

> RAO Bulletin Update

> 15 October 2007

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> THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES

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> VA Physician Qualls ---- (Hiring system validity questioned)

> Marine Reserve Bonus ----- (Expanded)

> Overseas Holiday Mailing 2007 ----- (mailing dates)

> VA Obesity Initiative [02] ----- (Epidemic of diabetes)

> VA Flu Shots ----- (2007/08 Season)

> VA Health Care Funding [11] ----- (IL referendum)

> West Virginia Vet Cemetery ----- (Funded by Lottery)

> VA Polytrauma Rehab Centers ----- (Not up to speed)

> VA Clinic Indianapolis IN ----- (Fund source)

> VA VistA [01] ----- (Outage cripples patient care)

> Check/Money Order Scams ----- (Consumers easy prey)

> Funeral Honors [03] ----- (Customs and Traditions)

> Arlington National Cemetery [01] ----- (Good thru 2060)

> VA Facility Expansion [10] ----- (Chicago VA-DoD)

> MA DPL Data Breach ----- (450,000 SSN's released)

> SBP Basics [02] ----- (Good or Bad deal?)

> Tricare Reserve Select [08] ----- (Continuation coverage)

> CT Vets Wartime Service Medal ----- (270K Vets Eligible)

> VA CWT & IT ----- (Change in Tax Status)

> VDDB [22] ----- (25% Disability Pay Hike)

> VDDB [23] ----- (Action delayed until 2008)

> Medicare Rates 2008 ----- (\$2.90 Increase/mo)

> NDAA 2008 [09] ----- (Senate Bill Passed)

> VA Polytrauma Care [01] ----- (5th PRC Announced)

> Medicare Part D [16] ----- (Closing the Doughnut Hole)

> Canadian Nat Mil Cemetery ----- (Available to U.S. Vets)

> Military Related Job Fairs [01] ----- (15 thru 31 Oct)

> Veteran Legislation Status 30 SEP 07 ---- (Where We Stand)

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> VA PHYSICIAN QUALIFICATIONS: Sens. Dick Durbin and Barack Obama say their own investigation raises serious questions about Veterans Affairs Department claims that officials couldn't have known about a surgeon's troubling history before he was hired at an Illinois VA hospital. In a harshly worded letter to acting Secretary of Veterans Affairs Gordon Mansfield on 11 OCT, the Illinois Democrats said their staffs easily found enough information to warrant a closer look at the qualifications of Dr. Jose Veizaga-Mendez. Veizaga-Mendez resigned from the Marion, Ill., VA

hospital in August, shortly before the hospital suspended inpatient surgeries because of a spike in post-surgical deaths, reportedly from OCT 2006 to March of this year. Durbin has said he was told that nine people died at the Marion hospital during an unspecified six-month period when the typical mortality rate would have been two. He also has said that after hearing from Dr. Michael Kussman, a VA undersecretary, it is clear Veizaga-Mendez had some involvement with those surgeries.

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> Veizaga-Mendez was hired in Marion even though he was barred from practicing in Massachusetts last year after accusations of grossly substandard care. "It appears the VA's efforts to discover the truth about Dr. Veizaga-Mendez, his past professional history, and the circumstances surrounding his license forfeiture were far from adequate and may have put the veterans seeking care at Marion in danger," the senators wrote. In a statement Thursday, the VA said it conducts a thorough background check that includes verification of professional credentials, competence, personal backgrounds and checks them against the national Practitioner Data Bank-Healthcare Integrity and Protection Data Bank. But Durbin and Obama said Kussman and another VA undersecretary, Dr. Gerald Cross, had said it was impossible for the VA to know whether Veizaga-Mendez had accurately described why he had surrendered his license in Massachusetts. "A cursory check by our staff of publicly available information has cast doubt on the validity of that claim," they wrote. Some of the information was readily available on the website of the Massachusetts Board of Registration in Medicine, the senators said. At the time the doctor was hired at Marion, information about medical malpractice payments he had made in 2004 and 2005, as well as the fact that he had been the subject of a hospital disciplinary action, were available on the website, they said.

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> In a separate announcement the VA said that they will be adding 2,000 advanced residency positions for Doctors in the next 5 years. The VA already helps to train nearly half of all physicians in the United States. Presently every year 31,000 medical residents and 16,000 medical students receive some of their training at a VA facility. In JUL the VA added 341 new positions. Through its affiliations with medical schools and universities, the VA is the largest provider of health care training in the United States. Currently, 130 VA medical facilities are affiliated with 107 of the nation's 126 medical schools. These training positions address VA's critical needs and provide skilled health care professionals for the entire nation. The additional resident positions will also encourage innovation in education that will improve patient care, enable physicians in different disciplines to work together and will incorporate state-of-the-art models of clinical care, including VA's renowned quality and patient safety programs and electronic medical record system. [Source: AP article & TREA Washington Update 12 Oct 07 ++]

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> MARINE RESERVE BONUS: The Marines are offering the following expanded bonuses for affiliation with a Marine Corps Reserve drilling unit:

> . Prior-service corporals, sergeants and staff sergeants who join a unit within three years of leaving active duty will get a \$15,000 bonus.

> . Enlisted Marines already assigned to a drilling unit who re-enlist for three years will garner \$7,500 for a first-time re-enlistment and \$6,000 for subsequent re-enlistments. Such re-enlistments include a supplementary "kicker" of up to \$350 monthly under the Montgomery GI Bill-Selected Reserve (MGIB-SR).

> . High school graduates who agree to serve in drilling units for six years after completing initial pipeline training, plus an additional two years in the Individual Ready Reserve, will receive a \$20,000 bonus. They also will be eligible for the \$350 MGIB-SR kicker.

> . Company-grade officers who left the active component within the last three years and join a drilling unit in fiscal 2008 will be eligible for a \$10,000 affiliation bonus.

> MarAdmins 567/07, 568/07, 572/07 and 573/07 apply to enlisted Marines, and MarAdmin 566/07 applies to officers. [Source: Armed Forces News 12 Oct 07 ++]

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> OVERSEAS HOLIDAY MAILING 2007: Officials at the Military Postal Service Agency in Washington have established dates by for sending mail from the United States to overseas military mailing addressees for the holidays. In order to get holiday gifts to deployed service members by 25 DEC, mailers should heed the U.S. Postal Service's suggested deadlines. Parcel post packages to deployed troops and those living on overseas installations should be sent by 13 NOV. Customers missing the parcel post deadline have the following options: Space-Available Mail (SAM) - 27 NOV; Parcel Airlift Mail (PAL) - 4 DEC (except for ZIP codes starting with 093, which is 1 DEC); Priority Mail and first-class letters and cards - 11 DEC (093 ZIP codes: 4 DEC); Express Mail Military Services - 18 DEC (not available to 093 ZIP codes). Parcel post packages sent to arrive by the start of Hanukkah at sundown 4 DEC should be mailed by 23 OCT. For other Hanukkah mailings, subtract 21 days from the deadlines listed above. To check mailing costs, visit <http://www.usps.com>, click on "calculate postage," then "calculate domestic postage." [Source: Armed Forces News 12 Oct 07 ++]

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> VA OBESITY INITIATIVE UPDATE 02: NC8-TV Washington, DC broadcast on 9 OCT

a report on a growing problem that's troubling the Department of Veterans Affairs. Namely, why are so many military veterans becoming obese and developing diabetes? Now the VA is looking into possible causes and promising cures. Former VA Secretary James Nicholson was shown saying, "We

have an epidemic of diabetes among veterans in our country, and it's mostly adult-onset Type 2 diabetes, which is preventable." NC8 added, "At health fairs like this one at Washington's VA Medical Center, they're getting the word out. ... On the food front, they're researching veteran-specific nutrition." VA researcher Dr. William Yancey was shown saying, "We've specifically looked at low-carbohydrate diets and found pretty profound effects that their blood sugar's improved dramatically and they can come off some of their diabetes medications." The station added, "Like most doctors, VA health providers say diet and exercise are important to preventing obesity and the diabetes that often comes with it, but they say there are factors that might make veterans more susceptible to these diseases. A key worry - stress. ... The VA says it's adding stress-reduction therapy to weight loss programs and doing what it can to encourage vets." Nicholson was shown saying veterans are being urged to be more conscious of how they're eating and we're giving them prescriptions of how to do this better too. [Source: VSLO Office of the Secretary of Veterans Affairs 9 Oct 07 ++]

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> VA FLU SHOTS: Flu season will soon be here and veterans, especially the more elderly, are encouraged to get their shots. Most VA Medical Centers (VAMCs) are making preparations to administer these shots at no charge to enrolled veterans. If in doubt whether or not yours will be scheduling shots it is recommended you contact them. Shots are at no charge to enrolled veterans who would normally pay \$20 to \$30 if they were to obtain them through local medical services. Following are a few locations that have already made announcements:

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> . The Portland VA Medical Center has announced a series of flu vaccination clinics for enrolled veterans. The clinics will be held at VA facilities in Southwest Portland, East Portland, Bend, Salem, Warrenton and Vancouver Oregon. For a schedule of dates and times, go to www.visn20.med.va.gov/portland <<http://www.visn20.med.va.gov/portland>> or call 503-220-8262, ext. 155725.

> . "The Jack C. Montgomery VA Medical Center reminds all enrolled veterans that the flu vaccine is now available to veterans during their regularly scheduled appointments beginning 22 OCT through JAN 07. There will be also be a walk-in flu clinic from 8:30 a.m. to noon and 1 to 3 p.m. 5-9 NOV in the medical center's auditorium on the second floor at the south end.

> . Veterans enrolled in VA health care may obtain flu vaccines at upcoming walk-in clinics scheduled the following Saturdays and Sundays, 13, 14, 20, 21, 27, and 28 OCT at VA Western New York Healthcare System, 3495 Bailey Avenue. Enrolled veterans may also contact their primary care provider to obtain the vaccine. There is no charge for the flu vaccine for veterans enrolled in VA health care.

> [Source: Various Oct 07 ++]

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> VA HEALTH CARE FUNDING UPDATE 11: Lt. Gov. Pat Quinn has asked county

boards in all 102 counties to approve placing an advisory referendum on the February primary election ballot asking voters whether the federal government should be required to adopt mandatory full funding of the Department of Veterans Affairs for the purpose of ensuring that all eligible honorably discharged U.S. veterans receive quality and accessible health care. In a letter to county clerks, Quinn said the issue of veterans' health care is of paramount importance to Illinois voters. Many county clerks agree with Quinn, but said costs for the county will be increased if any referendum is placed on the primary ballot. Perry County Clerk Kevin Kern, who serves as treasurer of the Illinois Association of County Clerks and Recorders (IACCR), said election costs are driven by the number of ballot styles that must be produced. With a referendum on the primary ballot, a non-partisan ticket would need to be printed in addition to specific party tickets. Costs of the programming of the ballots, paired with printing expenses and newspaper listing publication, would cost each county thousands of dollars, said Jackson County Clerk Larry Reinhardt, who serves as president of the IACCR.

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> The increased cost is not the only concern of county clerks. Kern said since the referendum is advisory, it is simply meant to demonstrate support and would not create any binding effects. "Advisory basically means it isn't worth the paper it was printed on," Kern said. Placing a referendum on the primary ballot would also require additional education and training for poll workers. Quinn and his citizen support organization sent letters petitioning support for the referendums in September, stating that three counties, including Jefferson County, had already approved the referendum. Jefferson County Clerk Connie Simmons said the county board did approve the referendum but did not consult her before doing so. She would have advised the board to discuss placing the referendum on the November 2008 general election ballot. Reinhardt said a vast majority of county clerks in attendance at the IACCR's convention in September agreed that supporting a November referendum would be the preferred action. After the September convention and the letter from Quinn, Kern sent a letter of response to the lieutenant governor, addressing some of his concerns and also showing support for the overall goal of the proposal. "I think most all citizens would share Lt. Gov. Quinn's view that veterans' health care should rightfully be a high priority," Kern wrote in the letter. "Knowing that the lieutenant governor is also a watchdog for government waste and inefficiency, I would hope he would advocate that such a referendum be placed on a general election ballot when there would be much less added cost or confusion." [Source: The Southern Illioisan Testa article 10 Oct 07 ++]

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> WEST VIRGINIA VET CEMETERY: West Virginia veterans might get a final resting place near Institute in the first state-run veterans cemetery if a proposal sparked by Veterans Affairs Director Larry Linch is acceptable to Gov. Joe Manchin. Linch compiled a lengthy study on the proposal and outlined much of its contents 9 OCT to Select Committee B on Veterans Issues, saying the Veterans Council eyed two other potential sites - Carnifex Ferry Battlefield State Park near Summersville and land offered by a church in Logan County. "That was one of the issues that actually has been on the books since 1970 - that the state should run a veterans cemetery. But there had never been a funding source." Linch said. All that changed, however, with the advent of the special veterans scratch-off lottery, and Linch is asking Manchin to sanction a second one in case a backup is needed. Linch quoted Lottery Commission officials as telling him the veterans scratch-off is the most consistently selling of the state-run lotteries. On average, it rakes in \$952,000 in sales, of which \$700,000 is dedicated to bonds. That leaves \$252,000, along with \$70,000 a year in interest, meaning the Veterans Council is only about \$5,000 shy of meeting the estimated \$327,105 to get the cemetery functioning. Dow Chemical is putting up a 300-acre tract on which a house of worship is going up, Linch pointed out.

> The West Virginia Veterans Council is composed of men and women who served in World War II, Korea, Vietnam and Desert Storm and Operation Enduring Freedom in Iraq and Afghanistan. A federally run cemetery in Grafton contains some 5,690 graves, adding 30 each month. For years, prevailing sentiment has focused on creating a veterans cemetery in southern West Virginia, the director said. "This is something that can be done in two to three years, if the governor gives us authority to proceed," he said. There are some 32,000 veterans in southern West Virginia, and by that, Linch defines them as residents south of U.S. 33. Of that number, more than half - 19,000 - are in Kanawha County, it was pointed out. Sen. Jon Blair Hunter, D-Monongalia, himself a Korean War veteran, suggested the idea of a state-run cemetery open exclusively to veterans and their spouses would be an appealing idea, based on the camaraderie among those once in uniform. "There's a sense among veterans that they want to be with other veterans," he said. [Source: Register-Herald Reporter Mannix Porterfield article 10 Oct 07 ++]

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> VA POLYTRAUMA REHABILITATION CENTERS: On 25 SEP 07 the House Veterans'

Affairs Oversight and Investigations Subcommittee held a hearing on the Department of Veterans' Affairs (VA) Polytrauma Rehabilitation Centers (PRCs) and their management issues. The hearing focused on VA Central Office's oversight over the PRCs and specific management issues affecting the Palo Alto PRC. Polytrauma Rehabilitation Centers provide acute rehabilitative care to seriously injured service members. They are managed locally, but are part of a national program supervised by the Office of

Patient Care Services in the Veterans Health Administration. The Committee found that PRCs were not using or had never heard of the Joint Patient Tracking Application and the Veteran Tracking Application systems. Critical medical information was being transferred through multiple phone calls, e-mails, faxes, and videoconferencing instead of using an electronic system. In addition, PRCs have not completed securing access to department facilities and computer network. Two PRCs were highlighted with specific issues. Visits to Palo Alto PRC by the VA's Office of Medical Investigations and Congressional staffers found disarray, morale problems, insufficient programs for families, and a lack of leadership. This lack of staffing and resources has caused a history of empty beds. Data revealed Palo Alto on average has been filled only 60%, while the remaining PRCs combined have been operating at 98% of capacity. Palo Alto's policy of not accepting minimally responsive brain injured patients resulted in a higher rejection rate. The VA has since forced Palo Alto to accept these patients. In addition to the inefficiencies at Palo Alto, the Minneapolis PRC was found to have an unusually high turnover rate of active duty military liaisons. [Source: NMFA Government and You E-News 10 Oct 07 ++]

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> VA CLINIC INDIANAPOLIS IN: The Department of Veterans Affairs (VA) will augment its health care to local veterans with a \$9.9 million grant received 10 OCT from the Lilly Endowment Inc. The Indianapolis-based philanthropic foundation is providing the funds to the Richard L. Roudebush VA Medical Center to support a new clinic for injured service members returning from Iraq and Afghanistan and other projects, including a "comfort home" serving families of hospitalized service members while their loved ones undergo rehabilitation. The grant will provide \$5.8 million for a 24,000-square-foot Seamless Transition Integrated Care Clinic where returning troops will receive comprehensive multidisciplinary health care. Another \$3.5 million will be used to build a 28-suite comfort home that will provide accommodations for veterans' families during extended periods of care. In addition, the endowment is funding retreats at which veterans and their spouses or loved ones can reunite and learn to work through readjustment issues typically associated with returning from deployment. Another \$500,000 is designated for rehabilitation events, including the National Veterans Golden Age Games, which the Roudebush VA Medical Center will host in the summer of 2008. This senior adaptive rehabilitation program is designed to improve the quality of life for older veterans, including those with a wide range of abilities and disabilities. The Lilly Endowment was established in 1937 by members of the Lilly family as a vehicle to pursue their personal philanthropic interests. It is separate from the Eli Lilly and Co. pharmaceutical firm and is independently managed. [Source: VACO OPIA Report 10 Oct 07 ++]

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> VA VISTA UPDATE 01: A day-long system outage at a new Veterans Affairs

Department data processing center in northern California on 31 AUG 07 crippled critical information systems used to manage patient care at VA hospitals and clinics scattered across more than a third of the world, according to details from an internal VA after-action report. The outage at the VA's Sacramento, Calif., regional center was the longest of 14 disruptions since that facility started hosting the suite of clinical applications that make up the Veterans Health Information System and Technology Architecture (VistA) earlier this year. According to internal briefings, the Sacramento facility was created as part of a move by the VA to shift VistA computer operations from 126 local sites to four regional centers. Since April, problems at the Sacramento center resulted in VistA downtime ranging from 15 minutes to the nine-hour outage on 31 AUG. That event knocked out vital information systems at hospitals and clinics operated by the Veterans Health Administration in Alaska, northern California, Los Angeles, Hawaii, Guam, Idaho, Nevada, Oregon, west Texas, American Samoa, the Philippines and Washington state.

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> The Sacramento failure first publicly surfaced at a hearing of the Senate Veterans Affairs Committee on 19 SEP, when Robert Howard, the VA's assistant secretary for information and technology, acknowledged it in response to a question by Sen. Patty Murray (D-WA). Howard characterized the outage as a big deal, but provided no details on its scope, scale or impact on patient care. But Dr. Ben Davoren, director of clinical informatics at the San Francisco VA Medical Center, told a hearing of the House Veterans Affairs Committee last week that the failure on 31 AUG was "the most significant technological threat to patient safety VA has ever had." Dr. Bryan Volpp, associate chief of staff for clinical informatics at the VA's Northern California Healthcare System, told the House that the 31 AUG outage all but sent VA hospitals and clinics in the western United States back to the paper age. The outage, Volpp testified, forced medical staff to shift from the use of electronic medical records to writing notes and summaries on paper. Outpatient surgery was delayed because clinicians could not access forms, and doctors could not access electronic records for patients with scheduled appointments. Patients discharged that day could not be scheduled for follow-up appointments electronically. Pharmacies at VA facilities connected to the Sacramento data center sputtered to a halt, Volpp said, because labeling and automatic dispensing equipment are controlled by VistA applications. Paper records from 31 AUG must be inputted into the electronic system by hand, Volpp said, a process that will take months.

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> Both Volpp and Davoren testified that the outage hit 17 VA medical facilities. But more than one VA medical staffer told Government Executive that this figure understates the scope of the outage, because the 17 are in turn electronically linked to numerous clinics and outpatient facilities. A VA source in Hawaii said the Honolulu VA medical center's information systems were knocked out "because we use the Sacramento server, and Guam

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knocked out because it goes through us." The San Francisco VA hospital, another source said, is electronically linked to multiple clinics in its area, as are hospitals and clinics in the region connected to the Sacramento data center. While top VA information technology managers have touted the establishment of regional data centers as a way to eliminate downtime, insure continuity of operations and improve disaster recovery, Davoren told the House hearing that the 31 AUG outage indicated to him that the regional model introduced a new single point of failure. He testified that in case of an outage, the Sacramento data center was supposed to "failover" to another regional center in Denver, but did not. The after-action report did not address why this switchover did not happen. Volpp testified that another backup system, a read-only backup of patient data, was unavailable on 31 AUG due to work by the Sacramento center to recreate accounts holding the data.

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> The VA's plans to establish four regional data centers are part of an overall effort to centralize IT resources and personnel to help eliminate the computer security breaches that have plagued the VA over the past year. But Davoren told the House hearing that medical center employees expressed concerns as early as 2005 that "the regionalization of IT resources would create new points of failure that could not be controlled by the sites experiencing the impact, and that the system redundancy required to prevent this was never listed as a prerequisite to centralization of critical patient care IT resources." The VA did not immediately respond to queries from Government Executive about the outages in Sacramento or how it intends to remedy the situation. Howard, the VA IT director, told the Senate VA hearing on 19 SEP that the department intends to add "more robust backup capability" to help mitigate system downtime at the regional data centers. Howard added that his staff is examining whether or not there is something about the VistA software itself -- developed over years and hosted at the local medical facility level -- that does not lend itself to hosting at a regional data center. Until that process is completed, Howard said the VA will cease any further migration of VistA applications to regional data centers. [Source: GOVExec.com Bob Brewin article 5 Oct 07 ++]

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> CHECK/MONEY ORDER SCAMS: Investigators led by the U.S. Postal Inspection

Service have arrested 77 people as part of a global fraud crackdown that intercepted more than \$2.1 billion in counterfeit checks bound for the United States. The eight-month investigation involved schemes in Nigeria, the Netherlands, England and Canada, and has stopped more than half a million fake checks from being mailed to American victims. International scammers have found U.S. consumers easy prey and are increasingly targeting them. "All fake check scams have the same common pattern: Scammers contact victims online or through the mail and send them checks or money orders.

They then ask that some portion of the money be wired back to them," said Postmaster General John Potter. "The best thing our citizens can do to protect themselves is learn how to avoid these scams. The old adage still holds true: If someone offers you a deal that sounds too good to be true, it probably is." Susan Grant, vice president of the National Consumers League said, "Most Americans don't realize they are financially liable when they fall for these scams. There is no legitimate reason anyone would mail you a check or money order and then ask you to wire money in return. People need to know that checks can take months to clear, even if the money initially looks like it's in your account. The scammers know that, and most consumers don't." The six most popular scams are:

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> . Foreign Business Offers: Scammers pretend to be businesspeople or government officials and promise millions of dollars. But real companies and government agencies don't offer legitimate business propositions to people they don't know.

> . Love Losses: The scammer poses as a romantic interest online, and promises to come to the U.S. to be with the victim. Soon after, the online friend asks the victim to cash a check or money order to cover "travel expenses."

> . Overpayments: Scammers buy merchandise online, and then claim they mailed the wrong amount by mistake. The seller is asked to deposit the "wrong" check anyway, and then return the "excess" amount to the scammer. But the check doesn't clear, and the victim has sent the scammer his own money.

> . Rental Schemes: Scammers claim to be moving to the area, and put down a rental deposit. Then they tell their landlord they have unexpected expenses, so they ask for some of their deposit back as a favor. They never move in, and the deposit check never clears.

> . Sudden Riches: The scammer claims the victim has won a foreign lottery or sweepstakes. The notice comes by mail, phone, fax or email. Consumers should know that winners of real cash prizes are notified by certified mail. Also, keep in mind that you can't win a lottery you didn't enter.

> . Work-at-Home: The scams promise easy money by "processing" checks. The victim deposits the checks and sends the money to the scammer, minus a small fee. Legitimate companies don't do business like this.

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> If consumers believe they have been defrauded by a scam, the Postal Inspection Service wants to hear from them. These crimes can be reported by calling 1(800) 372-8347.

> [Source: Consumer affairs article 4 Oct 07 ++]

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> FUNERAL HONORS UPDATE 03: As with the military itself, our armed forces' final farewell to comrades is steeped in tradition and ceremony.

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- > 1. Prominent in a military funeral is the flag-draped casket. The blue field of the flag is placed at the head of the casket, over the left shoulder of the deceased. The custom began in the Napoleonic Wars of the late 18th and early 19th centuries, when a flag was used to cover the dead as they were taken from the battlefield on a caisson.
- > 2. One will notice, during a military funeral that the horses that pull the caisson which bears the body of the veteran are all saddled, but the horses on the left have riders, while the horses on the right do not. This custom evolved from the days when horse-drawn caissons were the primary means of moving artillery ammunition and cannon, and the riderless horses carried provisions.
- > 3. The single riderless horse that follows the caisson with boots reversed in the stirrups is called the "caparisoned horse" in reference to its ornamental coverings, which have a detailed protocol all to themselves. By tradition in military funeral honors, a caparisoned horse follows the casket of an Army or Marine Corps officer who was a colonel or above, or the casket of a president, by virtue of having been the nation's military commander in chief. The custom is believed to date back to the time of Genghis Khan, when a horse was sacrificed to serve the fallen warrior in the next world. The caparisoned horse later came to symbolize a warrior who would ride no more. Abraham Lincoln, who was killed in 1865, was the first U.S. president to be honored with a caparisoned horse at his funeral.
- > 4. Graveside military honors include the firing of three volleys each by seven service members. This commonly is confused with an entirely separate honor, the 21-gun salute. But the number of individual gun firings in both honors evolved the same way.
 - > a. The three volleys came from an old battlefield custom. The two warring sides would cease hostilities to clear their dead from the battlefield, and the firing of three volleys meant that the dead had been properly cared for and the side was ready to resume the battle.
 - > b. The 21-gun salute traces its roots to the Anglo-Saxon empire, when seven guns constituted a recognized naval salute, as most naval vessels had seven guns. Because gunpowder in those days could be more easily stored on land than at sea, guns on land could fire three rounds for every one that could be fired by a ship at sea.
 - > c. Later, as gunpowder and storage methods improved, salutes at sea also began using 21 guns. The United States at first used one round for each state, attaining the 21-gun salute by 1818. The nation reduced its salute to 21 guns in 1841, and formally adopted the 21-gun salute at the suggestion of the British in 1875.
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- > 5. A U.S. presidential death also involves other ceremonial gun salutes and military traditions. On the day after the death of the president, a former president or president-elect -- unless this day falls on a Sunday or holiday, in which case the honor will be rendered the following day -- the commanders of Army installations with the necessary personnel and material

traditionally order that one gun be fired every half hour, beginning at reveille and ending at retreat.

> 6. On the day of burial, a 21-minute gun salute traditionally is fired starting at noon at all military installations with the necessary personnel and material. Guns will be fired at one-minute intervals. Also on the day of burial, those installations will fire a 50-gun salute -- one round for each state -- at five-second intervals immediately following lowering of the flag.

> 7. The playing of "Ruffles and Flourishes" announces the arrival of a flag officer or other dignitary of honor. Drums play the ruffles, and bugles play the flourishes - one flourish for each star of the flag officer's rank or as appropriate for the honoree's position or title. Four flourishes is the highest honor.

> When played for a president, "Ruffles and Flourishes" is followed by "Hail to the Chief," which is believed to have been written in England in 1810 or 1811 by James Sanderson for a play by Sir Walter Scott called "The Lady of the Lake." The play began to be performed in the United States in 1812, the song became popular, and it became a favorite of bands at festive events. It evolved to be used as a greeting for important visitors, and eventually for the president, though no record exists of when it was first put to that use.

> 8. The bugle call "Taps" originated in the Civil War with the Army of the Potomac. Union Army Brig. Gen. Daniel Butterfield didn't like the bugle call that signaled soldiers in the camp to put out the lights and go to sleep, and worked out the melody of "Taps" with his brigade bugler, Pvt. Oliver Wilcox Norton. The call later came into another use as a figurative call to the sleep of death for soldiers. Another military honor dates back only to the 20th century. The missing-man formation usually is a four-aircraft formation with the No. 3 aircraft either missing or performing a pull-up maneuver and leaving the formation to signify a lost comrade in arms. While this can change slightly from service-to-service, and -- based on preferences of family members, below is the standard sequence of events for a military funeral at Arlington National Cemetery:

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> . The caisson or hearse arrives at grave site, everyone presents arms.

> . Casket team secures the casket, NCOIC, OIC and chaplain salute.

> . Chaplain leads the way to grave site, followed by casket team.

> . Casket team sets down the casket and secures the flag.

> . The NCOIC ensures the flag is stretched out and level, and centered over the casket.

> . NCOIC backs away and the chaplain, military or civilian, will perform the service.

> . At conclusion of interment service and before benediction, a gun salute is fired for those eligible (i.e. general officers).

> . Chaplain concludes his service and backs away, NCOIC steps up to the casket.

> . The NCOIC presents arms to initiate the rifle volley.

- > . Rifle volley complete, bugler plays "Taps."
- > . Casket-team leader starts to fold the flag.
- > . Flag fold complete, and the flag is passed to the NCOIC, OIC.
- > . Casket team leaves grave site.
- > . NCOIC, OIC either presents the flag to the next of kin, or if there is a military chaplain on site he will present the flag to the chaplain, and then the chaplain will present to the next of kin.
- > . Arlington Lady presents card of condolences to the next of kin.
- > . The only person remaining at the grave is one soldier, the vigil. His mission is to watch over the body until it is interred into the ground.
- > [Source: http://dva.state.wi.us/Ben_funeralhonors.asp Jul 07 ++]

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> ARLINGTON NATIONAL CEMETERY UPDATE 01: The nation's shrine to its military dead had 6,785 funerals in the just-concluded fiscal year, an all-time record. Now, as the dying of the World War II generation peaks, the cemetery is so busy that despite careful choreography, people attending one funeral can hear the bugle and rifle salutes echoing from another. As a result, the cemetery is about to begin a \$35 million expansion that would push the ordered ranks of tombstones beyond its borders for the first time since the 1960s. The Millennium Project has been in the works for years as the cemetery has grown busier, dead from the Iraq war have been laid to rest with the veterans of wars past, and visitors have flocked to see the Tomb of the Unknowns and the graves of such figures as President John F. Kennedy. Timing at Arlington has become critical. Some of the funerals can be fairly elaborate, with a band, a procession and a horse-drawn caisson, and can take up to 2 1/2 hours. Others might last only 35 or 40 minutes. All must be meticulously scheduled to minimize distractions and avoid traffic tie-ups on the cemetery roadways.

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> The Millennium expansion has involved, among other things, the sensitive transfer of 12 acres within the cemetery from the National Park Service's historic Arlington House, the onetime home of Robert E. Lee. The Park Service has lamented the likely loss of woodland and the cemetery's encroachment on the majestic hilltop home, which dates to 1802. The project, which focuses on the northwest edge of the cemetery, includes expansion into about 10 acres taken from the Army's adjacent Fort Myer and four acres of cemetery maintenance property inside the boundaries, officials said. The extra space would provide room for 14,000 ground burials and 22,000 inurnments in a large columbarium complex, officials said. The project comes on the heels of extensive work underway to utilize 40 acres of unused space in the cemetery, creating room for 26,000 more graves and 5,000 inurnments. And there are plans for further outside expansion in the years ahead.

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> The cemetery, established in 1864, covers more than 600 acres, and more than 300,000 people are buried there. The expansions are, in part, a

response to the deaths of members of the country's World War II generation, about 16 million of whom served in the armed forces. The Department of Veterans Affairs says more than 3 million World War II veterans are alive. About 1,000 die each day. The department's National Cemetery Administration says the number of veteran deaths is peaking, at about 680,000 annually, and is expected to fall gradually to 671,000 in 2010, 622,000 in 2015 and 562,000 in 2020. At Arlington, which is run by the Army, the steady death toll from Iraq and Afghanistan has added to the numbers, although the cemetery gets only about 11% of those cases. More than 400 members of the armed forces who have died in Iraq and Afghanistan have been buried there.

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> The initial work, to be contracted through the Army Corps of Engineers, would control drainage into the new sections. Katherine Basye Welton, cemetery project manager for the Corps of Engineers, said the first contracts were to be awarded by this month, but because of inadequate bids, the work might not be awarded until the end of the year. The project is expected to unfold over the next 10 years with funding hoped for from Congress. But it has not thrilled everyone. Although the transfer of the Arlington House land from the Park Service was decreed by law five years ago, it still rankles there. The parcel, which could lose many of its trees, has not been logged since the Civil War. The cemetery also plans to acquire the Navy Annex in 2010 and demolish it in 2013, and move underground utility lines within the next year or so, to gain more space. The projects should keep the cemetery open through about 2060. Meanwhile, the pace at Arlington remains brisk. The cemetery handles 25 to 30 funerals a day. Some, involving cremated remains, are scheduled for next year. [Source: Washington Post Michael E. Ruane article 7 Oct 07++]

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> VA FACILITY EXPANSION UPDATE 10: A unique health care facility combining

the resources of the Department of Veterans Affairs (VA) and the Department of Defense (DoD) will be named in honor of local native, Navy veteran and astronaut James A. Lovell. The new VA-DoD Federal Health Care Facility, scheduled to open in 2010, will care for nearly 100,000 veterans, sailors, retirees and family members. The new facility will result from the merger of the North Chicago VA Medical Center and the Great Lakes Naval Hospital. This joint \$130 million initiative marks the first totally integrated federal health care facility in the country. Jim Lovell, a Chicago native, naval aviation veteran of the Korean War and former astronaut, was command pilot of Apollo 8, the first Apollo mission to enter lunar orbit. He also commanded Apollo 13, which suffered an explosion enroute to the Moon and was

brought back safely to Earth by the efforts of its crew and mission control. Lovell is a recipient of the Congressional Space Medal of Honor and the Presidential Medal of Freedom. [Source: VA News Release 5 Oct 07 ++]

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> MASSACHUSETTS DPL DATA BREACH: The Massachusetts Division of Professional

Licensure (DPL) last month mailed out 28 computer disks containing publicly available information such as names and addresses of state licensees to 23 individuals who requested the public records. This week, it followed up those mailings by informing 450,000 individuals that their Social Security numbers were also inadvertently included in the public data contained on those 28 disks, which were mailed out between 13 and 17 SEP. The letter urged affected individuals to contact the major credit bureaus and place fraud alerts on their credit. The agency also assured them that there has been no indication yet that the exposed information was misused. The letter also noted that all of the disks but two have already been recovered from the individuals who got them. DPL Director George K. Weber said in a letter posted on the division's Web site that none of the individuals who received the disks has indicated that they were even aware the disks contained Social Security information. The Massachusetts DPL, is an agency within the state's Office of Consumer Affairs and Business Regulation which regulates more than 40 trades and professions.

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> According to a description of the incident on its site, the foul-up was the result of a programming error and the upgrading of computer hardware and software at the DPL. Several categories of licensed professionals were affected by the breach, including licensed nurses, health care professionals, certified public accountants, engineers and land surveyors. Such snafus are by no means uncommon. Earlier this year, the Chicago Board of Elections found itself facing charges that it failed to adequately protect the privacy of voters in the city after it inadvertently distributed more than 100 computer disks containing the Social Security numbers of more than 1.3 million voters to alderman and ward committee members. In FEB 06, the Boston Globe found itself having to apologize to about 240,000 subscribers after an attempt to recycle office paper ended up with the company labeling newspaper bundles with routing slips containing customer credit card information. That same month, a human error at Blue Cross and Blue Shield of North Carolina allowed the Social Security numbers of more than 600 members to be printed on the mailing labels of envelopes sent to them with information about a new insurance plan. If you are concerned about your financial data being compromised it is recommended that you obtain insurance against identity theft. One such company which I use with very reasonable rates can be located at www.lifelock.com

<<http://www.lifelock.com>>. [Source:

Computerworld Security Jaikumar Vijayan article 4 Oct 07 ++]

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> SBP BASICS UPDATE 02: A question raised by many older retirees is, "I've

been paying into SBP for decades. The government has made a lot of money on me. Why can't I get some of that money back after all these years?" On the flip side, those nearing military retirement want to know "Is SBP really worth it? It seems awfully expensive - how much bang for my buck am I going to get?" Anyone who thinks the government is making money on SBP is way off-base. As shown in the premium vs. payment chart at http://www.moaa.org/lac_issues_fully_retired_sbp.htm for the years 1985 through 2006 the government has paid out more than twice as much in SBP benefits to survivors than it collects in retiree premiums. And that difference will continue to grow, since we recently won a benefit increase for survivors age 62 and older. For members retiring after 20 or more years of active duty, the government expects that the average retiree's lifetime SBP premiums will only cover about 60% of the average benefits that will be paid to the retiree's survivor. That means three things:

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> . Your SBP benefit is 40% subsidized by the government to help recognize the value of your service...(much different than the negative subsidy of civilian insurance, for which premiums must cover 100% of benefit costs, as well as company overhead, salaries, commissions, and profit).

> . Much like Social Security, every dollar you pay in SBP premiums goes toward paying part of the benefit for someone else's survivor, just as other retirees' premiums will help fund your survivor's benefits in the event of your death.

> . Any civilian insurance that provides cash back if you don't die is going to cost you a lot bigger premium per death benefit dollar (and we don't know of any civilian insurance that provides a fully inflation-protected annuity like SBP does).

> [Source: MOAA Leg Up 5 Oct 07 ++]

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> TRICARE RESERVE SELECT UPDATE 08: Tricare outreach efforts are ensuring

that nearly all of the 11,000 Tricare Reserve Select (TRS) members under the "tier" version of TRS will stay covered under the restructured program. As of 1 OCT approximately 90% had either switched over to the new program-or were in the process. The restructured TRS has also attracted interest from members of the Selected Reserves not previously covered under the tier program and nearly 10,000 have begun the process of qualifying for TRS. On 30 SEP, all current members in the tier program were disenrolled as the restructured TRS went into effect 1 OCT under changes mandated by the 2007 National Defense Authorization Act. Despite an instruction letter sent out in early August, less than half had transferred to the restructured program by mid-September. The few remaining Tier TRS members who still have not heard about the need to make the switch will not be left out in the cold. They have a 60-day window to qualify for the new program with coverage retroactive to 1 OCT under a new provision called continuation coverage.

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> The number of new TRS members represents a moving target as it climbs daily. Already, the number of Selected Reservists purchasing coverage is nearly double the average number of members in the old TRS. With the end of the complicated tier program and its many qualifications, the majority of National Guard and Reserve members in the Selected Reserve are now eligible for TRS at a monthly premium of \$81 for the Service member only and \$253 for the Service member and their family. Coverage is comparable to Tricare Standard and Extra. The restructured TRS also features continuously open enrollment. National Guard and Reserve members must be in the Selected Reserve to be eligible for TRS. There is an important exclusion: Selected Reserve members cannot be eligible for Federal Employees Health Benefits (FEHB), or currently covered under FEHB (either under their own eligibility or through a family member). Members of the Selected Reserve can find out about TRS costs, what's covered, and how to purchase coverage through the "My Benefit" portal at www.tricare.mil <<http://www.tricare.mil>>. Selected Reserve members who wish to

see if they are qualified to purchase TRS coverage under the restructured program should go to the TRS Web application at <https://www.dmdc.osd.mil/appj/trs/> and follow the instructions. If qualified, the member can print out the TRS Request Form; attest that they are not eligible for or covered by an FEHB plan; then send the form with one month's premium to the appropriate Tricare regional MCSC. National Guard and Reserve members may also contact their Reserve Component if they have additional questions about eligibility for TRS. [Source: TMA News Release 5 Oct 07 ++]

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> CONNECTICUT VETERANS WARTIME SERVICE MEDAL: All Connecticut veterans with

qualifying wartime military service are eligible to receive the Connecticut Veterans Wartime Service Medal. Since last fall, the Connecticut State Department of Veteran's Affairs has hosted invitation-only ceremonies during which veterans of all wars receive the Medal. It is the first of its kind that the state has minted since the end of World War I. The 270,000 veterans who will receive it are Connecticut natives or current residents who served in a war and received honorable discharges. All living war veterans from World War II to the current war in Iraq are entitled to the medal. The medal can also be mailed to the veteran's home. In order to receive the medal, the veteran must meet all of the following requirements:

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> 1. Submit documentary proof of qualifying military wartime service (90 days wartime service, unless the war or operation lasted less than 90 days); (i.e. DD Form 214 or other documentation if DD Form 214 is unavailable)

> 2. Submit proof of an honorable discharge from military service (or discharge due to injuries received in the line of duty) for the qualifying

wartime service.

> 3. Submit proof that you currently are a resident of the State of Connecticut or that you were a resident at the time of your qualifying wartime service. (e.g., photocopy of State of Connecticut driver's license).

> 4. Submit a Completed and signed application form (CTMD VM-1) available online at <http://www.ct.gov/ctva/cwp/view.asp?a=1992&q=313194>

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> Awards will not be made posthumously. Send applications & supporting documentation to: Department of Veterans' Affairs, ATTN: Wartime Medal and Registry, 287 West Street, Rocky Hill, CT 06067 or Fax: (860) 721-5919.

[Source: Military.com 1 Oct article ++]

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> VA CWT & IT: The Department of Veterans Affairs Compensated Work Therapy

(CWT), and Incentive Therapy (IT) programs are work therapy programs intended to help veterans receiving treatment at VA Hospitals to return to employment. Veterans who have participated in these programs and received payments from VA as part of their therapy may have had their payments reported to the Internal Revenue Service (IRS), if they received over \$600 in any year. The payments from these programs may have been treated as taxable income, based on IRS regulations in place at the time. The United States Tax Court has recently determined that the payments from these VA programs are not taxable because they are tax-exempt veterans' benefits. Veterans who reported CWT or IT work therapy program payments as taxable income may be eligible to file amended tax returns claiming refunds of the tax they paid on program payments. Veterans who reported these payments as taxable income are advised to speak with a tax advisor regarding this matter. [Source: Veterans Service Organizations Liaison, Office of the Secretary of Veterans Affairs notice 2 Oct 07 ++]

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> VDBC UPDATE 22: A presidential commission has called for an immediate 25%

increase in veterans' disability compensation while awaiting a larger overhaul of disability and transition benefits. The Veterans' Disability Benefits Commission (VDBC) says the current compensation system is outdated and fails to consider the complete impact that a service-connected disability has on the life of veterans and their families. The current system also is unnecessarily cumbersome to the point that it discourages veterans from getting the help they deserve, says the commission report, a copy of which was obtained 2 OCT by the Military Times. The 562-page report was released 3 OCT, although what happens next is unclear. Most of the recommendations, including the proposed 25% benefits boost, would require congressional action before they could take effect. With the Bush administration already balking at the \$4 billion increase in veterans'

health care and benefits programs being pushed by Congress, it is unlikely that administration officials would support further increases. However, an overhaul of the veterans' disability rating system, streamlined claims processing and an easier transition from military to veterans programs are all issues under consideration by Congress, and could end up included in the Wounded Warrior Assistance Act that lawmakers expect to pass later this year. An overhaul of the military's complicated disability retirement and physical evaluation process is expected to be part of that bill.

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> The report by the 13-member commission, led by retired Army Lt. Gen. James Scott, caps more than two years of work, including several precedent-setting studies of disabled veterans and their compensation that looked at their total income and compared military and veterans' benefits to those received by disabled workers who never served in the military. In calling for an overhaul of the military and Department of Veterans Affairs rating systems, the commission said a revised system needs to be fair so that people who have experienced similar losses receive similar compensation. Veterans with mental disorders, including post-traumatic stress disorder, are particularly poorly served by the current rating system, the report says. The VA ratings schedule that sets disability levels has not been changed in 62 years, and needs to be updated, the commission says, with top priority going to revising the ratings for PTSD, traumatic brain injury and other mental health and neurological body systems says. This could be done quickly, in time to help Iraq and Afghanistan war veterans, while leaving a review of the rest of the ratings to roll out over five years.

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> The commission comes down squarely on the side of veterans on several controversial issues. For example, it supports allowing disabled retirees to receive full veterans' disability compensation and military retired pay when they are eligible for both, and to allow survivors to receive their full veterans' and military survivors' benefits. On both of those issues, the Pentagon has resisted efforts in Congress to allow both payments in full, although in recent years lawmakers have been phasing out the mandatory offsets in one pay or the other that had been on the books for decades. One recommendation that may not please veterans calls for periodic reviews of case in which disability pay is based, in part, on the fact that a veteran's disability prohibits him or her from holding a job. When former VA Secretary R. James Nicholson made a similar recommendation several years ago, veterans went wild about the government trying to cut their payments. The commission calls for periodical and comprehensive evaluations of disabled veterans' employability status, and a way to slowly wean veterans off benefits if it is possible for them to return to work at some point. [Source: ArmyTime Rick Maze article 3 Oct 07 ++]

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> VDBC UPDATE 23: The House Veterans' Affairs Committee likely will not consider until next year legislation to address the recommendations of two major commissions created to study veterans' health and disability issues. A commission chaired by former Sen. Bob Dole and former Health and Human Services Secretary Donna Shalala examined servicemembers' transition from military to civilian life and released its report in JUL 07, while the congressionally mandated Veterans' Disability Benefits Commission released its report 3 OCT. Committee Chairman Bob (D-CA) said that he plans to combine the recommendations of the two reports in a single piece of legislation that the panel likely would not mark up until next year. Retired Army Lt. Gen. James Terry Scott, chairman of the Veterans' Disability Benefits Commission, said that his commission and the Dole-Shalala commission have parted on some issues, which could prove a challenge in drafting legislation. However, Filner suggested that the commissions' findings would give a new secretary a window of opportunity to make major changes at VA.

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> At the hearing Scott said, "A VA pilot program that would allow veterans to get benefits without having to prove their claim first, subject to random audits later for validity, might work if the new VA secretary works closely with Congress to ensure there are no unintended consequences. Such a proposal has been touted before by Harvard professor Linda Bilmes and more recently by former VA Secretary Jim Nicholson in his final days before leaving office." Separately, two major veterans groups expressed impatience with government delays in improving care for wounded troops. They called on President Bush to move quickly to nominate a new VA secretary who would finally make the needs of our nation's veterans a national priority. "This is no time for the president to fill such an important position with a placeholder for the remainder of his term," said David W. Gorman, an executive director of Disabled American Veterans. Testimony to Congress by Scott is the first among several commissions and task forces to weigh in on the issue of reducing intractable delays in veterans disability pay. In early OCT the 13-member commission issued a 544-page report on the ailing system that called the current 177-day wait unacceptable. It called for better technology, standardized procedures and additional staff to reduce the claims backlog to about 90 days within two years.

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> Under questioning Scott acknowledged that more radical efforts might be needed. "The VA as an institution has been hit about the head and shoulders so much that trying something new is sometimes resisted because they're afraid they'll be left holding the bag," Scott told the House Veterans Affairs Committee. "I wouldn't object to a pilot program. The current system is so complicated, it's a wonder to me that anyone can get a claim processed." Scott said. The comments come as the Bush administration and Congress struggle to find clear answers to some of the worst problems afflicting wounded warriors more than seven months after disclosures of

shoddy outpatient treatment at the Pentagon-run Walter Reed Army Medical Center. The Government Accountability Office earlier this month in particular cited Army problems in providing personalized medical care and the VA's backlogs in disability pay. Nicholson, who stepped down 1 OCT, has said his successor will have "think outside the box" to solve intractable delays in disability pay. Gordon Mansfield, the VA's deputy secretary, is serving as acting secretary pending a nomination of a successor by Bush. On 10 OCT the group Iraq and Afghanistan Veterans of America aired a new television ad that chastises both Congress and the Bush administration for continuing problems in veterans care. [Source: AP Hope Yen and USA Today articles 11 Oct 07 ++]

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> MEDICARE RATES 2008: The Bush administration announced 1 OCT that the standard Medicare premium would rise to \$96.40 a month next year, an increase of \$2.90 a month. The 3.1% increase is the smallest since 1999-2000, when the premium was at the same level, \$45.50, for two years in a row. Most of the 43 million beneficiaries pay the standard premium for Medicare Part B, which covers doctors' services, outpatient hospital care, X-rays, laboratory services and other diagnostic tests. About 5% of beneficiaries, with annual incomes exceeding \$82,000 for individuals and \$164,000 for couples filing joint tax returns, will pay higher premiums on a sliding scale. The maximum will be \$238.40 a month for the most affluent, individuals with annual incomes exceeding \$205,000 and each member of a couple reporting combined income of more than \$410,000. For an individual with annual income from \$102,000 to \$153,000, the premium will be \$160.90 a month. Most beneficiaries pay separate premiums for Medicare coverage of prescription drugs on top of the standard premium. The drug premiums typically range from \$25 to \$40 a month.

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> The increase in the standard Part B premium was less than many experts had expected, in part because officials decided to correct an accounting error. As a result of the error, money for certain hospice benefits was inadvertently drawn from the Part B trust fund rather than a separate trust fund that pays hospital costs. The money will be paid back in the coming year. In addition, the premium for 2008 is artificially low because it assumes that Medicare payments to doctors will be cut about 10% next year, as required by law. Congress has usually stepped in to avert such cuts, and the cost is passed on to beneficiaries in subsequent years. The chief Medicare actuary, Richard S. Foster, said, "The low increase in premiums is good news for 2008," but added that it was probably a one-time phenomenon. The annual deductible for doctors' visits and other Part B services will be \$135, up from \$131. The deductible was fixed at \$100 a year from 1991 to 2004. It now increases to reflect the growing average cost of Part B services for beneficiaries 65 and older. For a beneficiary admitted to a hospital, the deductible will be \$1,024 next year, up from \$992.

[Source: the New York Times Robert Pear article 2 Oct 07 ++]

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> NDAA 2008 UPDATE 09: On 1 OCT the Senate finally passed their version of the National Defense Authorization Bill (H.R. 1585) by a vote of 92-3. The bill now moves to conference with the House to work out differences. The bill faces a possible veto by President Bush over an expansion of federal hate-crime laws, unrelated to national defense but stuck in regardless, if that provision makes it through the conference. Among the many amendments added to the bill are several items of imminent interest to retirees and their families. They include:

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> . The Lautenberg amendment to prohibit increases in TRICARE fees for FY2008 and to express the sense of the Senate that military service is unique and that military members have earned their benefit by virtue of their service and sacrifices.

> . The Nelson amendment to eliminate the SBP/DIC offset and accelerate 30-year paid-up Survivor Benefit Plan (SBP) coverage to 1 OCT 07.

> . The Reid amendment providing full, immediate concurrent receipt to disabled retirees deemed "unemployable" by the VA retroactive to 1 JAN 05.

> . An amendment by Sen. Lott concerning the Armed Forces Retirement Home. This amendment would prohibit "privatization" of the Home into a non-government charitable institution.

> . The Chambliss amendment to reduce the Reserve retirement age by three months for each 90 days served on active duty since 11 NOV 01.

> . The Lincoln amendment to authorize Guard or reserve members to use their mobilization GI Bill benefits up to 10 years after separating from the Selected Reserve.

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> One NAUS supported provision that did not make the final bill as an amendment was the Clinton sponsored Postal Bill to provide vouchers for the families and loved ones of deployed troops in order to send free mail and packages to them. It is, however, in the House passed bill. Additionally the Wounded Warrior Act was reinserted into the NDAA. This legislation addresses the care and treatment of our wounded warriors. It would:

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> . Authorize \$50 million for improvements in diagnosis, treatment and rehabilitation of service members who have Traumatic Brain Injury or Post Traumatic Stress Disorder.

> . End the inconsistent ratings awarded for the same disabilities by DoD and the VA.

> . Provide for seamless transition from DoD to VA care by requiring the Secretaries of the DoD and VA to develop a comprehensive plan

> . Authorize medically retired (Chapter 61) with 50% disabilities and higher to receive active duty medical benefits for three years after leaving active service.

- > . Authorize VA and military health care providers to provide urgent and emergency medical care and counseling to family members.
- > . Extend eligibility for VA healthcare for combat veterans from two years to five years after discharge.
- > . Establish a joint DoD/VA program to develop and implement a joint electronic health record.
- > . Require Secretary of Defense to establish standards for housing for military outpatients and for military hospitals, clinics and specialty medical care facilities.
- > . Increase minimum severance pay to one year's basic pay for those separated for disabilities incurred in a combat zone or combat related operations, and six months basic pay for all others.
- > . Eliminate that severance pay be deducted from disability compensation for disabilities incurred in a combat zone or combat-related operations.
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- > The Senate has appointed its conferees for H.R.1585, the FY 2008 National Defense Authorization Act. House conferees have not yet been announced. The conferees will meet to discuss differing provisions of the NDAA. The Senate conferees are as follows: Senators Levin; Kennedy; Byrd; Lieberman; Reed; Akaka; Nelson FL; Nelson NE; Bayh; Clinton; Pryor; Webb; McCaskill; McCain; Warner; Inhofe; Sessions; Collins; Chambliss; Graham; Dole; Cornyn; Thune; Martinez; and Corker. [Source: NAUS Special Update for 2 OCT 07 ++]
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- > VA POLYTRAUMA CARE UPDATE 01: The Department of Veterans Affairs (VA) announced 28 SEP the Audie L. Murphy Memorial Veterans Hospital located in San Antonio, Texas will house the Nation's newest Polytrauma Rehabilitation Center (PRC). This Center will provide intensive medical rehabilitation for seriously injured and wounded service members and veterans who suffer from Traumatic Brain Injuries, amputations, burns, blindness, and Post-Traumatic Stress Disorders. Care has been structured around teams of specialists. There are currently four VA PRCs in Minneapolis, MN; Richmond, VA; Tampa, FL; and Palo Alto, CA. The San Antonio project will consist of two stages. In the first, VA will construct an 84,000 square-foot, three-level building for rehabilitation, transitional living and prosthetics. This will be followed by renovation of 32,500 square feet of office and exam room spaces in the main medical center building at the VA's medical center. The Center will eventually house one floor of polytrauma ward space (12 beds) and transitional housing (12 apartments); one floor of polytrauma rehabilitation and multi-purpose space; and one floor for physical medicine and prosthetics service. The cost of the entire project is estimated at \$66 million. Construction is expected to begin next year. [Source: VA News Release 28 Sep 07 ++]
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> MEDICARE PART D UPDATE 16: Senator Bill Nelson (D-FL) has introduced a bill - the Medicare Prescription Drug Gap Reduction Act of 2007 (S.2089) - to give the Secretary of Health and Human Services authority to negotiate prescription drug prices on behalf of Medicare beneficiaries. Currently, more than one-quarter of all Medicare Part D recipients are affected by a large gap in coverage, often referred to as the doughnut hole. After \$2,400 in prescription expenses, seniors receive no prescription drug coverage but continue to pay premiums until they exceed \$5,451 in expenses. Savings generated by prescription drug negotiation under S.2089 would be directed toward reducing this gap in coverage. [Source: St. John's DC Updates 2 Oct 07 ++]

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> CANADIAN FORCES NATIONAL MILITARY CEMETERY: An expansion of the Canadian

Forces National Military Cemetery (NMC) in Ottawa earlier this year allows veterans of British forces, along with those of France, the United States and Poland, to be buried alongside Canada's military casualties. Former members of allied merchant navies can also be laid to rest there.

Eligibility criteria for internment in the NMC is:

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> - All former members of the Canadian Forces, both Regular and Reserve Force, including the Merchant Navy of Canada.

> - Former members of Her Majesty's Forces.

> - Allied Active Service members (i.e. U.S. military veterans) who became residents of, and died while residing in Canada, and were honorably discharged.

> - A family member or friend of the service member

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> Allied Force members, or a member of their estate must provide documents demonstrating that the applicant was honorably released. Upon determination of eligibility, the applicant or their estate will coordinate burial arrangements directly with the staff of Beechwood Cemetery. Family members and/or funeral directors will facilitate burial arrangements directly with Beechwood Cemetery, once the NMC application has been approved. Burial and most associated costs will be borne by the military for serving members of the Regular Force and Reserve Class C Service and by the estate for veterans. Charges for burial and services are based on rates approved annually by the Ontario Ministry of Corporate and Consumer Relations. Beechwood offers pre-payment options so that those wishing to be buried at the NMC can take advantage of current prices. Plots will not be pre-selected nor will they be allocated on the basis of rank, service, regiment, or personal preference. Registration applications are available online at http://www.forces.gc.ca/hr/nmc-cmn/engraph/coverpage_e.asp?docid=2.

Applications should be forwarded to: Director Casualty Support and Administration 6, National Defense Headquarters

> Major-General George R. Pearkes Building, 101 Colonel By Drive, Ottawa, ON, K1A 0K2. [Source: VVA Post 75 Tom O'Malley article 1 Oct 07 ++]

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> MILITARY RELATED JOB FAIRS UPDATE 01: The Veteran Eagle is a newsletter

for veterans, transitioning military, their family members, and friends and supporters of VetJobs. It provides informational assistance to users in finding the job that best meets their needs. Interested vets can review data that will enable them to find a job and/or subscribe to the newsletter at www.vetjobs.com <<http://www.vetjobs.com>>. The site also provides information to employers on the advantages of hiring vets. Following are the scheduled military related Job Fairs for 15 thru 31 OCT:

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> . TX, 10/16, NCOA Job Leader National Job Fair, Fort Hood Conference and Catering Center, Bldg. 5764, 24th and Wainwright Streets, Fort Hood, 10:00 AM to 2:00 PM

> . NY, 10/16, TECHEXPO Top Secret, Hilton New York, 1335 Avenue of the Americas, New York, 12pm to 6pm

> . KY, 10/17, Fort Knox Job Fair, Leaders Club, 1118 Chaffee Avenue, Fort Knox, 10 AM to 3 PM

> . SC, 10/17, Career Fair, Fort Jackson, 9 AM to Noon

> . AZ, 10/18, Military Stars Western Regional Career Expo, Pointe South Mountain Resort, 7777 South Pointe Parkway, Phoenix, Noon to 5 PM

> . VA, 10/18, Corporate Gray Security Clearance Job Fair, Crystal City Embassy Suites Hotel, Arlington, 9 AM to 1:30 PM

> . KY, 10/18, CivilianJobs.com Job Fair, visit www.civilianjobs.com <<http://www.civilianjobs.com>> for details.

> . VA, 10/18, TECHEXPO Top Secret, Hyatt Regency Reston Town Center, 1800

Presidents Street, Reston, 10 AM to 4 PM

> . TX, 10/21-22, Bradley-Morris, Inc. Hiring Conference for Transitioning Military, Dallas, visit www.Bradley-Morris.com <<http://www.Bradley-Morris.com>> for more information.

> . CA, 10/21-22, Bradley-Morris, Inc. Hiring Conference for Transitioning Military, San Diego, visit www.Bradley-Morris.com <<http://www.Bradley-Morris.com>> for more information.

> . PA, 10/21-22, Orion International Military Hiring Conference, Philadelphia, visit www.orioninternational.com <<http://www.orioninternational.com>> for details.

> . IL, 10/21-23, Orion International Military Hiring Conference, Chicago, visit www.orioninternational.com <<http://www.orioninternational.com>> for details.

> . MD, 10/23, TECHEXPO Top Secret, BWI Marriott, 1743 West Nursery Road, Baltimore, 10 AM to 4 PM.

- > . OH, 10/23-24, AFCEA InfoTech Career Fair, Dayton Convention Center, 322 East Fifth Street, Dayton, 11 AM to 4 PM.
- > . KS, 10/24, ACAP Job Fair, Frontier Conference Center (FCC) 350 Biddle BLVD, Fort Leavenworth, 10 AM to 2 PM.
- > . VA, 10/25, Cleared Job Fair, The Westin Tysons Corner, 7801 Leesburg Pike, Falls Church, 11 AM to 4 PM.
- > . AZ, 10/25, Career Fair, The Windemere Hotel & Conference Center, 2047 South Highway 92, Sierra Vista, 1 PM to 5 PM.
- > . VA, 10/25, Military Job Fair of Virginia, Hampton Roads Convention Center 1610 Coliseum Drive, Hampton, 9 AM to 3 PM.
- > . MO, 10/25, Mini Job Fair, Audie Murphy Club, Fort Leonard Wood, 9:30 AM to 2:30 PM.
- > . GA, 10/25, ACS Job Fair, The Commons, Bldg 650, Fort McPherson, 10 AM to 2 PM.
- > . GA, 10/25-26, Lucas Group Military Hiring Conference, Atlanta, visit www.lucasgroup.com/services/military.asp <<http://www.lucasgroup.com/services/military.asp>> for more information.
- > . IL, 10/25-26, Lucas Group Military Hiring Conference, Chicago, visit www.lucasgroup.com/services/military.asp <<http://www.lucasgroup.com/services/military.asp>> for more information.
- > . WA, 10/25-26, Lucas Group Military Hiring Conference, Seattle, visit www.lucasgroup.com/services/military.asp <<http://www.lucasgroup.com/services/military.asp>> for more information.
- > . VA, 10/26, USO JETS, SOSA Community Center 9800 Belvoir Road, Bldg 200, Fort Belvoir, 10 AM to 2 PM.
- > . GA, 10/28-29, Bradley-Morris, Inc. Hiring Conference for Transitioning Military, Atlanta, visit www.Bradley-Morris.com <<http://www.Bradley-Morris.com>> for more information.
- > . GA, 10/29, MilitaryStars Southeast Regional Career Expo, Cobb Galleria Centre, Two Galleria Parkway, Atlanta, Noon to 5 PM.
- > . VA, 10/25-26, Lucas Group Military Hiring Conference, Norfolk, visit www.lucasgroup.com/services/military.asp <<http://www.lucasgroup.com/services/military.asp>> for more information.
- > . NY, 10/30, National Veterans Job Expo, Rochester Museum & Science Center, 657 East Avenue, Rochester, 10 AM to 2 PM.
- > [Source: VetJobs Veteran Eagle 1 Oct 07 ++]
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- > VETERAN LEGISLATION STATUS 13 OCT 07: For a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress refer to the Bulletin House & Senate attachments. By clicking on the bill number indicated you can access the actual legislative language of the bill and see if your representative has signed on as a cosponsor. 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. A cosponsor is a member of Congress who has joined one or more other members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The member who introduces the bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can also review a copy of each bill, 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/d110/sponlst.html>. The key to increasing cosponsorship on veteran related bills is letting our representatives know of veteran's feelings on issues. At the end of some listed bills is a web link that can be used to do that. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making. [Source: RAO Bulletin Attachment 13 Oct 07 ++]

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