

> RAO Bulletin Update
> 15 November 2007

>

>

> THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES

> == Tricare Shingles Vaccine ----- (Age 60 and Older)
> == VA Homeless Vets [07] ----- (Setting the Record Straight)
> == VA Disability/Comp System ----- (System Improvements)
> == WRAMC [12] ----- (Xmas Greetings to Wounded)
> == Bone Marrow Donor Registration ----- (Enrollees Sought)
> == CA & Federal Death Benefits ----- (Service Connected)
> == CA & Federal Death Benefits ----- (Nonservice Connected)
> == SSN Protection Tips ----- (Things you can do)
> == Kansas Vet Cemetery ----- (Manhattan Location)
> == VA Agent Orange Claims [02] ----- (Faster OK Sought)
> == Hawaii Veterans Home ----- (1st to Open)
> == Camp Lejeune Toxic Exposure [01] ----- (Nothing Found)
> == Vet Cemetery Pennsylvania [01] ----- (Dolington Site)
> == HVAC [03] ----- (Vet Bills Hearing)
> == MOAA Data Breach ----- (Email Addrees Only)
> == VA Budget 2008 Update [10] ---- (Combined Spending Bill)
> == VA Fraud [03] ----- (King WI Veterans Home)
> == Tricare Data Breach [01] ----- (Identity Theft Unlikely)
> == VA Physician Qualls [01] ----- (56,000 under Review)
> == DoD Disability Eval System [08] ----- (Single Physical)
> == Mobilized Reserve 7 NOV 07 ----- (Net Decrease 2362)
> == DoD Retiree Pay Offset ----- (Retired Benefits Program)
> == Retiree/Annuitant Pay Dates 2008 ----- (DFAS)
> == NG Transition Assistance Advisor ----- (Services Provided)
> == VA Vision Legislation [01] ----- (Criteria Relaxed)
> == VA Burial Benefits [01] ----- (Sunset Provision Elimination)
> == VA Hep "C" Care [01] ----- (Treatment Completion Rates)
> == VA Aids Care [01] ----- (Testing Delay Complications)
> == Travel Packing Tips ----- (Making it easier)
> == Tricare Supplemental Ins [02] ----- (Cafeteria plans)
> == USERRA [03] ----- (OSC vs. VETS)
> == Reserve GI Bill [08] ----- (Clarification sought)
> == Tricare Nexium Copay Lowered ----- (Now only \$3.00)
> == VetJobs [01] ----- (Job Fairs thru 14 DEC)
> == Federal Recovery Coordinators ----- (DoD & VA)
> == Military Pay Raise 2009 ----- (3.4% Likely)
> == VA Diabetes Mellitus Care [03] ----- (Avandia Deletion)
> == VA Diabetes Mellitus Care [04] ----- (Education Drive)
> == TV Analog to Digital Conversion ----- (Did you know?)
> == Veteran Legislation Status 13 NOV 07 --- (Where We Stand)

>

>

> Note: I will be shifting to the United States 22 NOV 07.

>

>

> TRICARE SHINGLES VACCINE: Following a Centers for Disease Control and Prevention (CDC) recommendation on 19 Oct 07, Tricare now covers Zostavax, the vaccine designed to prevent shingles for beneficiaries 60 and older.

Shingles is a painful viral disease that affects more than one million Americans every year. More than half of those cases happen in people age 60 or older. Shingles is caused by the varicella-zoster virus, the same virus that causes chickenpox in children. It remains in the body for decades, sleeping in nerve cells along the spinal column. A shingles rash usually appears on one side of the face or body and lasts between two and four weeks. It is painful and can be accompanied by fever, headache, chills and upset stomach. The CDC recommends a single dose of shingles vaccine for everyone age 60 and older. In a shingles prevention study done by the Veterans Administration Cooperative Trial, run by Dr. Michael Oxman out of the University of California, San Diego, Zostavax was more than 50% effective in reducing the incidence of shingles and more than 60% effective in reducing some of its associated symptoms. Even in people who suffer from the disease, most of those who were vaccinated experienced less pain. Tricare covers all immunizations recommended by the CDC's Advisory Committee on Immunization Practices and formally endorsed and adopted by the CDC. For more information on shingles and the vaccine refer to the CDC Web site, www.cdc.gov/vaccines/pubs/vis/downloads/vis-shingles.pdf <<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-shingles.pdf>>. [Source: Tricare News Release No.07-89 dtd 13 Nov 07 ++]

>

>

> VA HOMELESS VETS UPDATE 07: Recent newspaper articles have noted that one in four homeless persons in the United States are veterans. While this may be true the VA has been addressing the situation with ongoing programs to reduce veteran homelessness and provide medical care and would like to set the record straight on its efforts. Accordingly, the following facts are provided:

>

> * VA is the largest federal provider of direct assistance to the homeless. Services provided include health care, outreach and case management, employment, rehabilitation, transitional residential care, therapeutic work and assistance with permanent housing.

> * There has been a 22% reduction in the number of homeless veterans in comparison to estimates as recent as five years ago. The estimated number of homeless veterans fell from 250,000 to today's 195,000 on any given night.

> * Only about 30% of homeless veterans are chronically homeless, which are the hardest to reach among the homeless population. VA's programs are designed to directly serve this important group.

> * VA supports more than 15,000 beds in transitional housing facilities and VA residential treatment programs.

> * 100,000 veterans - more than half the number of homeless veterans - receive VA health care each year. VA expects to spend \$1.6 billion for medical treatment and \$287 million for homeless specific programs in FY 08.

> * 346 program clinicians are working nationwide who contact homeless veterans as part of their dedication to the homeless health care outreach effort.

> * More than \$300 million in grants have been provided to local partners for homeless programs.

> * VA partners with hundreds of communities on Stand Downs across the nation. Stand Downs give homeless veterans a temporary refuge where they can obtain food, shelter, clothing and a range of community and VA assistance. Providers can contact VA's Homeless Veterans Programs Office at <http://www1.va.gov/homeless/>, (202) 273-5764, or e-mail VA at

homelessvets@mail.va.gov <mailto:homelessvets@mail.va.gov>.

> [Source: VA Media Relations 8 Nov 07 ++]

>

>

> VA DISABILITY/COMPENSATION SYSTEM: On 6 NOV the DoD and VA signed an agreement for a pilot program to begin this month to evaluate a single physical examination that would be used by DoD to determine the medical fitness of injured personnel to remain in uniform and by VA for awarding disability compensation. The DVA is commencing a study to determine the appropriate level and duration of transition payments that should be paid to all eligible veterans who are participating in a rehabilitation program. It also intends to solicit outside bids to be able to award one contract to conduct two important technical studies that will assist decisions to be made regarding the updating of our military disability system. Full details about the competitive solicitation for the studies will be available on <http://www.fedbizopps.gov>. The studies are part of the recommendations of the President's Commission on Care for America's Returning Wounded Warriors, co-chaired by former Sen. Bob Dole and former Health and Human Services Secretary Donna Shalala. The studies will:

>

> * Create a schedule for rating disabilities based upon current concepts of medicine and disability, taking into account loss of quality of life and loss of earnings resulting from specific injuries or combination of injuries.

> * Examine the nature of injuries and combination of injuries for which disability compensation is payable under various disability programs of the Federal and State governments and other countries;

> * Examine the extent to which quality of life and loss of earnings are independently taken into account in various disability programs of the Federal and State governments and other countries;

> * Examine the effect of an injury or combination of injuries on a veteran's loss of earnings, such as inability to work in certain occupations, and on a veteran's quality of life, such as activities of independent living, recreational and community activities, and personal relationships, including the inability to participate in favorite activities, social problems related to disfigurement or cognitive difficulties, and the need to spend increased amounts of time performing activities of daily living; and

> * Address measurement of the effect of an injury or combination of injuries on a veteran's psychological state, loss of physical integrity, and social inadaptability.

>

> The study will make recommendations concerning the following:

> * The appropriate injuries or combination of injuries to include in the schedule;

> * The appropriate level of compensation for loss of quality of life;

> * The appropriate standard or standards for determining whether an injury or combination of injuries has caused a loss in a veteran's quality of life;

> * The appropriate level of compensation for loss of earnings; and

> * The appropriate standard or standards for determining whether an injury or combination of injuries has caused a veteran loss of earnings.

> [Source: VA Media Relations 8 Nov 07 ++]

>

>

> WRAMC UPDATE 12: In response to numerous requests from many well meaning

people who want to do something for our "wounded warriors" at Walter Reed Army Medical Center (WRAMC), Bethesda Naval Medical Center and all the other military Medical facilities where these brave men and women are receiving care, there are several appeals going around the internet. Please read the below statement taken directly from the Walter Reed website. As you can see there are many other ways to show your support:

>

> "Walter Reed Army Medical Center officials want to remind those individuals who want to show their appreciation through mail to include packages and letters, addressed to "Any Wounded Soldier" that Walter Reed will not be accepting these packages in support of the decision by then Deputy Undersecretary of Defense for Transportation Policy in 2001. This decision was made to ensure the safety and well being of patients and staff at medical centers throughout the Department of Defense. In addition, the U.S. Postal Service is no longer accepting "Any Service Member" or "Any Wounded Service Member" letters or packages. Mail to "Any Service Member" that is deposited into a collection box will not be delivered. Instead of sending an "Any Wounded Soldier" letter or package to WRAMC, consider making a donation to one of the more than 300 nonprofit organizations dedicated to helping our troops and their families listed on the "America Supports You" website, www.americasupportsyou.mil <<http://www.americasupportsyou.mil>>. Other organizations that offer means of showing your support for our troops or assist wounded servicemembers and their families include:

> - <<http://www4.army.mil/ocpa/tooursoldiers/>>

> - <<http://www.redcross.org>>

> - <<http://www.usocares.org/>>

>

> For individuals without computer access, your local military installation, the local National Guard or military reserve unit in your area may offer the best alternative to show your support to our returning troops and their families. WRAMC will continue to receive process and deliver all mail that is addressed to a specific individual. As Walter Reed continues to enhance the medical care and processes for our returning service members, it must also must keep our patients and staff members safe while following Department of Defense policy. The outpouring of encouragement from the general public, corporate America and civic groups throughout the past year has been incredible. Our Warriors in Transition are amazed at the thanks and support they receive from their countrymen." [Source: NAUS Weekly Update 8 Nov 07 ++]

>

>

> **BONE MARROW DONOR REGISTRATION:** Every 15 minutes someone in the United States is diagnosed with a medical condition that requires treatment with bone marrow or a blood stem cell transplant. Every day more than 6,000 men, women and children around the world search the National Donor Program Registry for a life-saving donor. Thousands of lives are lost because a match is never found. According to Army Major General (MG) Elder Granger, Deputy Director, Tricare Management Activity each year more than 35,000 people in the United States are diagnosed with leukemia, lymphoma, aplastic anemia (marrow failure), and other life-threatening blood disorders. Seventy-five percent of patients in need of a marrow transplant cannot find a match within their own family. November is National Marrow Awareness Month, and The C.W. Bill Young/Department of Defense (DoD) Marrow Donor Program, named for Congressman C.W. Bill Young who initiated and supported its development, is working hard to provide hope and help to patients

waiting to find a marrow donor. The C.W. Young Donor Program is only for Military donors.

>

> The C.W. Young Program works in conjunction with the National Marrow Donor Program (NMDP) which brings donors together, within the U.S. and from across the world, in a confidential and secure data search system. In addition to the NMDP in the U.S., there are numerous organizations around the world that share this database, working together to find matches for any individual requiring a transplant. Since the creation of the NMDP in 1986, more than six million Americans, including more than 400,000 Service members, have registered as marrow donors. Hundreds of marrow donor drives are conducted on Military installations and ships each year. In addition, The C.W. Bill Young/DoD Marrow Donor Program, in cooperation with participating commands, has established "walk-in" registration programs for eligible personnel who wish to join the DoD Marrow Donor Program Registry. Joining the registry is almost effortless and completely painless. Participants fill out a short two-page DoD consent form and a swab is taken from inside their mouth. Potential donors receive an official card signifying they have registered as a bone marrow donor. They are added to the NMDP National Registry through the DoD Marrow Donor Program. To be eligible to join the registry through the DoD program you must be:

- > . Age 18 to 60 and in good health
- > . Active Duty Military, Coast Guard, National Guard or Reservist
- > . Immediate family member of an Active Duty Service Member
- > . A DoD civilian employee

> For additional info on the C.W. Young Donor Program, as well as a list of walk-in locations or to establish a walk-in registration program refer to

www.dodmarrow.org <<http://www.dodmarrow.org>>. [Source: Tricare News Release 2007 No. 07-86 dtd 8 Nov 07

++]

>

>

> CALIFORNIA & FEDERAL DEATH BENEFITS: Veterans who are residents of California who die as a result of service connected (SC) disabilities are entitled to a number of state and federal benefits. Following is a checklist that can be used by their survivors or estate managers to assist in obtaining these benefits. This checklist was last updated OCT 06:

>

> A. Claim Requirements:

- > 1. Verify disposition of veteran's VA check (if any).
- > 2. If veteran was a military retiree, notify service department.
- > 3. Complete and submit VA Form 21-534, Application for Dependency and Indemnity Compensation, Death Pension, or Accrued Benefits by a Spouse or Child, for surviving spouse and/or children. Also, VA Form 21-535, Application for Dependency and Indemnity Compensation by Parent(s), for dependent parent(s).
- > 4. Complete and submit VA Form 21-530, Application for Burial Allowance.
- > 5. Provide veteran's death certificate or other appropriate proof of death.
- > 6. Provide medical evidence as needed to relate veteran's death to service or to SC disability.
- > 7. Provide dependency documents, if not previously submitted (marriage certificate, birth certificate(s), death certificate(s), divorce decree(s), VA Form(s) 21-674, as applicable). If an adult child is claimed as disabled (helpless), submit appropriate medical evidence in support.
- > 8. Submit medical evidence to show need for aid and attendance (surviving

spouse or dependent parent) or that surviving spouse is housebound, if applicable.

> 9. Verify whether or not the surviving spouse or either dependent parent is also a veteran?

>

> B. Benefits:

> 1. Social Security death payment.

> 2. Possible VA accrued benefits (if there was an unresolved claim or if there were unnegotiated checks at the time of the veteran's death).

> 3. Eligibility for SC burial allowance, headstone or grave marker; U.S. flag; Presidential Memorial Certificate.

> 4. Life insurance payments (VA, other Government, or commercial).

> 5. Possible eligibility for additional allowance for surviving spouse or dependent parent on account of being so helpless as to be in need of the regular aid and attendance of another person (includes nursing home patients), or for surviving spouse on account of being housebound.

> 6. Certificate of Eligibility for home loan guaranty.

> 7. Eligibility for CAL-VET Home Loan.

> 8. Eligibility for CAL-VET Home Mortgage Insurance.

> 9. Eligibility for property tax exemption on principle residence.

> 10. Eligibility for Survivors' and Dependents' Education Assistance for surviving spouse and/or children under 38 U.S.C., Chapter 35.

> 11. Eligibility for CAL-VET College Tuition and Fee Waiver for surviving spouse and children (Plan A). Requires wartime service. May not be authorized concurrently with VA education assistance under Chapter 35.

> 12. Eligibility for CAL-VET College Tuition and Fee Waiver for children (Plan B). May be authorized concurrently with education assistance under Chapter 35.

> 13. Eligibility for son(s) and/or daughter(s) to compete for admission to military academies.

> 14. Eligibility for 10-point preference for Federal Civil Service employment (surviving spouse and/or natural mother).

> 15. Eligibility for 10-point preference for State of California employment (surviving spouse).

> 16. If veteran was a military retiree, possible payments under SBP/RSFPP.

> 17. Eligibility for a military identification card if the veteran was a military retiree or was rated SC, 100% at time of death.

> 18. Eligibility for health care coverage under CHAMPVA unless there is also eligibility under TRICARE (if the veteran was a military retiree).

> [Source: CA Dept of VA website Nov 07 ++]

>

>

> CALIFORNIA & FEDERAL DEATH BENEFITS: Veterans who are residents of California who die as a result of a non-service connected (NSC) disability or condition are entitled to a number of state and federal benefits.

Following is a checklist that can be used by their survivors or estate managers to assist in obtaining these benefits. This checklist was last updated OCT 06:

>

> A. Claim Requirements:

> 1. Verify disposition of veteran's VA check (if any).

> 2. If veteran was a military retiree, notify service department.

> 3. If veteran was SC and rated totally disabled (100% or IU) at time of death, review for possible DIC. (Generally, requires veteran to have been rated totally disabled for 10 continuous years immediately preceding death. If out of service less than 10 years at time of death, rated totally

disabled for at least 5 continuous years, from date of discharge from service to date of death. If a former POW, rated totally disabled for one year immediately preceding death.)

> 4. Submit VA Form 21-534, Application for Dependency and Indemnity Compensation, Death Pension, or Accrued Benefits by a Spouse or Child, for surviving spouse and/or children.

> 5. Submit VA Form 21-530, Application for Burial Allowance.

> 6. There is no minimum length of service requirement for DIC. For death pension, veteran must have had a minimum of 90 consecutive days of active service or was discharged because of SC disability. If veteran entered service after 1980, the service requirement is 24 continuous months or the full period for which called to active duty, whichever is less, unless discharged sooner because of hardship, reduction-in-force, or SC disability. In any event, at least one day of service must have been during a wartime period.

> Note-if veteran died while on active duty under circumstances precluding payment of DIC (i.e., willful misconduct), veteran must have served honorably for at least two years, at least one day of which was during a wartime period.

> 7. Submit veteran's death certificate or other appropriate proof of death.

> 8. Provide dependency documents, if not previously submitted (marriage certificate, birth certificate(s), death certificate(s), divorce decree(s), VA Form(s) 21-674, as applicable). If an adult child is claimed as disabled (helpless), submit appropriate medical evidence in support.

> 9. Report projected family income-include income from all sources, including farm and/or business. Also list deductions/exclusions-veteran's final expenses, unreimbursed medical expenses, children's wages, etc.

> 10. Report net worth.

> 11. Provide medical evidence to show that surviving spouse is housebound or in need of regular aid and attendance, if applicable.

> 12. Verify if surviving spouse is also a veteran?

>

> B. Benefits:

> 1. Social Security death payment.

> 2. Possible VA accrued benefits (if there was an unresolved claim or if there were unnegotiated checks at the time of the veteran's death).

> 3. Possible eligibility for burial and/or interment allowance; headstone or grave marker; U.S. flag; Presidential Memorial Certificate.

> 4. Life insurance payments (VA, other Government, or commercial).

> 5. Possible additional pension or DIC for surviving spouse on account of being so helpless as to be in need of the regular aid and attendance of another person (includes nursing home patients) or being housebound.

> 6. Eligibility for CAL-VET Home Mortgage Insurance.

> 7. Eligibility for property tax exemption on principle residence (if veteran was entitled to such exemption prior to death).

> 8. If veteran was a military retiree, possible payments under SBP/RSFPP.

> 9. Eligibility for a military identification card if the veteran was a military retiree or was rated SC, 100% at time of NSC death.

> 10. Eligibility for Survivors' and Dependents' Education Assistance benefits under 38 U.S.C., Chapter 35, for surviving spouse and/or children (if veteran was rated SC, permanently totally disabled at time of NSC death).

> 11. Eligibility for CAL-VET College Tuition and Fee Waiver for children (Plan B) if veteran had a (rated) SC disability at time of death.

> 12. Eligibility for health care coverage under CHAMPVA unless there is also eligibility under TRICARE (if the veteran was a military retiree) (if

veteran was rated SC, permanently totally disabled at time of NSC death).
> 13. Eligibility for 10-point preference for State of California employment (surviving spouse).

> [Source: CA Dept of VA website Nov 07 ++]

>

>

> SSN PROTECTION TIPS: "What is your social security number?" is a question many of us are asked on a regular basis without realizing that large amounts of our personal information, including tax, credit, education, and medical information, are keyed to our social security number. Imagine the damage identity thieves could do if they had this information. To protect your own social security number and those of the veterans you service, you can do the following:

>

> -- Never put a social security number in the header of an email.

> -- Never file documents by social security numbers.

> -- Ask creditors and merchants if you can substitute a special password or code to use instead of your social security number.

> -- Shred any documents that have any personal information or credit account numbers on them before discarding.

> -- Cover the screen or keypad when using an ATM so thieves cannot read your personal identification number (PIN).

> -- Always drop your outgoing mail in the U.S. Postal blue boxes or at the post office instead of your home mailbox.

> [Source: FDVA msg 7 Nov 07 ++]

>

>

> KANSAS VET CEMETERY: The Department of Veterans Affairs (VA) announced 7 NOV the award of a \$4.4 million partial grant to establish the Kansas State Veterans' Cemetery at Ft. Riley in Manhattan. This will be the fourth state cemetery in Kansas. A total grant of \$6.7 million is authorized, which will pay 100% of allowable costs to build the new 90-acre cemetery in the central part of the state. However, because VA is operating without 2008 congressional appropriations, under a continuing resolution, only \$4,359,000 is currently available to be awarded. Once the remaining \$2,355,692 is available, VA will make the final grant award. The new cemetery will serve more than 30,000 veterans and family members who live in the area. In its initial 30-acre development, the cemetery will provide 4,000 full-casket gravesites, 700 in-ground cremation burial sites and 786 columbarium niches for cremation remains. The grant also will cover the costs of cemetery infrastructure, including administration and maintenance buildings, roads, utilities, landscaping and irrigation, a memorial walkway, an assembly area and a committal service shelter. Design costs and equipment to operate the cemetery are also funded. Three other Kansas state veterans cemeteries, located in Fort Dodge, Wakeeney and Winfield, also received federal assistance through VA's State Cemetery Grants Program. The nearest state cemetery is the Wakeeney cemetery, approximately 180 miles away. The nearest national cemetery is Leavenworth National Cemetery, about 300 miles away. VA's State Cemetery Grants Program is designed to complement VA's 125 national cemeteries across the country. The program helps states establish new veterans' cemeteries and expand or improve existing state cemeteries. To date, the VA program has helped establish 73 state veterans' cemeteries in 36 states, including Saipan and Guam, which provided more than 22,000 burials in fiscal year 2007. Since the program began in 1980, VA has awarded 162 grants totaling more than \$312 million. Information on VA burial benefits can be obtained from national cemetery offices, from the VA Web

site on the Internet at <http://www.cem.va.gov>, or by calling VA regional offices at 1-800-827-1000. Information about Kansas veterans' cemeteries can be obtained by calling the Kansas Commission on Veterans Affairs at (785) 296-3976 or at <http://www.kcva.org/cp/>. [Source: VA News Release 9 Nov 07 ++]

>

>

> VA AGENT ORANGE CLAIMS UPDATE 02: The chairman of the House Veterans' Affairs Committee has a radical idea to cut the huge and seemingly intractable backlog of veterans' benefits claims. To focus on handling new claims from Iraq and Afghanistan war veterans, Rep. Bob Filner (D-CA) says the Department of Veterans Affairs should approve - with minimal questioning - claims filed by Vietnam veterans, especially those whose claims deal with exposure to the toxic herbicide Agent Orange. In an interview 8 NOV, Filner said he sees no way for VA to make headway in reducing the backlog of more than 400,000 claims without "radical" reforms that must include eliminating an adversarial process that puts veterans in a defensive position. "We know Agent Orange is a carcinogen, and that people could be exposed directly or indirectly in Vietnam," he said. "We don't need to be demanding scientific proof any longer." Expanded compensation would include paying the disputed claims of Navy veterans who served in the waters off Vietnam and never came ashore but think they still have herbicide-related health problems.

>

> Filner's idea would require an act of Congress. He envisions linking it with other disability legislation. Filner, a longtime advocate of improved Agent Orange benefits, has another motive in pushing for VA approval of Vietnam-era claims. He thinks it will be easier to pass disability benefits reforms aimed at helping Iraq and Afghanistan veterans - including a controversial plan that would consider income loss, quality of life and a veterans' continued participation in rehabilitation when setting monthly benefits payments - if older veterans think the government is also doing something to help them. "We have to do something for both groups," Filner said. To cut the backlog, Filner thinks VA needs a system that quickly approves relatively simple claims and provides partial benefits - maybe 30 percent or 40 percent of full payment - for veterans while they are waiting for their claims to be verified and approved. VA and some veterans groups oppose such a system out of concern that automatically approving claims with no prior verification could encourage fraud. [Source: NavyTimes Rick Maze article 9 Nov 07 ++]

>

>

> HAWAII VETERANS HOME: Hawaii's first long-term-care facility exclusively for military veterans will open on the Hilo Medical Center campus on 12 NOV. The \$30 million, 95-bed Yukio Okutso Veterans Home also will provide adult day health services. It is named after a former Hilo resident who was a technical sergeant with the famed 442nd Regimental Combat Team. Okutso fought and died in World War II. It is Hawaii's first State Veterans Home and is part of the state's public hospital network, Hawaii Health Systems Corp. HHS has contracted out management of the home to Avalon Health Care Inc. State Veterans Homes are built in partnership with the U.S. Department of Veterans Affairs, which contributes up to 65 percent of the cost of building, buying or renovating nursing homes for veterans. [Source: Pacific business News article 7 Nov 07 ++]

>

>

> CAMP LEJEUNE TOXIC EXPOSURE UPDATE 01: Federal environmental regulators say testing shows no chemical contamination under Marine Corps housing for military families at Camp Lejeune. The Environmental Protection Agency and Marine Corps say a network of monitoring wells show the chemical contamination from a Superfund site doesn't extend under a school and housing. Base officials closed wells in 1987 that were contaminated with solvents from a dry cleaners across the street from some base housing. Government figures estimate that up to 1 million people were exposed and some unborn babies later developed cancers and birth defects. In July, base officials notified residents of nearly 900 homes that testing was being conducted. [Source: MarineTimes Associated Press article 9 Nov 07 ++]

>

>

> VET CEMETERY PENNSYLVANIA UPDATE 01: The Department of Veterans Affairs (VA) and Dolington Land LP, a subsidiary of real estate developer Toll Brothers Inc. and the owner of a 205-acre site in Bucks County in the southeastern part of Pennsylvania near Washington's Crossing Historic Park, have signed an "offer to sell" agreement under which VA will purchase for \$10.5 million the site for the construction of a new national cemetery. With this step taken, VA expects to complete the formal purchase of the property by MAR 08. Once the purchase is finalized and the cemetery design is complete, initial construction will begin in mid 2008. Burials at the new national cemetery, which will serve more than 580,000 veterans and their families who live in the area, are expected to begin in late 2008. Indiantown Gap National Cemetery, the nearest open national cemetery in Pennsylvania, is 120 miles from the site of the new cemetery. Veterans with a discharge other than dishonorable, their spouses and dependent children are eligible for burial in a national cemetery. Other burial benefits for eligible veterans include a burial flag, a Presidential Memorial Certificate and a government headstone or marker - even if they are not buried in a national cemetery. [Source: VA Media Relations 7 Nov 07 ++]

>

>

> HVAC UPDATE 03: The House Veterans' Affairs Committee held a hearing on several bills designed to increase benefits and services for veterans. The following bills were considered:

> . HR. 3047, The Veterans Claims Processing Innovation Act, authorizes changes to increase effectiveness of the VA claims filing system and establish a work credit system within VBA regional offices. It also calls on VA to enter into a contract for evaluating employees of VBA.

> . HR 3249, The Veterans Burial Benefits Improvement Act would increase burial benefits to the IB recommended levels - non-service connected burial expenses from \$300 to \$1,270 and plot allowance from \$300 to \$745.

> . HR 3286 would reduce the period of time from ten years to one year for which a veteran must be totally disabled before the veteran's survivors are eligible for the benefits provided by VA.

> . HR 3415 authorizes memorial markers in national cemeteries for those interred in an American Battle Monument Commission cemetery.

> . HR 1137 increases the Medal of Honor special pension from \$1,000 to \$2,000.

> . HR 4084 requires a study on VA's disability ratings schedule with regard to recent commission reports that called for a quality of life payment. It also allows transfer of a pending claim in the event of the death of the veteran to the claimants' survivor and requires an annual report on the workload of the US Court of Appeals for Veteran's Claims.

> . HR 3954, Providing Military Honors for our Nation's Heroes Act, would

reimburse volunteers who provide funeral honors detail.

> For more information on any of the bills visit the Thomas website and type the bill # in the box at: <http://thomas.loc.gov/> [Source: VFW Washington Weekly 9 Nov 07 ++]

>

>

> MOAA DATA BREACH: MOAA's e-mail contractor, Convio, has informed them that someone illegally gained access to Convio's files and downloaded e-mail addresses from 92 of Convio's clients, one of which was MOAA. No information was stolen that allows MOAA to reasonably believe could be used by the data thief to compromise your identity - that is, no Social Security numbers, account numbers, or other financial information. No names were stolen, except to the extent an e-mail address included a person's name. However, the data thief did obtain thousands of e-mail addresses of MOAA members and some non-members who have used their services or subscribed to their e-mail products - including the e-mail address. Unfortunately, today's reality is that dedicated "data-mining" individuals and organizations routinely obtain e-mail addresses within minutes from anyone who hooks up a computer and starts an e-mail account. Nevertheless, you should remain vigilant in protecting your identity by reviewing all of your financial account statements regularly and monitoring free credit reports available from national consumer-reporting agencies. As a result of the breach there is a possibility that those affected may receive some additional spam (junk mail) or be targeted with phishing e-mails. In phishing or similar scams, you may receive an e-mail that appears to be from a well-known or trusted organization, urging you to go to a website and enter personal information. It is likely that you have received such phishing e-mails in the past. If you receive such e-mails, you should promptly delete them and you should not respond to them in any way. Reputable firms do not ask for personal information in this manner. MOAA has confirmed that Convio has severely tightened its security, and MOAA is reviewing security precautions on all of their data systems, both internally and with other contractors who may have access to member data in one form or another. Following are a series of questions and answers about this incident for your review. Should you have any additional questions, don't hesitate to contact MOAA's Member Service Center at 1-800-234-6622, or by e-mail at msc@moaa.org <<mailto:msc@moaa.org>>.

> Questions and Answers

> 1. How many e-mails have been stolen? MOAA was one of 92 organizations affected by the e-mail contractor's data loss. The theft included e-mail addresses of 260,000 MOAA members, subscribers, and prospects.

> 2. What other data has been stolen? No other personal financial data (SSNs, birthdates, account numbers, etc.) was affected. Website passwords were stolen with regard to a very few individuals, but you did not have a password stolen - only an e-mail address.

> 3. How can you be sure what has been taken? The contractor electronically tracked the data that was downloaded.

> 4. How could I be affected personally by this e-mail address theft? What should I do now? You may receive additional "spam" (junk mail) messages, or you may receive so-called "phishing" messages with official-looking company logos that ask you to log into a website and provide your personal information to "verify" one thing or another. You should immediately delete all such messages and you should not respond.

> 5. Should I change my e-mail address? That is your decision, but it is probably not necessary. As you may know from experience, dedicated "spammers" and "phishers" have ways of obtaining your e-mail address electronically.

> 6. Should I enroll in an identity-theft program? Will MOAA or Convio pay for it? It is your decision, but we don't believe that's necessary. Your e-mail address alone will not allow anyone to steal your identity. MOAA will not pay for you to enroll in an identity-theft program under these circumstances. NOTE: Those interested in knowing what protraction an identity theft program provides might want to check out www.lifelock.com <<http://www.lifelock.com>>.

> 7. How did this breach happen? A credential belonging to one of the contractor's employees was stolen, which allowed the thief to log onto the contractor's system and access e-mail addresses owned by members of MOAA and members of dozens of other organizations.

> 8. What is MOAA doing to prevent a recurrence? First, Convio contacted the FBI to alert it about the theft. Second, we at MOAA are working with Convio to ensure it reviews and upgrades its data-security protections. Finally, MOAA is initiating an internal review, and similar reviews with all of our other outside contractors, to assess and, where necessary, upgrade the protection accorded all of our members' personal data.

> 9. Why does MOAA have to use an outside online service provider? Can't it be done in-house? Unfortunately, the complexity of e-mail guidelines and anti-spam laws have made it very difficult for organizations like MOAA to keep track of all the rules, outdated e-mail addresses, and unique requirements of the hundreds of different Internet Service Providers like AOL, Yahoo, etc. We must hire contractors who specialize in managing all these requirements to ensure we can properly deliver MOAA's weekly Legislative Update, News Exchange, and other e-mail communications to those who wish to subscribe to them.

> 10. Who can I contact if I have questions about this situation? If you have additional questions, please contact MOAA's Member Service Center by calling 1-800-234-6622 or e-mailing the Center at msc@moaa.org <<mailto:msc@moaa.org>>.

> [Source: Norb Ryan, Jr. Vice Admiral, US Navy, Retired MOAA President and CEO msg 9 Nov 07 ++]

>

>

> VA BUDGET 2008 UPDATE 10: House Democratic leaders failed 6 NOV in an attempt to use the politically untouchable veteran's budget to produce a veto-proof tally for the health and education funding bill. A 269-142 vote fell short of the two-thirds margin that would be needed to override a veto of a House-Senate compromise measure that combines the Labor-HHS-Education and Military Construction-VA funding bills. If anything, the power play solidified GOP opposition to the bill as 47 Republicans voted for it -- six fewer than when an earlier version passed the House in JUL 07. Moreover, the plan was certain to unravel in the Senate, where Republicans were poised to use the rules to cleave the measure in two, setting the health and education bill on course to be vetoed by Bush without the veterans' money attached. The government currently is being funded through 16 NOV by a continuing resolution at fiscal 2007 levels.

> The latest temporary funding measure has been attached to the fiscal 2008 Defense spending bill (HR 3222), which negotiators agreed to on 6 NOV. The new defense spending bill provides the Pentagon \$459 billion - about 10% more than last year's funding but \$3.5 billion less than the Administration requested. It also includes \$11.6 billion to send more mine-resistant vehicles to ground troops in Iraq. The continuing resolution will allow continued operations of other federal agencies through 14 DEC - a good indication that Congress doesn't expect to finish up all of its appropriations and other work at least until mid-December. The continuing resolution also includes \$2.9 billion in special "bridge" funding for the VA

to get a head start on meeting higher funding needs for the new fiscal year until Congress passes the VA Appropriations Bill. The bill will now go to the President for signature, and he is expected to sign it into law. The President has pledged to sign the VA appropriations bill, even though it provides \$3.7 billion more than the Administration requested. [Source: FDVA VA News 7 Nov 07 ++]

>

>

> VA FRAUD UPDATE 03: State Department of Justice agents on 5 NOV searched the office of an official at the Wisconsin Veterans Home in central Wisconsin, looking for evidence that he embezzled money from a recreational fund for the 700 veterans who live there. State Division of Criminal Investigation agents who carried out the search seized a computer from the office of Richard Calcut, 52, of Waupaca, according to a search warrant filed in Dane County Circuit Court. Calcut is a public information officer and volunteer coordinator at the state-run nursing home for veterans in King, about 110 miles north of Madison just outside of Waupaca. Calcut, who has worked at the home for about 23 years, was placed on paid administrative leave on 22 OCT. In addition to his duties, Calcut also served as a liaison between the home and a group called the King Recreation Committee, which was established by veterans organizations to provide recreational activities to those who live at the Veterans Home. Calcut has not been charged with any crime. Justice Department spokesman Kevin St. John declined to comment on the case.

> Calcut, reached at home, said he was not aware of the search and did not want to comment on the case. State Department of Veterans Affairs spokesman Andy Schuster said nobody from the department would comment because of the open investigation.

>

> According to the search warrant in early October, the state Department of Veterans Affairs asked the King Recreation Committee to review its checkbook and bank account statements from the First National Bank of Waupaca for 2005, 2006 and 2007. The review found dozens of checks made payable to the bank. Corresponding entries in the check register, however, indicated that the checks were written to legitimate vendors who did business with the Veterans Home. But at least one of those vendors told investigators the company was always paid for its services by the Veterans Home itself, not by the committee. Diane Gallenberg, who is the treasurer for the committee, told DCI agent Amy Lehmann that she did not know why any checks would be made out to the National Bank of Waupaca. Lehmann wrote that writing a check to a bank is one way to receive cash for it. Between 2 APR 05 and 16 AUG 07, there were about 50 checks, totaling about \$59,851, where the payee on the check and in the register were different. The review also found numerous checks payable to the home that were deposited into the committee's bank account. Calcut was not authorized to make those deposits into the committee's account. Crowley and other DVA staff interviewed Calcut between 25 SEP and 2 OCT. In those interviews, Calcut said he was given checks for \$300 each month to spend on prizes for committee activities. He said he cashed the checks but did not keep a record of how the money was spent. Calcut also told officials that he never cashed a committee check for his own personal benefit.

>

> The case is the second controversy this year involving the Wisconsin Veterans Home. Earlier this year, it was revealed that former deputy commandant Christine Hotvedt continued to draw her salary of \$93,500 while she worked part-time from California during the months before her official

retirement. In March, after Hotvedt retired, Commandant Bill Crowley asked her to return to the home and resume her old position in a deal that would have allowed her to collect her retirement on top of her salary. Hotvedt decided in April not to return to the job. [Source: Wisconsin State Journal Ed Treleven article 6 Nov 07 ++]

>

>

> TRICARE DATA BREACH UPDATE 01: It is unlikely that any identity theft occurred earlier this year as the result of a massive data breach of coded government health care records at a private defense contractor's non-secure computer server, the firm's executive vice president said recently. "We haven't seen any compromise attributable to our data breach," said SAIC's Arnold Punaro, referring to the 29 MAY discovery that nearly 900,000 records of troops, family members and other government employees had been exposed. "In the intervening months, we haven't seen anything that would change our view." Punaro also disclosed that SAIC employees have been disciplined and, in some cases, lost their jobs over the exposure of the sensitive data. Asked to elaborate, Punaro said that "a number of employees are no longer with us, and a number of employees were disciplined." Punaro declined to say how many were fired or disciplined. The actions were taken, he said, "without regard to location or rank," indicating that punishments weren't limited to the Shalimar, Fla., location where the server was located.

>

> He stressed that it was "our employees" who stored the data incorrectly. Storage of such data on an unsecured server is a violation of both SAIC and Defense Department policy. SAIC previously said the information, maintained under several health care contracts with the government, was variously a combination of names, addresses, Social Security numbers, birth dates and/or limited health information in the form of codes. Some of the data was no more than a piece of an individual's record, such as an isolated medical appointment file. In some cases, the information was transmitted over the Internet in an unencrypted form. The information was exposed while being processed, according to SAIC. The breach was discovered when U.S. Air Forces Europe detected such an unsecured transmission. Punaro said he still couldn't say how long the data was exposed before the breach was discovered. SAIC ultimately notified about 867,000 individuals that their records were exposed in the breach. Punaro said the data has since been moved and secured and that out of hundreds of calls received after SAIC's July disclosure of the breach SAIC has gotten a couple of complaints about possible identity theft. SAIC has agreed to do some additional review which is being provided at no cost to the government or affected people. [Source: NavyTimes William H. McMichael article 7 Nov 07 ++]

>

>

> VA PHYSICIAN QUALIFICATIONS UPDATE 01: Testifying before the Senate Veterans Affairs Committee Veterans Affairs officials, on the defensive over several deaths connected to one former VA doctor, told a Senate panel 6 NOV that three other surgeons at the Illinois hospital where he worked were recently placed on leave. The VA officials did not offer specifics about the three surgeons, but Sen. Dick Durbin (D-IL) said the news is unfortunately a developing pattern of problems of the surgical staff at the VA in Marion IL. VA officials called their response to the Marion deaths swift and their credentialing process for doctors the envy of the health-care industry. But the top official present, Dr. Gerald Cross, also expressed some concerns about the agency's ability to keep tabs on doctors once they've been granted privileges to treat VA patients. Under questioning from Durbin, the

officials said they also have begun to review the qualifications of all 56,000 independently licensed health-care providers in the VA system. They flagged 17,000 of those providers, or about 30%, for further review because of their answers to questions on credentialing forms.

>

> The hearings followed questions about the VA's physician credentialing procedures first raised in September about deaths at the Marion hospital. The story revealed that Dr. Jose Veizaga-Mendez, a surgeon with a troubling professional history, was operating on veterans at the hospital for more than a year after surrendering his license in Massachusetts during a disciplinary proceeding. Officials linked some of those nine surgery deaths to Veizaga-Mendez, whose medical license was suspended indefinitely last month by the State of Illinois. Veizaga-Mendez agreed to stop practicing medicine in Massachusetts last year after a state licensing board there accused him of grossly substandard care leading to serious complications and deaths. The surrender was dubbed voluntary and non-disciplinary, but Veizaga-Mendez remained licensed in Illinois and continued to work at the Marion VA facility until resigning in August. Durbin has asked federal prosecutors to investigate the Marion VA, saying employees have made deeply disturbing claims of flawed patient care, shoddy oversight and possibly criminal behavior. Durbin is not on the Veterans Affairs committee but was allowed to take part in the hearing. He pledged to push federal legislation to reform hiring practices at VA hospitals nationwide.

>

> Separately the VA announced a multi-disciplinary assessment team will be sent to the Marion Hospital to review the allegations made by hospital employees relating to operations at the facility. The team will assess personnel practices and procedures at the facility; review issues related to equal employment opportunity; assess how well employees and managers are communicating; and evaluate how well the facility is implementing hiring processes and procedures. The Assessment Team will include experts from human resources, employee and labor relations experts; a representative from VHA's National Center for Organizational Development; a representative from VA's Office of General Counsel; an environment of care expert; an Office of Resolution Management representative; and VA leaders and managers from other health care facilities. The team is expected to be on-site within one week and composed of seven to 10 members. Team members will also assess the impact of issues that have already been raised at Marion on the manner in which care is delivered to veterans at the hospital, and will educate employees about issues they have raised concerning possible retaliation.

>

> Upon completion of their review, team members will provide recommendations for improvements at the facility to Acting Secretary Mansfield. They will also suggest follow-up activities to ensure their recommendations are fully implemented. VA began its review of issues at Marion as a result of a JUN 07 statistical analysis by its National Surgical Quality Improvement Program which indicated higher levels of mortality than expected among patients at the facility over a six month time frame. As a result, VA's Office of the Medical Inspector conducted an on-site review of the facility to determine if community standards of care were met for certain patients who underwent surgery there between OCT 05 and SEP 07. This clinical review is ongoing. VA's Office of the Inspector General is also conducting an investigation at the request of Department leadership, which includes, but is not limited to, a review of surgical care at the hospital over the last 12 months. The Inspector General's review of

Marion's quality of care is also ongoing, and the office will carefully review all relevant information to include the assessment team's report to see if the information the team gathers will shed light or add additional information to the Inspector General's investigation. [Source: VA Press Release 6 Nov 07 ++]

>

>

> DOD DISABILITY EVALUATION SYSTEM UPDATE 08: In a landmark agreement to simplify life for service members with medical problems as they leave the military and return to the civilian world, the Department of Veterans Affairs (VA) and the Department of Defense (DoD) signed a memorandum to pilot a single physical examination to be used by both Departments. "This agreement commits VA and DoD to develop a single process to assess the medical conditions of wounded, injured or ill service members. We will make it easier for these heroes to go back to their homes, with the key questions about their eligibility for VA compensation already decided." said Acting Secretary of Veterans Affairs Gordon H. Mansfield. The agreement, signed Nov. 6 by Mansfield and Dr. David S.C. Chu, Under Secretary of Defense for Personnel and Readiness, calls for a pilot program to evaluate a single physical examination that would be used by DoD to determine the medical fitness of injured personnel to remain in uniform and by VA for awarding disability compensation. This announcement continues progress on the recommendations of the President's Commission on Care for America's Returning Wounded Warriors, co-chaired by former Sen. Robert Dole and former Health and Human Services Secretary Donna Shalala.

>

> The pilot, which begins late this month, involves VA and DoD facilities in Washington, D.C. Service members from the Walter Reed Army Medical Center, the National Naval Medical Center in Bethesda, and the Air Force's Malcolm Grow Medical Center at Andrews Air Force Base will participate in the pilot.

> Medical evaluations will be performed by VA, although the agreement notes the physicals could actually take place in VA medical centers, military installations, VA contracted examination centers or other facilities. The memorandum says the process "lays the foundation for building a network of qualified providers and resources that will meet both DoD and VA requirements and ease the transition of members from military service to veteran status." The evaluations will be based upon VA's system for disability examinations and include an examination of medical conditions identified by military physicians that call into question a service member's fitness for duty, as well as other applicable medical conditions identified by the service member together with VA. [Source: VA Press Release 7 Nov 07 ++]

>

>

> MOBILIZED RESERVE 7 NOV 07: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 25 July 07 in support of the partial mobilization. The net collective result is 2,362 less reservists mobilized than last reported in the Bulletin on 25 JUL 07 and 636 fewer reservists mobilized than last week. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. The total number currently on active duty in support of the partial mobilization of the Army National Guard and Army Reserve is 72,642; Navy Reserve, 5,895; Air National Guard and Air Force Reserve, 7,113; Marine Corps Reserve, 7,265; and the Coast Guard Reserve, 347. This brings the total National

Guard and Reserve personnel who have been mobilized to 93,262, including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at <http://www.defenselink.mil/news/Nov2007/d20071107ngr.pdf> .[Source: DoD News Release 7 Nov 07 ++]

>

>

> DOD RETIREE PAY OFFSET REDUCTION: The Department of Defense has two programs designed to reduce the reduction in retired pay due to receipt of Veteran Administration compensation, for certain disabled retirees. Concurrent Retirement and Disability Payments (CRDP) provides a 10-year phase-out of the offset to military retired pay due to receipt of VA disability compensation for members whose combined disability rating is 50% or greater . Members retired under disability provisions must have 20 years of service. Combat-Related Special Compensation (CRSC) pays added benefits to retirees who receive VA disability compensation for combat-related disabilities and have 20 years of service. To find out if either of these programs apply to you and to obtain the appropriate paperwork to apply refer to the following:

>

> . New Retired Benefit Programs general information paper at http://www.defenselink.mil/prhome/docs/concurrent_retire_07a.pdf

> . CRSC Information paper Updated NOV 06 at http://www.defenselink.mil/prhome/docs/crsc_nov06.pdf

> . Revised CRSC guidance effective 1 JAN 04 at http://www.defenselink.mil/prhome/docs/CRSC_Guidance_104.pdf

> . CRSC Application (DD FORM 2860) at <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2860.pdf> or <http://www.dtic.mil/whs/directives/infomgt/forms/forminfo/forminfopage2483.html>

>

> Veterans must apply to their own branch of Service for Combat-Related Special Compensation (CRSC) benefits. Applicants are urged to contact their own branch of Service for additional information. Link to your Service web site:

>

> . Army at <https://www.hrc.army.mil/site/crsc/index.html>

> . Navy & Marine corps at <http://www.donhq.navy.mil/corb/crscb/combatedrelated.htm>

> . Air force at http://ask.afpc.randolph.af.mil/crsc/default.asp?prods3=2039&prods2=39&prods1=1&cats1=144&p_cats=144

>

> For more info refer to <http://www.defenselink.mil/prhome/mppcrsc.html>.

[Source: Under Secretary of Defense Personnel & Readiness notice 28 Mar 07 ++]

>

>

> RETIREE/ANNUITANT PAY DATES 2008: The following reflects the DFAS schedule of retiree and annuitant pay dates through 2008. This information may help to avoid any confusion as to when you should expect to see the payment deposited to your account. Remember that payday is always on the first business day of the month.

>

> December 3, 2007

> January 2, 2008

> February 1, 2008

- > March 3, 2008
- > April 1, 2008
- > May 1, 2008
- > June 2, 2008
- > July 1, 2008
- > August 1, 2008
- > September 2, 2008
- > October 1, 2008
- > November 3, 2008
- > December 1, 2008
- > [Source: Military.com Nov 07 ++

>

>

> NATIONAL GUARD TRANSITION ASSISTANCE ADVISOR: The Transition Assistance Advisor (TAA) is tasked with assisting Guardsmen who are transitioning back to the unit or community; in accessing federal, state and local resources. The National Guard has placed a TAA in all fifty-four states and territories, usually in National Guard Joint State Headquarters. Many TAA's are veterans or spouses of military service members and have worked through the disability process themselves. The TAA initiative began in MAY 05 when the National Guard Bureau signed a memorandum of agreement with the Department of Veterans Affairs. In partnerships with federal, state, and local agencies TAA's coordinate the following services:

>

- > . VA Benefits
- > . Educational Benefits
- > . Financial Guidance
- > . Readjustment Counseling
- > . Family Counseling
- > . USERRA / ESGR Assistance
- > . TRICARE Enrollment and Eligibility Information
- > . VSO support
- > . Local community resources

>

> The program is primarily designed to serve the members of the National Guard and their families. However they will provide services to members in all of the Reserve components and other returning service members. [Source: NMFA Government and You E-News for 6 Nov 07 ++]

>

>

> VA VISION LEGISLATION UPDATE 01: The Senate on 2 NOV passed H.R. 797, the Dr. James Allen Veteran Vision Equity Act. H.R. 797, introduced by Congresswoman Tammy Baldwin (D-WI), was modified in the Senate to include additional provisions for blinded veterans. U.S. Senator Daniel K. Akaka (D-HI), Chairman of the Veterans' Affairs Committee authored S. 1163, the Senate companion to H.R. 797. The legislation expands VA's eligibility requirements for certain benefits available to visually-impaired veterans which are presently unnecessarily narrow. This legislation would relax the criteria for those benefits to cover all veterans who fit the standard definition for legal blindness. The Senate-passed bill would alter this standard for two groups of veterans: those with service-connected blindness in one eye who later lose vision in the other eye, and those who receive special compensation for multiple disabilities that include vision impairment. It would amend the vision impairment criteria used by VA so as to encompass veterans with 20/200 vision or less, the standard for blindness used by the Social Security Administration and the American Medical

Association. [Source: Sen. Akaka Press Release 2 Nov 07 ++]

>

>

> VA BURIAL BENEFITS UPDATE 01: On 2 NOV the Senate passed H.R. 797, the Dr. James Allen Veteran Vision Equity Act. H.R. 797, introduced by Congresswoman Tammy Baldwin (D-WI), which was modified in the Senate to include four additional provisions for burial and memorial benefits. Senator Daniel K. Akaka (D-HI), Chairman of the Veterans' Affairs Committee authored S. 1163, the Senate companion to H.R. 797. This legislation:

>

> 1. Permanently authorizes VA to provide government headstones or markers for the privately-marked graves of veterans interred at private cemeteries. Current law authorizes VA to furnish, upon request, an appropriate headstone or marker for the grave of an eligible individual who died after 10 SEP 01, and who is buried in a private cemetery, notwithstanding that the grave is marked by a headstone or marker furnished at private expense. Thus, in some cases, an individual's grave may have two markers--one privately-purchased and one furnished by VA. Prior to 2001, this authority had been suspended for eleven years, making those who died between 1 NOV 90 and 10 SEP 01 ineligible for the benefit. Furthermore, the current authority is only temporary, set to expire on 31 DEC 07. This bill would address these temporal constraints by eliminating the sunset and making the authority permanent, and by making the authority retroactive to cover the eleven-year gap in current law.

> 2. Instructs VA to design a medallion or other device to signify a decedent's veteran status, to be placed on a privately purchased headstone or marker, as an alternative to a government furnished headstone or marker.

> 3. Extends the current two-year window for States to be reimbursed for the unclaimed remains of veterans. To assist States in meeting some or all of its cemetery operations and maintenance expenses, current law requires VA to pay to States a \$300 plot allowance for the interment or inurnment of eligible veterans and reserve component members.

> 4. Authorizes \$5 million for operational and maintenance expenses at state cemeteries.

> [Source: Sen. Akaka Press Release 2 Nov 07 ++]

>

>

> VA HEPATITIS "C" CARE UPDATE 01: A review of Veterans Affairs data on the rates and factors predicting treatment completion for HCV showed that of 134,934 infected veterans, only 16,043 were prescribed treatment, reported Adeel A. Butt, M.D., of the University of Pittsburgh, and colleagues. Only 12% of veterans infected with the hepatitis C virus (HCV) were prescribed treatment for it, and less than one-fourth of those treated completed a 48-week course of treatment, investigators reported here. And among 10,461 vets with more than one year of follow-up, only 22.5% completed a full 48-week treatment course, the investigators reported at the meeting of the American Association for the Study of Liver Diseases. Black veterans were less likely to complete therapy, as were those with pretreatment anemia, coronary artery disease, and a greater number of comorbidities.

>

> The authors used the VA's national patient care database and other VA data sets to create a cohort of veterans diagnosed with HCV from 1998 through 2003. They collected demographic and clinical information, pharmacy data, and laboratory results, and conducted multivariate analyses to determine which factors might predict completion of therapy. In multivariate analyses, the odds ratio for noncompletion among patients with anemia at

baseline (hemoglobin 10-14 mg/dL) was 0.66 (95% confidence interval, 0.56 to 0.78), and for those with depression the odds ratio for completing therapy was 0.78 (95% CI, 0.69 to 0.89). Patients on pegylated interferon therapy were more likely to complete treatment compared with those on standard interferons. However, there was no association between HIV co-infection and the likelihood of treatment completion. The authors noted that at least some of the risk factors for noncompletion, such as anemia and depression, and smaller numbers of patients being treated at the site are modifiable. "Strategies to address these comorbidities should be instituted before universal advocacy of HCV treatment for every infected person, if therapeutic success at the population level is to be achieved," the investigators noted. They called for further study of the effect of consolidating services to higher volume centers that are experienced in such treatment, and whether better training of workers at low-volume centers could improve treatment completion rates. The study was funded by the Department of Veterans Affairs. [Source: MedPage Today Neil Osterweil article 4 Nov 07 ++]

>

>

> VA AIDS CARE UPDATE 01: Despite the availability of life-saving antiretroviral treatment, people infected with HIV (human immunodeficiency virus) continue to die and suffer from complications of AIDS, mainly due to delayed diagnosis and initiation of treatment. A researcher at the Albert Einstein College of Medicine of Yeshiva University and colleagues at Yale University have shed light on why this problem persists. Led by Dr. Neel Gandhi, assistant professor of medicine and of epidemiology and population health at Einstein, the researchers examined 4,368 patients presenting for AIDS treatment to Veteran's Administration (VA) Medical Centers nationwide for the first time between 1998 and 2002. Their aim was to determine whether patients who had received medical care in the VA healthcare system were diagnosed with the HIV infection that causes AIDS earlier than patients outside the VA or those who were accessing the VA system for the first time. Half of all the patients in the study had AIDS at the time of presentation -- a high rate that nevertheless was similar to studies conducted outside the VA healthcare system. "What was particularly astounding to us was the fact that 40% of these patients with AIDS had previously received medical care at the VA for other illnesses, but had not been diagnosed with HIV infections and treated earlier," explains Dr. Gandhi. "This occurred even though they had an average of six physician visits over three-and-a-half years. Even more concerning was that those patients who already interacted with the healthcare system for several years suffered the end-stage complications of AIDS at the same rate as those who were new to the VA healthcare system."

>

> One explanation for why this may occur is that patients with HIV infection remain asymptomatic until very late in the disease, providing few clues to doctors of the patient's underlying HIV infection. "In our study, we found that only 12% of patients with AIDS at the time of presentation for treatment had previously suffered from an illness indicative of unrecognized HIV infection," notes Dr Gandhi. "The vast majority of these patients with AIDS had no signs or symptoms of HIV infection until they suffered end stage complications from AIDS. Most of these AIDS complications could have been prevented if these HIV-infected people had been routinely screened when they were first seen by a doctor and had begun antiretroviral treatment earlier. A previously published study has shown routine screening for HIV infection is a cost-effective addition to the screening done for other

life-threatening diseases, such as heart disease and several types of cancer. Assuming that patients give their permission to be screened for HIV, the potential savings from diagnosing an infection earlier would be quite significant." The findings of the study support a recommendation by the US Centers for Disease Control and Prevention (CDC) to screen all patients in all healthcare settings for HIV-infection. [Source: Medical Care Journal Karen Gardner article 5 Nov 07 ++]

>

>

> TRAVEL PACKING TIPS: Learn from those who have been there, done that, and know how. The AARP recently requested their members to submit packing tips. Following are the top 20 which were most frequently submitted:

>

> 1. Use "seven-day pill holders" to separate earrings and necklaces.

> 2. Packing additional plastic bags. They can be used for packing souvenirs, dirty clothes or even as a small "washer."

> 3. Bring a stain-cleaning pen and a small container of laundry detergent, or just use shampoo for simple laundering.

> 4. Consider shipping your luggage ahead of time, or ahead of you before you return.

> 5. Take extra hangers, as hotels and cruise ships rarely have enough.

Taking your clothes already on hangers will limit wrinkles.

> 6. A couple dryer sheets will keep your suitcase smelling fresh.

> 7. Bring a charger or extra batteries for your digital camera. Also, have the photo cards put on CD right away if you can as a backup (and don't erase the cards until you're sure!)

> 8. For ladies, it's easy to base your wardrobe around one color, such as blue or black, and then coordinate your purse, shoes, blouses, etc. to go with the color.

> 9. Take older underwear and t-shirts, then throw them away after wearing them. This will give you more room in your suitcase for souvenirs.

> 10. On your next three trips, write down what you wear each day. On your fourth trip you will have an accurate list of what you really need, not what you think you need.

> 11. In your carry on baggage put your bathing suit, a change or two of clothing and basic toiletries. If your luggage is lost, you'll still have a way to freshen up, something to change into and can go to the pool. And as airport delays are so common, bring snacks, bottled water (if permitted), your meds, and reading material with you on the plane.

> 12. Pre-address stick-on labels for postcards to the folks back home and you won't have to carry along a bulky address book. Don't forget to bring along email addresses.

> 13. Pack half of your spouse's clothing in your suitcase and vice versa.

That way if one bag is lost, you'll both have some of your luggage.

> 14. Bring along a poncho from the dollar store. They are compact and great for sudden showers.

> 15. Create a master packing list on your computer. Each time you travel, print a copy of that list. As you put things into your suitcase, check it off the list. Before you go out the door, look at your list and see if everything you need has been checked-off. It reduces the stress of packing, and you're less likely to forget something.

> 16. Carry your cell phone charger with you.

> 17. Print business cards with your vacation on one side (cruise, etc.) and your names and email addresses on the other. That way, people you meet will remember you and be able to contact you with letters and photos.

> 18. Reduce the risk of having expensive jewelry by wearing something

simple that will go with everything like a gold chain, gold bracelet and small hoop earrings.

> 19. To avoid having to lug luggage to your motel each night on a long driving trip pack paper sacks with each days change: shirt, pants, underclothes, etc. Each day take a bag with you into the motel. You can then use the sacks for your dirty clothes.

> 20. Carry lightweight cheap flip-flops to wear around the hotel room or out to the pool and never leave home without a travel alarm clock.

> [Source: AARP 2 Nov 07 ++]

>

>

> TRICARE SUPPLEMENTAL INSURANCE UPDATE 02: Many Tricare beneficiaries are getting letters from their employer stating they will no longer offer Tricare supplements as an employer sponsored medical option effective 1 JAN 08. Tricare beneficiaries should look closely at their health care options. A provision of the John Warner National Defense Authorization Act for fiscal year 2007 prohibits employers from offering their employees financial or other incentives to use Tricare rather than the company's Group Health Plan (GHP). The legislation applies to any employer, including states and units of local government with 20 or more employees, and mirrors the same prohibition that currently applies to Medicare. Beneficiaries have earned their right to Tricare benefits through their service and this remains unchanged. Tricare beneficiaries should take measures to understand and look closely at all of their health care options offered by Tricare and their current employer before deciding what is best for them and their families. Eligible beneficiaries can enroll in Tricare on their own without taking employer incentives if desired.

>

> The employer can still offer "cafeteria plans" to their Tricare eligible beneficiaries as long as the plans are offered to all of their employees, including those that are not eligible for Tricare. The legislation does not have an impact on "Tricare Supplement" plans that are not offered by the employer; but are sold by beneficiary associations or commercial insurers. A cafeteria plan is defined as a fringe-benefit plan under which employees may choose among various benefits that best fit their needs, up to a specified dollar value. The legislation was initiated after evidence showed many employers were consciously working to shift their health care costs to Tricare by offering financial incentives urging eligible employees to use Tricare rather than the employer's GHP. For more information about Tricare supplements refer to <http://www.Tricare.mil/mybenefit/home/Medical/OHI/SupplementalInsurance>. For information about enrolling in Tricare refer to www.Tricare.mil <http://www.Tricare.mil>. [Source: Tricare News Release No. 07-84 dtd 1 Nov 07 ++]

>

>

> USERRA UPDATE 03: A demonstration project designed to study which of two federal agencies is better suited to investigate military service members' complaints about their federal employment rights was inconclusive and merits further review, members of a Senate committee said 31 OCT. Congress created the demonstration project in 2004 after criticism from several Guard members and reservists that the Labor Department's Veterans Employment and Training Service took far too long to investigate alleged violations of the 1994 Uniformed Services Employment and Reemployment Rights Act (USERRA) at federal agencies. The law is designed to protect veterans from employment discrimination resulting from their service. Under the project, the Office of Special Counsel (OSC) and VETS were assigned shared responsibility for

receiving and investigating federal sector USERRA claims. A Government Accountability Office report issued in July did not reach a conclusion about which is better suited to handle the cases. George Stalcup, director of strategic issues at GAO, testified that data problems at both agencies affected GAO's ability to draw conclusions.

>

> Still, representatives from OSC and VETS pleaded their case for sole responsibility. OSC Deputy Special Counsel James Byrne testified that giving OSC sole oversight would remove the burden from VETS, freeing it to focus on providing quality services to USERRA claimants in the private sector. Additionally, Byrne said, federal claims often have a mix of other potential violations that would fall under OSC's jurisdiction, such as prohibited personnel practices. But Charles Ciccolella, assistant secretary of Labor for veterans' employment and training, testified that the GAO report clearly indicates the Labor Department resolves cases faster than OSC. Unlike OSC, which has only a headquarters and four field offices, VETS positions USERRA investigators in each state and territory, he said. Lawmakers seemed intent on extending the current setup. "It is not clear to me that results of the demonstration project and the GAO report provide sufficient evidence to permit this committee to decide on the proper jurisdiction of these claims," said Senate Veterans' Affairs Committee Chairman Daniel Akaka, (D-HI). "I believe that a good case can be made for retaining jurisdiction by both VETS and OSC." If members choose to extend the demonstration project, then they should set clear goals, Stalcup said. "Legislation creating the current demonstration project was not specific in terms of the objectives," he said. Mathew Tully, an Army Reserve officer and attorney who represents many federal reservists with USERRA claims, testified that should the demonstration project continue, GAO should also consider the number of service members who represent themselves or seek private counsel and go directly to the Merit Systems Protection Board.

>

> During the demonstration project, Tully, Rinckey & Associates investigated and prosecuted before the MSPB a total of 1,802 cases, more than four times the combined number of cases that VETS and OSC handled over the same period, Tully said. Of the cases handled by the law firm, 73% of veterans were awarded the remedy they were seeking, he added. But if the decision must be made between VETS and OSC, Tully said OSC is better positioned. "The Department of Labor has built a reputation over the last 13 years of poor investigative work [and] poor use of investigative tools. I have no doubts that if [OSC] is allowed to continue to investigate and prosecute USERRA claims that their reputation will grow." Tully said. Committee members and witnesses noted that better preventative measures also are needed. Byrne said OSC has an outreach program to educate managers on USERRA issues, but acknowledged that such programs are typically not implemented until after a violation is recognized. Tully recommended giving OSC disciplinary authority so that federal supervisors are held personally accountable for USERRA violations. "Personal liability is the ultimate deterrent," he said, "and its implementation would have a profound effect on those unsavory individuals who might otherwise commit a USERRA violation." [Source: GOVEXEC.com Brittany R. Ballenstedt article 1 Nov 07 ++]

>

>

> RESERVE GI BILL UPDATE 08: The House Committee on Oversight and Government Reform is seeking answers from Defense Secretary Robert Gates regarding the recent deployment of the 1/34th Brigade Combat Team relative to how some of the soldiers from Minnesota and other states deployed with

the 1/34th were ordered to active duty for less than 730 days and some for the full 730 days. An active duty soldier on orders for two years (730 days) or longer, need only serve 20 months on active duty to qualify for MGIB educational benefits. Although hundreds of soldiers assigned to the 1/34th BCT served on active duty for 22 months, they were denied active duty MGIB educational benefits because their orders were for less than the statutory 730 day (two year) period. Those soldiers of the 1/34th on the same deployment whose orders read for 730 days and who served the same 22 months did qualify for active duty MGIB benefits. The Committee wants to know if the National Guard and the Army have "responded appropriately to rectify the problems caused by these orders" and if procedures are in place for future deployments to maximize legitimate eligibility for benefits.

[Source: NGAUS LEGIT 2 Nov 07 ++]

>

>

> TRICARE NEXIUM COPAY LOWERED: The Tricare Management Activity (TMA) announced that due to a negotiated price break from the manufacturer they are lowering the co-pay for Nexium. Tricare beneficiaries will now only pay a \$3.00 co-pay. This is true at both retail pharmacies and the Tricare mail order pharmacies (TMOP). At retail, beneficiaries can get a 30-day supply; while through TMOP it is up to a 90-day supply. Nexium is a heartburn treatment known as a proton pump inhibitor. Approximately 500,000 Tricare beneficiaries take this type of drug. At a meeting with Express Scripts Inc. TREA Executive Director Deirdre Parke Holleman was told that Nexium is the most popular drug for Tricare beneficiaries. (In fact the purple pill is extremely popular throughout the country.) While the co-pay for Nexium dropped other proton pump inhibitors, Prevacid, Zegerid, Protonix and Aciphex, co-pays increased to \$22.00. For more information refer to: <http://www.Tricare.mil/pressroom/news.aspx?fid=330>. [Source: TREA Washington Update 2 Nov 07 ++]

>

>

> VETJOBS UPDATE 01: VetJobs is the leading Internet niche job board for reaching the 14 million military veterans currently in the work force, as well as the 250 thousand active duty military personnel who transition each year, and their family members. It is a source for veterans seeking employment in information technology, program and project management, sales, linguists, logistics, transportation, human resources, manufacturing, engineering, finance, healthcare, accounting and senior executives and is recognized in the industry as the leading recruitment site to reach the military market. It offers employers candidates (i.e. veterans) with diversity, leadership skills, technical skills, security clearances and who have verifiable work backgrounds. The following Job Fair list prides the date, location and title of upcoming job fairs in the Continental United States (CONUS) during the period 15 NOV thru 14 DEC. Click any job fair below to display details and contact information for the event. To view job fairs scheduled over the next 12 months refer to www.acap.army.mil/transitioner/job_fairs/index.cfm?caller=transitioner http://www.acap.army.mil/transitioner/job_fairs/index.cfm?caller=transitioner. For fairs outside the Continental United States scroll to the end of CONUS job fairs.

>

> NOV 15 Jacksonville, FL CivilianJobs.com Job Fair

> NOV 15 San Diego, CA Hire Patriots Job Fair

> NOV 15 Fort Leonard Wood, US ACAP/ACS Semi-Annual Job Fair

> NOV 16 Tucson, AZ All-Veterans Job Fair

- > NOV 18 - 19 Chicago, IL Bradley-Morris, Inc. Hiring Conference for Transitioning Military
- > NOV 29 Arlington, VA Cleared Job Fair
- > DEC 2 - 3 Atlanta, GA Bradley-Morris, Inc. Hiring Conference for Transitioning Military
- > DEC 2 - 3 Cincinnati, OH Orion International Military Hiring Conference
- > DEC 2 - 3 Washington, DC Orion International Military Hiring Conference
- > DEC 2 - 3 Fishkill, NY Orion International Military Hiring Conference NE Technicians Only
- > DEC 2 - 3 Dallas, TX Orion International Military Hiring Conference
- > DEC 2 - 4 San Diego, CA Orion International Military Hiring Conference
- > DEC 3 - 4 Norfolk, VA Lucas Group Military Hiring Conference (Technicians)
- > DEC 4 Tampa, FL Mac Dill AFB Defense Technology & Intelligence Career Day
- > DEC 5 Live Oak, TX NCOA Job Leader National Job Fair
- > DEC 6 Fort Drum, NY ACAP/M.O.R.E. Job Fair
- > DEC 6 San Diego, CA Military Stars Western Regional Career Expo
- > DEC 5 - 7 Raleigh, NC Orion International Military Hiring Conference
- > DEC 6 - 7 Atlanta, GA Lucas Group Military Hiring Conference
- > DEC 6 - 7 Irvine, CA Lucas Group Military Hiring Conference
- > DEC 6 - 7 Dallas, TX Lucas Group Military Hiring Conference
- > DEC 6 - 7 Washington, DC Lucas Group Military Hiring Conference
- > DEC 9 - 10 Norfolk, VA Bradley-Morris, Inc. Hiring Conference for Transitioning Military
- > DEC 9 - 10 Austin, TX Bradley-Morris, Inc. Hiring Conference for Transitioning Military
- > DEC 9 - 10 San Diego, CA Bradley-Morris, Inc. Hiring Conference for Transitioning Military
- > DEC 10 Irving, TX MilitaryStars Southwest Regional Career Expo
- > DEC 13 San Diego, CA CivilianJobs.com Job Fair
- > [Source: VetJobs Veteran Eagle 1 Nov 07 ++]

>

>

> FEDERAL RECOVERY COORDINATORS: The Department of Defense (DoD) and Veterans Affairs (VA) on 31 OCT signed an agreement to provide "federal recovery coordinators" who will ensure life-long medical and rehabilitative care services and other federal benefits are provided to seriously wounded, injured and ill active duty service members, veterans and their families. The agreement puts into place one of the top recommendations of the President's Commission on Care for America's Returning Wounded Warriors, co-chaired by former Sen. Robert Dole and former Health and Human Services Secretary Donna Shalala. Under this agreement the first group of federal recovery coordinators will be provided by VA in coordination with DoD and will be assigned to select military treatment facilities throughout the nation. They will support existing military service and veteran programs and care providers by coordinating needed services between DoD and VA and state and private and voluntary organizations, while serving as the ultimate life-long resource for wounded, ill and injured and their families who may have concerns about federal services or benefits. Job announcements for the new positions have been posted, with the first 10 federal recovery coordinators scheduled to be hired by 1 DEC. Plans call for the new employees to be trained and in place at the military's major health care facilities during JAN 08.

>

> The first 10 coordinators will work at military health care facilities and at any other locations where patients are later assigned. They will be located at Walter Reed Army Medical Center in Washington, D.C.;

the Naval Medical Center in Bethesda, Md.; the Brooke Army Medical Center at Fort Sam Houston, Texas; and the Naval Medical Center Balboa in San Diego. Additional recovery coordinators will be added in the future as needs are determined. The coordinators will have a background in social services or nursing and will work closely with the clinical and non-clinical case management teams to develop and execute federal individual recovery plans. Those plans, developed for the severely wounded, injured or ill, specify what services are needed across the continuum of care, from recovery through rehabilitation to reintegration to civilian life. The coordinators also will work closely with family members to take care of their services and needs. The coordinators will have access to and support from the DoD's under secretary of defense for personnel and readiness and VA's under secretary for health, as well as the commanders of facilities where service members and veterans receive treatment. These federal recovery coordinators are in addition to other programs that have been established by the military services. [Source: DoD News Release No. 1265-07 dtd 31 Oct 07 ++]

>

>

> MILITARY PAY RAISE 2009: If history is a guide, federal employees will be in line for a 3.4% pay raise in 2009, based on figures released 31 OCT by the Labor Department. Why does the 2009 pay raise have to be projected this far ahead of time? Unlike retired pay cost-of-living adjustments (COLAs), military pay raises aren't automatic or mandatory. They have to be budgeted for, and the funds have to be appropriated. The Pentagon is preparing the FY2009 budget right now, so OCT 07 is the latest they can wait for ECI data to set the 2009 raise. From SEP 06 to SEP 07, the change in the Labor Department's Employment Cost Index was 3.4%, a figure that President Bush is likely to use as a basis for his pay raise recommendation when he releases his 2009 budget proposal in FEB 08. That means -- unless the Administration or Congress chooses to pick a different number -- active duty, National Guard, and Reserve members will get a 3.4% raise in JAN 09.

>

> For the past several years, federal employees have received raises equal to those granted to their military counterparts. Under a 2004 law, military salaries must be increased annually at a rate equal to the change in the ECI for the private sector's wages. That same law, the 2004 National Defense Authorization Act, previously tacked on an additional 0.5% to the change in the cost index to determine the overall military raise. But the law called for raises from 2007 on to be equal to the ECI, without the extra bump. Contrary to the 2004 law, however, Congress is poised to approve a 2008 pay raise for military and civilian personnel of 3.5%, 0.5% higher than last year's change in the ECI. The 2008 raise still awaits final approval, as Congress completes the appropriations process. Meanwhile, military and civilian personnel may be on track to receive the 0.5% bump through 2012. Under the House version of the fiscal 2008 Defense authorization bill, military members would get a guaranteed pay raise of 0.5% above the ECI from fiscal 2009 through fiscal 2012. The provision, if passed in conference committee and signed by President Bush, likely would give federal labor unions an edge in pushing for an equivalent raise for federal civilian employees. Although the ECI has become the de facto basis for the civilian pay raise, another law on the books is supposed to dictate civilian pay.

>

> In 1990, Congress passed the Federal Employees Pay Comparability Act (FEPCA), which established a formula to close the gap between the government and the private sector. The complex formula would have granted civilian employees an average pay hike much higher than the raises they have received

since its passage. But FEPCA has not been implemented as intended. Instead, each year the president uses a loophole that allows him to override the formula and propose a much lower pay raise. Congress then typically pushes for pay parity between the civilian and military workforce. A chunk of the 3.4% pay hike employees would receive in 2009 if the change in the ECI is used would be allocated for locality pay. At the Defense Department, however, across-the-board increases will not be so exact for some employees. Sophisticated new pay systems at Defense and other agencies give management broader discretion in setting pay, effectively providing them the ability to override the 3.4 percent figure. In 2009, the Pentagon plans to give certain employees in the National Security Personnel System raises based on the quality of their work. For those employees, the government wide raise will go to pay pools and will be distributed based on the performance ratings. [Source: GovernmentExecutive.com Brittany R. Ballenstedt article 31 Oct 07 ++]

>

>

> VA DIABETES MELLITUS CARE UPDATE 03: The U.S. Department of Veterans Affairs has deleted rosiglitazone (Avandia), the diabetes drug that has been linked to increased risk of myocardial infarction and heart failure, from its formulary. The action followed an internal review of medical records of diabetes patients treated in the VA system. Moreover, the VA representative to the FDA's 15-member Drug Safety Oversight Board (DSOB) rallied other members in an attempt to have rosiglitazone pulled from the market. According to Senator Chuck Grassley (R-IA), the move to ban rosiglitazone fell only one vote short. Grassley said the DSOB met on 2 OCT and seven members of the DSOB voted to pull the drug.

> In a letter to FDA Commissioner Andrew C. von Eschenbach, M.D., Grassley demanded that the FDA make public both the DSOB vote and "information from the FDA regarding the internal policies and procedures governing the DSOB and the terms and conditions governing release of information from the DSOB to the public."

>

> In July members of two FDA advisory boards, meeting jointly, voted 22 to one to keep the drug on the market. But those same advisers also overwhelmingly agreed that the drug should carry a black box warning about ischemic heart disease. The drug already has a black box warning for heart failure. The FDA is expected to announce rosiglitazone label changes within the next few weeks and although the agency is not required to follow the advice of its advisers, it is widely expected that the agency will order a black box warning about ischemic heart disease. In his letter, dated 26 OCT, Grassley said he has been investigating the FDA's handling of rosiglitazone since May when the New England Journal of Medicine published a meta-analysis that reported a 43% increase in the relative risk of MI and a 64% increase in relative risk of cardiovascular deaths. Rosiglitazone is marketed by GlaxoSmithKline. [Source: MedPage Today Peggy Peck article 30Oct 07 ++]

>

>

> VA DIABETES MELLITUS CARE UPDATE 04: Acting Secretary of Veterans Affairs Gordon H. Mansfield 13 NOV the Department of Veterans Affairs (VA) plans to expand its efforts to prevent and control diabetes as part of an ongoing campaign to help veterans eat healthy, watch their weight and stay physically active. Mansfield said, "With over 25% of VA patients living with diabetes, it is important to find ways to bring this disease under control. VA is doing more than ever to educate our veterans, research this

disease and provide the type of specialized care that diabetes demands." He noted the Department has provided diabetic care to 70,000 veterans in more than 200,000 hospital and clinic visits since 2005. VA plans to keep expanding its diabetes awareness effort as part of the Department's broader HealthierUS Veterans campaign. Last year, television stations around the nation aired more than 3,000 VA-produced broadcasts about eating healthy and staying active. The Department held a symposium for health care professionals in Washington, D.C., and several public events around the country to inform veterans of the dangers of diabetes.

>

> Annual evaluations of veterans with diabetes show small but continuing improvements in tested levels of blood sugar, LDL cholesterol and blood pressure with treatment, including weight management. VA's tele-health program allows patients with diabetes to monitor and transmit their blood pressure and blood glucose levels from home to VA facilities, thus improving their access to care and allowing them to take control of their own health through improved communication from home with their health care providers.

> VA's research programs include centers investigating insulin resistance, vascular damage and obesity, pre-clinical studies of new agents to prevent and treat diabetes and clinical trials of new ways to prevent kidney damage. Other VA research is seeking ways to reduce diabetes complications that lead to disability, focusing on preventing loss of limbs and avoiding obesity among paraplegic patients likely to gain weight due to reduced movement. VA researchers also are examining the interplay between genetics and the environment in determining glucose metabolism and weight gain or loss. Some veterans with diabetes qualify for VA disability compensation. Those veterans must have a diagnosis of diabetes and evidence that it began or was aggravated during active duty or within one year of release from duty. Since 2001, veterans who served in Vietnam and later developed adult-onset (Type 2) diabetes have been eligible for disability compensation. This policy affecting Vietnam veterans is an outgrowth of research into the effects of Agent Orange. [Source: VA News Release 13 Nov07 ++]

>

>

> TV ANALOG TO DIGITAL CONVERSION: The US Department of Commerce has announced that on 17 FEB 09 all television broadcast in the United States will convert from analog to digital (i.e. DTV) format. Although the conversion will not take effect until 2009, the conversion boxes should be available JAN 08. Following are some consumer questions with answers regarding the conversion and the Converter Coupon Program:

>

> 1. How do I know whether I need a converter? If you use "rabbit ears" or a rooftop antenna for TV reception, you probably need a converter. Television sets connected to cable, satellite or other pay TV service do not require converters. Televisions with digital tuners also do not need converters. Take a short quiz at the DTV Transition Web site www.dtvtransition.org to see whether the converter box is the right option for your household to make the digital transition.

>

> 2. Can I request my coupons for the converter program today? No. The converter coupon program will be up and running on 1 JAN 08. At that time, the government will begin taking requests for coupons.

>

> 3. Can I pre-order my coupons before 1 JAN 08, by providing my address to the government? No. By law, requests for coupons cannot be taken before 1

JAN 08.

>

> 4. How can I request my coupons? Requests will be taken beginning 1 JAN 08, and going through 31 MAR 09. Check back to this website during that period of time to find out convenient ways to request your coupons, including calling a toll-free number.

>

> 5. How do I know whether I'm eligible for a coupon? All households in the United States and its territories are eligible for coupons on a first-come-first-served basis.

>

> 6. How many coupons can I request? Each household can request a maximum of 2 coupons.

>

> 7. What is the value of a coupon? Each coupon is worth \$40. Only one coupon can be used per converter.

>

> 8. What information do I need to provide the government to request my coupons? The government only requires information necessary to mail coupons: name, household address and number of coupons needed (maximum of 2). Applications will be made available beginning in 2008.

>

> 9. Will my coupons expire? Yes. Coupons will expire 90 days after they are issued.

>

> 10. Will I still need an antenna to receive my programming? Yes. If you currently use an antenna to receive your over-the-air programming, you will still need it after you install a converter.

>

> 11. Where can I buy a converter? Coupon-eligible converters are currently not in stores. Beginning in early 2008, they will appear in stores where you would also buy televisions and other consumer electronics products.

>

> 12. Can I buy a converter online? It is expected that online retailers will participate in the Coupon Program. Again, check back to this website in early 2008 to see a list of participating retailers.

>

> 13. Can I use my coupon(s) to purchase any converter? No. The government will provide a list of eligible converters and participating retailers on its website. Consumers can also ask participating retailers what converters in their stores can be purchased with a government coupon.

>

> 14. Can I use my coupon to purchase other consumer electronics products, such as DVD recorders or televisions? No. Coupons will be electronically coded to be redeemable only for purchase of eligible converters.

>

> 15. Can I use my coupon to get \$40 off a converter I've already purchased? No. Coupons must be presented at the point of sale and must be redeemed at the time converters are purchased.

>

> 16. Will I need to buy a new television after 17 FEB 09? No. Your existing television sets will continue to work after the digital transition if they are connected to converters. You do not need to discard your analog sets.

>

> 17. Will I receive Closed Captioning through a converter? Yes. Manufacturers of converters are required to pass through Closed Captioning

to display on your television.

>

> 18. Will I receive High-Definition TV with the aid of a converter? No. Analog televisions are not capable of displaying high-definition resolution, but the picture will generally be better with a converter. If you want to view high-definition TV, then you will need one of the newer sets rated for "high-definition" resolution.

>

> 19. How do I know whether my facility is eligible for coupons? For example, are prisons or group homes eligible to receive coupons? Applicants must meet the Census definition of a household as consisting of "all persons who currently occupy a house, apartment, mobile home, group of rooms, or single room that is occupied as separate living quarters and has a separate U.S. postal address."

>

> 20. Why is the transition from analog to digital television happening? Because digital broadcasting is more efficient than the current "analog" technology, less of the airwaves are needed to provide programming to consumers. The unused spectrum which broadcasters no longer require will be used for two important purposes. First, it will be given to first responders - our nation's firefighters and police - to better communicate with each other during emergencies. Second, this spectrum will be auctioned off to provide innovative wireless broadband services to consumers.

>

> For additional information about the digital television transition, refer to the following Web sites to become familiar with your options for making a smooth digital transition:

> . www.dtvtransition.org <<http://www.dtvtransition.org>> - a one-stop clearinghouse of consumer information

and tools to manage the digital transition, hosted by the DTV Transition Coalition.

> . www.dtv.gov <<http://www.dtv.gov>> - this is a government site offering comprehensive resources, including a consumer guide on what to look out for as the digital transition approaches.

> . www.myceknowhow.com <<http://www.myceknowhow.com>> - the Consumer Electronics Association (CEA) offers this information to help consumers understand various available equipment options.

> . www.ceretailers.org <<http://www.ceretailers.org>> - representing consumer electronics retailers, CERC (Consumer Electronics Retailers Coalition) offers a Q & A about the transition as well as a consumer advisory alerting consumers to the cutoff date.

> [Source: Various Nov 07 ++]

>

>

> VETERAN LEGISLATION STATUS 13 NOV 07: For a listing of Congressional bills of interest to the non-active duty veteran community that have been introduced in the 110th Congress refer to the Bulletin's 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'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/d110/sponlst.html>. The key to increasing cosponsorship on veteran related bills and subsequent passage into law 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 29 Oct 07 ++]

>

>

> Lt. James "EMO" Tichacek, USN (Ret)

> Director, Retiree Assistance Office, U.S. Embassy Warden & IRS VITA Baguio City RP

> PSC 517 Box RCB, FPO AP 96517

> Tel: (760) 839-9003 when in U.S. & Cell: 0915-361-3503 when in Philippines.

> Email: raoemo@sbcglobal.net <<mailto:raoemo@sbcglobal.net>> Web:

> http://post_119_gulfport_ms.tripod.com/rao1.html

> AL/AMVETS/DAV/FRA/NAUS/NCOA/MOAA/USDR/VFW/VVA/CG33/DD890/AD37 member

>

> BULLETIN SUBSCRIPTION NOTES:

> == To subscribe first add the above RAO email addrees to your address book and/or white list and then provide your full name plus either the post/branch/chapter number of the fraternal military/government organization you are currently affiliated with (if any) "AND/OR" the city and state/country you reside in so your addee can be properly positioned in the directory for future recovery. Subscription is open to all veterans, dependents, and military/veteran support organizations. This Bulletin sent to 63,107 subscribers.

> == To automatically change your email addee or remove yourself from Bulletin distribution click the below or send a message which includes your full name plus your old & new email.

>

>

>

>

>

> _____
> Change address / Leave mailing list:

> <http://ymlp20.com/u.php?raoemo+wbalpost2@cox.net>

> Hosting by YourMailingListProvider

>