2011 ++]

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COLA 2012 Update 04: One of the most frequently mentioned options by most parties at the deficit-cutting table is a “technical correction” to the CPI called the “chained CPI.” It’s gone under the radar for the most part. But if implemented, it could affect the lives of almost all Americans — especially servicemembers, federal civilian employees, Social Security recipients, and other retirees and survivors. This isn’t a new idea. It’s been pushed for years by some economists who believe the CPI overstates inflation by failing to adequately recognize that consumers change their behavior when prices of some products and services rise sharply. When that happens, economists say, people simply buy cheaper substitute products — carrots instead of peas or tea instead of coffee. While coffee drinkers might rebel at that, the case gets even stickier with other substitutions. Is hamburger a reasonable substitute for steak? Is a compact car a reasonable substitute for a full-size one? Is pasta a reasonable substitute for fish? Is shopping at a discount store a reasonable substitute for shopping at a high-end department store?

We’re not just talking about price substitution here. It’s also about quality-of-life substitution, and that’s where the Military Officers Association of America (MOAA) thinks a line must be drawn. Over time, this mentality leads to substantial changes in living patterns — from steak to hamburger to hot dogs to ... let’s not go there. While critics might argue this wouldn’t actually happen, there’s no practical safeguard to prevent it. If A can be substituted for B, then B later can be substituted for C, once you’ve accepted the substitution philosophy. Let’s look beyond the philosophy to the bottom line. The chained CPI would reduce retired pay and other COLAs by about one-quarter of a percentage point each year. That doesn’t sound like much, until you see how that would compound over a retiree’s lifetime. Military retirees and the disabled particularly would be affected because they start drawing inflation-adjusted pay at relatively younger ages. For a military retiree, switching to a chained CPI COLA would reduce total lifetime retired pay by about 6 percent. That’s about \$100,000 for an E-7 retiring today with 20 years of service. A newly retiring O-5 with 20 years of service would lose double that amount. And that’s for someone living an average lifespan (early 80s). Half will live longer, and expected longevity is rising every year. Three other factors are relevant here, as well.

- First, the Bureau of Labor Statistics already made a change to allow some relatively modest substitutions (of the peas and carrots variety) several years ago.
- Second, when COLA changes (delays) previously were proposed in the 1990s, the outcry from seniors successfully won an exemption for Social Security, leaving COLA penalties to fall disproportionately on military retirees.
- Third, smaller COLAs aren’t the only penalty of the chained CPI, because it also would be used for tax threshold adjustments. Smaller annual tax-bracket adjustments mean ... guess what? More people shifting into higher tax brackets every year.

For all of these reasons, MOAA is not a fan of the chained CPI. Some think it’s the lesser of the evils we might face during the coming fiscal crunch, and that might well be true. But that doesn’t make it right. If you agree,

MOAA asks you use their suggested message at <http://capwiz.com/moaa/issues/alert/?alertid=51440506&PROCESS=Take+Action> to urge your elected officials to avoid options like the chained CPI that disproportionately affect those who already have sacrificed the most for their country. If you prefer you can use the NCOA Action alert provided letter at [http://capwiz.com/ncoausa/issues/alert/?alertid=52258501&queueid=\[capwiz:queue_id\]](http://capwiz.com/ncoausa/issues/alert/?alertid=52258501&queueid=[capwiz:queue_id]) [Source: MOAA Leg Up Steve Strobridge article 15 Jul 2011 ++



Col. Steve Strobridge, USAF-Ret.,
Dir. MOAA Government Relations

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Copper's Antibacterial Properties: A recent article in Reuters reports on trials of anti-bacterial properties of copper carried out in the U.S. by teams of doctors at the Ralph H. Johnson VA Medical Center in South Carolina and New York City's Memorial Sloan Kettering Cancer Center. This product development has been noted before with countless reports supporting the use of copper. The latest piece of research, arguably more thorough and wide ranging than anything previously published, takes four years of sample data and testing. The conclusions demonstrate unequivocal support of the benefits of copper's anti-bacterial properties and have encouraged the authors to present their findings to the World Health Organization in Switzerland. Reports from elsewhere support the findings. For example, a hospital's intensive care unit in the mining city of Calama in Chile's far north installed copper plating and researchers noted a sharp drop in infections. The trial showed copper surfaces killed over 82% of bacteria within hours. Other studies show copper killed over 90% of bacteria.

The U.S. research, funded by the Defense Department and spearheaded by the Copper Development Association leaves the reader wondering if the Defense Department will follow up on the findings by mandating all hospitals rip out their steel and plastic surfaces and replace them with copper. If they don't how will state or private sector institutions do so? The EPA has already granted copper antimicrobial registration status for use in 75 applications in health-care situations, over 30 in public works, 46 in residential and ten in mass transit applications. This begs the question, how frequently does one see a copper door handle, handrail or faucet?

Widespread adoption of any new material relates more to aesthetic desirability than practicality. The idea of stainless steel work surfaces or fridge doors would have mortified our parents, thinking them far too industrial. White plastic or melamine laminates served as the best surfaces of the day, as much for their visual appeal as their ability to appear clean and germ free. The use of stainless steel by chefs and in commercial kitchens made it a desirable material for residential applications, and so copper will likely follow a similar path. However much the industry proves the case for copper's antibacterial benefits, the material needs to make a leap of aesthetic desirability as much as anything. Even for use in hospitals and public buildings, architects and designers value the aesthetics appeal along with the anti-microbial benefits.

Can copper bridge the gap? Hospital-acquired infections, which kill more than 100,000 people a year in the United States and cost \$45 billion per year to treat, create high costs both in loss of life and money. Which brings us

to an even bigger problem than aesthetics, money. The cost of substituting copper for stainless steel could make it cost prohibitive, particularly for cash strapped government organizations. It may prove difficult to make a business case to outlay the cash today in the hope of saving money in the future. Nevertheless the research may well move the needle in copper's favor. Copper producers estimate between 250,000 to 1 million tons a year in additional copper demand could result from anti-bacterial uses, or about 5 percent of the world's mined copper output. For a metal in surplus only to the tune of 40,000 tons in 2010 according to the World Bureau of Statistics, a market moving level of additional demand could prove significant. [Source: Metl Miner: Market Analysis Stuart Burns article 13 Jul 2011 ++]

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Agent Orange Korea Update 05: Using such modern tools as ground-penetrating radar and conducting analyses of water and soil core samples, a team of investigators in South Korea is searching for clues to a decades-old mystery: Did American soldiers dispose of the defoliant Agent Orange at a U.S.-run base about 150 miles southeast of Seoul in 1978? For weeks, a U.S.-South Korean survey team has focused on a helipad site at the Camp Carroll base. Recently, tiny amounts of a toxic element found in Agent Orange were discovered in three nearby streams. But South Korean officials say the amount of dioxin is too small to cause health problems such as cancer or birth defects and has not yet been connected to the alleged burial of drums containing Agent Orange at the base. U.S. officials say they have no evidence or records of Agent Orange ever being kept at the base. The investigation was launched after a U.S. veteran told a Phoenix television station in May that he and others buried dozens of drums containing Agent Orange at Camp Carroll more than three decades ago. "We're taking the claim very seriously," said U.S. Army Col. Joseph F. Birchmeier, an engineer and co-chairman of the joint investigative team. "Our focus is on the health and safety of U.S. soldiers and their families at Camp Carroll and of residents around the base." [Source: Los Angeles Times John M. Glionna article 21 Jul 2011 ++]



South Korean technicians conduct a ground-penetrating radar survey at Camp Carroll, a U.S. base in Waegwan, South Korea, to search for drums of Agent Orange possibly buried there.

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Vet Toxic Exposure ~ Lejeune Update 23: After a U.S. District Court judge dismissed the case of Laura Jones, of Glenwood, Iowa recently, lawyers of the woman who believes the time she lived aboard Camp Lejeune caused her non-Hodgkins lymphoma said they have filed an appeal. Court documents show she lived aboard Camp Lejeune with her Marine husband from 1980 to 1983, during a period in which base drinking water

was contaminated with a variety of chemical solvents, including TCE and PCE. After learning about the contamination in 2005, two years after her diagnosis with cancer, Jones submitted a complaint to the Navy, then filed a \$10 million injury lawsuit against the department in 2009. Since the suit's filing, judges have denied three motions for dismissal from the Navy on grounds that the suit was outside North Carolina's 10-year statute of repose for injury claims and that TCE and PCE were unregulated during the period of contamination. Judge Terrence Boyle ruled that the statute of repose did not apply to latent diseases and cited documents showing that Lejeune was in violation of Navy Medicine's own chemical standards. But on 20 JUL, Judge J. Owen Forester granted the Navy's motion for summary judgment on the case because Jones failed to reveal that she and her husband had filed for bankruptcy in 2008 or to note the suit in her filing.

Quoted at a 18 MAR deposition, Jones said she had never expected the water lawsuit to advance and thus had not revealed the bankruptcy filing. "We didn't think there would be money coming, and if it did, it would be like 10 years down the road," she said in a deposition transcript. "So it was more like a pipe dream than a reality." Though Jones's representation argued she had not intended to defraud anyone by failing to give full information, Forester said intent may be inferred and dismissed the case. Later the same day, Jones's attorney Douglas P. Desjardins, of the Transportation Injury Law Group, filed a notice of appeal. "We'll see what happens," he told The Daily News on Monday. Desjardins said the process of ruling on the appeal would likely take a year and a half. Meanwhile, he said, roughly four companion cases from other plaintiffs affected by Lejeune water contamination would remain before Forester. The Navy and Marine Corps do not comment on pending litigation. [Source: Jacksonville Daily News Hope Hodge article 19 Jul 2011 ++]

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Vet Toxic Exposure ~TCE: As early as WWII, United States Air Force and other Military bases used and disposed of chemical degreasers and other toxic substances that were later determined to contaminate drinking water and pose multiple health risks including: Cancers, Reproductive disorders, Birth defects, and Multiple other serious difficulties. Countless military personnel, their families, and private individuals living and working in the near vicinity of the bases may have been affected by these contaminants, through drinking water, general water usage and exposure through vapor seepage. The four most alarming contaminants are: Trichloroethylene (TCE), Tetrachloroethylene (PCE), Vinyl Chloride, and Benzene. Scientific studies show that some or all of these chemical compounds have breached the ground water supply on several of our US Military Bases and in some instances, have affected civilian properties adjacent to the bases including churches, schools and private wells. Currently, on-going research is being conducted on military bases around the country and on properties directly adjacent to these bases to identify just how wide spread this contamination may be.

Prior to 1977, the Nebo Main Base at Barstow CA obtained potable water from six on-base production wells for drinking and operations. The water was used by people working and living on-base. The Agency for Toxic Substances and Disease Registry (ATSDR), evaluated the human exposure to this water because these wells had the potential to be impacted by the Nebo Main Base - northern plume and the Barstow area wide groundwater contamination. The northern plume is an area of groundwater contamination caused by historical disposable practices at Warehouse 2 and surrounding buildings. This warehouse was built in 1942 and the wells were installed from 1942 to 1969. The predominant contaminant in the northern plume is tetrachloroethene. In 1997, MCLB stopped using the wells for drinking and production water because of high levels of total dissolved solids. Water was then obtained from the City of Barstow. The production wells were used after 1977 to irrigate the golf course.

The Barstow area wide groundwater contamination is a regional area of groundwater contamination identified by high total dissolved solids caused by off-base upgradient municipal and industrial-waste discharges and upgradient recharge of the aquifers by irrigation. Prior to 1994, limited well data are available. The data that does exist includes

the analysis of water quality parameters such as major cation, anions, and a few other chemicals such as phenols, trihalomethanes, and mercury. Prior to 1994, the well water was not analyzed for the type of chemicals found in the Nebo Main Base - northern plume. After 1994, the production wells were sampled once in 1994 and in 1999 for the contaminants found in the northern plume. Of the chemicals analyzed for, only trichlorobenzene was found in the 1994 samples and it was below levels of public health concern. MCLB has investigated the Nebo Main Base - northern plume since 1983 and found that the plume is limited in the upper 20 feet of the aquifer and extends to the edges of the Mojave River. Concentrations at the Mojave River are below MCLs. MCLB is currently cleaning up the groundwater. For additional info refer to <http://www.atsdr.cdc.gov/hac/pha/pha.asp?docid=8&pg=0>. [Source: <http://www.militarycontamination.com> Jul 2011 ++]

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Saving Money: When in doubt, throw it out.” While that sounds like a decidedly unscientific way to approach your groceries, it may be better than relying on “sell-by,” “use-by,” and other dates stamped on food. No food stays fresh forever. No, not even Twinkies. (Honey comes close, though.) Knowing the expiration date is important to avoid getting sick and wasting money. But figuring out how long food actually lasts can be confusing: Labels use various phrasings to describe shelf life, like “sell by,” “use by,” and “best by.” Others seem to have only a date, with no explanation what it means. The most surprising fact when it comes to food dating? With the exception of baby food and formula, the U.S. Department of Agriculture doesn’t require dates at all, nor is there a uniform system for dispensing them. From the USDA website: There is no uniform or universally accepted system used for food dating in the United States. Although dating of some foods is required by more than 20 states, there are areas of the country where much of the food supply has some type of open date and other areas where almost no food is dated. The most important thing when it comes to food dating is to trust your senses. If it looks, smells, or tastes off, toss it. Poor storage and packaging defects can cause food to go bad before its time. Assuming the food is properly preserved, though, here’s a quick primer on how to use dates...

Sell-by dates - These dates aren’t that helpful for predicting the expiration of food you already have at home – a week or two past may be fine, but it’s not exact. “Sell-by” reflects store policy, not USDA rules. It’s telling shelf stockers when food needs to be moved from its regular place to the store’s clearance area. Especially if you plan to cook or freeze the food immediately, sell-by dates can lead to great buys.

Use-by or best-by dates - These dates are basically quality guarantees by the manufacturer: The proper flavor and quality should last until at least this date when properly stored. Often these products are fine to eat past the listed date – but they might not taste great. The USDA says, “‘Use-by’ dates usually refer to best quality and are not safety dates. But even if the date expires during home storage, a product should be safe, wholesome and of good quality if handled properly and kept at 40 °F or below.” Save money by not throwing out food that’s still safe if not quite as savory.

Expiration dates - While the federal government doesn’t require these, some states do on certain products – especially dairy, and often meat. This is one area where you don’t want to cut corners. If the label explicitly mentions expiration, listen to it – with one exception from EggSafety.org: “Cartons may carry an expiration date (EXP) beyond which the eggs should not be sold, but are still safe to eat.” The USDA says you have 3 to 5 weeks from purchase.

The USDA also has a convenient list of storage times, which is combined below:

Fresh or uncooked food in the fridge: Follow use-by date. For a sell-by date or no date, cook or freeze within this time frame:

- Hard cheese: 2-3 months
- Eggs: 3-5 weeks
- Yogurt: 3 weeks
- Soft cheese: 1 week
- Cured ham: 5-7 days
- Beef, veal, pork, lamb: 3-5 days
- Milk: 3-5 days
- Poultry and ground meat: 1-2 days
- Variety meats (liver, tongue, etc.): 1-2 days
- Sausage from pork, beef, or turkey: 1-2 days

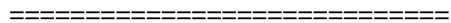
Cooked or processed foods in the fridge: Follow use-by date. For a sell-by date or no date, cook or freeze within this time frame:

- Canned ham: 9 months unopened, 3-4 days after opening
- Bacon or hot dogs: 2 weeks unopened, 7 days after opening
- Luncheon meat: 2 weeks unopened, 3 -5 days after opening
- Commercial sliced bread: 2 weeks
- Cooked ham: 1 week unopened, 1 week after opening (3 days if sliced)
- Cooked poultry or sausage: 3-4 days unopened, 3-4 days after opening

Pantry/cupboard :

- Canned fruits and vegetables: 2-5 years
- High-acid foods (pickles, tomatoes): 12 to 18 months
- Commercial sliced bread: 1 week

For more info on food handling and preparation, safety, and labeling, visit the USDA website Fact Sheets at http://www.fsis.usda.gov/Fact_Sheets/index.asp. [Source: MoneyTalksNews Brandon Ballenger article 18 Jul 2011 ++]



Notes of Interest:

- **Tricare Pharmacy.** MuGard, a medicine for the treatment of oral mucositis has been added to the list of TRICARE covered pharmacy items. Oral mucositis is a debilitating side effect of many anticancer treatments. Up to 40% of all patients receiving chemotherapy and radiotherapy develop moderate to severe mucositis, and almost all patients receiving radiotherapy for head and neck cancer and those undergoing stem cell transplantation develop mucositis.
- **Restaurant Menus.** Researchers who used bomb calorimetry to measure the energy (caloric) content of food items in restaurants in three states last year found significant differences between measured and stated amounts. Of 269 items, 50 (19%) contained at least 100 calories per portion more than the stated caloric contents. Of the 10% with the highest difference in the initial sampling, 13 of 17 were available for a second sampling. In the first analysis, these foods averaged 289 calories per portion more than the stated contents; in the second analysis, they averaged 258 calories per portion. Foods with relatively low stated caloric content--the most appropriate choices for individuals trying to lose weight or prevent weight gain--contained more calories than stated, whereas foods with high stated caloric content contained fewer calories than stated. [Source: <http://www.ncbi.nlm.nih.gov/pubmed/21771989>]/.
- **Presidential Coins.** Sen. David Vitter (R-LA) to save taxpayers money introduced a bill (S.1385) to repeal the 2005 Presidential Dollar Coin Act to honor all 44 U.S. chief executives on a \$1 piece by 2016. Some

1.252 billion presidential \$1 coins are currently sitting in plastic bags or boxes on shelves in vaults in Philadelphia and Baltimore. The cost of making the coins is about 32 cents each, or \$576,000 per day.

- **Vet Guns.** A House Veterans Affairs panel on 22 JUL advanced a bill that would clarify the right of mentally incapacitated veterans to buy firearms. The Subcommittee on Disability Assistance and Memorial Affairs approved the measure (H.R.1898), sponsored by Rep. Denny Rehberg (R-MT), which provides that persons found to be "mentally incompetent" would not be prohibited from buying or transporting firearms, unless a judge or other judicial authority asserts that they are a danger to themselves or others.
- **Lejeune Water Contamination Booklet.** The USMC official website has removed a much-disputed pamphlet describing the history and effects of Camp Lejeune contaminated water. The much disputed booklet cited the 2009 National Research Council Report which downplayed the link between the contaminated water and adverse health affects.
- **COLA.** Inflation dropped 0.2% in June, marking the first time in ninth months the Consumer Price Index hasn't risen. With four months left in the fiscal year, cumulative inflation stands at 3.2%.
- **Pro Flowers.** Sending flowers via phone or online is a convenience but buyer beware. Although not a scam Pro Flowers seems to have an unusual number of complaints on their shipping/charging policies. Check out <http://www.ripoffreport.com/directory/Pro-Flowers.aspx>.
- **VA Home loans.** According to Veterans Affairs, 66,000 veterans defaulted on home loans last year and were assisted by the department, but that number did not include the tens of thousands of other veterans who faced foreclosure on FHA or conventional mortgages or those in the National Guard who fell behind their mortgage payments while deployed, leaving the actual number of defaulting veterans unknown.
- **VA Workforce Diversity.** The DVA has been selected by the Hispanic Association of Colleges and Universities (HACU) to receive the Outstanding HACU Public Partner Award in recognition of the Department's efforts to bring Hispanics into its workforce. The VA's student intern program averages 58 participants every summer.
- **Tylenol.** McNeil Consumer Healthcare announced it is lowering the maximum daily dose instructions for Extra Strength Tylenol to six pills a day (3,000 mg) to reduce the risk of acetaminophen overdose.
- **Brown Water ships.** VA has not yet posted an updated list of oceangoing U.S. Navy vessels presumed to have been exposed to Agent Orange during the Vietnam War. The list of so-called Brown Water ships should be available at VA's website sometime during the first week in August, officials say. VA began updating the Brown Water list a year ago. In April, the agency said it was expanding the list from 150 to 170 ships. However, it has so far not made the new list public.
- **Military Retirement.** The military's "contribution" for retirement is "10 times greater than in the private sector. Average private sector pension contributions range from 4-12 percent per year [while the] military retirement benefit equates to 75 percent of annual pay per year for those who retire after 30 years.
- **Degreaser.** The Naval Air Warfare Center Aircraft Division at Patuxent River said 29 JUL that a chemist in its material laboratory developed an environmental friendly product called NAVSOLVE. The solvent is not petroleum-based, has lower emissions and a higher flash point than products typically used for cleaning machinery and aircraft components.

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

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Medicare Fraud Update 72:



- **Miami FL** - The manager of a Miami health care agency and a registered nurse pleaded guilty 13 JUL for their participation in a \$25 million home health Medicare fraud scheme. Lisandra Alonso, 33, and Luisa Morciego, 39, each pleaded guilty before U.S. District Judge Joan A. Lenard in Miami to one count of conspiracy to commit health care fraud. Alonso and Morciego were charged in a FEB 2011 indictment. Alonso was a manager and patient recruiter for ABC Home Health Care. Morciego was a registered nurse and worked for ABC and Florida Home Health Care Providers Inc. ABC and Florida Home Health were Miami home health care agencies that purported to provide home health and physical therapy services to Medicare beneficiaries. ABC and Florida Home Health were operated for the purpose of billing the Medicare program for expensive physical therapy and home health care services that were medically unnecessary and/or were never provided. Beginning in approximately JAN 06 and continuing until MAR 09, Alonso taught the owners and operators of ABC how to operate a fraudulent home health agency. Alonso explained the structure of the corrupt scheme, specifically the importance of recruiters, kickbacks, doctors, beneficiaries and Medicare billing. Alonso negotiated kickback payment rates between patient recruiters and the ABC owners and operators, distributed the kickback payments to patient recruiters on behalf of the ABC owners and operators., and served as a patient recruiter for ABC. She paid kickbacks and bribes to beneficiaries in return for those beneficiaries allowing ABC to bill Medicare for services that were medically unnecessary and/or never provided. Alonso also taught nurses at ABC how to falsify patient files for Medicare beneficiaries to make it appear that such beneficiaries qualified for home health care and therapy services from ABC. Alonso taught the nurses to do so by, among other things, describing in the nursing notes and patient files non-existent symptoms such as tremors, impaired vision, weak grip and inability to walk without assistance. These symptoms were described to make it appear that the patients qualified for home health care benefits under Medicare. Alonso admitted that the files were falsified so that ABC could bill Medicare for medically unnecessary services. Nurses employed by ABC also paid kickbacks to Alonso in return for being assigned patients at ABC. As a result of Alonso's participation in the illegal scheme, the Medicare program was billed approximately \$17 million for home health care services that were medically unnecessary and/or were never provided.

- **Gatlinburg TN** - Allen R. Foster, 49, was sentenced to a year in federal prison and three years of supervised release in a Knoxville federal courtroom 15 JUL. The sentencing followed a guilty plea in February. Foster must also pay \$74,307 in restitution to Medicare, \$65,837 to TennCare, and \$596,761 to the IRS. Foster also agreed to surrender his license to practice medicine to the Tennessee Board of Medical Examiners. Court documents show that Foster billed Medicare and TennCare for pain management patients who were never seen face-to-face, but who were provided prescriptions during monthly visits to offices in Knoxville and Morristown in 2006 and 2007. The tax offense involved not filing a tax return for the 2005 tax year.

- **Miami FL** - Jorge Zamora, 48, pleaded guilty 14 JUL to one count of conspiracy to commit health care fraud. According to court documents, Zamora was an owner of Dynamic Therapy Inc. Zamora and his co-conspirators purchased Dynamic from its previous owners, and transformed it into a fraudulent enterprise. Dynamic purported to provide physical therapy services to Medicare beneficiaries, but in reality used the stolen identities of a physical therapist and scores of patients to bill Medicare for physical therapy services that were never provided. From fall 2009 to summer 2010, Zamora and his co-conspirators submitted and caused the submission of \$757,654 in fraudulent claims to the Medicare program by Dynamic. Zamora admitted that he and his co-conspirators submitted claims to Medicare for physical therapy services that were never provided. Three officers of Dynamic Therapy also have pleaded guilty to conspiracy to commit health care fraud. At sentencing, Zamora faces a maximum penalty of 10 years in prison and a \$250,000 fine. A sentencing date has not been set.

- **San Antonio TX** - Pharmacist Marcelleus Anunobi, 47, ordered last year to serve 20 years in prison for defrauding Texas' Medicaid program returned to the same courtroom 19 JUL, this time pleading no contest to illicit business practices concerning two other insurance providers. He also agreed to forfeit \$163,000 from investment accounts as well as his rare coin collection, which was seized by the government last year and appraised at \$250,000. Anunobi, whose trial began a year ago, operated Advanced Doctor's Prescribed Pharmacy in 2007 and 2008. He would obtain Medicaid numbers from children — including a group of Somali refugees — and continually bill the government for massive amounts of medications that patients neither asked for nor received. Prosecutors said he bilked the program of \$2.5 million. On the 19th, he agreed to a concurrent 20-year sentence for using the same scheme to steal \$184,613 from Tricare. He also took a concurrent 10-year sentence for defrauding Aetna Health Insurance of \$32,492. He has agreed to pay restitution to both companies and has dropped his appeal of the jury's verdict last year. His pleas were motivated in large part by a pending investigation of his wife, local pediatrician Endaline Anunobi, on money laundering charges concerning the seized coins. “Mr. Anunobi wants to do everything in his power to keep his wife from being prosecuted,” he said. “He's hoping that by taking the blame for everything they'll let his wife go.”



Marcelleus J. Anunobi at the 227th district courtroom in San Antonio

- **Jersey City NJ** - Neurologist Dr. Madgy Elamir, who previously was arrested in connection with a major Medicaid fraud and narcotics trafficking investigation, was re-arrested on 25 JUL for engaging in the practice of medicine while his license is suspended and submitting fraudulent prescription claims to be submitted to Medicaid. Elamir, 58, was charged with health care claims fraud, Medicaid fraud and the practice of medicine by an unlicensed perso. Bail was set at \$1 million cash or bond . Elamir is scheduled

to go on trial in September in connection with a 15 JUL 2010 indictment charging him for his alleged role in a major network that engaged in narcotics trafficking and Medicaid fraud. That indictment alleges that between 2007 and 2009, he conspired with others to submit fraudulent claims to Medicaid and received payments for medical examinations that had not been provided. It also is alleged that he conspired to write medically unnecessary prescriptions for Medicaid beneficiaries, thereby causing pharmacies to submit claims to Medicaid for the medically unnecessary drugs.



Dr. Magdy Elamir

- **Frankfort KY** - Attorney General Jack Conway alleged in a lawsuit 25 JUL that drug wholesaler McKesson Corp. conspired with a price data service to illegally inflate the drug reimbursements paid out through state Medicaid. McKesson — the largest drug distributor nationwide — plotted with First DataBank to distort pricing information on more than 1,800 brand-name prescription drugs over the past decade, the suit alleges. The scheme allowed pharmacies to reap higher profits, but Medicaid made up the difference, overpaying for drugs by tens of millions of dollars, according to the Attorney General's office. First DataBank compiles figures on wholesale drug prices, which Medicaid references to reimburse pharmacies after the drugs are sold to consumers. Medicaid bases its payments on the acquisition costs of drugs. Conway's suit says the fraud began in 2001, when McKesson asked First DataBank to inflate the prices it reported by 5 percentage points. The companies wanted to boost goodwill with retailers by spurring higher reimbursements while keeping the actual costs consistent, the suit claims.
- **Massachusetts** - Rite Aid Corp. will pay the state \$2.1 million, becoming the fifth major company to settle with the attorney general's office for allegedly overcharging for prescription drugs. The settlement with the drugstore chain was a result of them allegedly charging Massachusetts cities and towns \$1 million more for workers' compensation claims than it billed insurance companies. State law requires pharmacies to offer state entities the best price paid by any company. Collectively, Walgreen Co., Shaw's Supermarkets Inc., Stop & Shop Supermarket Co., CVS Caremark Corp., and Rite Aid have settled for almost \$8 million in similar cases since an investigation began two years ago. Records were available only back to 2002 for the investigation and the overcharging could have occurred before that, as well. One hundred cities and towns will share the \$2.1 million payout from Rite Aid. Boston will receive the largest amount, about \$41,000, while several other municipalities, including Lawrence, Lowell, Springfield, and Wrentham, will each receive more than \$10,000. Rite Aid made no admission of wrongdoing in the settlement.
- **Brooklyn NY** - Pharmacists Luba Balyasny, 46, and Alla Shrayber, 40, were arrested 26 JUL for allegedly defrauding Medicare of more than \$3 million after billing the federal government for prescriptions they

never filled. Each is charged with conspiracy to commit health care fraud. According to investigators, from January 2007 through December 2009, Balyasny and Shrayber systematically submitted false claims totaling 869,698 units to the Medicare Part D program through their pharmacies for medications that they did not purchase or dispense. HHS-OIG agents searched both pharmacies seizing more than 90 boxes containing wholesaler invoices, prescriptions, financial records Medicare correspondence and other business files. If convicted, Balyasny and Shrayber could face up to 10 years in federal prison.

- **Baton Rouge LA** - Thompson W. Chinwoh has been sentenced to four years in federal prison in a scheme that defrauded Medicare of \$878,280. His attorney asked U.S. District Judge James J. Brady on 18 JUL to consider a sentence of probation. The Assistant U.S. Attorney argued for a prison term of nearly seven years. The prosecutor said Chinwoh's business partner, Samuel B. Johnson, earlier was sentenced to five years in prison. Chinwoh worked with Johnson at their Medical Supplies of Baton Rouge Inc. Both men admitted they defrauded Medicare by submitting bogus bills for power wheelchairs and other medical equipment that either had not been prescribed by physicians or were never delivered to patients.

- **Tennessee** - Psychotherapy fraud is becoming more and more common. Janet Renee Vaughn claimed she spent 20-30 minutes with patients at the Humphreys County nursing home and billed Medicare tens of thousands of dollars. But a video proved she spent less than five minutes with many residents and fabricated reports turned into Medicare. Agents caught Vaughn after hiding a camera in an alarm clock then watching how long she interacted with patients. She pleaded guilty to health care fraud and must re-pay the government more than \$85,000. Glene Moye and Tabitha Jones pled guilty to defrauding Medicare of more than a million dollars. Their Nashville based health care company billed Medicare for psychotherapy services that either never happened or was done by unlicensed people. Then there's the case of Nashville doctor Cupid Poe. He pleaded guilty to fraud that involved sending untrained people like former patient, Delano Avent, into nursing homes to council residents. Dr. Poe billed taxpayers for counseling done by someone who was not licensed. Poe actually gave information that helped prosecute Candyce Jones. Her company billed Medicare for psychotherapy that either never happened or was performed by untrained people. This case involved a \$650,000 loss to the Medicare program.

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

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Medicaid Fraud Update 44:

- **Washington Cnty OR** - The last of four family members who were suspects in a Medicaid fraud ring that went on from 2006 to 2009 has been convicted. In AUG 2010, three of the family members pleaded guilty to multiple counts of theft and fraud after an eight-month investigation by federal and state agencies. The family was accused of receiving more than \$100,000 by filing false claims for progressive disabilities so they could qualify for government assistance. The ringleader, Rania S. Hamad, 34, received 13 months in prison, while her husband, Zack H. Maysi, 45, and her mother, Nahla S. Awad, 72, were given probation. The three paid the federal government \$93,583.96 in restitution for money they defrauded from Medicaid. Awad was also ordered to pay \$8,131 in restitution to the U.S. Social Security Administration. Rania Hamad's brother, Ahmad Hamad Hamad, 48, fled overseas but was arrested on 14 FEB by U.S. Marshals upon discharge from a Portland hospital. Officials did not say when Ahmad Hamad returned to the United States and would not comment on how they discovered his whereabouts. On 23 JUN Ahmad Hamad pleaded guilty to six of 99 counts he was facing. The 99 counts consisted of multiple charges of first-degree theft and of making false claims for health care payments.



Ahmad Hamad Hamad

- **New York NY** - Indictments were handed out in connection with a scam that cost the city's Human Resources Administration nearly \$100,000. The cases include 12 people who allegedly used Medicaid to fund a prescription drug ring. The ringleaders used a doctor's office on Grand Street in Bushwick to write fake prescriptions for Oxycontin and then sold the narcotic on the street. They made more than \$200,000 in profit, while Medicaid lost \$96,000. The ringleaders included two women who worked at a doctor's office and another who worked in a pharmacy across the street. Their nine alleged co-conspirators, who are Medicaid recipients, allegedly went to various Brooklyn pharmacies to fill the phony prescriptions. All 12 defendants are being charged with second degree grand larceny. Sandra Quinones, Jennifer Garrastegui and Lindsay Ortiz face additional charges including forgery and conspiracy.
- **Hermiston OR** - Barbara Kashuba will spend 19 months in prison for Medicaid fraud following sentencing 22 JUL in a case that involved her husband, Kenneth Kashuba, and his cousin, John. She received the same sentence as her husband on 37 counts of fraud, including making false claims to Medicaid, theft I and unlawful use of food stamps. The several dozen charges filed against the three stemmed from claims regarding John Kashuba's health. Kenneth and Barbara Kashuba filed for Medicaid money, claiming they were providing care for John Kashuba, who suffered severe medical conditions, leaving him unable to walk or drive, among other things. Kashuba claimed he couldn't even squeeze a tube of toothpaste himself. DOJ investigators began putting a case together following a DHS report and provided contrary video and visual surveillance evidence to jury. John Kashuba received a probation of five years for his part in the scam. The reduced sentence was due to his poor health. Kenneth and Barbara both received 19 months in prison, along with three years post-prison supervision. All three will face \$77,520 in fines.
- **Brownsville TX** - Felicitas Velez Alanis, 50, and her daughter Erika Ortega Alanis, 26, were arrested 28 JUL by state and federal authorities for health care fraud charges. A federal grand jury indictment alleges that between Jan. 1, 2005 and Oct. 12, 2006, the women submitted more than \$646,000 in false and fraudulent bills to the Texas Medicaid program. Felicitas Alanis owns and operates Ve-Ala Inc., a corporation that does business as Nisi Medical Equipment Supply around the Brownsville and Harlingen areas. Erika Alanis was in charge of the day-to-day operations of the company.

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

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State Veteran's Benefits: The state of Nevada provides several benefits to veterans as indicated below. To obtain information on these refer to the “**Veteran State Benefits NV**” 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> Jul 2011 ++]

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Military History: The Texas Army National Guard has a proud history that has not only influenced but, has come to define its military culture. Texas has traditionally been committed to the defense of its nation and usually contributes more troops to the U.S. military than any other state. The Texas Army National Guard traces their beginnings to the fight for Texas’ independence from Mexico. The spirit of the defenders of the Alamo, and the victorious men that carried the day on the grounds of San Jacinto, is alive and well in the hearts of every Texas National Guard soldier and airman. The TXARNG is a state military force in local operation but trains and fights alongside the federal Army, daubed “Big Army”. They call themselves “citizen soldiers” because although they have the same training as “Big Army”, they only serve one weekend out of the month, unless called into active duty. The TXARNG has fought in every major conflict that the United States has faced; however it received its greatest distinctions when it became activated and deployed to the European theater of WWII. Some modern historians tend to forget the glory and sacrifice of the “T-patchers” and instead attack the competency and character of the command of the TXARNG as well as that of “Big Army”. The TXARNG was one of the most decorated elements of the U.S. Army and unfortunately, it received some of the highest casualties of the entire war. Controversy surrounded the Anzio offensive as well as Gen. John E. Dahlquist in France, due to the high amount of casualties. . To read more about the details of this controversy and the performance of the TXARNG during WWII refer to this Bulletin’s attachment titled, “**Remember the Alamo!-Anzio!**”. [Source: <http://www.militaryhistoryonline.com/wwii/articles/texasnationalguard.aspx> Landon

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

- Aug 01 1801 - Tripolitan War: The schooner USS Enterprise defeated the 14-gun Tripolitan corsair Tripoli after a fierce but one-sided battle.
- Aug 01 1942 - WWII: Ensign Henry C. White, while flying a J4F Widgeon plane, sinks U-166 as it approaches the Mississippi River, the first U-boat sunk by the U.S. Coast Guard.
- Aug 01 1950 - Korea: Lead elements of the U.S. 2nd Infantry Division arrive in country from the U.S, in defense of Pusan/Naktong Perimeter
- Aug 02 1990 - Iraq: Iraq invades Kuwait initiating Operation Desert Shield which became Desert Storm on 17 JAN 91 when it became clear he would not leave.
- Aug 03 1958 - Cold War: The first nuclear submarine USS Nautilus passes under the North Pole.
- Aug 04 1790 - The Revenue Cutter Service, forerunner of the COAST GUARD was established by Alexander Hamilton.
- Aug 04 1952 - Korea: Battle for Old Baldy (Hill 266) which commenced on 26 JUN ends.

- Aug 04 1964 - Vietnam: The U.S.S. Maddox and Turner Joy exchange fire with North Vietnamese patrol boats.
- Aug 05 1861 - Civil War: Congress adopts the nation's first income tax to finance the Civil War.
- Aug 05 1864 - Civil War: Admiral David Farragut, USN, exclaiming "Damn the torpedoes, full speed ahead," ran through a Confederate minefield at Mobile Bay, Alabama, and captured a defending group of Confederate ships.
- Aug 05 1951 - Korea: The United Nations Command suspends armistice talks with the North Koreans when armed troops are spotted in neutral areas.
- Aug 05 1995 - Operation Storm begins in Croatia.
- Aug 06 1945 - WWII: Paul Tibbets, the commander of Enola Gay, drops the first atomic bomb on Hiroshima, Japan.
- Aug 07 1782 - Revolutionary War: Purple Heart day. General George Washington authorizes the award of the Purple Heart for soldiers as an award for military merit. Only 3 were given. As we know it today it was reestablished in 1932 to coincide with the 200th anniversary of the birth of George Washington.
- Aug 07 1942 - WWII: The U.S. 1st Marine Division lands on the islands of Guadalcanal and Tulagi in the Solomon islands. This is the first American amphibious landing of the war.
- Aug 07 1964 - Vietnam: Congress overwhelmingly passes the Gulf of Tonkin Resolution, allowing the president to use unlimited military force to prevent attacks on U.S. forces.
- Aug 08 1942 - WWII: U.S. Marines capture the Japanese airstrip on Guadalcanal.
- Aug 08 1944 - WWII: U.S. forces complete the capture of the Marianas Islands.
- Aug 08 1950 - Korea: U.S. troops repel the first North Korean attempt to overrun them at the battle of Naktong Bulge, which continued for 10 days.
- Aug 09 1945 - WWII: The B-29 bomber Bock's Car drops a second atomic bomb on Nagasaki, Japan. It was the second atomic bomb that induced the Japanese to surrender.
- Aug 10 1950 - Korea: President Harry S. Truman calls the National Guard to active duty to fight in the Korean War.
- Aug 11 1972 - Vietnam: The last U.S. ground forces withdraw from Vietnam.
- Aug 12 1898 - Spanish American War: Conflict officially ends after three months and 22 days of hostilities.
- Aug 12 1952 - Korea: The Battle of Bunker Hill (Hill 122) began which continues for 4 days
- Aug 12 1969 - Vietnam: American installations at Quan-Loi come under Viet Cong attack.
- Aug 13 1898 - Philippine-American War: Manila, the capital of the Philippines, falls to the U.S. Army.
- Aug 14 1945 - WWII: The Empire of Japan surrendered to the Allied forces, ending World War II.
- Aug 14 1973 - Vietnam: The United States ends the "secret" bombing of Cambodia.
- Aug 15 1942 - WWII: The Japanese submarine I-25 departs Japan with a floatplane in its hold which will be assembled upon arriving off the West Coast and used to bomb U.S. forests.
- Aug 15 1950 - Korea: Two U.S. divisions are badly mauled by the North Korean Army at the Battle of the Bowling Alley in South Korea, which rages on for five more days.

[Source: Various Jul 2011 ++]

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Military Trivia Update 32:

1. What South Vietnamese decoration was issued to almost all US soldiers in Vietnam?
2. For a period of time the RVN government awarded their highest gallantry award posthumously to any enlisted and NCO US soldier killed in action. What award was this?
3. On the RVN Campaign Medal there is something odd about its ribbon device. What is it?

4. It's 1969. You've just completed your first tour in Vietnam with the Army and wear your ribbons on your dress as you head home. Which of the following ribbons would you NOT expect to have on your jacket - RVN Campaign Medal, Soldier's Medal, Vietnam Campaign Medal, or National Defense Service Medal?
5. For your exceptional service as colonel in Vietnam the ARVN awarded you this very prestigious medal. But when you first see it you think it's kind of a joke; the thing has a plaited ribbon on a jagged background, tassels, and a rosette. What was it?
6. What was the main problem with US soldiers being awarded the RVN Wound Medal?
7. There were Bronze and Silver Star Medals awarded to service personnel during the conflict. Was there something like a Gold Star medal?
8. Of the 246 Vietnam War Medal of Honor recipients, which of the following groups received three - Canadians, Colonels, Chaplains, or Conscientious Objectors?
9. Of the Air Force Cross, Distinguished Flying Cross, Aerial Achievement Medal, and Air Medal which could not possibly have been awarded to a superb pilot during the Vietnam War?
10. More than 3 million US servicemen served in the Vietnam War, of which more than 150,000 were wounded. Approximately how many Purple Hearts were awarded?

Answers

1. The Gallantry Cross Unit Citation was extensively awarded to foreign troops by the government of the RVN. By 1974 it was decided to award it retroactively to any American Army unit involved in the Vietnam Conflict between 1961 and 1974, and therefore the soldiers.
2. The Military Medal was modeled after the French Médaille Militaire, which could also only be awarded to enlisted men (and sometimes senior generals) for distinguished service. Reasoning that any man dying for the cause of the RVN made them a hero it was decided to award all of them this prestigious award. However, with the increased numbers of US troops in Vietnam, and corresponding higher number of KIAs, the number of bestowals soared, and the policy was abandoned.
3. The "1960-" device was supposed to show the start and end year of the conflict, the latter to be engraved upon victory. As the RVN lost and ceased to exist the field was left empty, with only "1960-" on the scroll.
4. The Soldier's Medal was rather rarely awarded for non-combat acts of heroism, in contrast to combat medals such as the Bronze Star Medal or the Commendation Medal with Valor Device.
5. Distinguished Service Order 1st Class. While it was based on ancient Vietnamese vestments for successful military commanders, given to them by the Emperor as a token of appreciation, it stands out as one of the most peculiar medal designs in modern history.
6. They were not allowed to wear it on their uniforms. While some may have thought that it brings them bad luck, Army regulations did not allow for the Wound Medal to be worn on the uniform, as the Purple Heart was the equivalent American decoration, and it was thus considered a needless redundancy.
7. Yes, in North Vietnam. The Gold Star was (and is) the highest decoration of the Socialist Republic of Vietnam, modeled after the Soviet Gold Star Medal. There is no connection to the American Bronze and Silver Star.
8. Three. Vincent R. Capodanno, Angelo J. Liteky and Charles J. Watters. William A. Jones III was the only full-bird colonel to receive the Medal of Honor during the Vietnam War. Conscientious objector Thomas Bennett received it while serving as a medic, as did Canadian Peter C. Lemon as an infantryman.
9. Aerial Achievement Medal. It was created in 1988, well after the Vietnam War had ended. It is arguably one of the worst-looking American medals ever designed.
10. Approximately 350,000. Servicemen could receive multiple awards of the Purple Heart for multiple instances of wounding. However, the figure for physical wounds dwarfs in comparison to the 830,000 soldiers who were left with Post Traumatic Stress Disorder (PTSD) due to the mental wounds they received in Vietnam.

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Tax Burden for Delaware 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 Delaware:

Sales Taxes

State Sales Tax: None (State collects a gross receipts tax of 2.07%)

Gasoline Tax: 23 cents/gallon

Diesel Fuel Tax: Tax 22 cents/gallon

Cigarette Tax: \$1.60 cents/pack of 20

Personal Income Taxes

Tax Rate Range: Low - 2.2%; High - 6.95% For 2010 the state has increased the top marginal tax rate by one percentage point to 6.95 percent on income over \$60,000.

Income Brackets: Six. Lowest - \$2,000; Highest - \$60,000

Tax Credits: Single - \$110; Married - \$220; Dependents - \$110; Over 60 - take an additional \$110

Standard Deduction: \$3,250 if single and not itemizing; \$6,500 if married filing jointly and not itemizing.

Medical/Dental Deduction: None

Federal Income Tax Deduction: None

Retirement Income Taxes: Social Security and Railroad Retirement benefits are exempt. Taxpayers 60 and older can exclude \$12,500 of investment and qualified pension income. They may qualify for an additional tax credit of \$110. Out-of-state government pensions qualify for the pension and retirement exemption. Under age 60, \$2,000 is exempt. If you are 65 or older on December 31, you are eligible for an additional standard deduction of \$2,500 (if you do not itemize). For more information on tax rates and exemptions refer to

http://revenue.delaware.gov/information/faqs_pit.shtml#RI.

Retired Military Pay: Up to \$2,000 of military retirement pay excluded for individuals under age 60; \$12,500 if 60 or older.

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

All real property in the state is subject to tax unless specifically exempt. Personal property, tangible and intangible property is exempt. Real estate is subject to county, school district, vocational school district and municipal property taxes. The state offers various property [tax relief programs](#) for residents age 65 and older and for residents with disabilities. For more info on this refer to <http://finance.delaware.gov/publications/proptax/propmain.shtml>.

Homeowners 65 and older can get a credit equal to half of the school property taxes, up to \$500. For information on the senior school property tax credit refer to

http://www.finance.delaware.gov/publications/proptax/proptaxg_a.shtml. For property tax rates refer to http://www.dedo.delaware.gov/pdfs/main_root/publications/2008-2009_property_tax_report.pdf.

Inheritance and Estate Taxes

In July 2005 the legislature eliminated the requirement to file a Delaware estate tax return for dates on which the federal estate tax law does not allow a credit for state death tax (currently 2005 through 2010). It has now been reinstated for decedents dying after June 30, 2009.

For further information, visit the Delaware Division of Revenue site <http://revenue.delaware.gov> or call 302-577-8200. [Source: www.retirementliving.com Jul 2011 ++]

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Veteran Legislation Status 28 JUL 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?

Pearly Gates

Three men; a philosopher, a mathematician and a Chief Petty Officer, were out riding in a bus, coming home from scout summer camp when it crashed into a tree. Before anyone knows it, the three men found themselves standing before the Pearly Gates of Heaven, where St. Peter and the Devil were standing nearby.

Gentlemen, the Devil said, Due to the fact that Heaven is now overcrowded, St. Peter has agreed to limit the number of people entering Heaven. If anyone of you can ask me a question which I don't know or cannot answer, then you're worthy enough to go to Heaven; if not, then you'll come with me to Hell.

The philosopher then stepped up, OK, give me the most comprehensive report on Socrates' teachings. With a snap of his finger, a stack of paper appeared next to the Devil. The philosopher read it and concluded it was correct. Then, go to Hell! With another snap of the Devil's finger, the philosopher disappeared.

The mathematician then asked, Give me the most complicated crypto formula you can ever think of that could never be deciphered! With a snap of his finger, another stack of paper appeared next to the Devil. The mathematician read it and reluctantly agreed the code was unbreakable. Then, go to Hell! with another snap of the Devil's finger, the mathematician disappeared, too.

The Chief Petty Officer then stepped forward and said, Bring me a chair! The Devil brought forward a chair. Drill 7 holes on the seat. The Devil did just that. The squid then sat on the chair and let out a very loud fart. Standing up, he asked, Which hole did my fart come out of? The Devil inspected the seat and said, The third hole from the right. Wrong, said the chief, it came out of my a**hole. And the Chief went to Heaven...

The Head

A Chief and a captain happened to be in the head at an airport one day, both standing at the urinals. The chief, finishing first, proceeded to the door and was about to leave when the captain said, You know, Chief, we officers are taught from OCS to wash our hands after we urinate. The Chief responded with, You know, Captain, we enlisted are taught from boot camp not to piss on our hands. And promptly departed.

A wise old Master Chief once said...

A young Ensign approaches the crusty old Master Chief and asked about the origin of the commissioned officer insignias.

"Well," replied the Master Chief, " the insignias for the Navy are steeped in history and tradition.

First, we give you a gold bar representing that you are very valuable but also malleable.

The silver bar also represents significant value, but is less malleable.

Now, when you make Lieutenant, your value doubles, hence the two silver bars.

As a Captain, you soar over the military masses, hence the eagle.

As an Admiral, you are, obviously, a star.

Does that answer your question?"

"Yes Master Chief" replied the young Ensign. "But what about Lieutenant Commander and Commander?"

"That, sir, goes waaaay back in history - back to the Garden of Eden. You see we've always covered our pr*cks with leaves."

"THE FIVE MOST DANGEROUS THINGS IN THE US NAVY"

A Seaman saying, "I learned this in Boot Camp..."

A Petty Officer saying, "Trust me, sir..."

A Lieutenant JG saying, "Based on my experience..."

A Lieutenant saying, "I was just thinking..."

A Chief chuckling, "Watch this shit..."

=====

The greatest use of life is to spend it for something that will outlast it.

--- **William James (1842 - 1910)**

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