

- > RAO Bulletin Update
- > 15 April 2008
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- > Note: Anyone receiving this who does not want it request click on the automatic delete tab at the end of the Bulletin or hit reply and place the word "Remove" in the subject line!!!!!!!!!!!!!!
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- > GI BILL UPDATE 19: In APR representatives Harry Mitchell (D-AZ) and Bobby Scott (D-VA) introduced a sweeping GI Bill reform package with the "Post 9/11 Veterans Education Assistance Act" (H.R.5740). This is the new companion bill to the "Veterans Educational Assistance Act of 2007" (S22) introduced by Sen. Jim Webb (D-VA) 4 JAN 07. The house bill would:
 - > . Reimburse the cost of a veteran's education up to the highest in-state cost at public colleges or universities and establish a housing allowance based on DoD's geographic housing allowance. Each veteran would get an individualized benefit based on school cost and location.
 - > . Create a partnership with private colleges or universities. Private schools would be invited to pay half the difference between what the new GI Bill pays and the cost of the private college. The government would pick up the other half.
 - > . Reservists called to active duty on "contingency operation" orders would accrue entitlement to the new GI Bill in proportion to the number of 90-day tours served, up to a maximum of 36 months.
 - > . Officers commissioned from a service academy or ROTC scholarship program (who currently are denied GI Bill coverage) would be entitled to the benefits if they agreed to extend their service commitments.
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- > Earlier, House Veterans Affairs Subcommittee Chairwoman Stephanie Herseth-Sandlin (D-SD) and Ranking Member John Boozman (R-AR) sponsored their own plan to upgrade GI Bill benefits, H.R.5684. This bill would raise GI Bill payment rates to \$1,450 from the current rate \$1,101 monthly rate -- a total of \$52,200 for 36 months of full-time study. The bill would offer a \$500 per month housing stipend for full-time study and \$250 for half-time study. Under this proposal, a veteran who applies for other federal financial aid would not be required to report as income the value of MGIB benefits and could even use the benefit to repay prior federal student loans. However, H.R.5684 would not address the "accrual" issue for reservists called up for multiple tours of active duty.
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- > H.R. 5740 already has garnered 182 bipartisan cosponsors in just a few days. Both bills would extend the post-service usage period from 10 to 15 years. The major difference between the two proposals is that H.R. 5684 would pay a single monthly rate (\$1450) under current MGIB rules to all veterans and pay a set stipend for living expenses. H.R.5740, on the other hand, would tailor benefits to each veteran's program, including housing costs. Both bills face the daunting challenge of overcoming congressional

budgeting requirements to pay for the increased benefits with offsetting budget cuts or higher taxes. According to Hill sources, lawmakers are considering bypassing those rules by using the Iraq War Emergency Supplemental funding mechanism to jumpstart the cost of a new GI Bill. [Source: MOAA Leg Up 11 Apr 08 ++]

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> TRICARE SUPPLEMENTAL INSURANCE UPDATE 03: On 28 MAR DoD published a proposed regulation establishing rules on what employers can and can't do for employees who choose to use Tricare rather than employer-sponsored health plan(s). This regulation will clarify a law change that took effect in January which bars employers from offering Tricare-specific incentives for employees to drop employer health coverage and use Tricare instead. Congress' intent in passing the law was to stop employers from consciously seeking to shift their health care costs to the Defense Department. It was in reaction to the discovery that some airlines, defense contractors, and state governments had sent letters to Tricare-eligible employees offering them special incentives to do that, including offering to pay for their Tricare supplement policies. The new law bars such practices. However, the law's specific language did not explicitly address other common situations, such as employers who offer only cafeteria plans with cash payments that employees can use to purchase coverage tailored to their needs. It also did not address employers who offer a flat cash payment to any employee who uses some other coverage, such as federal employee health coverage, a spouse's coverage, or Tricare. In the absence of a regulation clarifying the law, some employers simply stopped offering Tricare supplemental policies, arbitrarily excluded military retirees from cafeteria plans, or refused to extend the same cash payments to Tricare beneficiaries that they offer to other employees who use some alternative coverage. The new draft regulation clarifies that cafeteria plans are not excluded under the law and that cash payments offered by employers to those who use other coverage are permissible for Tricare-eligibles as long as equal payments are made to all who use alternative coverage (not just Tricare). The regulation is expected to take effect by mid-summer after a brief public comment period. [Source: MOAA Leg Up 11 Apr 08 ++]

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> FVE SCHOLARSHIPS: Currently the maximum educational benefit available to veterans of Iraq and Afghanistan under the GI Bill is just \$1,101 per month, or \$39,636 over four years. Those veterans who served combat tours with the National Guard or Reserves are eligible for even less - typically just \$440 per month. In contrast, the College Board reports that the average four-year public college costs more than \$65,000 for an in-state student, while a private university costs upward of \$133,000. To help bridge that gap

additional assistance can be applied for through the Fund for Veterans' Education (FVE). This fund provides higher education scholarships to veterans of all branches of the United States Armed Forces who have served in Iraq or Afghanistan. Founded in 2007, the FVE will provide scholarships for undergraduate study during the 2008 and 2009 academic years. Scholarships will be awarded, based on need, to veterans from all fifty states and the District of Columbia who are pursuing undergraduate degrees at four-year colleges and universities, two-year community colleges, and a range of technical and vocational schools. The FVE is a program of The Kisco Foundation, Inc. an independent, not-for-profit 501(c)3 organization. The Fund's revenue is derived entirely from grants and gifts from foundations, corporations, and individuals. All gifts are tax deductible. The Fund for Veterans Education will award up to \$3.5 million in 2008-09 in undergraduate scholarships for veterans returning From Iraq and Afghanistan . Applications are available beginning 1 APR for the fall 2008 term. The next application deadline is 15 JUN 08. The awards, which may be renewed for the following academic year, are intended to cover financial need not met with need-based grants and military education benefits. For more information and to apply refer to <http://www.veteransfund.org/apply.php>. [Source: NAUS Weekly Update 11 Apr 08 ++]

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> RESERVE RETIREMENT AGE UPDATE 13: A bipartisan group of 10 senators moved 9 APR to greatly expand a new reserve retirement pay formula to provide credit toward earlier retirement checks for any time spent mobilized since 911. A new law took effect in January that allows reservists, who now must wait until age 60 to draw military retirement pay, to get payments 90 days earlier for every 90 days of continuous mobilization. But credit is given only for days spent on active duty as of the date the bill became law. The lack of retroactive credit in the new law, included in the 2008 Defense Authorization Act that was signed on 28 JAN, prompted complaints from a host of military and veterans groups, including the major National Guard and reserve associations. Sens. John Kerry (D-MA) and Saxby Chambliss (R-GA) are the chief sponsors of the new bill. Cosponsors include Sens. Lamar Alexander (R-TN); Hillary Rodham Clinton (D-NY); Norm Coleman (R-MN); Susan (R-ME);; Johnny Isakson (R-GA); Blanche Lincoln (D-AR); Mark Pryor (D-AR); and Pat Roberts (R-KS). Chambliss was the chief sponsor of last year's reserve retirement proposal, passed by the Senate, that would have been retroactive to 2001. The effective date was changed in negotiations with the House as a money-saving move. Chambliss said the 2001 effective date makes more sense because that is when the role of the National Guard and reserve components "fundamentally changed." The bill is called the National Guard and Reserve Retired Pay Equity Act. It was referred to the Senate Armed Services Committee, which will hold a hearing next week on pay and benefits issues. Congressional aides, speaking on the condition of anonymity, said there is

little doubt the Senate will pass the bill. The big obstacle remains the House of Representatives, which operates under tougher budgetary rules that would require lawmakers to pinpoint a source of funding for the retroactive benefits. Such a funding source has not yet been identified, Chambliss aides said. [Source: NavyTimes Rick Maze article 9 Apr 08 ++]

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> DEPLETED URANIUM UPDATE 05: It's been 16 months since New York lawmakers approved a plan to help veterans get tested for war-related toxins, including radioactive particles from tank-killing depleted uranium shells used in the Persian Gulf. But with just two members of the 11-person panel that's supposed to oversee the effort actually appointed, testing has yet to start. Joe Franklin, vice chairman of the National Disabled Veteran Business Council and other advocates on 8 APR called for a number of measures to help veterans, including the stalled effort to test for toxins. According to the legislation, the Assembly speaker and Senate majority leader each appoint two members to the panel, while the minority leaders each appoint one and the governor names five. So far, Speaker Sheldon Silver and Majority Leader Joseph L. Bruno have made one appointment each, with Bruno naming SUNY researcher David Carpenter and Silver putting Phillip Landrigan of Mount Sinai medical center on the board. But without the other nine members, little if anything has been done. And there seems to be little communication among lawmakers, the governor's office and government agencies

that would be working with the new task force. One advocate said she thought the lack of action by the governor's office may be the result of former Gov. Eliot Spitzer's battles with Bruno last summer over a travel records scandal, followed by Spitzer's sudden resignation last month in a prostitution scandal. Depleted uranium, used in the first Gulf War, has a high density that allows it to penetrate tank armor. But when it explodes or catches fire, the uranium is released as microscopic particles, which can be inhaled or ingested. Since the particles are radioactive, some fear anyone exposed to them could contract cancer years later. Activists draw parallels to the problems that arose from Agent Orange, a defoliant which used during the Vietnam War and linked to illnesses among some veterans exposed to it. "This whole scenario is playing out much like Agent Orange," said Assemblyman Dan Burling, R-Warsaw, and a Vietnam veteran. [Source: Capitol Bureau Rick Karlin article 9 Apr 08 ++]

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> TRICARE PROVIDER AVAILABILITY UPDATE 01: According to the DoD Survey of Civilian Physician Acceptance of Tricare Standard, findings show that in fiscal 2007, almost 93% of responding physicians in 53 hospital service areas were aware of the Tricare program, with 84% of physicians in those 53 HSAs accepting new Tricare Standard patients. Overall this indicates the

number of providers in the program is increasing. The 2007 survey was the final installment of a three-year national effort to measure awareness of Tricare and to determine the number of physicians who accept new Tricare Standard patients. DOD officials randomly surveyed physicians in 20 states in both FYs 2005 and 2006. The 10 remaining states and Washington, D.C., were surveyed in FY 2007. Physicians in local HSAs also were surveyed each year. Approximately 40,000 physicians from a variety of medical specialties were randomly picked. The aggregate results show that civilian provider awareness and acceptance is generally high, but may vary depending on location. In addition, the survey revealed a need for increasing both Tricare awareness and acceptance among psychiatrists, a specialty critical in meeting the behavioral health needs of veterans of the war on terrorism. Specifically, the three-year findings across all states and HSAs show:

- > . Approximately 87% of all physicians surveyed are aware of the Tricare program.
- > . About 81% of physicians that accept new patients also accept new Tricare Standard patients.
- > . Of those accepting new Tricare Standard patients, almost 91% do so for all patients, rather than on a case-by-case basis.
- > . Reimbursement rates were among the most commonly cited reasons for not accepting Tricare Standard.

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> Army Maj. Gen. Elder Granger, deputy director of the Tricare Management Activity (TMA) said, "In some locations, access to Tricare Standard providers remains a major concern for family members and retirees. Some doctors limit the number of Tricare patients they see or refuse to see them altogether. This leads to fewer choices for beneficiaries. While active duty service members receive the bulk of their medical care at one of the more than 500 military treatment facilities, family members, National Guard and Reserve members, and retirees often rely on civilian physicians for their health care needs. The survey findings exceeded TMA's expectations. The surveys provide TMA with a reliable measurement as to our effectiveness in expanding access to Tricare providers and the challenges of getting more doctors on board. Congress has given additional guidance to continue the survey process through 2011. States showing a need to increase acceptance and awareness of Tricare include Alaska, Maryland, Colorado, Hawaii, Oklahoma, New York, New Jersey and Texas. Hospital service areas with lower than average Tricare acceptance include Washington DC; Raleigh NC; Seattle & Olympia WA; Lihue/Kealahou/Wailuku HI; Dallas TX; and Falls Church VA. Tricare officials, with support from their managed care support contractors, are working to overcome these challenges.

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- > TMA has an outreach program that reaches out to state officials, medical associations and
- > individual physicians to educate them and appeal to their sense of patriotism in accepting Tricare. One positive result of the program is that

the Oregon legislature approved incentives including a one-time tax credit for new providers in the Tricare network, plus an additional annual credit for treating patients enrolled in Tricare. Since 2004, Oregon's Tricare provider network has increased by 35%. In addition, the governors of 20 western states have supported TMA's efforts to encourage more health care providers to accept new Tricare patients. Their combined efforts led to an overall increase in western region Tricare network doctors from approximately 80,000 in 2004 to more than 125,000 today. Overall, there are presently more than 220,000 men and women Tricare providers. [Source: Air Force Link article 9 Apr 08 ++]

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> VA HIRING UPDATE 02: Pay systems pose significant challenges to the Veterans Affairs Department's efforts to hire enough doctors and nurses to meet the growing health care needs of veterans, said lawmakers and witnesses at a Senate Veterans' Affairs Committee hearing on 9 APR. Committee chairman Daniel Akaka (D-HI) said, "A simple truth of VA health care is that its providers are the real backbone of the system. If the providers are not present, or are there but unhappy in their jobs, it is unlikely that veterans will receive the quality care they need and deserve." A number of witnesses pointed to the growing vacancy rate of certified registered nurse anesthetists as an indication of the challenge's magnitude. The Government Accountability Office reported in DEC07 that in fiscal 2005, the vacancy rate for CRNAs in VA was 13%, and 74% of chief anesthesiologists said they had trouble recruiting CRNAs in 2005 and 2006. Of those chief anesthesiologists surveyed, 79% said salaries for department CRNAs were lower than salaries at other hospitals. Half of CRNAs were older than 51, and the average certified registered nurse anesthetist working at VA was seven years closer to retirement eligibility than those working outside the system, the agency found. Of the 43 medical facilities GAO examined, 15 reported CRNA vacancy rates of 40% or higher. GAO found that those vacancies were affecting the department's ability to deliver health care services. Of the anesthesiologists surveyed, 54% said they temporarily closed operating rooms due to CRNA shortages, and 72% said those vacancies caused them to delay elective surgeries.

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> Sheila Cullen, medical director of the San Francisco VA Medical Center, said the problem wasn't simply that salaries in the VA system were lower, but that the pay system itself limited the center's ability to provide nurses with opportunities to advance up the salary ladder. "Current law only allows the General Schedule salary chart to be extended out an additional 18 steps," Cullen said. "Since most of these employees are hired in difficult-to-recruit clinical specialties, their salary is often set at the higher end of the pay range. This limits their opportunity for future step increases." Marjorie Kanof, GAO's managing director for health care, said VA didn't always have strong private sector salary data to use for

comparison and to set pay levels. She cited one facility where planners resorted to using salary data from the Web site Hotjobs.com to make pay decisions. Even the qualities that made VA an attractive employer, such as its mission to care for wounded veterans and the ability to do groundbreaking research in its labs, were undermined by structural limitations that undercut nurses' pay or work hours, said one witness. "Unlike clinicians at most academic medical centers, VA clinicians may not fund a portion of their salaries through research grant support," said Jennifer Strauss, a health scientist at the Center for Health Services Research at the Durham VA Medical Center in North Carolina. "[VA clinicians] typically must donate their time, often performing research duties early in the morning or very late into the night after a long day of seeing patients."

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> Lawmakers said the pressures VA faced reflected larger challenges in the U.S. health care system. Sen. Larry Craig (R-ID), said his experiences visiting VA health care facilities had convinced him that health care payment and service delivery systems were not effectively integrated, preventing patients from seeking care at the facilities of their choice and forcing health care systems to subcontract services from each other. North Carolina Republican Sen. Richard Burr said focusing only on the VA system ignored the pressure that other hospitals and health care centers encountered as they competed for the same specialists. "VA has hired nearly 3,800 mental health workers since 2005, and may add an additional 500 in the near future," said Burr. "What impact does this have on the supply of mental health workers in the community both now and long-term? We need to be prepared to take a comprehensive view of addressing the problems." Problems with VA services in rural communities reflect and amplify a larger crisis in rural healthcare. "Some of what bothers me about what's going on right now in veterans' health care is that veterans who live in rural areas don't live as long," said Sen. Jon Tester (D-MT). "It's not a VA-exclusive problem. Every hospital in the state of Montana has a hard time recruiting and keeping people." [Source: GOVExec.com Alyssa Rosenberg article 9 Apr 08++]

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> VA HIRING UPDATE 03: Secretary of Veterans Affairs Dr. James B. Peake announced creation of a Veterans Employment Coordination Service (VECS) to oversee the Department's program to recruit new veterans into the VA workforce, especially recently disabled combat veterans. The new office will work with military transition programs, veterans service organizations and other VA programs to promote careers in the VA workforce. The program will also work with VA managers and human resource offices to ensure supervisors are aware of programs for hiring veterans. Efforts to assist severely injured veterans have already begun with the Department's participation in local career fairs targeting veterans of the Global War on Terror. In NOV 07 VA announced plans to hire 10 full-time regional veterans

employment coordinators who provide hands-on assistance to veterans interested in careers at the Department. The new office will oversee the regional coordinators. About 31% of VA's 260,000 employees are veterans, and nearly 8% are service-connected disabled veterans. VA ranks first among non-Defense agencies in the hiring of disabled veterans and is second only to the Department of Defense in the overall number of veterans on the workforce. Last fiscal year, VA hired more than 9,000 veterans. [Source: Alexander VA News Channel 5 Chris Blalock article 10 Apr 08 ++]

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> SENIOR MOMENTS: All of us have "senior moments" at one time or another. Perhaps you forgot where you placed your car keys, or you returned from the grocery store only to realize you forgot to purchase milk. These small "brain glitches" are normal at any age and become more frequent with age. But how can you tell if your loved one is crossing the line from normal forgetfulness to true dementia? The key to recognizing early warning signs of dementia is to be aware of the pattern, consistency, and type of forgetfulness displayed by those you're concerned about. If these senior moments are increasing in frequency and affecting their ability to carry out day-to-day functions, you have cause to be concerned. Ask a health care provider to evaluate your parent if you spot any of the following telltale signs:

> . Repeating the same conversation each time you talk

> . Forgetting to take medications or taking extra pills because of forgetfulness

> . Paying bills late or missing payments

> . Getting lost while driving familiar routes

> . Difficulty balancing the checkbook

> . Unexplained purchases (including large quantities or unusual items)

> . Unexplained weight loss (perhaps because of forgetting to eat)

> . Change in appearance (wearing the same outfit everyday, an unkempt appearance)

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> An evaluation will rule out any physical cause for behavioral and mental changes. Physical causes can include infection, low vitamin B or iron levels, depression, strokes, and seizures. A doctor also can give a presumptive diagnosis of dementia based on a physical exam, laboratory tests, a CT scan or MRI of the brain, and a mini mental exam (a set of questions and simple tests for cognitive function). A definitive diagnosis is more difficult, because brain structures affected by dementia are not always indicated on a scan. In addition, there are many forms of dementia:

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> . Alzheimer's disease. This is the most widely recognized form of dementia and is characterized by the formation of plaques and tangling of nerve fibers in the brain. The decline that occurs as the condition progresses follows a distinct pattern, referred to as stages. Each stage marks a

specific decline in memory and brain function.

> . Vascular or multi-infarct. This form is caused by "mini-strokes," which disrupt the blood flow to specific parts of the brain, rendering them useless. This condition might present itself more subtly than Alzheimer's and doesn't always follow prescribed stages.

> . Lewy-body. Signs of dementia and Parkinson's disease characterize this disease. In addition to the cognitive and memory problems, Lewy-body patients often have trouble maintaining balance and experience a shuffling gait, tremors, and stiffness of the arms and legs.

> . Mixed dementia. This is a combination of Alzheimer's and vascular dementia.

> . Alcohol or drug-induced dementia. This form of brain damage often is seen in younger people, generally as a direct result of alcoholism or drug use.

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> Unfortunately, there is no cure for dementia. Treatment focuses on slowing the progressive nature of this disease. Your health care provider can tell you if one of the currently available drugs (such as Aricept, Exelon, Namenda, and Razadyne) is right for your loved one. Medications to treat dementia-associated depression, anxiety, and behavioral issues (agitation, paranoia, and delusions) also might be prescribed if appropriate. Dementia is not a diagnosis to wish on anyone, but erroneously attributing its warning signs to normal aging or senility can rob loved ones of years of improved function and quality of life. Early diagnosis and treatment are essential. For additional info on the subject refer to the Alzheimer's Association www.alz.org and/or the Alzheimer's Education and Referral Center www.alzheimers.org websites. [Source: MOAA News Exchange Nanette Lavoie-Vaughan article 21 Mar 08 ++]

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> VETERANS COMPENSATION EQUITY BILL: U.S. Senator Daniel K. Akaka (D-HI),

Chairman of the Veterans' Affairs Committee, introduced the Veterans' Compensation Equity Act of 2008 bill S. 2825 on 7 APR to provide a minimum compensation level for veterans whose service-connected injuries require continuous medication or adaptive devices, such as hearing aids. Akaka said, "Today, veterans who suffer a service-connected injury that requires continual medication or adaptive devices, like hearing aids, may not receive any disability compensation payments. It is important that all of these veterans be compensated in a fair and equitable manner. Veterans with similar disabilities should receive similar benefits." The Veterans' Compensation Equity Act of 2008 would ensure a minimum 10% disability rating for all veterans whose service-connected disability requires continuous treatment. The provision is in line with a recommendation made by leading veterans service organizations in the Independent Budget. [Source: Federal Report 8 Apr 08 ++]

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> GOVERNMENT CREDIT CARD ABUSE: A report by the Government Accountability

Office (GAO) examined spending controls across the federal government following reports of credit-card abuse at departments including Defense, Homeland Security and Veterans Affairs. The review of card spending at more than a dozen departments from 2005 to 2006 found that nearly 41% of roughly \$14 billion in credit-card purchases, whether legitimate or questionable, did not follow procedure - either because they were not properly authorized or they had not been signed for by an independent third party as called for in federal rules to deter fraud. For purchases over \$2,500, nearly half (i.e. 48%) were unauthorized or improperly received. Out of a sample of purchases totaling \$2.7 million, the government could not account for hundreds of laptop computers, iPods and digital cameras worth more than \$1.8 million. In one case, the U.S. Army could not say what happened to computer items making up 16 server configurations, each of which cost nearly \$100,000. Agencies often could not provide the required paperwork to justify questionable purchases. Investigators also found that federal employees sometimes double-billed or improperly expensed lavish meals and Internet dating for many months without question from supervisors; the charges were often noticed only after auditors or whistle-blowers raised questions.

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> "Breakdowns in internal controls over the use of purchase cards leave the government highly vulnerable to fraud, waste and abuse," investigators wrote, calling the government wide failure rate in enforcing controls "unacceptably high." "This audit demonstrates that continued vigilance over purchase card use is necessary," the 57-page report stated. The report calls for the General Services Administration (GSA) and Office of Management and Budget (OMB, both of which help administer the government's credit-card program, to set guidance to improve accounting for purchased items, particularly Palm Pilots, iPods and other electronic equipment that could be easily stolen. OMB and GSA were also urged to tighten controls over convenience checks, which are a part of the credit-card program, and to remind federal employees that they will be held responsible for any items if the purchases are later deemed improper. In response, both OMB and GSA agreed with portions of the report. But GSA administrator Lurita Doan noted the vast majority of federal employees use their cards properly and that many oversight measures already are in place. She acknowledged there is room for improvement but added that by using purchase cards the federal government saves about \$1.8 billion in administrative costs each year.

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> The GAO study comes amid increasing scrutiny of purchase cards, which are used by 300,000 federal employees and are directly payable by the U.S. government. The AP reported Sunday that VA employees last year racked up hundreds of thousands of dollars in government credit-card bills at casino

and luxury hotels, movie theaters and high-end retailers such as Sharper Image. Government auditors have been investigating these and similar charges, citing past spending abuses. In the report released 8 APR, investigators did not seek to determine the extent of fraud or waste at each agency. They cited numerous cases of questionable spending, which they said represented what could be found government-wide, including the VA. Among the expenditures cited in the report:

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> . An Agriculture Department employee fraudulently wrote 180 convenience checks for more than \$642,000 to a live-in boyfriend over a six-year period. The money was used for gambling, car and mortgage payments, dinners and retail purchases that went unnoticed until USDA's inspector general received a tip from a whistle-blower. The employee, who pleaded guilty to embezzlement and tax fraud charges, was sentenced last year to 21 months in prison and ordered to repay the money.

> . U.S. Postal Service workers separately billed more than \$14,000 to government credit cards for Internet dating services and a dinner at a Ruth's Chris Steakhouse in Orlando FL 81 people at a cost of \$160 each for steaks and crab. The dinner bill also included more than 200 appetizers and more than \$3,000 worth of wine and brand-name liquor such as Courvoisier, Belvedere and Johnny Walker Gold. In the Internet dating case, a postmaster charged \$1,100 over 15 months for two online services, including the Ashley Madison Agency. The expenses went unnoticed for more than a year even though

he was under internal investigation for viewing pornography on a government computer. The postmaster was eventually told to repay the Internet charges but faced no disciplinary action.

> . At the Pentagon, four employees purchased \$77,700 in clothing and accessories at high-end clothing and sporting goods stores. The spending included more than \$45,000 at Brooks Brothers and similar stores for tailor-made suits - \$7,000 of which were purchased a week before Christmas. The credit-card holders said the items were for service members working at U.S. embassies with civilian attire. Pentagon rules allow purchases of civilian clothing when performing official duty, but generally only up to \$860 per person.

> . Justice Department and FBI employees charged \$11,000 at a Ritz Carlton hotel for coffee and "light" refreshments for 50 to 70 attendees for four days, averaging about \$50 per person. Seventy percent of the total conference cost of \$15,000 was for the food and beverages, while audiovisual and other support services totaled only about \$4,000, or 30% of the charges. It was not clear what action, if any, that Justice took in light of the conference expenses, which GAO deemed excessive.

> . At the State Department, one credit-card holder bought \$360 worth of women's lingerie at Seduccion Boutique for use during jungle training by trainees of a drug enforcement program in Ecuador. One State Department official later agreed that the charge was questionable and stated that he

would not have approved the purchase had he known about it.

> [Source: Associated Press Writer Hope Yen article 9 Apr 08 ++]

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> ID CARD NUMBERS UPDATE 02: On 2 APR a senior DoD official said as a means of combating identity theft, the Defense Department will issue identification cards without full Social Security numbers printed onto them. Mary Dixon, director of the Defense Manpower Data Center based in Arlington VA told Pentagon Channel and American Forces Press Service reporters, "The Defense Department cares about protecting personal information as well as increasing database security, identity theft is a very real problem today. Criminals who pilfer SSN-bearing identity cards can virtually assume someone's identity through a few computer keystrokes and clicks of a mouse." Tricare, the military services' health maintenance organization, already has removed Social Security numbers from its members' identification cards, Dixon said. Plans are to remove the Social Security numbers from identification cards issued to military family members by the end of this year, Dixon said, noting that those cards still would display the sponsors' SSN, for now. Between 2009 and 2010, all department-issued identification cards will feature only the last four digits of a holder's Social Security number. About 3.4 million people now have department-issued common access cards. Around two-thirds of those card holders are military members, and some civilians who deploy overseas, who have full Social Security numbers printed onto the back of their CACs. Dixon pointed out that modern information technology precludes the need to have full social security numbers printed onto employee and family member ID cards. Today, all of our (computer) systems can 'talk' to each other, so we don't necessarily need to know all of that information printed on your card,. New identification cards will be issued as they reach their expiration dates, Dixon said.

[Source: AFPS Gerry J. Gilmore article 3 Apr 08 ++]

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> GDCH DATA BREACH: The state Department of Community Health (GDCH) said

it has notified state and federal agencies that a Florida company mistakenly put the private records of up to 71,000 Georgians on the Internet for several days. The records were made available on the Internet by WellCare Health Plans Inc. of Tampa FL and some may have been viewed by unauthorized

people, company officials said. The problem was caused by human error, the GDCH said. The department informed the federal Department of Health and Human Services and its Office of Civil Rights; the Centers for Medicare and Medicaid; the Governor's Office of Consumer Affairs; and the Georgia Attorney General's office about the data breach on 9 APR. Any exposure of private health information is a potential violation of HIPAA, the Health Insurance Portability and Accountability Act. GDCH said the families whose

data may have been accessed are members of the federal Medicaid health program for the poor, and the federal-state PeachCare for Kids program for children of the working poor. More than 453,000 Georgians are enrolled with WellCare, a care management organization that has contracts with the state to provide services. CGDCH spokeswoman Lisa Marie Shekell said, "It's important for people to understand that they need to take steps to protect themselves against identity theft. They should be reviewing all credit card information, review other financial account information and watch their accounts for activity that may not be theirs, and then contact that bank or credit card company to make them aware of that activity. People should call 1(888) 505-1189 (WellCare of Georgia for further guidance or concerns)." The state is investigating how long the information was exposed. The department also said it has required WellCare to provide all affected Georgia families with information in English and Spanish and all affected people will be given free credit monitoring services for a year. [Source: The Atlanta Journal-Constitution 10 Apr 08 ++]

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> IRS DATA BREACH UPDATE 02: Treasury watchdogs said 7 APR that poor controls over IRS computers could allow a disgruntled employee, agency contractor or outside hacker to steal taxpayers' confidential information. Indeed, a hacker might even "gain full control of the IRS network," said a report from the office of the Treasury Inspector General for Tax Administration. Investigators did not cite any specific cases of wrongdoing within the IRS, which processes some 137 million tax returns. But they suggested a lack of review means someone could get sensitive information and no one would ever know. The report comes amid increasing scrutiny of the IRS and the problems posed both by security concerns within the system and identity theft threats from outside. The independent IRS Oversight Board, in a report issued last month, outlined some \$32 million in spending it said was needed to enhance the tax agency's security. "Disrupting IRS returns processing and stealing sensitive information could wreak havoc on the economy and financial markets," it said. Separately, IRS Commissioner Douglas Shulman will testify before Congress on 10 APR about scams in which people are fooled into revealing their Social Security numbers and other confidential information by e-mails and phone calls purported to be coming from the IRS. The tax agency said last month that taxpayers this year had already forwarded to the agency 33,000 'phishing' scam e-mails reflecting more than 1,500 different schemes. Inside the IRS, the inspector general report found:

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> . The thousands of routers and data switches that connect networks and direct computer traffic among the tax agency's offices. It suggested that "an unscrupulous person could divert data traffic through a third-party system on its way to the intended destination."

> . The IRS had authorized 374 accounts for employees and contractors that

could be used to perform system administration duties. Of those, 141 either had expired authorizations or had never been properly authorized. There was particular concern that 27 of the 55 employees and contractor who apparently had not been authorized had accessed routers and switches to change security configurations.

> . System administrations circumvented authentication controls by setting up 34 unauthorized accounts that appeared to be shared-use accounts. During the fiscal 2007, some 4.4 million of the 5.2 million accesses to the control system were made by these 34 user accounts.

> . IRS is not adequately reviewing the "audit trail" logs that could help identify questionable activity. As a result, malicious persons could exploit vulnerabilities in the routers and switches to gain unauthorized access to sensitive information and disrupt computer operations with little chance of detection.

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> The IRS, in response, agreed to most of the report's recommendations for tightening controls. It said it would lock employee use accounts after 45 days of inactivity and remove those accounts after 90 days without use. It also said it would ensure that no unauthorized or unnecessary shared accounts exist in the control system. The report follows a study by the congressional Government Accountability Office in January prodding the tax agency to fix dozens of information security weaknesses that left taxpayer records vulnerable to tampering or disclosure. Then-acting IRS Commissioner Linda Stiff responded at the time that the agency recognized "there is significant work to be accomplished to address our information security deficiencies and we are taking aggressive steps to correct previously reported weaknesses."

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> There have been several widely publicized information-security incidents concerning government agencies other than the IRS. Perhaps the biggest was two years ago when a computer hard drive containing millions of names, Social Security numbers and birth dates was stolen from a Veterans Affairs employee's home in Maryland. The hard drive was later recovered. Less than two months ago, a laptop computer containing medical records on 2,500 patients enrolled in a National Institutes of Health study was stolen from a researcher's car. And last month, Secretary of State Condoleezza Rice apologized to presidential candidates Hillary Rodham Clinton, Barack Obama and John McCain after it was discovered that workers had snooped into their passport records.

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> Editors Note: The IG and GAO have repeatedly issued similar reports on government agencies warning of weaknesses in our nation's Data security systems. The public has no control over protecting themselves from Identity theft occurring in these agencies and little recourse in recouping losses that could result from unauthorized release of their personal data/financial records. If the government cannot guarantee protection imagine the

weaknesses that exist in your banking and credit institution's security systems. Readers who have not yet obtained identity theft insurance are advised to do so. A number of companies providing this coverage can be found on the internet. One, "Lifelock" offers a 25% discount to the military community.

> [Source: USA Today AP Jim Abrams article 7 Apr 08 ++

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> SGLI/VGLI UPDATE 08: Veterans and military personnel with life insurance policies managed by the Department of Veterans Affairs (VA) will see a reduction in their premiums as a result improved investment earnings and a reduction in non-combat claims. The premium cuts affect military personnel covered by Servicemembers' Group Life Insurance (SGLI) and veterans covered by the Veterans' Group Life Insurance (VGLI). On 1 JUL 08 the premiums for basic SGLI will be 6.5 cents per month for \$1,000 of coverage, down from 7 cents per month for \$1,000. This translates into a 7% savings. Servicemembers with the maximum \$400,000 of coverage will see their monthly premium reduced from \$28 to \$26. Servicemembers are also covered against severe traumatic injury for an additional dollar each month. The reduction in SGLI premiums is made possible by lower, non-combat-related claims and increases in investment earnings. VA officials believe this premium reduction will help maintain the nearly universal participation in the program.

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> VGLI provides renewable term policies for people after their discharges from the military. Veterans pay premiums according to their age for this coverage. On 1 JUL 08 VGLI premium rates will be reduced for veterans aged 30 to 64, who make up 85% of those insured under the program. Premium rates for those under age 30 are already competitive. Premium reductions, ranging from 4% to 12%, are a result of fewer claims being received. The reductions will ensure that VGLI remains highly competitive with similar insurance offered by commercial insurers. Secretary of Veterans Affairs Dr. James B. Peake said the premium reductions should result in increased program participation and retention. With increased enrollment, the department may be able to reduce rates in the future. More than 2.4 million people currently participate in the VA-managed SGLI program, with another 433,000 in VGLI. To obtain more information about the SGLI and VGLI premium reductions or to view a table with the new VGLI rates, visit the VA insurance Web site at www.insurance.va.gov, or call the Office of Servicemembers' Group Life Insurance at 1(800) 419-1473. [VA News Release 6 Apr 08 ++]

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> MILITARY FUNERAL DISORDERLY CONDUCT UPDATE 09: A federal judge in Maryland on 3 APR ordered liens on the Westboro Baptist Church building and

the Phelps-Chartered Law office. If the case presided over by U.S. District Court Judge Richard D. Bennett is upheld by an appeals court, the church, at 3701 S.W. 12th, and the office building, at 1414 S.W. Topeka Blvd., could be obtained by the court and sold, with the proceeds being applied toward \$5 million in damages Bennett imposed on church members for picketing a military funeral. A lien is a legal hold on property, making it collateral against money owed to a person or entity. It can keep the owner from selling the property or transferring title to the property. The \$5 million penalty is the result of a lawsuit filed against three of the church's principals by Albert Snyder, the father of Marine Lance Cpl. Matthew A. Snyder, whose funeral was picketed by church members. The senior Snyder contended the picketing caused emotional distress and invasion of privacy.

> Westboro Baptist members regularly picket funerals of members of the U.S. armed forces, contending the deaths are God's punishment for the country's support of homosexuals. One of Snyder's attorneys, Sean Summers, of York PA said that based on financial information supplied during a hearing on the case, paying the \$5 million penalty likely would force the church and the three named officials of the church to file for bankruptcy. However, even bankruptcy wouldn't let them out from under the \$2.1 million punitive damages part of the judge's order. They would still be obligated for that amount under federal bankruptcy rules. A jury awarded Snyder compensatory damage of \$2.9 million and punitive damage of \$8 million. But the judge on 4 FEB reduced the punitive damage to \$2.1 million, for a total judgment of \$5 million. In addition, the judge required Shirley Phelps-Roper to post a \$125,000 bond and Rebekah Phelps-Davis to post a \$100,000 bond by 5 MAY or he will rescind a stay ordered by the court to prevent confiscation of their property. Phelps-Roper, an attorney, called that meaningless. She said the only property she and Phelps-Davis own are their homes and courts are forbidden from confiscating a person's home. "I have nothing at risk," she said.

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> In February, Bennett ordered Phelps-Roper, Phelps-Davis and their father, Pastor Fred W. Phelps Sr., to provide detailed financial information about their interests. The records showed the church property to be worth \$442,800 and the law office building to be worth \$233,000. Summers said the lien could be placed on the law office building because it is owned by Phelps Sr. "He (the judge) looked at my tax returns and saw that we give money to the church, and he didn't like that," Phelps-Roper said. She said there has been a lot of misinformation about the church and the Phelps family being wealthy. She said there was even a rumor that her father owned a "summer home." She said that came from a humorous answering machine message that said, "This is the Phelps family summer home - some are home and some are not." [Source: The Capital-Journal Mike Hall article 4 Apr 08 ++]

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> MILITARY AWARD/SERVICE MISREPRESENTATION UPDATE 01:

> 1.) Federal officials arrested a Gulfport man 1 APR for allegedly making false claims about serving in Vietnam and receiving a Purple Heart. Frank Thayer, 59, is the third area man in a week to be arrested and charged with lying about military service and honors. In an affidavit, Thayer admitted to Veterans Affairs special investigators that in spite of owning a Purple Heart medal with ribbon, a Bronze Star with ribbon, an Army ring, commander's pilot wings, seemingly official documents and clothing bearing Purple Heart patches, he had never served in the military nor received any medals. He said he bought the medals at a military surplus store. Thayer admitted creating a motivational DVD celebrating his service that he sold to civic organizations. He told a former girlfriend all his military papers were destroyed by Katrina. Thayer was released on \$25,000 unsecured bond. He

faces multiple charges, and could receive up to 6 months in prison and fines of \$5,000 per violation, said Morgan.

> 2.) A man who went to prison for impersonating an Army captain after the 2002 Interstate 40 bridge collapse is heading back to prison. A federal jury in Muskogee found that William James Clark violated the terms of his probation by calling the Russian Embassy and claiming to be part of a covert military operation to assassinate President Vladimir Putin. U.S. District Judge James Payne sentenced Clark last week to 21 more months in prison. In MAY 02, Clark spent nearly three days pretending to be an Army captain in charge of the recovery effort after the I-40 bridge collapse at Webbers Falls, Okla. He was sentenced to nearly six years in prison and was released from a halfway house last September.

> [Source: Sun Herald Megha Satyanarayana article 2 Apr 08 ++]

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> MILITARY AWARD/SERVICE MISREPRESENTATION UPDATE 02: A Vietnam veteran

who acknowledged wearing military medals he never earned has been sentenced

to 100 hours of community service. Louis McGuinn told a Manhattan judge 2 APR that he now realizes what he did was wrong. McGuinn said the result has been "tremendous hardship" for him and his family and friends. McGuinn admitted in December he wore a Purple Heart, the Silver Star and the Distinguished Service Cross, among other medals he didn't deserve. He also claimed to be a retired lieutenant colonel, though he was discharged from the Army as a private in 1968. The Queens man was prosecuted under the Stolen Valor Act of 2005 (S.1998), which took effect in January 2007. The Act applies to fraudulent claims surrounding the receipt of the Medal of Honor, the distinguished-service cross, the Navy cross, the Air Force cross, the Purple Heart, and other decorations and medals awarded by the President or the Armed Forces of the United States that such claims will damage the reputation and meaning of such decorations and medals. It says that whoever

falsely represents himself or herself, verbally or in writing, to have been awarded any decoration or medal authorized by Congress for the Armed Forces of the United States, any of the service medals or badges awarded to the members of such forces, the ribbon, button, or rosette of any such badge, decoration, or medal, or any colorable imitation of such item shall under title 18 United States Code be fined, imprisoned not more than six months, or both. In the case of the distinguished-service cross, Navy cross, Air Force cross, Silver Star, Purple Heart or any replacement or duplicate medal for such medal as authorized by law, imprisonment shall not be more than one year. [Source: ArmyTimes AP article 3 Apr 08 & <http://thomas.loc.gov> ++]

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> OREGON DEPENDENT TUITION WAIVER: On 31 MAR 08 Oregon dependents of U.S.

veterans killed or disabled since Sept. 11, 2001, in connection with military duty became eligible for a full tuition waiver to attend any of the state's seven public universities. The waiver applies to all spouses who have not remarried and all children 23 and younger, including adopted children or stepchildren. In their recent session the Oregon legislature approved the free tuition benefit. It is available to the children or spouses of military service men and women who died in active duty, who became 100% disabled or who died as a result of a disability resulting from active duty after Sept. 11, 2001. The university system has determined that about 18 dependents are now eligible for the tuition offer, but that number will grow as children age and the war continues. The dependents must be residents of Oregon. They are eligible for free tuition to cover four years of full-time attendance to earn a bachelor's degree or two years of full-time attendance to earn a master's degree. Applicants need to fill out a form called "OUS Veterans' Dependent Tuition Waiver Application." They can still submit the applications now to the veteran's affairs clerk on each campus for spring term. In the future, however, they will be expected to file no later than 14 days before the term begins. All seven universities in the Oregon University System will offer the tuition waiver. For more information check under "featured documents" at the Oregon Universities website www.ous.edu. [Source: NAUS Weekly Update 4 Apr 08 ++]

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> VA HOME LOAN UPDATE 09: The Economic Stimulus Package signed by the

President last month also increased loan limits for federal home loan programs, including Fannie Mae, Freddie Mac and FHA. VA Home Loans, however, were not included. Congress has introduced legislation to fix the problem. H.R. 5561 and S. 2768 would extend the home loan guarantee to 125% of metropolitan medium home prices (about \$730,000 in the highest cost areas) through 31 DEC 11. The fix would enable veterans to utilize their VA benefit

to purchase homes of higher value while the housing market remains unpredictable. For more information on the legislation, type the bill number in the search box at: <http://thomas.loc.gov/>. [Source: VFW Washington Weekly 4 APR 08 ++]

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> VA WOMEN VET PROGRAMS: Recognizing the valor, service and sacrifice of

America's 1.7 million women veterans, the Department of Veterans Affairs (VA) has created a comprehensive array of benefits and programs. Women veterans are entitled to the same benefits and medical care as their male counterparts, including health care, disability compensation, education assistance, work-study allowance, vocational rehabilitation, employment and counseling services, insurance, home loan benefits, nursing home care, survivor benefits, and various burial benefits. VA also has a multitude of services and programs to respond to the unique needs of women veterans. VA offers comprehensive them , high-quality primary health care services including Pap smears, mammography, and general reproductive health care. Along with these services, VA's mental health care for women includes substance abuse counseling, evaluation and treatment of military sexual trauma and Post Traumatic Stress Disorder (PTSD). VA has several specific initiatives for 2008 including:

> . Enhancing skills of primary care providers who treat women veterans;

> . Examining other women's health issues, including cardiac care, breast cancer, and colorectal cancer in women;

> . Focusing on family issues and avoiding birth defects through enhanced pharmacy practices for women veterans of child bearing age.

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> Women veterans are the fastest growing segment of the veteran population second only to elderly veterans. Approximately 1.7 million women veterans comprise 7% of the total veteran population. Approximately 255,000 women use VA health care services. Today, over 200,000 are serving in the Armed Forces. With the increasing number of women, VA estimates by 2020 women veterans will comprise 10% of the veteran population. There is a women veterans program manager at every VA medical center, a women's liaison

at every community based outpatient clinic and a women veterans coordinator at every VA regional office. VA is reaching out to women veterans who are experiencing problems related to sexual trauma or harassment while in the military. All veterans, men and women, may receive free counseling, disability compensation, and related services for sexual trauma incurred in the military. In addition, there are programs for women veterans who are homeless or are victims of domestic violence. There is a Military Sexual Trauma (MST) point of contact for psychotherapy at every VA medical center. Extensive enhancements of the MST program have taken place over the past two

years, including training of providers in the most current effective treatments for PTSD and sexual trauma. In addition, VA has sites for combat PTSD in women and is examining how best to address complex combat and MST issues.

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> In addition to the services provided at each VA medical center, the Department also operates fifty Women's Health Centers, within medical centers, that serve as specific locations for women veterans to receive care. These centers develop new and enhanced programs for women; some also conduct research on medical and psychosocial issues. Through its Center for Women Veterans and the Secretary's Advisory Committee on Women Veterans, VA

is continually looking into new and innovative ways to provide improved benefits and services to women veterans. The Fourth National Summit on Women Veterans Issues will be held from 20-22 JUN in Washington D.C. The Summit will offer attendees an opportunity to enhance future progress on women veterans issues, with sessions specifically for the Reserve and National Guard, information on military sexual trauma and readjustment issues, after the military veteran resources and many more programs and exhibits. Legislation to improve care, services and outreach to women veterans was introduced at a press conference 2 APR held by Sens. Patty Murray (D-WA), Kay Bailey Hutchinson (R-TX), Blanche Lincoln (D-AR), and Lisa Murkowski (R-AK). The bill will address the unique needs of female veterans by authorizing programs to improve care for Military Sexual Trauma, expand women veteran coordinator positions at VA, and increase research on barriers to care. Women currently make up 14% of the total force, and it is estimated that the number of female veterans entering the VA system will double in the next five years.

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> For more information on the Fourth National Summit on Women Veterans Issues refer to www.va.gov/womenvet. For more information about VA benefits and services, veterans may contact their local VA regional office, medical center, or vet center. For questions concerning VA benefits call 1(800) 827-1000, for questions concerning VA health care call 1-877-222-8387 or go to our website at <http://www.va.gov>. [Source: VA News Release 27 Mar 08 ++]

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> FISHER HOUSE EXPANSION UPDATE 02: Safe, comfortable and affordable housing for families of veterans being treated by the Department of Veterans Affairs (VA) in Chicago is moving closer to reality as VA refines its plans for a new Fisher House. The new Fisher House will be built on the grounds of Edward Hines Jr. VA Hospital in suburban Chicago. The Fisher House is 100 % handicapped accessible and will have 21 bedrooms or suites and several common use areas. Fisher Houses are built through public donations and

contributions from the Fisher House Foundation. VA assumes responsibility for operating costs of the finished homes. In addition to the Chicago facility, VA and the Fisher Foundation also announced new Fisher Houses at VA medical centers in St. Louis MO, Minneapolis MN, and Washington . Currently, VA has Fisher Houses in Albany NY; Bay Pines FL, Cincinnati OH; Denver CO; Houston TX; Minneapolis MN; Palo Alto CA; West Palm Beach and Tampa FL. Fisher Houses are under construction at VA facilities in Los Angeles CA, Seattle WA, Dallas TX, and Richmond VA. Another Fisher House is planned for VA in Boston MA. For more information, visit the Fisher House Foundation Website www.fisherhouse.org [Source: VA News Release 31 Mar 08 ++]

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> VA LAWSUIT (LACK OF CARE) UPDATE 03: Veterans for Common Sense is suing

the Department of Veterans Affairs because, the group says, VA is so thoroughly bogged down with a backlog of 600,000 benefits claims that Iraq and Afghanistan veterans with post-traumatic stress disorder are not receiving the care they need. The trial begins 21 APR in U.S. District Court for the Northern District of California. The lawsuit, which names VA Secretary Dr. James Peake as defendant, - is a class action filed by a large group of veterans who allege "a system-wide breakdown" in the way the government treats veterans with PTSD. They say several suicidal veterans have unsuccessfully sought VA mental health care. Representatives from veterans service organizations, VA and mental health experts are expected to testify. According to Gordon Erspamer, an attorney representing the veterans pro bono, the lawsuit challenges a backlog in handling claims, "appellate delays of five to 10 years" for disability ratings, waiting lists and the "inadequacy of VA care for PTSD." The suit asks for immediate medical help, as well as screening for suicidal thoughts, for troops returning from Iraq and Afghanistan.

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> At a House Veterans Affairs health subcommittee hearing 1 APR, Ira Katz, VA's deputy chief patient care services officer for mental health, said 60,000 Iraq and Afghanistan veterans have received a preliminary diagnosis of PTSD. In the past two and a half years, he said, VA has hired 3,800 new mental health workers. In February, VA announced plans to open 23 new vet centers and establish mental health counseling by phone. However, several service members have slipped through the cracks, often tragically. In one case, former Marine Lance Cpl. Justin Bailey killed himself while in VA's residential substance abuse program. His father, Tony Bailey, testified that his son didn't see a psychiatrist while he was in the program, even though he had been diagnosed with PTSD. Another veteran, former Marine Lance

Cpl. Jonathan Schulze, tried to check himself into mental health care because he said he was suicidal, but VA representatives told him they'd have

to put him on a waiting list. He also killed himself. The waiting lists themselves have gained notoriety. Though Peake has said waiting times have been shortened, he said at a hearing in February that VA still needs to work that issue. Peake told the House Veterans' Affairs Committee at a 7 FEB hearing, "In April 2006, there were over 250,000 unique patients waiting more than 30 days for their desired appointment date for health-care services; that's not acceptable. As of 1 JAN 08, we had reduced the waiting list to just over 69,000. Our budget request for 2009 provides the resources necessary ... to virtually eliminate the waiting list by the end of next year." [Source: Air Force Times Kelly Kennedy article 3 Apr 08 ++]

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> ARMED SERVICES BLOOD PROGRAM: Blood and blood products are used for

patients of all ages for many reasons - from those undergoing cancer treatments to those with battlefield injuries. Military members depend on blood donors every day and rely on the he Armed Services Blood Program (ASBP) to fulfill these needs. To schedule a donation appointment or to contact your local blood donor center visit the ASBP website <http://www.militaryblood.dod.mil>. Donors can select a location from more than 20 ASBP blood donor centers (BDCs) on the website's drop down menu, or click on their location on a map. The nearest donor center will appear, as well as scheduled blood drives for the next two months. If an online appointment is available you will be able to select the blood drive and sign up to give blood on any of the dates listed. If a blood drive does not appear after choosing a donor center, the drive dates have passed and new dates will be added as drives are scheduled. Many centers conduct mobile blood drives at nearby installations. ASBP has implemented a new policy regarding tattoos on 30 NOV 07 that may allow more donors to give blood to the military. This new policy allows donors with new tattoos to give blood again after just one week, instead of the previous one-year deferral period, provided the tattoo was acquired in a state-regulated tattoo parlor. A total of 20 states regulate tattoo facilities and donors are encouraged to contact their nearest military blood donor center for more details.

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> In addition to whole blood donation, some BDCs offer platelet apheresis donation. Apheresis takes longer than whole blood donation; however, one apheresis donation provides as many platelets as six to ten whole blood donations. In addition, donors can give platelets more frequently than the 56 days required between whole blood donations. Most healthy adults are eligible to give blood. However, there are some reasons a person may be deferred from donating - temporarily indefinitely, or permanently. Deferral criteria have been established for the protection of those donating and those receiving transfusions in accordance with the Food and Drug Administration (FDA) guidelines, AABB standards, and Department of Defense (DoD) policies. A temporary deferral should not discourage donors

from coming back. Donors are always needed. In general, to donate blood you should:

- > . Weigh at least 110 pounds
- > . Be at least 17 years of age
- > . Have been feeling well for at least three days
- > . Be well hydrated
- > . Have eaten something prior to donating
- > . Conform to travel and medical restrictions listed at www.militaryblood.dod.mil/Donors/can_i_donate.aspx
- > [Source: ASBP website Apr 08 ++]

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> TRICARE USER FEE UPDATE 25: Faced with a rising tab for Tricare, military health insurance, Pentagon officials are angling to raise out-of-pocket costs for retirees in the 2009 federal budget. Under fire in a congressional hearing, Assistant Defense Secretary Ward Casscells said advocates "I've spoken with" would accept gradual out-of-pocket increases to help the military keep costs down. "They know that at some point, this will eat into theater care or force readiness." Legislative Director Rick Jones of the National Association for the Uniformed Services (NAUS) said many - but not all - veterans organizations have broken ranks on the heated issue of ratcheting up Tricare costs for retirees. However, NAUS hasn't budged on its stand against fee increases. Military retirees already sacrificed for their country and shouldn't be asked to give more out of their own pockets. It is a cost of our service," Jones said. The National Military and Veterans Alliance is writing Congress to combat misperceptions the organization supports raising fees, Jones said. Proposals on the table double or triple what retirees younger than 65 pay. "It's sort of like, 'Here's your benefit. Here's your bill. Thank you for your service,' " he said. The veterans alliance is an umbrella organization made up of 31 military and veterans service organizations with 2.5 million members altogether. But the Reserve Officers Association (ROA) legislative director Capt. Marshall Hanson worries the DoD might find the present program too expensive to sustain. "On a practical side, if the benefit goes away, that's going to cost retirees more in the long run than trying to adjust to paying a fair share for a program that has a good basis for increases," he said.

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> Casscells testified before a subcommittee of the House Armed Services Committee retirees don't want fee increases making up for 12 years of flat fees, But they'll accept increases tied to the cost of living. Dr. Gail Wilensky, co-chairwoman of the DoD Task Force on the Future of Military Health Care testified before the Subcommittee on Military Personnel that they have recommended raising out-of-pocket costs for health care on retirees younger than 65 and for prescription drugs. The changes would phase in over four years. The task force doesn't recommend increases for active-duty members and their families. She said, "We mostly focused on

under-65 retirees. Most work and have access to employer-sponsored health care plans". U.S. Rep. Mac Thornberry, a member of the House Armed Services, noted that the administration has aimed to raise retirees' Tricare fees before. "My guess is that nothing much will change this year" Congress squashed Bush's 2008 proposal to save an estimated \$1.9 billion from increasing Tricare fees. His plan called for aligning Tricare out-of-pocket costs for military retirees younger than 65 years with private health insurance. The moratorium on Tricare fee increases ends in October. [Source: Times Record News Trish Choate article 31 Mar 08 ++]

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> VDBC vs. PCARWW: Congress created the Veterans Disability Benefits Commission (VDBC) in 2004 to review, among other things, whether disability compensation benefits were "appropriate". The VDBC began meeting in MAY 05.

Over the next 30 months it held 55 days of hearings, listened to hundreds of witnesses, interview over 20,000 veterans and survivors, surveyed thousands more VA and veteran service organization employees, commissioned two Institute of Medicine studies and the Center for Naval Analysis to conduct original research in a number of pertinent areas. In OCT 07 it made 113 recommendations, the bulk of which pertain to compensation benefits. The VDBC recommendations continue one law for all veterans. It recommended keeping the most basic concepts while encouraging the methodical and deliberate review and modification to correct known problems.

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> In early 2007 the President created the President's Commission on Care for America's Returning Wounded Warriors (PCARWW), headed by retired Senator Bob Dole and former Secretary of Health and Human Services Donna Shalala (Dole/Shalala), to make recommendations for the correction of problems reported at the Army medical facility at Walter Reed. In JUL 07 after approximately four months of study, the Dole/Shalala Commission made a number of recommendations addressing treatment of combat injured service members. In addition, it recommended the total elimination of the current compensation program administered by VA and substitutes an undefined, untried and unsubstantiated program in its place. It would institute a new program for new veterans, dividing the veteran community into different groups, old and young, combat and non-combat. This reinstitutes a concept repudiated by Congress over 30 years ago which would pay veterans with identical disabilities different compensation.

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> The most striking differences between the two set of recommendations are these:

> 1.) Disabilities: VDBC - No change to current policy that disabilities arising coincident with service, whether from combat or otherwise, should be compensated the same. PCARWW - Would create different benefits for disabilities acquired during combat. Non-combat disabilities would be paid

less.

> 2.) Length of Payment: VDBC - Once service connection is granted, payments would continue unless the disability improved. PCARWW - Compensation would be delayed while new veterans received a new transition benefit.

Compensation would continue only until "retirement age" to be replaced by Social Security.

> 3.) Tax Liability: VDBC - Tax free (current policy). PCARWW - Compensation subject to FICA tax.

> 4.) Review Examinations: VDBC - No change from current policy which allows VA to decide when to order a review examination. Currently, only ordered when improvement is possible. PCARWW - Require review examinations of all disabilities every 3 years.

> 5.) Quality of Life Payments: VDBC - After research, award additional payments if disability causes impairment of quality of life. PCARWW - Same, plus: quality of life payments are only available to combat-related injuries.

> 6.) Schedule of Rating Disabilities: VDBC - Create a permanent Advisory Committee independent of VA to oversee the revision of VA rating schedule. This was based on an Institute of Medicine Study. PCARWW - Replace rating schedule with new, undefined, schedule created in 6 months by VA.

> 7.) Individual Unemployability (IU): VDBC - Update the rating schedule to ensure that disabilities that are severe enough to preclude employment are evaluated 100%. This would lessen the number of grants of IU but not eliminate it. PCARWW - Eliminate IU.

> [Source: NVS Weekly Update 2 Apr 08 ++]

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> PHILIPPINE TOURIST VISA UPDATE 01: The Philippine Bureau of Immigration

(BI) Commissioner has issued an official Memorandum advising departing foreign tourists with expired Philippine tourist visas that they may no longer update their visas at the airport. BI stated that all requests for tourist visa extensions filed at any international port of entry/exit shall immediately be referred to the Visa Extension Section of the BI Main Office (Magallanes Drive, Intramuros, Manila) or concerned subport/field office for appropriate action. The Embassy encourages Americans to keep their visas updated to avoid unnecessary inconvenience. Details on the new procedure can be found on the Philippine Bureau of Immigration's website:

www.immigration.gov.ph. [Source: ACS Newsletter 20 Mar 08]

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> VET CEMETERY FLORIDA UPDATE 06: Jacksonville VA National Cemetery will be

the name of the 569-acre burial site to be built north of Jacksonville International Airport and about five miles from Interstate 295. The first 50-acre phase of the cemetery, which will eventually hold 189,000 veterans

from the northeastern Florida and southeastern Georgia area, will begin this summer and is expected to be completed by the end of the year. Initial construction will prepare a small burial area to ensure that veteran burials can take place before all phase one facilities are completed. In addition to burial areas, the \$1.25 million phase one will consist of approximately 50 acres, including roadways, an entrance area, an administration and public information center, a maintenance complex with buildings, a maintenance yard and parking, a flag assembly area, a memorial walkway and committal service shelters. Other infrastructure improvements will include grading, drainage, fencing, planting, an irrigation system and utilities. Interment areas will include traditional full-casket gravesites, pre-placed crypts, in-ground cremated burial sites and a columbarium for cremated remains. Veterans whose discharges are other than dishonorable, their spouses and dependent children may be buried in a national cemetery, regardless of where they live. No advance reservations are made. 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. Information on VA burial benefits can be obtained from national cemetery offices, from a VA Web site at www.cem.va.gov or by calling VA regional offices toll-free at 1 (800) 827-1000. Information about the Jacksonville VA National Cemetery is available by calling the cemetery director at (904) 358-3510. [Source: Jacksonville Business Journal 1 Apr 08 ++]

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> VET CEMETERY ALABAMA UPDATE 01: The Department of Veterans Affairs (VA)

has named the national cemetery to be built near Birmingham the "Alabama VA National Cemetery." The new national cemetery will be located in the town of Montevallo, approximately five miles west of Interstate 65 and adjacent to American Village, a museum that teaches history and citizenship through re-creation of colonial life. The cemetery will be built on land acquired from private owners and will serve approximately 200,000 veterans in the region who are not currently provided burial space by a nearby national or state veterans cemetery. VA expects to begin construction of the first phase of the cemetery this summer. In SEP 07, the Department awarded a \$1.3 million contract to Civil Consultants Inc. of Birmingham to design the cemetery. When complete, the first phase will consist of approximately 45 acres, and facilities needed to provide burials for approximately 10 years. The first-phase interment areas will provide 9,100 full-casket gravesites, 3,100 in-ground cremation sites and approximately 2,700 columbarium niches for cremation remains. The cemetery will also include an administrative and public information center, an electronic gravesite locator and public restrooms, a maintenance facility, an entrance area, a flag assembly area, a memorial walkway and two committal shelters for funeral services. Infrastructure will include roadways, landscaping, utilities and irrigation.

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> VA has two other national cemeteries in Alabama for which records of interment can be viewed at

<http://www.interment.net/data/us/al/russell/ftmitnat/index.htm>:

> . The Fort Mitchell National Cemetery, 553 Highway 165, Seale, AL 36875
Tel: (334) 855-4731 This cemetery of 279.8 acres officially opened in 1987 and presently has space available to accommodate casketed and cremated remains. In late 1980s, the old post cemetery at Fort Mitchell was officially identified as the location for a national cemetery in Federal Region IV, to serve veterans residing in North Carolina, South Carolina, Georgia, Florida, Alabama, Tennessee and Mississippi.

> . The Mobile National Cemetery, 1202 Virginia Street, Mobile, AL 36604 located within the grounds of Magnolia Cemetery encompasses 5.2 acres. For information contact: Barrancas National Cemetery (850) 453-4108. This cemetery presently buries only eligible family members and cremated remains.

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> 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. Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at <http://www.cem.va.gov> or by calling VA regional offices at 1-800-827-1000. Information about the new national cemetery is available by calling the cemetery at (205) 665-9039 or 1(866) 547-5078. [Source: VA News Release 31 Mar 08 ++]

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> VA VETERAN SUPPORT UPDATE 03: The National Cemetery Administration

(NCA) honors veterans with final resting places in national shrines and with lasting tributes that commemorate their service to our Nation. In support of the nation's veteran community the Department of Veteran Affairs (DVA) reported the following Memorial Affairs statistics as of FEB 08:

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> . NCA maintains more than 2.8 million gravesites at 125 cemeteries in 39 states and Puerto Rico, as well as in 33 soldier's lots and monument sites.

> . The nation's 125th national cemetery, South Florida VA National Cemetery, began operation in April 2007. VA is planning six additional cemeteries to serve the areas of Bakersfield, CA; Birmingham, AL; Columbia, SC; Jacksonville, FL; Sarasota, FL; and Southeastern PA.

> . Of the 125 national cemeteries in operation, 65 are open to all interments; 21 can accommodate cremated remains and family members of those already interred; and 39 are closed to new interments but accommodate family

members in occupied gravesites.

> . Annual interments in VA national cemeteries have increased from 36,400 in 1973, when VA took responsibility for national cemeteries, to 101,200 in 2007, including dependents. More than 67,500 veterans were laid to rest in a VA national cemetery in 2007.

> . Since 1973, NCA has provided nearly 9.9 million headstones and markers. In 2007, NCA furnished more than 361,000 headstones and markers.

> . In 2007, NCA provided more than 423,000 Presidential Memorial Certificates to the loved ones of deceased veterans.

> . Since 1980, the State Cemetery Grants Program has obligated more than \$312 million to 36 states, plus Guam and Saipan, for the establishment, expansion or improvement of 69 state veterans cemeteries. In fiscal year 2007, VA supported state veterans cemeteries by providing more than 22,000 interments.

> . VA estimates that more than 686,000 veterans died in 2007. About 13% of veterans choose to be buried in VA national and state cemeteries.

> . In 2007, volunteers donated approximately 366,000 hours at national cemeteries and more than 8.1 million people visited them.

> [Source: VA Fact sheet Feb 08 ++]

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> VIETNAM CENSUS STATS: Some interesting Census Stats and "Been There"

Wanabees:

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> ~ 1,713,823 of those who served in Vietnam were still alive as of AUG 95 census figures.

> ~ In the AUG 95 census 9,492,958 Americans falsely claimed to have served in-country.

> ~ As of the August, 2000 Census, the surviving U.S. Vietnam Veteran population estimate is: 1,002,511. If this loss of 711,000 between '95 and '00 is accurate it equates to 390 deaths per day.

> ~ During this Census count, the number of Americans falsely claiming to have served in-country is: 13,853,027. By this census, four out of five who claim to be Vietnam vets are not.

> ~ The Department of Defense Vietnam War Service Index officially provided by The War Library originally reported with errors that 2,709,918 U.S. military personnel as having served in-country. Corrections and confirmations to this errored index resulted in the addition of 358 U.S. military personnel confirmed to have served in Vietnam but not originally listed by the Department of Defense. (All names are currently on file and accessible 24/7/365).

> ~ Atrocities: Americans who deliberately killed civilians received prison sentences while Communists who did so received commendations. From 1957 to 1973, the National Liberation Front assassinated 36,725 Vietnamese and abducted another 58,499. The death squads focused on leaders at the village

level and on anyone who improved the lives of the peasants such as medical personnel, social workers, and school teachers per the Nixon Presidential Papers.

> [Source: NM e-Veterans News 9 Jan 06 - Research accredited to Capt. Marshal Hanson, U.S.N.R (Ret.) & Statistical Source Capt. Scott Beaton]

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> VIETNAM COMMON MYTHS:

> Myth: Common Belief is that most Vietnam veterans were drafted.

> Fact: 2/3 of the men who served in Vietnam were volunteers. 2/3 of the men who served in WW II were drafted. Approximately 70% of those killed in Vietnam were volunteers.

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> Myth: The media have reported that suicides among Vietnam veterans range from 50,000 to 100,000 - 6 to 11 times the non-Vietnam veteran population.

> Fact: Mortality studies show that 9,000 is a better estimate. The CDC Vietnam Experience Study Mortality Assessment showed that during the first 5 years after discharge, deaths from suicide were 1.7 times more likely among Vietnam veterans than non-Vietnam veterans. After that initial post-service period the rate of suicides is less.

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> Myth: Common belief is that a disproportionate number of blacks were killed in the Vietnam War.

> Fact: 86% of the men who died in Vietnam were Caucasians, 12.5% were black, 1.2% were other races. Black fatality figures were proportional to the number of blacks in the U.S. population at the time and slightly lower than the proportion of blacks in the Army at the close of the war.

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> Myth: Common belief is that the war was fought largely by the poor and uneducated.

> Fact: Servicemen who went to Vietnam from well-to-do areas had a slightly elevated risk of dying because they were more likely to be pilots or infantry officers. Vietnam Veterans were the best educated forces our nation had ever sent into combat. 79% had a high school education or better.

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> Myth: The Common belief in the U.S. is that the domino theory was proved false.

> Fact: The domino theory was accurate. The ASEAN (Association of Southeast Asian Nations) countries, Philippines, Indonesia, Malaysia, Singapore and Thailand stayed free of Communism because of the U.S. commitment to Vietnam.

The Indonesians threw the Soviets out in 1966 because of America's commitment in Vietnam. Without that commitment, Communism would have swept

all the way to the Malacca Straits that is south of Singapore and of great strategic importance to the free world. The Vietnam War was the turning

point for Communism.

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> Myth: The common belief is that the fighting in Vietnam was not as intense as in World War II.

> Fact: The average infantryman in the South Pacific during World War II saw about 40 days of combat in four years. The average infantryman in Vietnam saw about 240 days of combat in one year thanks to the mobility of the helicopter. One out of every 10 Americans who served in Vietnam was a casualty. 58,148 were killed and 304,000 wounded out of 2.7 million who served. Although the percent that died is similar to other wars, amputations or crippling wounds were 300% higher than in World War II75,000 Vietnam veterans are severely disabled. MEDEVAC helicopters flew nearly 500,000 missions. Over 900,000 patients were airlifted (nearly half were American). The average time lapse between wounding to hospitalization was less than one hour. As a result, less than one percent of all Americans wounded, who survived the first 24 hours, died.

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> Myth: Kim Phuc, the little nine year old Vietnamese girl running naked from the napalm strike near Trang Bang on 8 June 1972 was burned by Americans bombing Trang Bang.

> Fact: No American had involvement in this incident near Trang Bang that burned Phan Thi Kim Phuc. The planes doing the bombing near the village were VNAF (Vietnam Air Force) and were being flown by Vietnamese pilots in support of South Vietnamese troops on the ground. The Vietnamese pilot who dropped the napalm in error is currently living in the United States. Even the AP photographer, Nick Ut, who took the picture, was Vietnamese. The incident in the photo took place on the second day of a three day battle between the North Vietnamese Army (NVA) who occupied the village of Trang Bang and the ARVN (Army of the Republic of Vietnam) who were trying to force the NVA out of the village. Reports in the news media that an American commander ordered the air strike are incorrect. There were no Americans involved in any capacity. The Commanding General of TRAC at that time said Americans had nothing to do with controlling VNAF.

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> Myth: The United States lost the war in Vietnam.

> Fact: The American military was not defeated in Vietnam. The American military did not lose a battle of any consequence. From a military standpoint, it was almost an unprecedented performance. General Westmoreland

said the war was a major military defeat for the VC and NVA. The United States did not lose the war in Vietnam, the South Vietnamese did.

> [Source: NM e-Veterans News 9 Jan 06 - Research accredited to Capt. Marshal Hanson, U.S.N.R (Ret.) & Statistical Source Capt. Scott Beaton]

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> KOREAN WAR VETERANS MEMORIAL: The Korean War Veterans

Memorial was

authorized by Public Law 99-572 on Oct. 28, 1986 ".to honor members of the United States Armed Forces who served in the Korean War, particularly those who were killed in action, are still missing inaction, or were held as prisoners of war." The site is located on French Drive, SW adjacent to the Lincoln Memorial directly across the reflecting pool from the Vietnam Veterans Memorial in Washington, D.C. It is open daily 0800 till midnight closing on Xmas day. There is no charge for admission. There are 19 approximately 7'3" tall, heroic scale statues depicting 14 Army, 3 Marines, 1 Navy, and 1 Air Force personnel. They represent an ethnic cross section of America with 12 Caucasian, 3 African American, 2 Hispanic, 1 Oriental, 1 Indian (Native American). The juniper bushes are meant to be symbolic of the rough terrain encountered in Korea, and the granite stripes of the obstacles overcome in war. The Marines in column have the helmet chin straps fastened and helmet covers. Three of the Army statues are wearing paratrooper boots and all equipment is authentic from the Korean War era. Three of the statues are in the woods, so if you are at the flagpole looking through the troops, you can't tell how many there are, and could be legions emerging from the woods. The statues are made of stainless steel, a reflective material that when seen in bright sunlight causes the figures to come to life. The blowing ponchos give motion to the column, so you can feel them walking up the hill with the cold winter wind at their backs, talking to one another. At nighttime the fronts of the statues are illuminated with a special white light; the finer details of the sculpture are clearly seen and the ghosts appear.

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> The Mural Wall located on site consists of 41 panels extending 164 feet. Over 15,000 photographs of the Korean War were obtained from the National Archives to create the mural. The photographs were enhanced by computer to develop a uniform lighting effect and size, and to create a mural with over 2,400 images. The mural depicts Army, Navy, Marine Corps, Air Force and Coast Guard personnel and their equipment. The etchings are arranged to give a wavy appearance in harmony with the layout of the statues. The reflective quality of the Academy Black Granite creates the image of a total 38 statues, symbolic of the 38th Parallel and the 38 months of the war. When viewed from afar, it also creates the appearance of the mountain ranges of Korea. To the south of the Memorial are three beds of Rose of Sharon hibiscus plants. This plant is the national flower of South Korea. Visitors can walk out into a Pool of Remembrance area on a peninsula symbolic of Republic of Korea, which is a peninsula. The pool honors the dead, the missing the POW's and the wounded from the U.S. and UN Forces whose statistics are engraved in stone. Names of all nations involved in the conflict are engraved on the curb stone along the north entrance. The Honor Roll contains all verifiable names of those on active duty who were killed in action, still listed as missing in action, and captured as prisoners of war in the Korean War. Located on site are, Restrooms,

Concessions, and a Bookstore for use by visitors. For additional info refer to <http://www.nps.gov/kwvm/home.htm>.

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> A largely museum-like War Memorial of Korea opened in Seoul Korea in 1994. It houses six exhibition rooms displaying over 13,000 items under different themes, including an outside exhibition area consisting of numerous military equipment. Visitors will experience the spirit of national defense of Koreans throughout the War Memorial, which was designed with advice from war experts. Located on the old site of Army Headquarters, the War Memorial of Korea accommodates four aboveground floors and two underground floors in the main building, which stands on an area of about 20,000 square meters. On the green area around the memorial, loudspeaker emissions to foster patriotic spirit can be heard. In cloistered left and right galleries flanking the facade of the main building are rows of black marble monuments inscribed with the names of those who died during the Korean and Vietnam Wars and of policemen who died on duty. The plaza in the museum compound has an artificial waterfall, and around it are widespread rest areas so that visitors can picnic while enjoying the pleasant landscape. In the center of the plaza stands the Statue of Brothers, the elder a South Korean soldier and the younger a North Korean soldier, which symbolizes the situation of Korea's division. A Combat Experience Room provides a special opportunity for visitors to vividly experience life and death situations in night combat which soldiers went through during the Korean War. The special audiovisual effects, lighting, vibration, and even gunpowder odor make visitors feel as if they are right on the battlefield. For additional info refer to

[http://en.wikipedia.org/wiki/War_Memorial_\(Seoul\)](http://en.wikipedia.org/wiki/War_Memorial_(Seoul)) [Source: Various Apr 08 ++]

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> WINDOWS VISTA UPDATE 03: In a blow to Microsoft Corp., a federal judge on 18 FEB granted class-action status to a lawsuit alleging that Microsoft unjustly enriched itself by promoting PCs as "Windows Vista Capable" even when they could only run a bare-bones version of the operating system, called "Vista Home Basic." The slogan was emblazoned on PCs during the 2006 holiday shopping season as part of a campaign by Microsoft to maintain sales of Windows XP computers after the launch of Windows Vista was delayed. At a hearing two weeks ago, lawyers for Microsoft argued that because each consumer who bought a computer touted as "Windows Vista Capable" had different information at the time of purchase, the lawsuit should not be granted class-action status, while plaintiffs' lawyers said that all individuals who bought "Windows Vista Capable" PCs were united in that "each person in our class did not get what they paid for." In her ruling, Judge Marsha Pechman granted class-action status, stating that "common issues predominate. These common issues ... are whether Vista Home Basic, in truth, can fairly be called 'Vista' and whether Microsoft's 'Windows Vista Capable'

marketing campaign inflated demand market-wide for 'Windows Vista Capable' PCs," she wrote.

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> At the same time, though, Pechman narrowed the basis on which plaintiffs could move forward with their claims. For instance, she said that the plaintiffs could not pursue a class-action lawsuit on the basis that consumers had been deceived because "an individualized analysis is necessary to determine what role Microsoft's 'Windows Vista Capable' marketing program played in each class members' purchasing decision." However, it was appropriate for plaintiffs to argue as a class that Microsoft had artificially inflated demand -- and prices -- for computers only capable of running Vista Home Basic by marketing them as "Windows Vista Capable." Pechman also said that the two consumers currently named as plaintiffs in the case could not also represent buyers who participated in a related Microsoft program called "Express Upgrade," which gave consumers the right to free or low-priced upgrades to Windows Vista after it came out. Microsoft spokesman Jack Evans said in a statement, "We are currently reviewing the court's ruling. We believe the facts will show that Microsoft offered different versions of Windows Vista, including Windows Vista Home Basic, to meet the varied needs of our customers purchasing computers at different price points." During the hearing Jeffrey Tilden, another plaintiff attorney, quoted extensively from internal Microsoft e-mails that appeared to show that employees within Microsoft had misgivings about the "Windows Vista Capable" campaign. [Source: Seattle PI Joseph Tartakoff & odd Bishop article 23 Feb 08 ++]

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> VIETNAM MEMORIAL WALL UPDATE 02: On Veterans Day 1996, the Vietnam

Veterans Memorial Fund unveiled a half-scale replica of the Vietnam Veterans Memorial in Washington, D.C., designed to travel to communities throughout the United States. Bringing The Wall Home to communities throughout our country allows the souls enshrined on the Memorial to exist, once more, among family and friends in the peace and comfort of familiar surroundings. The traveling exhibit, known as The Wall That Heals, allows the many thousands of veterans who have been unable to cope with the prospect of "facing The Wall" to find the strength and courage to do so within their own communities, thus allowing the healing process to begin. The Wall That Heals also features a Traveling Museum and Information Center providing a comprehensive educational component to enrich and complete visitors' experiences. The Museum chronicles the Vietnam War era and the unique healing power of the Vietnam Veterans Memorial, while the Information Center serves as a venue for people to learn about friends and loved ones lost in the war. Since its dedication, it has visited more than 250 cities and towns throughout the nation, spreading the Memorial's healing legacy to millions. In addition to its U.S. tour stops, the exhibition made its first-ever

international journey in April 1999 to the Four Provinces of Ireland to honor the Irish-born casualties of the Vietnam War and the Irish-Americans who served. It has also traveled to Canada. Refer to <http://www.vvmf.org/index.cfm?SectionID=3> for the 2008 tour schedule. For more information or to learn how to bring The Wall That Heals to your community, contact the Vietnam Veterans Memorial Fund at (202) 393-0090 or via email at vvmf@vvmf.org. [Source: www.vvmf.org Mar 08 ++]

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> MIGRAINES: Perhaps the most troublesome headaches are migraines. About one in 10 people (more women than men) has had a migraine headache. Most people have their first migraine between 15 and 45 years of age, and most migraine sufferers have a close relative who also has them. Migraine headaches are caused by changes in blood vessels in the brain. The vessels can dilate and put pressure on nerves, which causes pounding pain. Although very debilitating when they occur, migraine headaches generally do not signify a more serious medical problem. Perhaps one-fifth of migraine sufferers have "classic" migraines with a warning sign, or aura, that precedes the headache. Auras might be caused by a temporary constriction of a blood vessel in the brain. Common auras include seeing stars or zigzag lines, tunnel vision, or a blind spot, and can typically last 20 minutes to an hour or until the headache begins. About 75% of migraines are "common" migraines, which don't have an aura and usually are characterized by a pounding, severe, one-sided headache. Nausea, vomiting, and sensitivity to light can occur with a migraine. There might be numbness or tingling in the face, neck, or upper extremities. The headache can last a few hours to a day or two. The day after the headache ends a migraine sufferer still can feel fatigued, tired, and mentally exhausted. There also can be residual neck pain.

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> Migraines occur less frequently if you can identify and avoid triggers. Common triggers include bright lights; loud noise; physical or emotional stress; lack of sleep; skipping meals; caffeine, alcohol, or nicotine; and hormonal changes. Some foods are triggers, including fermented foods such as soy sauce, aged cheese, and red wine; nitrate-containing foods such as bacon, corned beef, hot dogs, and salami; foods containing MSG; and other foods, including chocolate and nuts. Going to a quiet, dimly lit room during a migraine can help. Drinking fluids is important to keep from being dehydrated. Biofeedback is often a useful tool in treating migraines, and some patients find self-hypnosis valuable.

> If you have migraines as often as once a week, preventive medication, taken daily, may be prescribed. If your migraine headaches are less frequent, medication can be taken at the first sign of a headache (or aura). The medication can be injected (by the patient) or taken in the form of a nasal spray, rectal suppository, or fast-acting oral preparation. The goal is to provide treatment as soon as possible and to ward off a more serious

headache. Migraine medications have various side effects, especially for patients with heart disease or other health problems. Some medications affect the vascular system, while others are strong painkillers (which can become habit-forming if taken too frequently). Always work closely with the physician prescribing your medication. For more information, visit www.headaches.org [Source: MOAA Magazine Ask the Doctor Nov 05]

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> VETERAN LEGISLATION STATUS 13 APRIL 08: For a listing of Congressional

bills of interest to the 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. Refer to http://www.thecapitol.net/FAQ/cong_schedule.html for future times that you can access your representatives on their home turf. [Source: RAO Bulletin Attachment 14 Mar 08 ++]

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> HAVE YOU HEARD: A thief broke into the local police station and stole all the toilets and urinals, leaving no clues. A spokesperson was quoted as saying, 'We have absolutely nothing to go on.'

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