

> RAO Bulletin Update

> 1 August 2007

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> Editor's Note 1: Attached is a listing of veteran legislation with current cosponsor status that has been introduced in the 110th Congress. To see any of these bills passed into law representatives need input from their veteran constituents to instruct them on how to vote.

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> NDAA 2008 UPDATE 06: After several days of debate, including an all-night session, on amendments to start a troop pullout or redeployment from Iraq (all of which failed), Senate Majority Leader Harry Reid (D-NV) stopped completion of H.R. 1585, the 2008 National Defense Authorization Act, dead in its tracks. This ends progress on the bill until the Majority Leader reconsiders while the overall defense bill remains in limbo with more than 300 amendments pending. Congress will be in recess from 6 AUG to 31 AUG 07 and will not return until after Labor Day. Although Reid has made no announcements about what will happen next, the Senate is not expected to return to work on the bill until September, after the U.S. Central Command issues a report on the effectiveness of the temporary surge of U.S. troops designed to improve security and enable political and economic progress by the Iraqi government. [Source: Various Jul 07 ++]

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> VA SUICIDE CALL CENTER UPDATE 01: To ensure veterans with emotional crises have round-the-clock access to trained professionals, the Department of Veterans Affairs (VA) has begun operation of a national suicide prevention hot line for veterans. Secretary of Veterans Affairs Jim Nicholson said, "Veterans need to know these VA professionals are literally a phone call away. All service members who experience the stresses of combat can have wounds on their minds as well as their bodies. Veterans should see mental health services as another benefit they have earned, which the men and women of VA are honored to provide." The toll-free hot line number is 1(800) 273-TALK (8255). VA's hot line will be staffed by mental health professionals in Canandaigua, N.Y. They will take toll-free calls from

across the country and work closely with local VA mental health providers to help callers.

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> To operate the national hot line, VA is partnering with the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services (HHS). The suicide hot line is among several enhancements to mental health care that Nicholson has announced this year. In mid July, the Department's top mental health professionals convened in the Washington, D.C., area to review the services provided to veterans of the Global War on Terror. VA is the largest provider of mental health care in the nation. This year, the Department will spent about \$3 billion for mental health. More than 9,000 mental health professionals, backed up by primary care physicians and other health professionals in every VA medical center and outpatient clinic, provide mental health care to about 1 million veterans each year. [Source: VA Press Release 30 Jul 07 ++]

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> VET CEMETERY ALABAMA: Rep. Spencer Bachus [R-AL-06] helped secure \$8 million to purchase land in Montevallo AL for a National Veterans Cemetery. The 479-acre parcel of land was bought by the Department of Veterans Affairs. The cemetery will be next to American Village in Shelby County and is expected to open in the fall of 2008. Bachus worked to have \$18 million for the cemetery project included in President Bush's budget request for fiscal year 2008. The VA also awarded a contract for field testing and topographic work that will lead to a final design for the cemetery. A full design contract is expected to be awarded in the fall and actual construction is projected to begin in the spring of 2008. According to the VA, the first phase of the project will provide 9,100 full casket gravesites, a 2,700 unit columbarium for urns and 3,100 in-ground spaces for cremated remains. The acreage at the cemetery will accommodate burials for 40 to 50 years. In 2003, Congress directed the VA to establish a new cemetery in the Birmingham area, which has a population of more than 210,000 veterans who do not have access to a burial option in a national cemetery. [Source: Birmingham Business Journal Jimmy DeButts article 26 Jul 07 ++]

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> VA DATA BREACH UPDATE 36: Last year, the personal information of over 26 million veterans and active-duty personnel was lost when a VA laptop was stolen from the Maryland home of a VA analyst. As part of their investigation the GAO audited three VA medical facilities and VA headquarters in MAR 07. They found that officials at the Washington, D.C., VA medical center did not know the location of 28% of their information technology inventory. Six percent of the IT inventory was missing from the Indianapolis medical center, 10% from the San Diego center and 11% from D.C. headquarters. On 24 JUL GAO McCoy Williams, director of financial management and assurance in a hearing of the House Veterans Affairs

oversight and investigations subcommittee said, "The four locations we audited put IT equipment at risk of theft, loss and misappropriation and pose continuing security vulnerability to our nation's veterans with regard to sensitive data maintained on the equipment." The audit also found that used hard drives waiting to be cleared were stored in unsecured bins at the facilities, even though many of them contained sensitive data. Rooms where potentially sensitive data was stored also lacked required security, auditors said. In addition to the items that are currently missing, GAO disclosed the audited VA locations reported a total of 2,400 missing IT items valued at \$6.4 million over 2005 and 2006.

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> VA does not know who was using the computers before they went missing or what information was stored on them and acknowledged the possibility exists for information to be stolen. VA officials cautioned that missing laptops do not necessarily equal stolen information but nevertheless said the chance for a security breach still exists. They are working to put in place better safeguards to keep tabs on where equipment goes and who has it. Towards this they have put together a handbook for tracking equipment and will soon put in place new tracking software. Officials said that since the investigation was concluded, 1,457 of the 1,900 items missing from headquarters have been recovered. That leaves 443 items that are simply lost and likely will never be recovered. Rep. Tim Walz (D-MN) an Iraq veteran said the effects of data insecurity extend beyond potential loss. He said the carelessness of VA is demoralizing to veterans. "It has a very corrosive effect in trusting the VA in general," Walz said. "Each of the [committee] members are sensing the frustration among constituents and veterans that this is one of the issues we speak of often and see very little movement on." [Source: Air Force Times Amy Doolittle article 35 Jul 07 ++]

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> **MEDICARE HOSPICE CARE:** Introduced in the United States as a grassroots movement more than 30 years ago and added as a Medicare entitlement in 1983, hospice care is now considered part of mainstream medicine, as evidenced by growing patient enrollment and Medicare expenditures. In 2005, more than 1.2 million Americans received hospice care. Medicare is the primary payer for hospice care in approximately 80% of cases, with care most often provided in the patient's home. After enrollment, a plan of care is developed in accordance with the needs and wishes of the patient and family, often tempered by the presence or absence of caregivers to participate in day-to-day care. The primary goal is to ensure that pain and such symptoms as insomnia, dyspnea, depression, constipation, agitation, nausea, and emotional and spiritual distress are aggressively addressed. Most clinical care is provided by a hospice nurse, and the vast majority of patients are not seen by a physician. Hospice emphasizes an interdisciplinary approach to care. In most cases, at least once every other week, the hospice team - nurses, social workers, a pastoral counselor, the bereavement coordinator,

and the medical director - meet to discuss the needs of the patient and family. In the interim, nurses call attending physicians with their recommendations. As a patient's disease progresses, the hospice plan shifts to accommodate decreasing independence, alterations in symptoms, and changing psychosocial needs.

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> Commercial insurers also provide hospice benefits, but the specifics of coverage vary. Under Medicare, most expenses related to the terminal diagnosis are paid in full, including all medication and equipment and all visits by hospice nurses and home health aides. Expenses related to other diagnoses remain covered by the patient's primary insurance provider. Hospice services include intensive emotional and spiritual counseling, 24-hour crisis management, and bereavement support for at least one year after the patient's death. This care can successfully address the critical end-of-life concerns that have been identified in numerous studies: dying with dignity, dying at home and without unnecessary pain, and reducing the burden placed on family caregivers. Evaluation studies reveal consistently high family satisfaction, with 98% of family members willing to recommend hospice care to others in need. The extensive expertise of physicians specializing in hospice and palliative medicine was recognized in 2006, when the field was accredited as a fully independent medical subspecialty. To determine eligibility, the attending physician and hospice medical director must certify that to the best of their judgment, the patient is more likely than not to die within 6 months. Responsibility for determining ongoing eligibility rests with the director. To assist physicians in prognosticating, Medicare provides broad guidelines for many medical conditions but these guidelines do not represent hard-and-fast requirements. Coexisting conditions or a particularly rapid functional decline can outweigh strict adherence to written requirements. [Source: New England Journal of Medicine article 26 Jul 07 ++]

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> VETERAN FEDERAL EMPLOYMENT UPDATE 04: The Office of Personnel Management

(OPM) is issuing interim regulations to implement a change to the definition of "active duty" contained in Sec. 211.102(f) of title 5, Code of Federal Regulations in response to a Merit System Protection Board (MSPB) decision that affects eligibility for veterans' preference based on a service-connected disability. This action will conform OPM's regulations with MSPB's decision. Under existing regulations there is a possibility that Reservists or National Guard members with a service-connected disability who are released or discharged from active duty may be denied veterans' preference based upon the current language in

> regulations. The revised language in this interim regulation will ensure service-connected disabled individuals discharged or released from active duty in the armed forces receive the veterans' preference. Vets who are

disabled or who served during certain periods have preference in federal jobs.

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> Veterans preference is designed to provide an additional 5 or 10 points to an applicant's test score to give first consideration for certain jobs, and preference in job retention dependent upon the experience of the applicant. For example: If an applicant scores 80 points then their veterans' preference will be added to that total. Within that score, say 85 points, veterans must be placed above all other candidates of the same score. Then out of those scores, the 3 highest scores (out of 100) are advanced to the selection process. Preference is also provided for:

> 1) Unremarried widows(ers) of deceased vets.

> 2) Mothers of military personnel who died in service.

> 3) Spouses of service-connected disabled vets who are no longer able to work in their usual occupations.

> 4) Mothers of vets who have permanent and total service-connected disabilities.

> [Source: Federal Register: July 27, 2007 (Volume 72, Number 144) ++]

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> WOUNDED WARRIOR ASSISTANCE UPDATE 03: By voice vote, the full Senate passed S.1283, the Senate version of HR 1585, the Wounded Warrior Act, after amending it to include authorization for a 3.5% pay increase effective 1 JAN 07. The House Appropriations Committee did something similar moments earlier, quickly approving by voice vote a \$463.1 billion defense funding bill for the fiscal year that begins Oct. 1. That includes \$2.2 billion to fully cover the cost of the 3.5% military raise pending in Congress, despite Bush administration objections. The Senate's wounded warrior package would:

> - Provide three years of post-service military medical care to combat-injured veterans;

> - Order the Pentagon and Veterans Affairs Department to develop a common disability assessment system by 1 JAN 08;

> - Make it more difficult for the services to blame mental health problems on alleged pre-service conditions; and

> - Order a minimum severance pay for disabled service members of at least six months of basic pay for noncombat disabilities and one year of basic pay for combat-related disabilities.

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> Both the pay raise and the package for injured combat veterans had been tangled up in a Senate's squabble over Iraq policy. Senate Majority Leader Harry Reid (D-NV) said he didn't want to delay legislation to help wounded troops, and he didn't want troops and their families to have any doubts about the fate of the proposed 3.5% raise. The legislation, among other things, seeks to end inconsistencies in disability pay by providing for a special review of cases in which service members received low ratings of their level of disability. The aim is to determine whether they were

shortchanged. It also would boost severance pay and provide \$50 million for improved diagnosis of veterans with traumatic brain injury or post-traumatic stress disorder. Differences between the House and Senate bills will have to be worked out in negotiations that could start as early as next week.

[Source: NavyTimes Rick Maze article 26 Jul 07 ++]

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> MOBILIZED RESERVE 25 JULY 07: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 25 July 07 in support of the partial mobilization. The net collective result is 3,640 more reservists mobilized than last reported on 13 JUN 07. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease.

The total number currently on active duty in support of the partial mobilization for the Army National Guard and Army Reserve is 78,653; Navy Reserve, 5,002; Air National Guard and Air Force Reserve, 5,753; Marine Corps Reserve, 5,915; and the Coast Guard Reserve, 301. This brings the total National Guard and Reserve personnel who have been mobilized to 95,624, including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at <http://www.defenselink.mil/news/Jul2007/d20070725ngr.pdf>.

[Source: DoD News Release 25 Jul 07 ++]

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> WRAMC UPDATE 11: The President's Commission on Care for America's Returning Wounded Warriors which he commissioned on 6 MAR to investigate veterans' care has recommended an overhaul of the military health care system. Seriously wounded troops returning from the war should have a patient-centered recovery plan that will smoothly and seamlessly guide them and their families through the recovery process. The New York Times said the panel's conclusion was spurred by a series of embarrassing news reports about the substandard treatment returning soldiers received at Walter Reed Army Medical Center. Yet even as it called for change, the report avoided harsh assessment of the Administration's handling of the military and veterans health care systems. Instead, it portrayed many of the problems as resulting from advances in modern medicine that have allowed soldiers to survive injuries that would have killed them in previous wars. President Bush met 25 JUL with the panel's co-chairmen, former Sen. Bob Dole and former HHS Secretary Donna Shalala, to discuss their findings which were widely reported on by the nation's press. ABC World News reported the panel said fundamental changes are needed to a system exposed as under-staffed, under-funded and under pressure from an unexpected flow of severely injured troops. If adopted, the recommendations would radically overhaul the current system, described by the commission as a patchwork of programs, rules and regulations that has become tremendously complex and often leads to real or perceived inequities. Among the changes recommended by the panel were:

- > - The creation of a recovery plan for every injured veteran.
- > - Extension of the Family Leave Act to allow relatives to care for an injured service member for up to six months without losing their jobs.
- > - Creation of a "My eBenefits" website that centralizes all the information about benefits for vets and their families.
- > - Boost staff and money for Walter Reed until it closes in the coming years.
- > - Restructure the disability pay systems to give the VA more responsibility for awarding benefits.
- > - Require comprehensive training programs in post-traumatic stress and traumatic brain injuries for military leaders, VA and Pentagon personnel.
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- > ABC noted that it is just the latest in a long list of similar reports that have not fixed the problem and the Washington Times reported Sen. John Kerry criticized the President for foot-dragging on yet another bipartisan commission's findings. When asked if there is the political will in Washington right now to implement the recommendations, co-chairman and former Sen. Bob Dole said on CNN's Situation Room, "No, but we were told, if we produced a good product...there would be some action. And this came from the highest levels at the White House. And we told...the President this morning that we think we have a good product, so we hope there's going to be some executive action very soon." Co-chairman Donna Shalala said the cost of implementing the commission's proposals is about \$500 million with added costs that could push it to \$1 billion in later years, which is much less than what Congress is planning to spend. Of 35 total recommendations (only two of which were directed specifically at Walter Reed) just six would require legislation. The other 29 can be acted upon by the Defense Department or the Department of Veterans Affairs. Panel co-chairman Bob Dole said he is going to be checking in with the White House to ensure changes are made
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- > The Associated Press (AP) said that among the recommendations was an indirect rebuke of the VA -- a call for Congress to enable all veterans who have been deployed in Afghanistan and Iraq who need post-traumatic stress disorder care to receive it from the VA. The AP notes that only recently, the VA has taken steps to add mental health counselors and 24-hour suicide prevention services at all facilities, after high-profile incidents of veterans committing suicide. In addition, the report does not seek to directly criticize or lay blame for shoddy outpatient treatment at Walter Reed Army Medical Center that led to the creation of the commission. On CNN's Situation Room Dole said, "We're not saying that everything is bad. Most everyone tells us the great care they receive at VA hospitals or Army or Navy hospitals. It's in the bureaucratic nightmare that sometimes -- not every time, but sometimes -- happens when they transfer from, say, DoD to the Veterans Administration, waiting for a doctor's appointment, waiting for their benefits." President Bush told reporters at the White House late

Wednesday that he had directed the defense secretary, and the secretary of veterans' affairs, "to take the recommendations seriously, and to implement them, so that the administration can say with certainty that any soldier who has been hurt will get the best possible care and treatment that this government can offer." [Source: Various 26 Jul 07 ++]

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> **MILITARY SPOUSE FRIENDLY WORKPLACES:** Military Spouse magazine recently

released their list of "Top 10 Military Spouse Friendly Employers". USAA topped the list and was noted for exemplary HR policies. In addition, USAA has a stated goal to comprise 20% of its workforce with military and military spouses. All of the companies on the list offer comprehensive benefit packages, job sharing, tuition assistance, on-site child care, and liberal leave and re-employment policies. Other evaluation criteria included efforts to recruit military spouses, results in recruiting spouses, and policies for spouses of Reserve and Guard members. Other companies on the list, in order of rank, were AAFES, RE/MAX, The Home Depot, Wachovia, Computer Sciences Corporation (CSC), Sears Holdings, Kelly Services, Lockheed Martin, and Starbucks. [Source: Military Spouse Magazine press release Jul 07 ++]

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> **VA HEALTH CARE FUNDING UPDATE 10:** At a U.S. Senate Committee on Veterans'

Affairs hearing held 19 JUL on funding for the Department of Veterans Affairs, U.S. Senator Larry Craig warned that mandatory funding will not solve the long-term funding needs of that agency. "We already have three very large programs that are considered to be funded by mandatory spending. Namely: Social Security, Medicare, and Medicaid," Craig said. "Very few younger Americans believe that Social Security will give them much, if anything, when they retire. Being a 'mandatory' program is no cure-all. We need across the board reform." Mandatory funding is a long-sought goal of many of the nation's veterans' organizations. But Craig noted that unless Congress changes course, federal spending on Medicare, Medicaid and Social Security will crowd out every other federal program - including defense and homeland security. He pointed to remarks by the director of the non-partisan Government Accountability Office (GAO), who recently warned lawmakers that unless changes are made in federal spending, the federal government will be able to do little more than pay interest on the mounting debt and some entitlement benefits. Craig also noted that Federal Reserve Chairman Ben Bernanke recently warned Congress that the time to fix the nation's fiscal problems started "ten years ago."

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> The Idaho Republican has been working on a solution for more than 20 years. He is a long-time sponsor of the Balanced Budget Amendment and

reintroduced that legislation in January - the first day Congress met this year. At that time Craig said that the solution to true fiscal responsibility is three-fold:

- > - We must not simply reduce the deficit, but eliminate it;
- > - We must not amend the tax code, but replace it; and
- > - we must not talk about limiting spending, but legally cap it."

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> During the 19 JUL hearing Craig told his colleagues, "Congress not only isn't addressing the current problems, but we're here considering legislation to add to the problem." While a budget hawk on many federal programs, Craig has advocated for more federal spending on veterans' programs. In MAR 07 he endorsed a record \$86.4 billion budget for VA next year - which is almost 8% over this year's budget and would be 77% larger than it was when President Clinton left office in 2001. "Veterans are absolutely a priority to me. That's a choice I have consciously made," Craig said. "But a mandatory agency budget would, in my judgment, be terrible national fiscal policy." While cautioning his colleagues about establishing mandatory funding for VA, the Idaho Republican noted that now that the Democrats are in power, they have not actively been pursuing mandatory funding either. For additional info on the Senate Veteran Affairs Committee refer to <http://veterans.senate.gov/public>. [Source: SVAC Ranking Member News 25 Jul 07 ++]

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> **MEDICINE BOUGHT ONLINE:** The Food and Drug Administration (FDA) cannot warn people enough about the possible dangers of buying medications online. Some Web sites sell medicine, such as prescription and over-the-counter drugs, that may not be safe to use and could put people's health at risk. The current system of federal and state safeguards for protecting consumers from using inappropriate or unsafe drugs has generally served the country well. But FDA says that the best way consumers can protect themselves is to become educated about safe online shopping. Buying such prescription and over-the-counter drugs online from a company you don't know means you may not know exactly what you're getting. While many Web sites are operating legally and offering convenience, privacy, and the safeguards of traditional procedures for dispensing drugs, consumers must be wary of "rogue Web sites" that aren't operating within the law. A Web site can look very sophisticated and legitimate but actually be an illegal operation. These sites often sell unapproved drugs, or if they market approved drugs, they often sidestep required practices meant to protect consumers. Some Web sites sell counterfeit drugs. Although counterfeit drugs may look exactly like real FDA-approved drugs, they are not legitimate and are of unknown quality and safety. If you're considering buying medicine over the Internet, look for Web sites with practices that protect you. If there is no way to contact the Web site pharmacy by phone, if prices are dramatically lower than the competition, or if no prescription from your doctor is required, you should

be especially wary. Safe Web sites should:

- > - Be located in the United States.
- > - Be licensed by the state board of pharmacy where the Web site is operating (visit www.nabp.info <<http://www.nabp.info>> for a list of state boards of pharmacy).
- > - Have a licensed pharmacist available to answer your questions.
- > - Require a prescription from your doctor or other health care professional who is licensed to prescribe medicines.
- > - Provide contact information and allow you to talk to a person if you have problems or questions.

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> The National Association of Boards of Pharmacy's (NABP) Verified Internet Pharmacy Practice Sites Seal, also known as VIPPS Seal, gives a seal of approval to Internet pharmacy sites that apply and meet state licensure requirements and other VIPPS criteria. People can be confident that Web sites that are VIPPS-approved are legitimate. Legitimate pharmacies that carry the VIPPS® seal are listed at www.vipps.info <<http://www.vipps.info>>. Unsafe Web sites:

- > - Typically don't know your medical history or the details about your current illness or condition.
- > - Send you drugs with unknown quality or origin.
- > - Could give you the wrong medicine or another dangerous product for your illness.
- > - May sell prescription drugs even without a prescription-this is against the law!
- > - May not protect your personal information.
- > For additional info on the possible dangers of buying medicine online refer to <<http://www.fda.gov/consumer/features/drugsonline0707.html>>.

[Source: FDA Consumer Update 2 Jul 07 ++]

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> **CAMP LEJEUNE TOXIC EXPOSURE:** Sen. Elizabeth Dole (R-NC) said 19 JUL that military officials should directly inform hundreds of thousands of Marine families and workers that they drank and washed in toxin-contaminated water at Camp Lejeune in North Carolina. Dole, wants to force the secretary of the Navy to locate and notify Marines and civilians who were exposed to the water up until the mid-1980s when the base shut down contaminated wells. In a new twist, Marine officials raised the prospect that the same contaminants may endanger residents in the form of vapors that can be inhaled. The base is testing to see if vapors are seeping through soil into homes and buildings from a groundwater plume. Officials said the drinking water has been safe for many years. Previous monitoring from the Environmental Protection Agency showed the underground plume was "no where near any of the buildings or residential areas," according to Maj. Nat Fahy, the base spokesman. However, the base and EPA recently began testing when health investigators from the Agency for Toxic Substances and Disease Registry

reported that their new water model showed the plume had migrated beneath homes and a school as far back as the 1960s. The model only went up to 1994 and contained some inherent uncertainties, according to agency investigators, who are studying health effects from the past contaminated water. Some hazardous clean-up work also has occurred since then.

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> Dole's notification requirement was in an amendment she offered to a broad military money bill before the legislation was pulled from the floor in a showdown over Iraq. The larger bill (NDAA) may be back as soon as September. Government health officials have estimated that as many as one million people may have been exposed during three decades of water contamination going back to 1957, a situation examined in a recent Associated Press investigation. The numbers include Marines in barracks and military families living on the sprawling Atlantic training and deployment base, and civilians who worked there. Her measure also aims to help answer questions about health effects by having those exposed give government health investigators information on their illnesses. Declining to comment specifically on Dole's proposal, spokeswoman Capt. Amy Malugani said the Marines "continue to work closely" with Dole and other lawmakers on the issue. The Corps is seeking "ways to improve and enhance our communications and notification processes," she said. The base in 1985 told residents about "minute, trace amounts" of contamination, when some levels had reached more than 200 times today's safe drinking water standards.

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> The groundwater contamination stemmed from industrial activity and hazardous waste on the base and from a neighboring dry cleaner. Trichloroethylene and tetrachloroethylene, solvents used for degreasing and dry cleaning, and other toxic chemicals were identified in water sampling that eventually led to the well closures. Studies have linked the chemicals to leukemia, non-Hodgkin's lymphoma, birth defects and several other cancers. Dole's amendment differs from an earlier measure that allows the military to reach out through the media rather than directly notifying those exposed, and requires notification only after completion of a government health study. Dole's new measure would require notification to begin shortly after the bill's passage. Officials at the Agency for Toxic Substances and Disease Registry said they received some 1,500 calls from citizens who didn't know of the contamination until they read about it in an Associated Press investigative story and subsequent coverage of a congressional hearing in June. Many of those who called were former base residents who wondered if their cancers and other illnesses were related to it. Concerned personnel who want to let their representatives know how they feel on this issue can access a preformatted letter or draft their own at <http://capwiz.com/military/issues/alert/?alertid=10049766&type=CO>. [Source: Associated Press article 19 Jul 07 ++]

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> VA CLAIM BACKLOG UPDATE 09: House Republicans are proposing a plan to overhaul veterans' disability claims processing, including a move that would automate portions of the process. The automated system, Republican officials said, would handle simpler claims and allow employees to handle more complicated ones. The Veterans Affairs Department has a backlog of 400,000 pending claims. H.R.3047 introduced 16 JUL by Rep. Doug Lamborn (R-CO) and Rep. Steve Buyer (R-IN) seeks to reduce the backlog by speeding up the process. VA already uses some automation, but no claim decision is completely computerized, said Jeff Phillips, a spokesman for the House Veterans' Affairs Committee's Republican office. The proposed program would streamline that automation by using a system similar to one insurance companies have been using for 30 years. "Currently the VA does what it's been doing for generations, and that is deciding cases manually," Phillips said. "We here in the minority office think that there is a better way for some of the claims." The program would use a rules-based automation software where information is input and vetted with little human interaction, Lamborn said. "We think technology is available that would speed up simple claims and requests," he said. "Simple claims through automation hopefully go a lot faster, and that would reduce the backlog and get veterans what they deserve faster."

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> At least 20 percent of VA's claims can likely be automated through the technology, said Craig Weber, senior analyst with Celent, a Boston-based consulting firm that handles information technology. "It turns out in almost any business process, rules-based processing is useful," he said. "There's typically 20 to 40% of the work items that can be processed in an automated fashion." Weber, who has studied and used the software since the late 1980s, said the biggest hurdle frequently is convincing human adjusters they are no longer needed for some claims. "It's hard to change human behavior, and people don't want to admit that what they've been doing can be boiled down to 10 questions and yes and no answers," he said. "But the point to make for those people is that we're not taking away work where you're adding value, we're freeing you up to add more value elsewhere." VA officials declined to comment on the pending legislation but said new rules, regulations and programs from Congress can cause further headaches for the department. "We're constantly being impacted by court decisions as well as legislation by Congress that says you're going to do this, that and the other thing," said Steve Westerfeld, a VA spokesman. [Source: Federal Times Amy Doolittle article 23 Jul 07 ++]

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> VA CLAIM BACKLOG UPDATE 10: In a Wednesday interview taped for C-SPAN's Newsmakers program, that aired 29 JUL, VA Secretary Nicholson said he was willing, on a trial basis, to try to tackle the large and growing backlog of disability claims with a program that would assume anyone who filed for compensation deserves the payment. After the first check is issued, a claim

could be reviewed, with the possibility that payments could be adjusted, Nicholson said. This speedy process would apply only for initial claims, not for people already receiving disability pay who are seeking to have their ratings revised upward. More than half of the estimated 600,000 claims pending at any time are for people who are already receiving disability compensation for a service-connected injury or disease, Nicholson said. The automatic payment process would take many changes in law and "a new cultural frame of mind," Nicholson said, but added, "We want to do it quicker. It irritates people. Everybody would have to understand the new system, including the possibility that the benefits they are receiving could be reduced, increased or even canceled. This would be quick but not necessarily permanent," he said of the payment.

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> He won't be around to see such a change, however, as he has announced he will retire no later than 1 OCT to return to private business. The Bush administration and many veterans' groups have raised red flags over the initiative endorsed by Nicholson out of fear it could lead to widespread cheating by veterans who would assume they could get paid without having to provide any proof of their medical condition. In the interview, Nicholson mentioned the possibility that veterans found to be ineligible or who receive a bigger payment than warranted could be forced to repay the government, something rarely required under current law because the initial claims process, which now takes an average of 177 days, weeds out most blatant errors and fraud. Automatic processing of at least simple claims is getting a lot of attention in Congress as a potential way to speed initial paychecks while allowing VA to concentrate on the more difficult claims, such as veterans with multiple disabilities and complicated medical histories that make it challenging to determine whether there is a military cause for the problems.

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> A big push in Congress for automatic benefits approval came after a March discussion before the House Veterans' Affairs Committee where Linda Bilmes of Harvard's Kennedy School of Government warned that radical change is needed because the backlog of benefits is only going to get worse. By her estimate, 250,000 to 400,000 disability claims will be filed over the next two years by Iraq and Afghanistan war veterans. She proposed having VA pay all disability claims filed by new combat veterans under a streamlined system that included only four ratings levels instead of the current 10. Bilmes' idea has since been introduced as legislation by several lawmakers. Nicholson's endorsement of the basic concept could be of limited help to sponsors because his 1 OCT resignation date means he will not be around to see even a pilot project implemented. [Source: NavyTimes Rick Maze article 26 Jul 07 ++]

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> VA LAWSUIT (RELIGIOUS DISCRIMINATION): A former pharmacist at the Bay

Pines VA Medical Center has won a \$300,000 federal jury award against the Department of Veterans Affairs over an allegation of religious discrimination. Lynne C. Krop, 45, of Clear-water said during a four-day trial that ended 19 JUL in U.S. District Court that the VA refused to allow her time off without pay for Jewish religious holidays. Krop's attorneys argued that the VA was obligated under federal law to provide the time off. Instead, the VA told Krop to take vacation and sick leave, the suit said, which she wanted to save for family vacation. Krop said she was essentially forced to resign over the dispute in 2004 after 14 years at the VA. Krop's attorney, Joe Magri, said in an interview on Monday. "They were dealing with an employee who was deeply into her faith and family. Somebody who clearly did such a great job for veterans is no longer working for the VA over foolish reasons." Magri said Krop was an outstanding and highly respected employee. Krop, who worked as an infectious disease clinical pharmacist and clinical residency director, could not be reached for comment. The VA declined to comment pending an appeal.

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> Krop said in the lawsuit that it was VA policy to allow employees to take time off without pay for any reason. In fact, she had previously been allowed time off for religious holidays. But she said that changed when her supervisor retired. In DEC 03, Krop said the new supervisor told her that she was taking too much time off, noting that Krop had used 146 hours of leave without pay in that year alone. The new supervisor also refused to allow her to come in to work 15 minutes later several times a week so Krop could bring her children to school. On those days, Krop would have worked 15 minutes later. Her supervisor said Krop wanted to take time off for vacations and family events, as well as religious holidays. and that if he made an exception for Krop, he'd have to do it for everybody. The VA said it offered Krop alternatives, other than using vacation leave, which would have allowed her to take off the holidays. After the dispute, Krop said her supervisors put her under a microscope, looking for reasons to reprimand her. "It became intolerable," her lawsuit said, "and she felt that the only way to salvage a positive professional reputation was to resign." The VA denied the charge. [Source: St. Petersburg Times William R. Levesque article 24 Jul 07 ++]

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> VA LAWSUIT (LACK OF CARE): Frustrated by delays in health care, injured Iraq war veterans accused VA Secretary Jim Nicholson in a lawsuit of breaking the law by denying them disability pay and mental health treatment. The suit has no named individual plaintiffs, which the attorneys said was largely due to veterans' fear of retribution by the VA. The lawsuit seeks class standing to represent all veterans applying for or receiving compensation for service-connected death or disability. The 73 page complaint

[http://www.dralegal.org/downloads/cases/Veterans/Media_Complaint_Final.pdf]

against the U.S. Department of Veterans Affairs, filed 23 JUL in federal court in San Francisco, seeks broad changes in the agency as it struggles to meet growing demands from veterans returning home from Iraq and Afghanistan. Suing on behalf of hundreds of thousands of veterans, it charges that the VA has failed warriors on numerous fronts. It contends the VA failed to provide prompt disability benefits, failed to add staff to reduce wait times for medical care and failed to boost services for post-traumatic stress disorder. The lawsuit also accuses the VA of deliberately cheating some veterans by allegedly working with the Pentagon to misclassify PTSD claims as pre-existing personality disorders to avoid paying benefits. The VA and Pentagon have generally denied such charges. Paul Sullivan, executive director of Veterans for Common Sense, which filed the lawsuit said, "When one of our combat veterans walks into a VA hospital, then they must see a doctor that day. When a war veteran needs disability benefits because he or she can't work, then they must get a disability check in a few weeks. The VA has betrayed our veterans."

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> The lawsuit comes amid intense political and public scrutiny of the VA and Pentagon following reports of shoddy outpatient care of injured soldiers at Walter Reed Army Medical Center and elsewhere. The complaint seeks to represent between 320,000 and 800,000 veterans of the Iraq war who lawyers say are at risk of having PTSD. Ultimately, a federal judge will have to decide whether the lawsuit is properly deemed a class action that adequately represents them. As of 31 MAR, roughly 52,375 Iraq veterans were evaluated at VA facilities for suspected PTSD, according to an internal quarterly VA report released Monday to The Associated Press. The complaint says, "Unless systemic and drastic measures are instituted immediately, the costs to these veterans, their families and our nation will be incalculable, including broken families, a new generation of unemployed and homeless veterans, increases in drug abuse and alcoholism, and crushing burdens on the health care delivery system." It asks that a federal court order the VA to make immediate improvements.

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> Earlier this month, a federal appeals court in San Francisco issued a strong rebuke of the VA in ordering the agency to pay retroactive benefits to Vietnam War veterans who were exposed to Agent Orange and contracted a form of leukemia. More recently, following high-profile suicide incidents in which families of veterans say the VA did not provide adequate care, VA Secretary Nicholson pledged to add mental health services and hire more suicide-prevention coordinators. Some veterans say that's not enough. In the lawsuit, they note that government investigators warned as early as 2002 that the VA needed to fix its backlogged claims system and make other changes. Yet, the lawsuit says, Nicholson and other officials still insisted on a budget in 2005 that fell \$1 billion short, and they made "a mockery of the rule of law" by awarding senior officials \$3.8 million in bonuses despite their role in the budget foul-up. Today, the VA's backlog

of disability payments is between 400,000 and 600,000, with delays of up to 177 days to process an initial claim and an average of 657 days to process an appeal. Several congressional committees and a presidential commission are now studying ways to improve care.

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> Former national commander of the American Legion Tom Bock commented that he is generally supportive of the lawsuit, although he added he does not know the details of it. "The fact that it's bringing attention (to the issues) to the public - that's admirable" he said. However, he does not know if a lawsuit is the way to get the VA to make changes. Instead, he said the American Legion has concentrated on getting the VA properly funded. Melissa W. Kasnitz, managing attorney for Disability Rights Advocates, said in a telephone interview "While steps can and will be taken in the political arena, responsibility for action lies with the agency itself. We don't believe the problems will be fixed by the VA if we wait for them". Her group is teaming up with a major law firm, Morrison & Foerster, to represent the veterans. Gordon P. Erspamer, a partner at Morrison & Foerster, stressed that the lawsuit does not seek to make a partisan statement about the Iraq war but instead finally force action after years of delay. "This is the worst it's ever been for veterans, and it's only going to get worse," he said. The lawsuit cites violations of the Constitution and federal law, which mandates at least two years of health care to injured veterans. The veterans groups involved in the lawsuit are Veterans for Common Sense in Washington, D.C., which claims 11,500 members, and Veterans United for Truth, based in Santa Barbara, Calif., with 500 members. [Source: AP Writer Hope Yen article 24 Jul 07 ++]

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> VA LAWSUIT (WRONGFUL DEATH): The family of an Iraq war veteran filed suit 26 JUL accusing Veterans Affairs Secretary Jim Nicholson of negligence in the suicide death of their son. The lawsuit, filed in federal court in Springfield MA says the VA is to blame for the death of 23-year-old Jeffrey Lucey, a Marine who killed himself in June 2004 after he allegedly was denied mental health care following a tour in Iraq. The lawsuit seeking unspecified damages names Mr. Nicholson, who is leaving his job, and the American government as defendants. The action comes just days after the group Veterans for Common Sense sued Mr. Nicholson and the VA on behalf of injured Iraq war veterans. That lawsuit accuses the agency of unlawfully denying the veterans disability pay and mental health treatment. Lucey's father says he and his wife hope their lawsuit will force the Bush administration to take swift action to fix the VA. "They've got to look at the entire system of the VA," Mr. Lucey said, who spoke from his home in Belchertown MA. "We're hoping that it goes to trial and that people can truly see how dysfunctional the system is." According to the complaint, Lance Cpl. Jeffrey Lucey began to experience difficulties several months after returning from Iraq. He had nightmares, vomiting, and began drinking

heavily. Depression set in. He told his sister he had a rope and tree picked out behind the family home and needed to keep a flashlight by his bed to check for camel spiders he heard at night. His parents took him to the Northampton VA Medical Center and he was involuntarily committed for help. He was released a few days later after VA personnel said they couldn't make an assessment of his posttraumatic stress disorder until he was alcohol free, said the complaint. A few days later, his family took Lucey back to the center, but the lawsuit says the staff turned him away. Kevin Lucey found his son dead, hanging from a beam in the cellar two weeks later. [Source: Associated Press Jennifer Kerr article 27 Jul 07 ++]

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> WEST VIRGINIA VETERANS HOMES UPDATE 01: After nearly a year of delays, West Virginia's first state-owned veterans nursing home is on track to open to patients in AUG 05. Initially the official start date of construction was 12 APR 04 with completion and opening scheduled for MAY 06. The home was dedicated in NOV 06 but its opening has been pushed back several times for various reasons, including communications system and air control problems. A federal inspection scheduled for late JUL at the West Virginia Veterans Nursing Home is one of the last hurdles for the Clarksburg facility, said Larry Linch, state director of Veterans Affairs. State Department of Military Affairs and Public Safety spokesman Joe Thornton said the nursing home should pass the inspection with flying colors. The home passed a state inspection two weeks ago that looks at many of the same things as the federal one. Sixteen patients have already been identified and are scheduled to begin checking into the nursing home the first week of AUG, barring any problems brought up in the federal inspection. Veterans are eligible for housing if they served on active duty for at least 12 continuous months or were honorably discharged with a service-related disability. They also must be residents of West Virginia and cannot suffer from a mental illness, mental retardation or substance abuse. Eventually the \$26 million, 90,000-square-foot home, which is connected to the Louis A. Johnson V.A. Medical Center, will house about 120 residents, including up to 20 in a wing for Alzheimer's patients. It plans to employ 190 people at the home with such amenities as screened-in sun rooms, a library, chapel, gardens and gazebos. The state helped fund construction of the home with a bond sale passed in 2001 with the selling of Veterans scratch off lottery tickets providing the state's 35% matching monies. The federal Veterans Affairs Administration paid the remaining 65% of the cost.

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> West Virginia also has a domiciliary style veterans' home located in the Village of Barboursville, fifteen miles from downtown Huntington. Basic eligibility requirements are:

> - Veterans must have been discharged from the service with an honorable discharge from service with an honorable discharge or with a general discharge under honorable conditions.

> - Veterans discharged after September 7, 1980 must have served at least 24 consecutive months.

> - The veteran must have been a resident of the State of West Virginia from one year immediately prior to applicant or entered military service from the state. Proof of residency will be required.

> - Due to the health and welfare of residents of the Barboursville Veterans' Home, there are certain pre-admission medical tests which must be completed prior to being admitted to the hospital.

> - All qualified veterans must be ambulatory and independent in all activities of daily living. The home is not a treatment facility and cannot accommodate veterans in need of daily care or skilled assistance. The home provides a nursing department and a contract physician. All medical treatment is provided by the VA Medical Center located in Huntington. Transportation is provided to the medical center three times daily.

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> Rooms available for occupancy accommodate two, three or four persons. Every effort is made to ensure compatibility between occupants. Female veterans are most welcome and special lodging accommodations are provided. A person's income is not a factor in gaining admission, although residents are required to contribute one-half of his or her monthly income as their maintenance contribution. The home is very liberal in its rules and regulations. Residents may leave on a pass for up to three days by simply signing a daily log sheet. Residents are authorized up to 30 days of furlough per year. Visitation to the home is encouraged and visitors may enjoy a meal with the residents at a nominal fee. Assistance with application for residency can be obtained through any of the West Virginia Division of Veterans Affairs Field Offices listed at <http://www.wvs.state.wv.us/va/offices.htm> or directly to the home at (304) 736-1027. [Source: Charleston Daily Mail AP article 23 Jul 07 ++]

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> **PROSTHETIC LIMBS:** Veterans with lower-leg amputations can look forward to having a prosthetic ankle-foot that matches their natural ease of motion, thanks to research funded by the Department of Veterans Affairs (VA) and conducted by researchers from the Department and two of the nation's top universities. Researchers say the new ankle-foot prosthetic is the first in a new family of artificial limbs. It will replicate natural motion by propelling people forward using tendon-like springs powered by an electric motor. Through VA-funded research, the Center for Restorative and Regenerative Medicine, a partnership between the Providence VA Medical Center in Rhode Island, Brown University and Massachusetts Institute of Technology, developed the new prosthesis. The center's goal is to restore natural function to amputees.

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> Sgt. Juan Arredondo is one of the first people in the world to receive a revolutionary bionic hand. It lets him toss a football, install

household fixtures and grasp a mug with less forethought and more dexterity than traditional prostheses. The iLimb, made by Scotland-based Touch Bionics, hit the market last week. Just over a dozen people have gotten one - two of them Iraq war vets. The iLimb is similar to other "myoelectric" prostheses that sense muscle movements in their user's arm and send electrical impulses to a computerized hand that is only able to move a thumb, index and middle fingers in tandem. With the iLimb, motors in each finger allow them to move independently, giving users better control when they grip everyday objects - from knives and forks to doorknobs. Eventually, doctors will install a motor in the iLimb's wrist so that Arredondo's brain will be able to command the hand to turn on its own, said Troy Farnsworth, who fitted him with the device. Farnsworth, a prosthetic consultant to the Veterans Administration, said the VA paid for Arredondo's iLimb, which costs \$60,000 to \$150,000, depending on the extent of an amputee's injury.

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> VA expects to spend more than \$1.2 billion this year on prosthetics and sensory aids, which includes glasses and hearing aids. The Department operates about 60 orthotic-prosthetic labs across the country that fabricates, fit and repair artificial limbs or oversee limbs provided by commercial vendors. According to a 2004 US Senate report 6% of soldiers wounded in the Iraq conflict have injuries that required amputation of a limb, compared with 3% in previous wars. [Source: VA News Release 23 Jul & NY Daily News article 24 Jul 07 ++]

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> FLORIDA VETERANS HOMES UPDATE 02: At one time, the idea of a 120-bed veterans nursing home in St. Johns County, Florida seemed like a slam dunk. Gov. Jeb Bush first pitched \$15.6 million for it in JAN 06. The Florida Legislature upped it to \$17.9 million a few months later. State officials pulled off a coup by winning federal funds for 65% of the project through the U.S. Department of Veterans Affairs, meaning only \$6 million was needed from state coffers. An opening date was scheduled for late 2008. In the past year and a half, however, federal budget woes and bureaucratic snafus have entangled the project, pushing back the opening to late 2009 and pushing up the price tag to \$28.6 million. The Legislature reacted this past spring, allocating another \$4 million to boost the state's share to \$10 million. While the project isn't in crisis mode, it has become a source of frustration for local and state officials who are eager to help the area's military families.

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> The dispute began with a mandate last year by federal officials that the facility's original plan of two veterans per room was inadequate, and that only single-occupancy rooms were allowed. State leaders protested, arguing that veterans prefer the companionship and safety of double-occupancy rooms, especially since many were growing older and frailer. The other problem: The VA simply ran out of money and notified the

state in DEC 06 that it would be yanking its \$11.6 million share of the project. Gov. Charlie Crist's new veterans affairs secretary, LeRoy Collins Jr., got involved in JAN 07. Collins made Florida's case directly to VA officials and may have worked out a compromise: Architects and designers are meeting to determine how to satisfy the federal mandate for single-occupancy rooms without losing the double-occupancy concept or swelling the building's cost or architectural footprint. Collins says he hopes for a MAR 08 groundbreaking on a facility that would perhaps have a mix of single- and double-occupancy rooms. Collins said veterans shouldn't read too much into the dispute or blame the U.S. military's rising costs in Iraq. He said he was told the 500-bed veterans facility in Los Angeles actually consumed the VA's money for the St. Johns building.

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> "The frustration does become high, but the VA has a budget approximating \$75 billion, which is the state of Florida's entire budget," Collins said. "When you're talking about that kind of money, you shouldn't be surprised at the intensity of accountability that's necessary. You just have to deal with it and have patience. If you fling out this money further and faster, you come up with what happened after Katrina - fraud." Talk to your congressman. The veterans' home was originally planned for Jacksonville, but city officials never applied for the facility - even after winning a deadline extension for their application - and St. Johns County leaders stepped into the breach in 2003 to win the project. That put it in the district of just-elected state Rep. Bill Proctor, R-St. Augustine. Today, Proctor said he too is frustrated with the federal mandate, since veterans themselves have told him they prefer roommates. He also said the federal funds are overdue. "The state has met its obligations," Proctor said. "Frankly, I think the veterans organizations in the area should start talking to their congressmen, because as soon as we get the federal money we're ready to break ground. [Source: Florida Times-Union J. Taylor Rushing article 21 Jul 07 +]

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> VETERANS BENEFITS ACT 2007: The Comprehensive Veterans Benefits Improvements Act of 2007 would make more than 25 separate changes to veterans' programs ranging from disability payments, to insurance premiums, to grants for disabled veterans to adapt their cars to make them easier to use. This legislation would address long standing injustices in the VA and DoD benefit and retirement systems that veterans and their families have fought to correct for years. Among these changes are:

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> - Repeal of the VA embargo of new enrollments of Category 8 veterans: Since January 2003, the VA estimates that more than 1.5 million category 8 veterans will have been denied enrollment in the VA health care system by fiscal year 2008.

> - Repeal of the prohibition against Concurrent Receipt which requires a

dollar-for-dollar offset of military retired pay for disability compensation received from the VA. Retired pay is earned for a career of uniformed service and VA disability compensation is recompense for pain, suffering and lost future earning power due to service-connected disabilities. For that reason veterans should receive both payments and not have one offset the other.

> - Repeal of the Dependency and Indemnity Compensation-Survivor Benefit Plan Offset: Under current law, the survivors of veterans who die as a result of service-connected causes are entitled to compensation known as dependency and indemnity compensation, DIC. In addition, military retirees can have deductions from their pay to purchase a survivors annuity. This is called the Survivor Benefit Plan, SBP. However, if the military spouse dies from service-connected causes his or her survivors will receive a SBP payment offset dollar for dollar by the amount of the DIC payment they receive. Like the offset between military retiree pay and VA disability payments, this SBP/DIC offset unfairly denies beneficiaries the full amount of 2 programs that are meant to compensate for different losses.

> - Improvement of the Veterans' Claims process and procedures: This legislation takes a new approach to improving the system for rating claims by creating an agency dedicated to electronically sharing clinical information between the VA and the DoD.

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> This legislation also amends other benefit programs important to veterans. S.1326 contains many other similar corrections and updates, bringing benefits into the 21st Century so that these programs are meaningful again. These are not controversial proposals. This legislation should strengthen the current VA system so that it can fully provide for those veterans already in the system and those thousands more returning from Iraq and Afghanistan and all over the world that will soon come to the VA for care.

> Please advise me of your intentions. This bill was introduced by Sen. Bernard Sanders (I-VT) on 8 MAY 07 and referred to the Senate judiciary committee. To date only has two cosponsors .One way veterans and widows can ask their Senators for their cosponsorship and active support of this bill is to refer to

[http://capwiz.com/usdr/issues/alert/?alertid=10072701&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=10072701&queueid=[capwiz:queue_id])].

Here they can automatically forward a preformatted request for support to their senator or draft their own message for forwarding. [Source: USDR Action Alert 23 Jul 07 ++]

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> VDBC UPDATE 19: The congressionally appointed veterans' benefits commission decided 18 JUL, by a one-vote margin, to recommend ending the much-despised restrictions on granting full military retired pay and full veterans' disability pay to anyone eligible for both payments, regardless of disability rating. Specifically, the commission proposed expanding eligibility for Concurrent Retirement and Disability Pay (CRDP) to retirees

with 10 to 40% disability ratings and implementing full payment immediately (putting an end to the ongoing 10-year phase-in period). But the concurrent receipt recommendation passed by the commission would not protect troops who receive compensation for combat-related disabilities unless they served more than 20 years before becoming disabled. As such, it would leave out troops placed on medical disability retirement short of 20 years of service. The 13 commission members, meeting in Washington, also decided that it is unfair that the family members of troops who paid for a Survivor Benefit Plan (SBP) annuity, to replace the service member's income after death, should have any of that payment offset by the amount of a separate monthly Veterans Affairs benefit paid if the troop died while on active duty under certain circumstances.

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> If Congress eventually enacts the recommendations, it would largely end the more than 100-year-old practice of requiring military retirees to have their retired pay reduced dollar-for-dollar by any amount received in veterans' disability compensation paid by the VA. Congress enacted a plan several years ago to begin phasing out the offset for many troops, but many others still have their retired pay reduced. The commission stalemated by a 6-to-6 vote, on a version of the active-duty concurrent receipt plan that would have recommended expanding eligibility for concurrent receipt to those with less than 20 years of service (so-called Chapter 61 retirees). It also would have expanded Combat Related Special Compensation (CRSC) to Temporarily Early Retirement Authority (TERA) retirees. These are mostly officers who were offered early retirement during the 1990s drawdown to thin the ranks. There is pending legislation in Congress to include these groups in the concurrent receipt correction but this action will not help.

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> CRSC, paid to eligible disabled retirees whose conditions were the result of combat or combat like training, is designed to replace any offset in their retired pay. TERA retirees generally are ineligible for CRSC, because recipients must have served 20 or more years. A congressional adoption of the spousal concurrent receipt (SBP) issue would boost income for the roughly 63,000 surviving spouses who have some or all of their SBP annuities offset by the amount they receive in VA Dependency and Indemnity Compensation (DIC). DIC is a monthly benefit paid to survivors of a service member who died while on active duty, or a veteran who died due to a service-related injury or disease, or died from a nonservice-related injury or disease and who was receiving or about to receive VA compensation for a service-connected disability rated as totally disabling. All told, 313,000 surviving spouses are paid a total of about \$4.1 billion in DIC each year, according to the commission. Eliminating the offset would cost taxpayers \$660 million annually. The Veterans' Disability Benefits Commission was established by Congress in 2004 to study all benefits related to death or disability brought about by military service. The Washington meeting of the commission is one in a series, all open to the public. They have been

studying all veterans benefits for almost 4 years. Their final report is scheduled to be submitted to the White House and Congress in October so they are now voting on what positions they are going to take and recommendations they are going to make in several important areas. [Source: NavyTimes William H. McMichael article 19 Jul 07 ++]

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> VA RURAL ACCESS UPDATE 02: The Rural Veterans Healthcare Improvement Act of 2007 (S.1147) was introduced by Sen. Ken Salazar (D-CO) on 18 APR. It currently has 24 cosponsors signed on in support of the Act. This proposed legislation would build upon 2006 legislation by giving direction and resources to the Office of Rural Health and by making healthcare more accessible to veterans in rural areas. The bill tasks the Office of Rural Health with developing demonstration projects that would expand care in rural areas through partnerships between the VA, Centers for Medicare and Medicaid Services, and the Department of Health and Human Services at critical access hospitals and community health centers. The bill also instructs the Director of the Office of Rural Health to carry out demonstration projects in partnership with the Indian Health Service to improve healthcare for Native American veterans. The Act includes two key provisions that will help veterans in rural areas reach healthcare facilities.

> 1.) The bill establishes the VetsRide grant program to provide innovative transportation options to veterans in remote rural areas. The bill tasks the Director of the Office of Rural Health to create a program that would provide grants of up to \$50,000 to veterans' service organizations and State veterans' service officers to assist veterans with travel to VA medical centers and to improve healthcare access in remote rural areas. The bill authorizes \$3 million per year for the grant program through 2012.

> 2.) The bill increases the reimbursement rates for veterans for their travel expenses related to VA medical care so that they are compensated at the same rate paid to federal employee

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> S. 1146 also requires the VA to report to Congress on the assessment it is conducting of its fee-based healthcare policies. The VA's fee-based healthcare policy needs to be more equitable and efficient in helping veterans in rural areas obtain the health care they deserve. Veterans concerned with their VA rural health care availability are encouraged to contact their legislators and urge them to sign onto this bill. One way to do this is to refer to <http://capwiz.com/usdr/issues/alert/?alertid=10064941&queueid=1314882681> and forward either a preformatted message or compose one of their own asking for their Senator's support. If enough senators sign on the bill can move out of committee and onto the floor of the Senate for a vote. [Source: USDR Action Alerts 22 Jul 07 ++]

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> FILIPINO VET INEQUITIES UPDATE 03: In a meeting filled with political fireworks, the House Veterans' Affairs Committee moved 17 JUL to fulfill a 61-year-old promise to some World War II veterans. The way the committee plans to pay for it drew sharp criticism. To provide unprecedented benefits for Filipino World War II veterans who were drafted into service on behalf of the U.S., the committee voted to eliminate special pensions for some severely disabled, poor and housebound U.S. veterans. Specifically, by repealing a law passed by Congress in 2001 that provides assistance to elder veterans over 65 who are indigent, severely disabled and housebound. That prompted a Republican revolt against the Filipino Veterans Equity Act of 2007 H.R.760, even though many Republicans on the committee support giving pensions to Filipino veterans and their survivors. The measure which also includes an increase in mileage reimbursement rates for veterans traveling long distances for health care, and expanding GI Bill benefits to include paying for truck-driver training classes ended up passing by voice vote, but not before some heated debate.

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> In an unusually angry committee meeting, Rep. Bob Filner (D-CA) the committee chairman and a longtime advocate for Filipino pensions, was determined to pass the measure. At one point, he called a recess so he and other Democrats could plan strategy. After winning a party-line vote to reject a Republican amendment to block the plan, Filner refused to recognize Republicans trying to offer any more amendments to the bill while the committee's ranking Republican and former chairman, Rep. Steve Buyer of Indiana, shouted again and again, "It is appalling. It is unbelievable. There are repercussions for this." The Filipino veterans' provisions in HR 760 are similar to a plan passed by the Senate Veterans' Affairs Committee in S0057. It would provide full veterans' status to Filipino veterans and their survivors, including disability pay for service-connected disabilities, survivor pay for service-connected deaths and pensions and death benefits, payable at the same rate as for U.S. veterans for Filipinos living in the U.S., and at reduced amounts for non-U.S. citizens living outside the U.S.

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> Filner said the bill "addresses injustices going back to World War II" and sends a sign to all veterans that the U.S. keeps its promises. "To those who say we cannot afford to pay this debt, I say we cannot afford not to," he said. Buyer, who led the charge against the bill, said he didn't want to take money from one veteran to give to another. "It is unconscionable that the Democrats voted today to deny elderly, indigent, severely disabled or housebound American veterans the special monthly pension in order to finance a new entitlement program to benefit Filipino veterans," Buyer said. The disputed method of paying for the bill is a clarification of eligibility for a \$2,200 special annual payment to disabled

veterans who cannot leave their homes. Initially intended to cover just indigent veterans who were totally disabled, the benefit was challenged by a blind veteran, who won a decision in the Court of Appeals for Veterans Claims that ruled in 2006 that veterans with disabilities of 60% or greater could also qualify. By restating the law to again restrict the benefit to those who are 100% disabled, the bill claims \$1 billion in savings over 10 years that could be used to pay for the new benefits for Filipino veterans. Filner said he wasn't denying anyone anything, but simply clarifying the law. The Senate Veterans' Affairs Committee did the same thing, he noted. Buyer, however, said he does not see the issue "as a mere technicality." His amendment to block the Filipino veteran pensions failed on a 16-13 vote. [Source: NavyTimes Rick Maze article 18 Jul 07 ++]

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> FILIPINO VET INEQUITIES UPDATE 04: Republicans on the House Veterans Affairs Committee are trying to scuttle a committee-passed plan to provide pensions for World War II-era Filipino Scouts by getting a major veterans' service organization to question whether this is the highest priority for improved benefits. In a letter, the 13 Republicans on the committee complain about being blocked on 17 JUL from offering amendments that would have redirected the \$875 million being spent on disability pay and pensions for Filipino veterans, including those who are not American citizens and who don't even live in the U.S. "Each amendment proposed alternative ways to spend the money going to Filipino veterans," the letter says. Two amendments would have reduced the pensions, which would total up to \$8,400 a year for a married veteran, and shifted the rest of the money to programs that Republicans see as higher priorities. Two other blocked amendments would have eliminated the Filipino benefits altogether to increase payments for 100% disabled veterans and survivors of veterans who have died of service-connected causes.

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> Republicans complain that the committee chairman, Rep. Bob Filner (D-CA) used an "unprecedented" procedure of calling for a final vote while Republicans were trying to offer the amendments. Filner said he saw no amendments in front of him, so he didn't recognize anyone to offer an amendment. Rep. Steve Buyer of Indiana, the former chairman and now ranking Republican member of the committee, said amendments were there but Filner simply chose to cut off debate. By writing the veterans' groups and including copies of the amendments with the letter, Buyer and the other Republicans are trying to create seeds of doubt about the bill, H.R.760, before it is brought up for debate on the House floor. A Democratic committee aide said Filner's staff had seen the letter but had no immediate comment. Filner said during the 17 JUL session in which the bill was passed that he was trying to fulfill a promise made at the end of World War II to provide benefits to people who fought on behalf of U.S. interests but were not part of the U.S. military. He stressed that he is not acting alone; the

Senate Veteran's Affairs Committee has approved a similar bill with similar benefits. The Senate bill also created controversy over spending money on benefits for noncitizens at a time when U.S. veterans can expect long delays in getting their benefits claims and pensions approved because of a backlog in processing requests, which has raised questions about the wisdom of expanding benefits. [Source: ArmyTimes Rick Maze article 24 Jul 07 ++]

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> COMMON ACCESS CARD (CAC): A House committee passed legislation 19 JUL that would render the Pentagon's new ID cards illegal. The Next Generation Common Access Card, developed to increase military ID card security and effectiveness, is currently given to service members and government employees only as old ID cards expire. DoD began issuing the HSPD-12 card in OCT 06. Among other security improvements, the new CAC system removed the holder's Social Security number from the card's face and instead includes it in the magnetic strip. But the "Social Security Number Privacy and Identity Theft Prevention Act of 2007" H.R.3046 passed unanimously by the House Ways and Means committee, would prohibit the government from not only displaying Social Security numbers on any ID cards, but also embedding the numbers in card magnetic strips or electronic chips. The bill contains no provisions or exemptions that would allow the Social Security number to be embedded or included on cards. The bill may be amended during floor debate to grant an exemption for military ID cards or allow the numbers to be included if they are sufficiently encrypted, committee staff said. Pentagon officials declined to comment on pending legislation, but said Defense Department is working to remove the data from the cards. Committee staff said the provision is meant to protect service members from identity theft. Even when placed in a magnetic strip, they said, the information can still be stolen. Similar bills have cleared the committee twice in the past eight years but have never become law. The current legislation has 24 cosponsors and broad bipartisan support. For additional info on CAC refer to <https://www.cac.mil/Home.do>.

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> In the interim Rep. Louie Gohmert (R-TX) introduced a bill 23 JUL ordering a Pentagon study of using distinct military ID numbers instead of Social Security numbers on all military IDs. The study would have to be done one year from when the bill, HR 3128, becomes law. Gohmert is one of a growing number of lawmakers who are concerned that having Social Security numbers on ID cards makes service members more likely to be victims of identity theft. Pentagon officials have said they want to drop Social Security numbers from the cards, but it's not as simple as it sounds because so much of the military's payroll and personnel systems use the number as a primary means of identification. That the number has become a key identifier for more than just tracking Social Security earnings is one of the chief reasons there is a push to stop its wide use. [Source: NavyTimes Amy Doolittle article 20 Jul & Rick Maze articles 26 Jul 07 ++]

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> SELECTIVE SERVICE SYSTEM (DRAFT) UPDATE 05: A new congressional report finds little reason to consider a return to a military draft and lots of problems if conscription were restored. In a report released 19 JUL, the Congressional Budget Office says drafting people into the Army could make it easier for that service to expand its active-duty force to 547,000 people by 2012, the current goal, and could save a little money in the process, especially if Congress were to reduce basic pay levels for draftees in comparison to pay for volunteers. However:

> - A force of draftees would be younger and less experienced, which could affect readiness. Usually, greater accumulated knowledge and skills come with increased experience.

> - Because most draftees leave after completing a two-year obligation, a draft might affect the services' ability to perform those functions efficiently.

> - A draftee force has higher training costs, but there are savings from lower expenses for advertising, enlistment bonuses and recruiters. But the report says that may not be a wise tradeoff.

> - Although including draftees in the force could yield budgetary savings, that force would not be as effective as if the same increase in end strength was achieved using only volunteers because average seniority would fall.

> - To get an equally effective force with draftees, the Army would have to be bigger, and bigger is more expensive.

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> By CBO's estimates, the military would not need to draft more than 165,000 people a year and could use as few as 27,000. With 2 million men turning 18 in the U.S. each year, the low requirement for draftees could create a problem in deciding who goes and who stays home. And the U.S would have to face the question of whether to draft women, the report notes. Matthew Goldberg, deputy assistant director of CBO's national security division, said the report comes at a time when the all-volunteer force created at the end of the Vietnam War is undergoing its biggest test in Iraq, and when there are concerns about whether the military can continue to fill the ranks when at war and whether the force is representative of the nation.

> While the services (especially the Army) are having more difficulty recruiting, Goldberg described the problem as a little bit of slippage in the last two years that did not reflect any crisis. And, while people from the lowest and high family incomes in the U.S. are under-represented in the military, data on the people being deployed to the combat zone and the combat casualties do not show that minorities are over-represented, Goldberg said. If anything, Caucasians are slightly over-represented in both deployments and casualties, according to the report, which also notes that because unemployment rates for white youths have increased more than for black youths in recent years, there could be a trend in which even more

white males to consider enlisting. [Source: NavyTimes Rick Maze article 20 Jul 07 ++]

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> VA VET CENTERS UPDATE 02: DVA officials said they are ahead of schedule on their plans open 23 new Vet Centers across the country over the next 15 months. Officials said they plan to open seven to 10 of the new centers before NOV 07, well ahead of the six they previously planned to complete by then, said Alfonso Batres, chief readjustment counseling officer of the Veterans Health Administration at the VA. "We have promised six new this year, and we are on schedule to beat that," Batres said. "We did a lot of hard work, just getting out there, beating the bush." Centers the VA will open for sure this year are located in Baton Rouge LA; Escanaba MI; Manhattan KS; Gainesville FL; and Macon GA. Batres said the agency is also negotiating leasing contracts for centers in: Grand Junction CO; Modesto CA; Las Cruces NM; Du Bois PA; Everett WA and Watertown NY. The VA estimates as many as five of those could open by early NOV. Rep. Michael Michaud, D-Maine., chairman of the House Veterans Affairs health subcommittee, said he was pleasantly surprised that the initiative is so far ahead of schedule. "It's great news; we do everything we can to take care of our veterans," he said. "I'm just very pleased with the Vet Centers. They do a great job." Batres said the new centers program is projected to cost \$14 million. That price tag includes adding new staff to 11 of the other 209 Vet Center. [Source: NavyTimes Amy Doolittle article 20 Jul 07 ++]

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> DOD DISABILITY EVALUATION SYSTEM UPDATE 04: In an effort to unify and shorten the current process some troops must endure with both the military and Veterans Affairs Department, DoD is proposing a joint disability rating system that would give seriously injured troops one physical exam and one review board while still on active duty. Bill Carr deputy undersecretary for military personnel policy said, "If successful, we will have cured many of the major maladies of the system." Carr also announced during a hearing of the Veterans' Disability Benefits Commission (VDBC) in Washington 12 JUL that the Pentagon will soon launch a pilot medical evaluation program in the Washington area. The idea, Carr said, is to adopt a mindset along the lines of, "Let's create a new disability system." Together, the moves could help refute widespread criticism of the Defense Department, and the Army in particular, following the scandal several months ago at Walter Reed Army Medical Center.

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> Among other issues, the Pentagon was criticized for having allowed the services to establish and run their own decentralized disability review systems, which led to charges that the Army has downplayed the severity of soldiers' injuries and disability ratings in an effort to hold down budget costs. The Pentagon hopes to send to Congress by Thanksgiving a package of

proposed legislation that would codify what Carr termed an 'ideal system'. The effort will commence in AUG with a multi-week tabletop exercise, with actual physicians and service rating panels using test cases crafted to bring out and address concerns expressed to date. A retired Army officer who closely follows the debate and has testified before the commission says the Pentagon's proposal is a major step forward. "The joint disability rating board is a very good and long-overdue idea," said Michael Parker. "It will go a long way towards ensuring consistent disability evaluation policies and ratings. Having the VA rate the unfitting conditions will not only lead to more consistent and accurate ratings, it will also give the disabled service member a much-needed head start on his VA disability ratings and benefits."

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> While the Pentagon's plan might bring uniformity to the system within the Defense Department, it won't help remedy what critics say is a major flaw in the system - that the Defense Department and VA often give different ratings for the exact same medical condition. Military personnel experts say that's because the systems look at disabilities from different perspectives; the services focus on fitness for military duty, while the VA measures potential loss of future earnings. With that in mind, a single evaluation along the lines of what the Pentagon is proposing, Carr said, would allow for two possible appeals: an "unfit for duty" finding could be appealed to the Defense Department, and/or the disability rating could be appealed to VA.

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> Under the present DoD system if doctors suspect an injured service member might have difficulty continuing to serve, he or she is sent to a medical evaluation board. If the board decides the member's condition might warrant ending his or her service, the case is forwarded to a physical evaluation board (PEB). The PEBs are formal military fitness-for-duty and disability determination boards that can recommend:

> * Placement on the temporary disabled retired list, or TDRL, if there is a chance the condition might improve with time.

> * Separation from active service, possibly with a one-time, lump-sum severance payment.

> * Placement on permanent medical disability retirement, with lifetime retired pay, military health care and other benefits.

> * A return to duty, with or without assignment limitations.

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> If the PEB decides unfit for duty, it determines if compensation is warranted. If so, it is rated on a scale from zero to 100%. The rating determines the nature and amount of DoD disability benefits. A rating of at least 30% is required for permanent medical disability retirement. Only after a member is medically retired or simply separated, can he or she go on to seek VA compensation and benefits if they choose. However, that requires a new physical evaluation and a forced weave through yet another bureaucratic maze - not to mention waiting for a decision from the VA, which

currently has a backlog of hundreds of thousands of pending benefits claims that it has been unable to contain. [Source: NavyTimes William H. McMichael article 20 Jul 07 ++]

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> USERRA UPDATE 02: National Guard and Reserve members often aren't aware of their rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA), which spells out what benefits employers are required to maintain after they're called to active duty. It is common knowledge that USERRA essentially guarantees activated servicemembers the right to return to the same or equivalent job for call-up periods of up to five years, or longer for certain specialties. Not so common is knowledge on the other key protections are covered by USERRA. Seniority escalation, pension benefits, and healthcare coverage also are generally protected. This means a company cannot deny you a promotion, discontinue your pension plan coverage, or deny you reinstatement in your healthcare plan (including adding new restrictions on pre-existing conditions) due to your military service. You also have the ability to fund [make up] 401(k) or similar retirement plan contributions for periods covered by deployment. You have up to three times the deployment period - not to exceed five years - to make back payments, and the employer is obligated to match any contributions under the normal rules for the retirement plan. To ensure you retain your rights under USERRA you must:

> - Ensure that your employer receives advance written or verbal notice of your service;

> - Have five years or less of cumulative service in the uniformed services while with that particular employer;

> - Return to work or apply for reemployment in a timely manner after conclusion of service; and

> - Have not been separated from service with a disqualifying discharge or under other than honorable conditions.

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> Most employers are good about supporting deployed servicemembers, complying with both the spirit and the letter of the law. However, there have been cases of serious USERRA violations against servicemembers returning from deployment. The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1(866) 487-2365 or visit its website www.dol.gov/vets <<http://www.dol.gov/vets>>. At www.dol.gov/elaws/userra.htm <<http://www.dol.gov/elaws/userra.htm>> an interactive online USERRA Advisor can be utilized. If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, depending on the employer, for representation. You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA. Federal law requires employers to notify employees of their rights

under USERRA. [Source: MOAA News Exchange 19 Jul 07 ++]

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> VET CEMETERY MARYLAND: Continuing its mission of providing a final resting place for Maryland veterans, the Department of Veterans Affairs (VA) has announced the award of a \$1.9 million grant to expand the Crownsville Veterans Memorial Cemetery. The grant will pay for construction of 2,434 full-casket burial sites, 1,087 in-ground cremation burial sites, 1,056 columbarium niches, utilities, landscaping and irrigation. Maryland has four other VA-funded state cemeteries: the Cheltenham Veterans Cemetery; the Eastern Shore Veterans Cemetery in Hurlock; the Garrison Forest Veterans Cemetery in Owings Mills; and the Rocky Gap Veterans Cemetery in Flintstone. VA's State Cemetery Grants Program complements VA's 125 national cemeteries across the country. The program helps states establish, expand or improve state veterans cemeteries. Information on VA burial benefits can be obtained from national cemetery offices, from the VA Web site on the Internet at <http://www.cem.va.gov> or by calling VA regional offices at 1(800) 827-1000. Information about Maryland's veterans cemeteries can be obtained from the Maryland Department of Veterans Affairs at <http://www.mdva.state.md.us/> or by calling (410) 923-6981. To date, the VA program has helped establish 66 veterans cemeteries in 35 states, Saipan and Guam, which provided more than 22,000 burials in fiscal year 2006. Since the program began in 1980, VA has awarded 156 grants totaling nearly \$286 million. [Source: VA News Release 13 Jul 07 ++]

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> TRICARE DATA BREACH: A limited amount of Tricare beneficiary data may have been placed at risk through a violation of internal computer security practices at Science Applications International Corporation (SAIC). The government contractor handling sensitive health information for 867,000 U.S. service members and their families acknowledged yesterday that some of its employees sent unencrypted data -- such as medical appointments, treatments and diagnoses -- across the Internet. It is illegal to transmit unencrypted health information over the Internet. The files that were transmitted related to military members, Coast Guard employees and retirees using military hospitals and health clinics in Europe and the United States. Analysis shows the chance any data was compromised is low, but action is being taken to ensure that affected Tricare beneficiaries are kept informed. The incident occurred when patient data was stored in a manner that did not meet security specifications for the DoD or SAIC. The information was held on a single, SAIC-owned server at an SAIC location in Florida. The server, which was not behind a firewall and did not contain adequate password protections, is no longer in use. The data, which was processed by SAIC under several military health care contracts, may have included personal information such as beneficiary names, addresses, social security numbers, birth dates, and limited health information.

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> SAIC is mailing letters from Army Major General Elder Granger, Deputy Director, Tricare Management Activity and retired Marine Corps Major General Arnold L. Punaro, SAIC executive vice president, to approximately 580,000 households informing beneficiaries of the potential risk. Letters will arrive the week of 23 JUL and also contain consumer identity protection information. SAIC is also making a call center available to handle questions. The no toll number for the United States 1(888) 862-2680; and a collect-call number 1(515) 365-3550.for overseas residents is included with the letters. The center will be staffed with identity theft specialists who will answer concerns about the incident as well as provide callers with general information on credit, fraud and identity theft matters. Affected beneficiaries are being offered a free, one-year subscription to an identity restoration service. The centers will be staffed M-F 08-2400 EST until further notice. Links to additional information can be found at the Tricare Web site "press room" at www.tricare.mil/pressroom/ <<http://www.tricare.mil/pressroom/>>. Information on steps Tricare beneficiaries can take to protect themselves from identity theft is available at www.tricare.mil/tmaprivacy/itpr.cfm <<http://www.tricare.mil/tmaprivacy/itpr.cfm>>.

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> The disclosure comes less than two years after a break-in at SAIC's headquarters that put Social Security numbers and other personal information about tens of thousands of employees at risk. The security breach underscores the systemic problems in corporate and government security systems and the vulnerability of military and contractor systems to attack. In recent months, e-mail systems at military colleges have been attacked and briefly shut down. Last fall, hackers operating through Chinese Internet servers shut down a Commerce Department bureau computer system for more than a month. And a year ago, hackers stole sensitive information from State Department unclassified computers. In an April report, the Government Accountability Office reported that 21 of 24 federal agencies say they have significant weaknesses in information security controls and that a Department of Homeland Security unit reported a record level of information-security incidents throughout the federal government last year. [Source: TMA Press Release 20 Jul & Washington Post article 21 Jul 07 ++]

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> **SDVOSB PROGRAM:** For a veteran who suffers service-connected disability, our Government has deemed it our moral obligation to provide the disabled veteran a range of benefits designed to ease the economic and other losses and disadvantages incurred as a consequence of serving his or her country. These benefits include Government assistance for entering the Federal procurement marketplace. To achieve that objective, agencies shall more effectively implement section 15(g) of the Small Business Act (15 U.S.C. 644(g)), which provides that the President must establish a goal of not less

than 3% for participation by service-disabled veteran businesses in Federal contracting, and section 36 of that Act (15 U.S.C. 657f), which gives agency contracting officers the authority to reserve certain procurements for service-disabled veteran businesses. President Bush issued Executive Order 13360 on 20 OCT04 to strengthen opportunities in Federal contracting for Service-Disabled Veteran-Owned Small Business (SDVOSB) concerns. The Veterans Benefits Act of 2003 permits contracting officers to award sole-source contracts to any small business concern owned and controlled by service-disabled veterans if:

- > - The officer does not expect that two or more service-disabled veterans small business owners will submit offers for the contract;
- > - The expected award price of the contract (including options) will not exceed \$3 million for non-manufacturing SIC code contracts; and
- > - In the estimation of the contracting officer, the contract can be made at a fair and reasonable price.

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> A Service-Disabled Veteran is a person who served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable, and whose disability was incurred or aggravated in line of duty in the active military, naval, or air service. There is not a minimum disability rating. A veteran with a 0 to 100% disability rating is eligible to self-represent as a Service-Disabled Veteran for Federal contracting purposes. The concern must be:

- > - A small business pursuant to the North American Industrial Classification System (NAICS) code assigned by the Contracting Officer to the procurement;
- > - 51 % unconditionally and directly owned by one or more Service-Disabled Veterans or in the case of any publicly owned business, not less than 51% of the stock of the company is owned by one or more Service-Disabled Veterans; and
- > - The management and daily business operations of the SDVO SBC must be controlled by one or more service-disabled veterans (or in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran).

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> SDVOSB program's purpose is to assist agencies in achieving the statutorily mandated 3% government-wide goal for procurement from service-disabled veteran-owned SBCs. When drafting the Veterans Benefits Act of 2003, Congress found that agencies were falling far short of reaching this goal. Consequently, the legislative history specifically states that Congress urges the SBA and the Office of Federal Procurement Policy to expeditiously and transparently implement this program. In support of this Anthony R. Martoccia, director of the office of small business programs at the Pentagon wants disabled vets to know there is a strong focus by Defense Secretary Robert M. Gates and other senior officials to ensure the program is fully implemented and that Military contracting officers in the field are

on the lookout for disabled-veteran-owned businesses to provide services for the government. More than 24,000 servicemembers have been wounded or injured on duty since the global war against terrorist began on 9/11. Many of these veterans have had to leave the military because of disabling injury. The SDVOSB program is geared toward helping them establish second careers as entrepreneurs who do business with the Defense Department. The program, he added, is open to disabled veterans from all the nation's wars. Last year, the SDVOSB program registered more than 5,000 businesses. Today, disabled-veteran-owned businesses account for more than \$1 billion in government contracts. Pentagon officials are putting the word out to military contracting officers about the government wide goal to award 3 percent of contracts to businesses owned by disabled veterans. For additional info on SDVOSB refer to <http://www.acq.osd.mil/osbp/programs/veterans/>. [Source: American Forces Press Service Gerry J. Gilmore article 18 Jul 07 ++]

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> FEDERAL STUDENT AID UPDATE 01: U.S. Senator Evan Bayh (D-IN) has introduced the Interest Relief Act (S.1822). Under the Act interest would not accrue on federal student loans for active duty soldiers and their spouses. The Congressional Research Service estimates for those activated for 12 to 15 months, the bill could mean an average savings of between \$1,183 and \$1,479 in interest over their activation period. Senator Bayh said, "The principle behind this bill is very simple: When Americans go off to serve their country during time of war, the government should not charge interest on their federal student loans. This is relief we can and should provide for our soldiers right now." If approved eligibility would include active duty soldiers of any branch of the military, including reserve units and the National Guard and their spouses, who have student loans through the Federal Direct Loan Program. The interest accrual deferment could be for up to five years while on active duty. Members of the armed forces can already defer payments on their student loans while on active duty, but the interest continues to accrue.

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> Many servicemembers take advantage of educational benefits through the G.I. Bill following their service. However, those who enter the service or are activated after they've completed a few years of college, earned their degree or exhausted their G.I. Bill benefit time limit have often used student loans to finance their education. Senator Bayh said, "By deferring interest accrual for those who have student loans, we remove one more hurdle that our soldiers and their families face when they are planning their future after active duty service. This relief could shave a few months off student loan repayment obligations, which could mean military families are a few months closer to buying their first home, starting a business, or contributing to a child's college fund." The Interest Relief Act would apply only to student loans awarded through the Federal Direct Loan Program,

which provides financial aid for college to student and parent borrowers directly through the U.S. Department of Education. Under Federal Student Aid programs interest charged on loans is variable up to 8.5%. For info on these programs refer to <http://education.military.com/money-for-school/federal-student-aid> and/or <http://www.ed.gov/offices/OSFAP/DirectLoan/about.html>. [Source: Senator Bayh Press Release 17 Jul 07 ++]

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> SBA VET ISSUES UPDATE 05: The U.S. Small Business Administration (SBA) began accepting applications from lenders 19 JUL on behalf of borrowers in its new Patriot Express Pilot Loan Initiative for military community entrepreneurs. Patriot Express is a streamlined loan product based on the agency's highly successful SBA Express Program. Patriot Express is available to military community members including veterans, service-disabled veterans, service members leaving active duty, Reservists and National Guard members, current spouses of any of the above, and the widowed spouse of a service member or veteran who died during service, or of a service-connected disability. More than 150 banks have already been approved to participate in Patriot Express. The Patriot Express Pilot Loan Initiative can be used for most business purposes. Details on the initiative can be found at www.sba.gov/patriotexpress <http://www.sba.gov/patriotexpress>. [Source: Gulf Breeze News article 19 Jul 07 ++]

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> CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) UPDATE 01: An appeals court chastised the Department of Veterans Affairs on Thursday and ordered the agency to pay retroactive benefits to Vietnam War veterans who were exposed to Agent Orange and contracted a form of leukemia. "The performance of the United States Department of Veterans Affairs has contributed substantially to our sense of national shame," the opinion from the 9th U.S. Circuit Court of Appeals read. It was not immediately known how much the department would have to pay under the order or how many veterans would be affected. VA spokesman Phil Budahn said late Thursday that officials were reviewing the ruling, and declined further comment. The VA agreed in 2003 to extend benefits to Vietnam vets diagnosed with chronic lymphocytic leukemia, known as CLL. U.S. troops had sprayed 20 million gallons of Agent Orange and other herbicides over parts of South Vietnam and Cambodia in the 1960s and '70s to clear dense jungle, and researchers later linked CLL to Agent Orange. But the VA did not re-examine previous claims from veterans suffering from the ailment, nor did it pay them retroactive benefits, which was at the heart of the latest dispute.

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> The 19 JUL opinion was on a technical matter involving whether a lower court had properly interpreted a landmark agreement in 1991 on

benefits, stemming from a class-action lawsuit originally filed in 1986. The appeals court sided with veterans groups who said the veterans were entitled to retroactive benefits. "We would hope that this litigation will now end, that our government will now respect the legal obligations it undertook in the consent decree some 16 years ago, that obstructionist bureaucratic opposition will now cease, and that our veterans will finally receive the benefits to which they are morally and legally entitled," Judge Stephen Reinhardt wrote in the court's opinion. Richard Spataro, a lawyer with the National Veterans Legal Services Program, said Thursday's ruling could finally halt years of legal battles - if the VA does not appeal to the U.S. Supreme Court. Spataro said if researchers link other disabilities to Agent Orange the decision will prevent the VA from denying retroactive benefits for those veterans, too. [Source: Associated Press Scott Lindlaw article 19 Jul 07 ++]

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> MEDICARE ADVANTAGE PLANS UPDATE 01: Senate investigators recently learned that insurance agents in at least 39 states used illegal or unethical tactics to sell private Medicare health plans, known as Medicare Advantage plans. Insurers have signed up unwitting consumers by using "bait and switch" tactics, forging signatures, using personal information stolen from federal records, and even by submitting applications for deceased individuals. The New York Times reported that Albuquerque cancer specialist, Dr. Barbara L. McAney, said that many of their patients who signed up for such plans "suddenly found that they had huge new co-payments - \$1,250 every three weeks for a combination of five intravenous chemotherapy drugs." Agents of the private plans have worked out of booths in discount stores or tables set up in front of grocery or drug stores. Seniors might think they are signing up to get drug coverage or just more information. Then, if they later require hospitalization or other costly services, they may learn there are higher co-payments than normally would be charged under traditional Medicare.

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> Enrollment in Medicare Advantage plans has exploded in the past year with one out of five Medicare beneficiaries enrolled. The Medicare Payment Advisory Commission has acknowledged that the government pays the private plans 12% to 19% more than it would cost Medicare to serve the same people. The non-partisan Congressional Budget Office estimates that the cost for these extra payments will amount to \$65 billion over the next five years. These extra payments are passed on to all Medicare beneficiaries in the form of higher Part B premiums. According to a new report from the Medicare Rights Center (MRC), "private health plans often fail to deliver what they promise. Plan members encounter an obstacle course when trying to get care and coverage, and they may pay more out of pocket costs than what they would have in Original Medicare," the report says. The report is based on MRC's experiences in helping Medicare beneficiaries. According to MRC there are

common problems people have in Medicare Advantage plans, but many people only discover these flaws after they have joined the plan and most cannot switch until the following year. Problems can include:

- > - Care that costs more than it would under traditional Medicare.
- > - Difficulties in getting emergency or urgent care and care away from home.
- > - Choice of doctor, hospital and other providers is restricted.
- > - Promised extra benefits can be very limited.
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- > The Centers for Medicare & Medicaid Services (CMS) responded to the misleading practices by announcing that seven insurance companies; United Healthcare, Humana, WellCare, Universal American Financial, Coventry Health Care, Sterling Life Insurance and BlueCross BlueShield of Tennessee, will suspend marketing Medicare Advantage private fee-for-service plans until they meet six basic conditions, although the insurers can still sell policies to consumers who ask for them. Since the plans are cooperating with CMS voluntarily, it remains to be seen how effective they will be in policing their own marketing. The Senior Citizens League (TSCL) believes that Congress must provide strong oversight and consumer protections under the Medicare Advantage program. In addition TSCL calls on Congress to stop paying Medicare Advantage plans more than other Medicare supplemental plans. Doing so would save money for both the government and slow the rise of Part B premiums. Congress would be more inclined to provide proper oversight on this program if they knew how many of their constituents intend to closely monitor how this issue is dealt with. [Source: The Social Security & Medicare Advisor Aug 07 ++]

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> MEDICARE ADVANTAGE PLANS UPDATE 02: U.S. Rep. Gus Bilirakis (R-FL-09) on

19 JUL expressed his deep displeasure with both the Centers for Medicare and Medicaid Services (CMS) and the Social Security Administration (SSA) for their inability to sort our seriously delayed refunds owed to his constituents. "We need to get to the bottom of this. It is completely unacceptable that my constituents have been waiting so long for their refunds," Bilirakis said. "I urge the responsible parties to get this cleared up, and immediately inform us as to the status of these requests." In a two-paged letter sent to CMS Acting Administrator Leslie Norwalk, Bilirakis cited more than 200 cases of constituents enrolled in Medicare Advantage plans, which cover Medicare Part B premiums, who still had the premiums deducted from their Social Security checks. In some cases, these erroneous deductions went on for more than 12 months at a cost often exceeding \$2,000. "These delays have created a serious financial strain on my constituents, many of whom rely on their Social Security checks as their primary source of income," wrote Bilirakis, who sent the letter after repeated unsuccessful attempts to get the status of his constituents' cases.

"I am deeply troubled that many of them have been forced to forego rightfully deserved Social Security payments because of bureaucratic backlogs and unresponsiveness from federal officials." Also on 19 JUL, Bilirakis supported an amendment to the Fiscal Year 2008 Labor, Health and Human Services Appropriations bill that would prohibit funds from being used to pay performance-based bonuses of senior officials at both CMS and SSA.

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> Editor Comment: Rep. Bilirakis' letter only addressed the situation with constituents residing in Florida's 9th District which he represents. This is a nationwide ongoing problem which SSA & CMS management officials seem unable to cope with. One out of five Medicare beneficiaries are enrolled in advantage plans. If enough Medicare beneficiaries in the same boat were to contact their representatives for assistance in obtaining their refunds, perhaps Congress would exert enough pressure through letters and oversight committee hearings to get these officials to do their job. Taking action on pay performance-based bonuses to senior officials is an excellent way to start to get their attention. [Source: Rep. Gus Bilirakis Press Release 19 Jul 07 ++]

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> MEDICARE EXTRA HELP PROGRAM UPDATE 01: Recently, the House and the Senate

held hearings on the Centers for Medicare and Medicaid Services' oversight of the prescription drug benefit under which millions of Medicare beneficiaries are not receiving the savings on Part D drug benefits that they are entitled to. Lawmakers criticized the agency's efforts to enroll low-income seniors in the 'Extra Help' program, and to protect seniors from administrative problems and aggressive insurer sales tactics.

> According to government estimates, about 3.4 million low-income Medicare beneficiaries qualify for, but are not receiving 'Extra Help' benefits. This is the program that provides assistance with premiums, deductibles, co-insurance costs, and valuable coverage during the Part D doughnut hole coverage gap. Seniors who already receive Medicaid automatically receive the coverage, but many more whose incomes are below 150% of the federal poverty level, and who do not receive Medicaid must apply on their own through the Social Security Administration for the coverage. Once found eligible, seniors still must enroll in a Part D plan to get the coverage.

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> Advocates say many individuals don't understand the difference between the prescription drug benefit and 'Extra Help.' Some beneficiaries thought that once they were approved for 'Extra Help' they were automatically enrolled in a prescription drug plan. According to data from the Social Security Administration, about 47% of the applications for 'Extra Help' are denied due to financial assets being too high, even though applicants met income requirements. In 2007 individuals qualify for 'Extra Help' if they have an income of less than \$15,315 and assets (savings) of

less than \$11,710. Couples qualify if they have a combined income of no more than \$20,535 and assets of \$23,410. The government does not count such things as a primary residence, a car, a burial plot or certain other personal possessions. For those who qualify, the program can save thousands of dollars. In 2007 seniors without 'Extra Help' must spend \$3,850 out-of-pocket before catastrophic coverage begins, and that doesn't include the cost of premiums.

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> On 3 MAY 07, the Seniors Citizen League (TSCL) submitted a Statement for the Record on the Medicare Programs for Low-Income Beneficiaries to the House Ways and Means Subcommittee on Health with solutions to increasing enrollment numbers. TSCL suggested the government:

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> - Make information about the programs more available. Currently, many seniors don't even know about them. Provide additional funding for more trained Medicare benefits counselors to help seniors apply for the financial assistance and enroll in an appropriate Part D plan.

> - Eliminate the asset test. Basing an individual's eligibility for low-income Medicare programs like 'Extra Help' on income should be sufficient. At the very least, asset limits should be increased so more low-income seniors would qualify.

> - Make eligibility requirements and enrollment requirements for Part B and Part D low-income programs uniform. Currently, eligibility requirements for Part B and Part D programs are different, and beneficiaries must apply at different agencies for each. Beneficiaries should be able to apply and be automatically found eligible for both at the same time.

> - Use IRS data to screen for low-income seniors. The government already screens for Medicare beneficiaries whose incomes are high enough to subject them to paying higher Means Tested Part B premiums. Low-income seniors should be screened at the same time for low-income Medicare programs.

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> The Prescription Coverage Now Act (H.R 1536) introduced by Representative Lloyd Doggett (TX-25) addresses some solutions to this problem. The bill would increase asset test limits from \$11,710 to \$27,500 for individuals and from \$23,410 to \$55,000 for couples; authorizes the Social Security Administration access to the limited use of IRS data to locate potential low-income beneficiaries; and calls for coordination between low income programs in Part B and Part D. The bill currently has 170 cosponsors.

[Source: The Social Security & Medicare Advisor Aug 07 ++]

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> **MEDICARE DEDUCTIBLES:** Medicare has three Parts: A (hospital), B (doctors and hospital outpatient) and D (prescription drugs). Each has a deductible and each increases every year. In 2007 the Medicare deductibles (annually) are: Part A - \$992, Part B - \$131, and Part D - \$265. A deductible is the amount of money you must pay before your coverage starts.

Many Medicare supplements (Medigap policies), Medicare Advantage plans, and drug plans cover Medicare's deductible as part of the coverage you purchase. Medigap policies "B" through "J" pay the Part A deductible only and Plans "C", "F" and "J" also cover the Part B deductible. Medicare Advantage Plans and prescription drug plans may or may not have a yearly deductible depending on the type of plan you choose. There are also federal and state government programs for low-income seniors that provide assistance for this cost. The Part B and Part D deductible period starts on 1 JAN of each year and ends on 31 DEC. If you were healthy during the year, but require doctor's services in November for the first time and the charge is \$100, then you (or possibly your supplemental insurance plan) will have to pay that charge. If you don't see the doctor again until January, you start a whole new deductible period. If he charges you \$100 again, then you or your insurer will pay the \$100 again. The Part A deductible, however, is charged "per spell of illness" and it's feasible that you could have to pay it more than one time in a year should you require multiple hospitalizations the same year.

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> Generally, you pay higher premiums for plans that have no deductibles. All too often, though, Medicare consumers pay premiums that far exceed the cost of the deductible because they don't do the math. Having a plan that pays the Part A (hospital) deductible of \$992 makes sense, because just one trip to the hospital could take your entire month's Social Security benefit. Having a plan that covers Part D deductible generally is the better choice if you must take a lot of monthly prescriptions or if you have high drug costs. If you only require a few prescriptions or low cost generics, you might find that by going ahead and paying the deductible you recover that cost in much lower premiums. The only way to tell is by using Medicare's Drug Plan Finder to compare plan costs based on the prescriptions you take. This can be viewed at <http://www.medicare.gov/MPDPF>. Medicare Advantage plans require very careful scrutiny of potential costs. Some plans have lured seniors with low premiums and deductibles, only for enrollees to discover high undisclosed costs later. To learn more about Medicare deductibles refer to www.Medicare.gov <http://www.Medicare.gov> or call 1-(800) 633-4227.

[Source: The Social Security & Medicare Advisor Aug 07 ++]

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> VA COMP PAYMENT DISPARITY UPDATE 08: Some injured veterans continue to be shortchanged in their government disability pay depending on where they live because of wide disparities from state to state, an internal study concludes. The 1 1/2-year investigation, conducted by the Institute for Defense Analysis, is the first to examine scientifically the reasons behind the Veterans Affairs' uneven handling of veterans' claims for disability compensation. It was launched by the VA following reports in 2005 of wide

differences in payments. The 50-page report, made available to The Associated Press, found that average annual disability payments swung widely - from \$7,556 in Ohio to \$12,395 in New Mexico. Nationwide, the average pay was \$8,890. Illinois, which was the lowest in the nation in 2004 at \$6,961, was the seventh lowest at roughly \$7,816. David Hunter, who compiled the study said, "The process by which VA adjudicates claims has potential for producing persistent regional differences in rating results. For certain claims, different raters could reasonably arrive at different results."

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> Since reports of disparities emerged in 2005, the VA has struggled to explain them. It has largely blamed problems on demographic factors beyond its control; for instance, whether a particular state had more Vietnam veterans, who on average receive higher payments, or whether a veteran had legal help when making a claim. But the study released to the AP found that roughly one-third of the problems could be blamed on poor VA standards and inadequate training. As a result, disability raters in VA regional offices often had too much power and discretion to decide how much pay a veteran was entitled. The report also faulted the VA for not collecting data on certain types of claims, such as how many post-traumatic stress disorder cases are rejected. As a result, it was impossible to determine whether part of the disparity might be due to a VA office inappropriately rejecting a high number of claims for PTSD, a signature injury of the Iraq war. Some Soldiers and veterans groups have charged that Army disability review boards, which are under the Pentagon's purview, unfairly reject PTSD claims to avoid paying disability pay. No data was available to determine whether that might be the case for the VA, the report said. Among the findings:

> - PTSD claims generate among the highest disability pay, averaging \$20,000 each year to more than 200,000 veterans. While VA staff expected PTSD claims would be more subjective from state to state, their ratings were actually more stable compared with other injuries and illnesses, such as cardiovascular problems.

> - Veterans who receive legal help or aid from advocacy groups receive on average \$11,162, compared with \$4,728 for those who go it alone. Currently about two-thirds of veterans get such advocacy help; the highest representation is in North Dakota (81.9%), while the lowest is in Maryland (44.8%).

> - Vietnam veterans received annual awards of \$11,670, compared with \$7,410 for those who fought in other wars. The lowest pay was given to Gulf War veterans - \$6,506.

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> The report comes as the Bush administration races to improve its veterans care system following disclosures earlier this year of shoddy outpatient treatment at the Pentagon-run Walter Reed Army Medical Center. Both Congress and a presidential commission are considering sweeping measures that could shift more responsibility for rating a veterans'

disability from the Pentagon to the VA - a move that some veterans advocates say could further strain an already backlogged VA system. In interviews, Patrick Dunne, VA's assistant secretary for policy, planning and preparedness, and Ronald Aument, the VA's deputy undersecretary for benefits, said they welcomed the findings and would take additional measures to improve training and oversight. Beside hiring hundreds of additional staff, the VA is beginning to collect more data on the types of claims rejected, standardizing procedures from office to office and improving collaboration with its medical personnel to ensure claims processors have enough information to make a decision based on objective criteria, Aument said. The agency also is doubling the size of its quality assurance program - currently 15 people - to review data and audit pay outcomes on a regular basis.

> A separate review of the VA system for handling disability claims is also under way to determine how to cut through bureaucratic delays, confusing paperwork and long appeals processes as thousands of veterans return home from Iraq and Afghanistan. "If we work on accuracy, consistency will in turn follow," Aument said. [Source: Associated Press article 19 Jul 07 ++]

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> HORATIO ALGER SCHOLARSHIP: Recipients of a Horatio Alger Association Military Veterans Scholarship will receive \$1,250 per year for veterans who are pursuing a BA/BS degree. Applications will be accepted from 2 JUL 07 through 28 SEP 07. Selected applicants must have met the following criteria:

> - Be a veteran of Operation Enduring Freedom in Afghanistan or Operation Iraqi Freedom and be a recipient of one of the following campaign medals: Afghanistan Campaign Medal, Iraq Campaign Medal, or Global War on Terrorism Expeditionary Medal (awarded for service in Afghanistan or Iraq only).

> - Provide proof of a honorable service record under the United States Military.

> - Intend to pursue a bachelor's degree (BA or BS) at an accredited college or university in the United States (awardees may begin their studies at a two-year institution and then transfer to a four-year institution).

> - Have no more than 60 cumulative semester/credit hours by the end of the spring 2007 term.

> - Have a minimum cumulative GPA of 2.0.

> - Be able to demonstrate critical financial need .

> - Hold U.S. citizenship or permanent residency.

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> Scholarship recipients will be required to attend school on a full-time basis (24 credits hours per calendar year) in order to receive this scholarship. Individuals who are not planning to attend college on a full-time basis should not apply for this scholarship. Scholarship recipients do not receive direct payment of their scholarship funds. Funds are only disbursed to a student's current school and may only be used for

tuition, fees, books, and on-campus housing. Funds may not be used to pay off student loans or credit cards. For additional info refer to https://www.horatioalger.com/scholarships_military. Questions not related to receipt of paperwork can be sent to applymilitary@horatioalger.com <mailto:applymilitary@horatioalger.com>. For more scholarship listings refer to www.fastweb.com <http://www.fastweb.com> and www.wiredscholar.com <http://www.wiredscholar.com>. [Source: EANGUS Minute Man Update 19 Jul 07 ++]

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> HOUSE VETERANS' AFFAIRS COMMITTEE: The Committee on Veterans' Affairs of

the House of Representatives (HVAC) was authorized by enactment of Public Law 601, 79th Congress, which was entitled "Legislative Reorganization Act of 1946." Section 121(a) of this Act provides: "there shall be elected by the House at the commencement of each Congress the following standing committees . Committee on Veterans' Affairs, to consist of 27 Members." This Act has since been amended so that there are now 22 Standing Committees in the House of Representatives. The number of Members (Representatives) authorized to serve on each Committee has been changed from time to time. There are currently 30 members of the Committee on Veterans' Affairs. The Committee on Veterans' Affairs is the authorizing Committee for the Department of Veterans Affairs (DVA). The Committee recommends legislation expanding, curtailing, or fine-tuning existing laws relating to veterans' benefits. The Committee also has oversight responsibility, which means monitoring and evaluating the operations of the DVA. If the Committee finds the that DVA is not administering laws as Congress intended, then it is corrected through the a hearing process and legislation. For additional info on the HVAC refer to <http://veterans.house.gov/about/index.html>.

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> The HVAC is the voice of Congress in dealings with the DVA. Legislation within the jurisdiction of the HVAC includes:

- > a. Veterans' measures generally.
- > b. Pensions of all the wars of the U.S., general and special.
- > c. Life insurance issued by the government on account of service in the Armed Forces.
- > d. Compensation, vocational rehabilitation, and education of veterans.
- > e. Veterans' hospitals, medical care, and treatment of veterans.
- > f. Servicemembers' Civil Relief.
- > g. Readjustment of servicemembers to civilian life.
- > h. National Cemeteries

> [Source: HVAC Website 18 Jul 07 ++]

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> HVAC UPDATE 01: The House Veterans' Affairs Committee (HVAC) led by Chairman Bob Filner (D-CA) on 18 JUL favorably reported five bills to the

House. The bills would expand veterans' health care and benefits. The five were:

> - H.R. 2623: To prohibit the collection of copayments for all hospice care furnished by the Department of Veterans Affairs.

> - H.R. 2874 - To make certain improvements in the provision of health care to veterans, and for other purposes.

> - H.R. 1315 - To provide specially adaptive housing assistance to certain disabled members of the Armed Forces residing temporarily in housing owned by a family member.

> - H.R. 760 - To deem certain service in the organized military forces of the Government of the Commonwealth of the Philippines and the Philippine Scouts to have been active service for purposes of benefits under programs administered by the Secretary of Veterans Affairs. [Note: Refer to Filipino Vet Inequities article in this Bulletin]

> - H.R. 23 - To provide benefits to certain individuals who served in the United States merchant marine (including the Army Transport Service and the Naval Transport Service) during World War II. If approved, compensation for a single month of Merchant Marine service in World War II would exceed that of many wounded, disabled, and career military World War II combat veterans and their survivors. For instance:

> a. A 20-year veteran who retired as an E-5 in 1955 receives \$900 in retired pay.

> b. The military pays a "Forgotten Widows" annuity of only \$212 per month to widows of World c. War II vets who served 20-30 years and died before 1974.

> d. The House of Representatives, in the FY2008 Defense Authorization Bill, acknowledged the inequity of current law that deducts more than \$1,000 a month from SBP payments to survivors of members who died of service-connected causes, but indicated it could afford only a \$40 monthly payment to such widows as a first step toward reversing that penalty

> e. The VA pays only \$901 a month to vets with a 60% service-caused disability.

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> Chairman Filner stated, "Today, this committee took the opportunity to redeem a debt to our Filipino comrades. We call our veterans 'heroes' for a reason and the heroes from past wars deserve all the care and dignity that this nation can bestow. We will work boldly and tirelessly to meet the needs of all our veterans and their families. Caring for veterans is an ongoing cost of war and the measures passed today will have an impact on our veterans and their dependents." The bills if passed by a floor vote will be passed to the Senate for consideration. [Source: HVAC Press Release 18 Jul 07 ++]

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> TSA DATA BREACH: With another publicized data breach, this time at the Transportation Security Administration, chief privacy officers from federal

agencies gathered 18 JUL for a conference on how to better secure personal data. Chief privacy officer at the Homeland Security Department, Hugo Teufel said whenever humans are involved, accidents can happen. TSA, which is part of Homeland Security, is investigating why a missing computer drive containing payroll data was not protected with encryption. Teufel said that TSA had moved quickly to implement better security and how TSA management handles that should be a model for action. Chief privacy officer at the FTC Marc Groman said, "We could have the greatest plans in place, but unless our employees, staff and contractors know about them, we are still at risk." Groman shared slides of an internal FTC advertising campaign likening personal data to an egg and showing what steps an employee must take if that egg gets broken. Later he said the agency had all its 1,200 employees sign pledges to protect personal data and inform a supervisor if any personal data is lost or stolen. The White House Office of Management and Budget issued a directive this week that asks agencies to inventory by 22 SEP the personal data they are storing.

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> "When you look at policy and guidance, it looks oh so simple until you look at your mission and how your network is put together," said Mischel Kwon, chief security technologist at the Justice Department. She noted that earlier federal directives to decrease the use of Social Security numbers linked to other personal data will be a challenge, as will a requirement that agencies notify the U.S. Computer Emergency Readiness Team within one hour of a data breach. With more than two dozen departments and a chain of command to forward information to, that can be "a hard tap dance to do in one hour." Having some amount of time to evaluate and investigate a potential breach to determine whether it is meaningful might be more useful than lots of notifications about potential breaches. Federal privacy and security officers said the challenge of protecting data is changing as the workforce becomes more mobile with laptop computers and BlackBerry handheld devices. Restricting telework and what data can be removed do not entirely solve the problem because many employees still need to travel. Evolving technology changes how agencies need to address OMB directives. One solution often proposed (Full disc encryption of data) does not solve all problems. This only works when your computer is off." Encryption could become your highest vulnerability. [Source: National Journal's Technology Daily Greenfield Heather article 18 Jul 07 ++]

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> **CAR KEY ALARM:** Here's a little tip for everyone. Put your car keys beside your bed at night. If you hear a noise outside your home or someone trying to get in your house, just press the panic button for your car. The alarm will be set off and the horn will continue to sound until either you turn it off or the car battery dies. This tip came from a neighborhood watch coordinator. Next time you come home for the night and you start to put your keys away, think of this: It's a security alarm system that you

probably already have and requires no installation. Test it. It will go off from most everywhere inside your house and will keep honking until your battery runs down or until you reset it with the button on the key fob chain. It works if you park in your driveway or garage. If your car alarm goes off when someone is trying to break in your house, odds are the burglar or rapist won't stick around.... After a few seconds all the neighbors will be looking out their windows to see who is out there and sure enough the criminal won't want that. And, remember to carry your keys while walking to your car in a parking lot.. The alarm can work the same way there. [Source: USS Hardhead Jack Gallimore input 18 Jul 07++]

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> VA SECRETARY UPDATE 01: Secretary of Veterans Affairs, Jim Nicholson announced 17 JUL he has tendered his resignation to President George W. Bush, effective no later than 1 OCT 07. This follows a two-year term that yielded mixed reviews from members of Congress. During his tenure as chief of the agency, Secretary Nicholson faced criticism over issues relating to the release of the personal information of thousands of veterans and multi-billion dollar shortfalls relating to healthcare for U.S. servicemembers. Nicholson left the private business world over 10 years ago, where he ran a successful residential development and construction company. He was elected Chairman of the Republican National Committee in January 1997. Immediately prior to becoming Secretary, he served as the U.S. Ambassador to the Holy See. Nicholson, a Vietnam Veteran, was sworn in as Secretary of Veterans Affairs on 1 FEB05. Under Nicholson's leadership, the Department of Veterans Affairs (VA) continued its evolution as a leader in health care innovations, medical research, education services, home loan and other benefits to veterans. He transformed the VA health care system to meet the unique medical requirements of the returning combatants from Iraq and Afghanistan. In his letter of resignation, Nicholson praised and thanked the President for the honor of serving him and our Nation's veterans in this key post at such a "critical time in our nation's global war on terror." Nicholson said he wants to return to the private sector. "This coming February, I turn 70 years old, and I feel it is time for me to get back into business, while I still can." He said he has no definite plans at this time. During Secretary Nicholson's tenure at the Department of Veterans Affairs he:

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> . Directed each veteran of the GWOT who come to the VA for any kind of care to be carefully screened for brain damage (TBI) and post traumatic stress disorder (PTSD).

> . Hired 100 new Outreach Coordinators to provide services to returning OIF/OEF veterans.

> . Created a new Advisory Committee on OIF/OEF Veterans and their families to advise on ways to improve programs serving OIF/OEF veterans.

> . Directed the Veterans Benefits Administration to give priority to

Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans in its compensation and pension claim system.

- > . Launched a major information technology transformation in the VA with the way it uses and safeguards personal and health information of veterans.
- > . Created a new Office of Operations, Security, and Preparedness to deal with emergency planning and security.
- > . Initiated the overhaul of the VA's vast contracting and acquisitions systems.
- > . Created a blue ribbon Genomic Research Advisory Committee to use the VA's expansive medical data holdings to advance the science of predictive medicine.
- > . Commenced a major campaign to reduce the high rate of diabetes in veterans.
- > . Launched a national effort in the VHA to eradicate staph infections in VA hospitals.
- > . Approved 82 new Community-Based Outpatient Clinics (CBOC) to bring VA care closer to the veterans who have earned it.
- > . Created a new multi-campus Nursing Academy through partnership with the nursing schools throughout the country to help address a shortage of nurses within the VA and nationwide.
- > . Directed the hiring of suicide prevention counselors at each of VA's 153 facilities to strengthen one of the nation's largest mental health programs.
- > . Established a 24-hour national suicide prevention hotline that will be operational by 1 AUG 07.
- > . Hired 100 new Patient Care Advocates to help severely injured veterans and their families manage VA's system for health care and financial benefits.
- > . Led the President's recent Task Force on Returning GWOT Heroes to improve the delivery of federal services and benefits to GWOT service members and veterans.

> [Source: VA News Release 17 Jul 07 ++]

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> VETERAN CHARITIES REVIEW UPDATE 01: The Veterans Charitable Foundation www.vcfusa.org <<http://www.vcfusa.org>> was started in 1997 by Frank Cariello after going with his

World War II buddies to veteran's hospitals and seeing a need. To make it official and to obtain tax free status as a charitable organization the foundation was registered with the Washington Secretary of State under registration number #6374 making it a valid non-profit veteran fund raising organization. Concerned that a door-to-door fund-raising effort wouldn't pull in much money, Cariello of Boynton Beach hired telemarketers in Florida, and eventually in other parts of the country, who began dialing for dollars. The strategy has paid off, but not for the veteran's hospitals that are supposed to benefit from Cariello's foundation. According to the organization's tax returns since 2000, telemarketers have reeled in nearly

\$833,000 in donations, close to \$700,000 of which went right back into the coffers of those companies hired to solicit donations for veterans.

Outsourced fund-raising companies demonstrate a huge flaw in the world of giving. While many donors think their money is going to a good cause, only a fraction goes to the nonprofit. A large chunk actually lines the pockets of companies hired to raise money.

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> A boxing promoter, Cariello, 69, pulls no punches when it comes to defending his organization. "It's the nature of the business," Cariello said. "The average person who gives \$10 expects \$9 to go to the VA, but if you use a telemarketer it doesn't work that way." Cariello, who says he's operating in about a dozen states, freely admits that most of the deals he's signed with telemarketers around the country provide for an 85-15 split. Add to that the money he puts out on marketing, overhead costs and the accountant he pays to file the organization's tax returns, and the VA gets pennies on the dollar. Neither Cariello nor any of his board members take a salary, according to the organization's tax return. Some veteran's organizations say charities like Cariello often do more harm than good. Others take what they get and simply say thanks. Charlie Smith, director of the North Carolina Division of Veteran's Affairs, a state agency said, "There's a number of organizations that are ripping people off and they hurt legitimate organizations." But Marcus Wilson, a public affairs specialist for the Washington Regional Office of Public Affairs for the Department of Veterans Affairs was a little less critical. "We are a government agency. We can't tell them how much to give us or what to give us. We just say thank you," he said. Cariello said the groups he's helped are grateful and he has letters to prove it. He said, "You can give \$250 and they say thank you. It's something they didn't have last week. If we didn't do it, they wouldn't get it." The money is used to pay for things the government doesn't pay for such as food, personal care items, bus tokens to assist veterans get to and from job interviews and television sets in hospitals rooms.

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> Charity watchdog groups say veteran's organizations are one sector where it's easy to prey on people's heartstrings. Sandra Miniutti, a spokeswoman for Charity Navigator says, "Veteran's groups rank way up there, especially with the war going on." Vic Hamburger of Westborough MA is one of those whose heartstrings were pulled. He received a call a few months ago from a woman who said she was a volunteer and that 100% of the money went to Cariello's foundation. Hamburger gave \$20 and then got to thinking. "I did a Google search and found an interesting article about these folks and how they didn't come clean with their fund-raising tactics," Hamburger said in a telephone interview. "If their fund raising isn't illegal, it's at the very least immoral and unethical," he said. Cariello said the telemarketers are supposed to follow a script when soliciting donations, but agreed there may be some rogue callers.

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> By using telemarketing companies, nonprofit organizations do get more money but it comes at an enormous cost to members of the public, who think their generosity is benefiting the charity. Cariello's nonprofit is far from alone as many of the veterans, police and firefighters charities evaluated by Charity Navigator rank among the least efficient. Of the 22 veterans' charities evaluated by the watchdog group, more than one-third have fund-raising expenses over 20% with three spending more than 50% and two spending more than 95% of donations on fund raising. By watchdog standards, nonprofits should spend no more than 10 cents on the dollar on fund-raising, with 75% going to program costs and the rest toward administration. If you are feeling charitable and want to see how much of your donation will reach those you are donating to www.charitynavigator.org <<http://www.charitynavigator.org>>. Among other things the site has an alphabetical locator and will give you an overall efficiency rating plus comparison to similar organization's efficiency ratings. For instance the Disabled American Veterans Charitable Service Trust has an overall four star rating which means they exceed industry standards and outperform most charities in its Cause. Conversely, the Wisconsin Paralyzed Veterans of America and Former Military POW Foundation have zero star ratings which means they performs far below industry standards and below nearly all charities in their Cause. [Source: Palm Beach Post Susan Miller article 13 Jun 07 ++]

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> VETERAN LEGISLATION STATUS 30 JUN 07: For a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress refer to the Bulletin attachment. By clicking on the bill number indicated you can access the actual legislative language of the bill and see if your representative has signed on as a cosponsor. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. A cosponsor is a member of Congress who has joined one or more other members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The member who introduces the bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can also review a copy of each bill, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d110/sponlst.html>. The key to increasing cosponsorship on veteran related bills is letting our representatives know of veteran's feelings on issues. At the end of some listed bills is a web link that can be used to do that. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone

number, mailing address, or email/website to communicate with a message or letter of your own making. [Source: RAO Bulletin Attachment 30 Jul 07 ++]

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