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- > 1 February 2008
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> NDAA 2008 UPDATE 14: The Senate passed a \$696 billion 2008 Defense Authorization Bill H.R. 4986 22 JAN and President Bush signed it into law on 28 JAN. The fiscal 2008 defense budget has been laden with challenges, from Congress' inclusion of non-defense-related earmarks to its insertion of controversial language regarding Iraq. Bush announced 28 DEC that he wouldn't sign the bill until it was revised. Instead, the president signed an executive order authorizing a 3% military pay raise. The amount was 0.5 % lower than the 3.5% rate provided for in the authorization act, but took effect 1 JAN 08. All pays and incentives included in the authorization act will be retroactive to 1 JAN, a defense official said. The bill became law just a week before the next budget cycle begins as Bush sends his fiscal 2009 request to Capitol Hill. That budget proposal, along with a requested \$70 billion in emergency war spending, is expected to be delivered to Congress 4 FEB.

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> The NDAA contains provisions improving the transition from active duty to veterans' status and improving VA health care for returning service members, especially those with traumatic brain injury (TBI) or mental health issues, including post-traumatic stress disorder (PTSD). Among the key provisions to improve care for veterans and their families, the NDAA:

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> . Provides an additional three years of access to free VA health care for returning service members from Iraq and Afghanistan.

> . Improves and expands VA's ability to care for veterans returning from Iraq and Afghanistan with TBI, including research, screening, care coordination, and working with non-VA providers to provide the care needed by our veterans;

> . Requires a comprehensive policy to address mental health conditions, including PTSD;

> . Requires DOD and VA to streamline the records transmission process, including moving forward with fully interoperable medical records;

> . Provides for a more seamless transition between active duty and veterans' status, including a single physical exam for DOD and VA benefits;

> . Creates Wounded Warrior Resource Center to serve as a single point of contact for service members, their families, and primary caregivers to report issues with facilities, obtain health care, and receive benefits information;

> . Requires VA to provide age-appropriate nursing home care for our veterans;

> . Allows members of the National Guard and Reserves that are eligible for

Reserve Educational Assistance Program (REAP) to use their education benefits for ten years after separation;

> . Requires a study on the feasibility of streamlining statutory provisions addressing GI Bill benefits for active duty and guard and reserves.

> [Source: AFPS Donna Miles article 28 Jan 08 ++]

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> PRESIDENTIAL PROPOSALS TO AID VETS: Democratic lawmakers reacted with

skepticism 29 JAN to President Bush's new proposals to aid the families of military personnel and veterans, noting that his administration has repeatedly underfunded the Veterans Affairs Department (VA). In his State of the Union address 28 JAN, Bush proposed a series of measures intended to help military families, including the creation of hiring preferences for the spouses of military personnel and legislation to allow servicemembers to pass on unused GI Bill educational benefits to their spouses and children. "They endure sleepless nights and the daily struggle of providing for children while a loved one is serving far from home," Bush said of military families. "We have a responsibility to provide for them." The president also called for expanding military families' access to child care. Democrats and some veterans' advocates sharply criticized the proposals, which they said came after years of lean administration budget requests for the VA and military personnel. "The difficulty . . . that we've had on this issue is that the budgets for Iraq have sucked out all the air," said Susan A. Davis (D-CA) chairwoman of the House Armed Services Military Personnel Subcommittee. "Families have not been nearly as high a priority as they should be. Maybe that'll change. I doubt it."

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> Paul Rieckhoff, executive director of Iraq and Afghanistan Veterans of America, said the GI Bill proposal would come as "a slap in the face" to newly returning veterans if it is not accompanied by broader improvements, which have proved difficult to advance in Congress because of administration opposition and tight budgets. Bush asserted that VA funding had increased by more than 95% since he had taken office -- another suggestion met with barbs from Democrats. "He didn't tell them that his budget proposals have repeatedly cut funding for veterans, and that the only reason spending on veterans' programs has increased is because Congress raised the level of spending," said Daniel K. Akaka (D-HI), chairman of the Senate Veterans' Affairs Committee. Bush is set to unveil his 2009 budget proposal 4 FEB. Lawmakers already have begun to push for funding of their priorities. Akaka and Bernard Sanders, (I-VA), sent a letter on 25 JAN asking new VA Secretary James B. Peake for increased funding for the VA's National Center for Post-traumatic Stress Disorder, which they said had to cut staff in recent years because of insufficient resources. Bush also will have to include funding to enact proposed recommendations of a presidential commission on "wounded warriors" led by former Sen. Bob Dole (R-KS) (1969-96), and former

Health and Human Services Secretary Donna Shalala. In his address, Bush called on Congress to pass the remaining recommendations of the commission, including a major overhaul of the veterans' disability benefits system.

[Source: GQ Today Patrick Yoest article 29 Jan 08 ++]

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> VDBC UPDATE 24: The Department of Veterans Affairs (VA) has awarded a \$3.2 million contract to Economic Systems Inc. of Falls Church, Va., to develop information relating to possible changes in the composition of disability payments to disabled veterans. The contract is based upon recommendations of the Dole-Shalala Commission, which issued its final report in July 2007, and the OCT 07 final report of the Veterans Disability Benefits Commission. The contractor will provide its findings in AUG 08. Economic Systems Inc. will address three basic research questions in two studies.

> . 188,000 Chapter 61 medical disability retirees with less than 20 years denied CRDP.

> . Examine the nature and feasibility of making "long-term transition payments" to service members separated from the military due to disability while those veterans undergo rehabilitation.

> . Provide information on the appropriate levels of compensation necessary to compensate for any loss in earnings capacity caused by service-incurred or service-aggravated conditions.

> . Provide information on potential "quality of life" payments called for by both studies.

> [Source: VA News Release 30 Jan 08 ++]

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> VA CLAIM BACKLOG UPDATE 14: Advanced technologies such as artificial intelligence could help the Veterans Affairs Department reduce a backlog of disability claims that has spiked past 1 million, according to computer experts and veterans advocates. The Veterans Benefits Administration, which processes the claims, has a backlog of 650,000 pending claims and another 147,000 that are under appeal and working their way through a process that "is paper intensive, complex to understand, difficult to manage and takes years to learn," Chairman of the Veterans Affairs Subcommittee on Disability and Memorial Affairs Rep. John Hall (D-NY) said at a 29 JAN hearing of the House Veterans Affairs Committee. Training an employee to rate VBA claims can take two to three years and many leave within five years, Hall said. Experienced raters can adjudicate only about three claims a day, spending two to three hours on each claim. He said the VA should consider the use of artificial intelligence technologies, such as automated decision-support tools that can determine disability payments, which would speed up claims processing.

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> Computer experts who testified at the hearing said technology exists

today that can automate the claims process and eliminate the backlog. Tom Mitchell, chairman of the Machine Learning Department at the School of Computer Science at Carnegie Mellon University in Pittsburgh said the VBA needs to emulate health insurers such as Highmark Inc., a Pittsburgh-based company that uses computers to process 90% of its claims. Mitchell said the computer system automatically determines payments because it contains a large collection of rules, each one specifying the payment to be made in some very specific case, defined by the details of the patient's policy, treatment and history. The complex policy for determining what payment is due under which condition is encoded in these rules inside the computer." While the type of claims processed by Highmark are not identical to the kinds of claims processed by the VBA, Mitchell said they are similar enough to "conclude online processing will be of considerable value to the VA." Mitchell said other AI techniques that could work for VBA include case-based reasoning systems, which tap into a database of historical data to compare past cases with a current case, and machine learning and data-mining, which could discover patterns in a current claim that indicate more information is needed to process the claim.

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> The VBA could automate its processes by developing a document naming system for paper documents, which are then electronically scanned into a database to make it easier to retrieve, said Ronald Miller, professor of biomedical informatics at Vanderbilt University. VBA repeatedly loses paper records submitted by claimants. Robin Cleveland, wife of retired Marine Gunnery Sgt. Tai Cleveland, told the hearing that since November 2005, she has submitted multiple copies of Tai's medical record and was told that the VBA could not find the records and she needed to resubmit them. She said her husband, a paraplegic after injuries incurred in AUG 03 during a hand-to-hand training exercise in Kuwait, only started to receive benefit payments this month after Congress intervened. Dr. Marjie Shahani, senior vice president of operations at QTC Medical Services, which conducts medical examinations on veterans and active duty personnel seeking VBA compensation, said her company has developed an application called the Evidence Organizer, which creates an electronic file for a claim, which can include multiple medical conditions and is accessible at the click of a mouse. Shahani said the organizer cuts the time to rate an individual claim from 3.5 hours to 2.2 hours. The time savings should allow a VBA ratings specialist to review 711 claims compared with the 533 a specialist processes today, he said.

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> Kim Graves, director of business process integration for the VBA said the VBA already has begun to develop technologies to increase the number of claims that specialists can process. The agency has a comprehensive strategy to develop the Paperless Delivery of Veterans Benefits initiative, which will employ a variety of enhanced technologies to support end-to-end claims processing, Graves said. In addition to imaging and computable data, it will also incorporate enhanced electronic workflow capabilities, enterprise

content and correspondence management services. Graves said VBA also is considering the use of business-rules-engine software for workflow management, which could improve processors' decision-making. Stephen Warren, principal deputy assistant secretary for the VA Office of Information and Technology, said the department is preparing a statement of work to engage the services of a lead systems integrator to develop strategy and business requirements for Paperless Delivery of Veterans Benefits, though he did not provide a timeline. Gary Christopherson, who served as chief information officer for the Veterans Health Administration in 2000 and principal deputy assistant secretary for Health Affairs in the Defense Department, said "using artificial intelligence or electronic decision support tools is nothing new." Government and corporations routinely use those tools, and VBA claims processing is no more difficult than any other application of AI. He also called for a radical policy change in how VBA provides benefits. He said that it should presume that a veteran has a valid claim and is entitled to benefits for a period of a year until it completes the processing of that claim, with payment starting in 30 days of the date the claim is filed.

[Source: GOVExec.com Bob Berwin article 30 Jan 08++]

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> VA MILEAGE REIMBURSEMENT UPDATE 03: In the FY2008 Omnibus Appropriations

\$125 million was allocated to pay for an increase in the travel reimbursement rate for disabled veterans to go to VA hospitals for care. The present 11 cents a mile was set in 1977. The increase is 17.5 cents per mile. However, it could not go into effect until VA Secretary Peake announced the change and directed the VA to put it into effect. In JAN 12 bi-partisan rural Senators wrote the Secretary asking him to put the change in effect as soon as possible. The Secretary of Veterans Affairs has now made the decision to increase VA's beneficiary travel mileage reimbursement rate effective 1 FEB 08, to 28.5 cents per mile for travel related to health care per VHA Dir 2008-006 . This would include travel for recalls due to a deficient lab, electrocardiogram (EKG), and x-ray in relation to a Compensation and Pension (C&P) examination (convenience of the Government).

Mileage reimbursement claims for travel prior to 1 FEB 08, may still be submitted. Such claims will be processed using the previous rates and deductibles.

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> Title 38 U.S.C. § 111(c)(5) requires VA to adjust proportionately the beneficiary travel mileage reimbursement rate deductibles for travel in relation to examination, treatment or care (currently \$3 one way; \$6 round trip; with a maximum of \$18 per calendar month) effective on the date of a beneficiary travel mileage reimbursement rate change. Therefore, based on the increase of the beneficiary travel mileage reimbursement rate, the

deductible is adjusted proportionately to \$7.77 per one way trip; \$15.54 for a round trip; with a maximum deductible of \$46.62 per calendar month. These deductibles may be waived in accordance with Title 38 Code of Federal Regulations (CFR) §17.144(b) when their imposition would cause severe financial hardship. Mileage reimbursement claims for travel prior to February 1, 2008, may still be received. Such claims will be processed using the previous rates and deductibles. [Source: TREA Washington Update 25 JAN 08 ++]

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> VET BENEFIT EXPIRATION DATES: Many of your benefits have an expiration date. Below are a few important ones to remember so you don't lose out.

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> . Montgomery GI Bill for Active-Duty (MGIB): 10 years from date of last discharge or release from active duty.

> . Veterans Education Assistance Program (VEAP): 10 years from date of last discharge or release from active duty.

> . Montgomery GI Bill for Selected Reserve (MGIB-SR): 14 years from the date of eligibility for the program, or until released from the Selected Reserve or National Guard. Some extensions available if activated.

> . Vocational Rehabilitation and Employment (VocRehab): Generally, 12 years of separation from service or within 12 years of being awarded service-connected VA disability compensation.

> . Servicemembers' Group Life Insurance (SGLI): Coverage ends 120 days after separation or can be extended up to 1 year for totally disabled veterans.

> [Source: Military.com

<<http://www.military.com/benefits/veteran-benefits/veterans-benefit-expiration-dates>>

28 Jan 08 ++]

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> SBP LAWSUIT: On 30 JAN 08 a group of military widows will get their day in federal court, pressing their case that a DEC 04 law change should have awarded them full payment of military SBP annuities in addition to the Dependency and Indemnity Compensation (DIC) they receive from the VA because

military service caused their husbands' deaths. At the time, the House Veterans Affairs Committee believed its language would not only restore DIC benefits to previously eligible survivors who remarried after age 57, but would also end the deduction of DIC from SBP annuities. Subsequent government legal review indicated the 2004 law didn't, in fact, make the latter change, but the difference of opinion hasn't entirely gone away. And now three widows are taking the government to court. When the case was filed in SEP 07, the Department of Defense responded with a motion to dismiss the case. The widows' lawyers filed a rebuttal, and now there will

be a hearing before the US Court of Federal Claims, 717 Madison Street, NW in Washington, DC so the judge can make a decision on the DoD motion to dismiss. The oral arguments in the case will be open to the public at 9:30 am. A specific court room won't be assigned until the morning of the 30th. Past efforts to sue the government in this way have rarely been fruitful, but one never knows how the courts might rule when legislative language is murky. [Source: MOAA Leg UP 25 Jan 08 ++]

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> VA VOLUNTARY SERVICE (VAVS): VAVS was founded in 1946 to provide for our

our nation's veterans while they are cared for by VA health care facilities. It is a volunteer organization run by the VA which helps veterans in VA facilities throughout the country. Volunteers assist in routine administrative functions to help free VA employees to concentrate more on health care. There are also several VA cemeteries that have VAVS volunteers assisting in maintenance chores. It is one of the largest centralized volunteer programs in the Federal government. Over 350 organizations support it and volunteers have provided over 676 million hours of service since its conception. As a community service volunteers assist veteran patients by augmenting staff with end of life care programs, foster care, community-based volunteer programs, hospital wards, nursing homes, and veteran outreach centers. The program receives annual contributions of over \$50 million in gifts and donations. There are two convenient ways to sign up to be a VAVS volunteer:

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> 1) Contact the Department of Veterans Affairs facility nearest you, ask for Voluntary Service, and tell their staff of your interest in becoming a VAVS Volunteer. The staff will take care of everything else including your interview, orientation, and assignment! To locate the VA facility is nearest you refer to <http://www1.va.gov/directory/guide/home.asp?isFlash=1>

> 2) Volunteer now by filling out and submitting the form located at <http://www1.va.gov/volunteer/volnowDB.cfm>. Someone from your local VAVS office will contact you with additional information.

> [Source: NAUS Weekly Update 25 JAN 08 ++]

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> NDAA 2009: The previous National Defense Authorization Acts (NDAA) of 2006, 2007, 2008, did not address or correct the following issues --

> . 188,000 Chapter 61 medical disability retirees with less than 20 years denied CRDP.

> . 375,000 military retirees with less than 50% disability denied CRDP (Concurrent Retirement Disability Pay, 10 US Code 1414)

> . 327,000 military retirees age 70 and 30 have paid up to an excess of 6 years' premiums for the Survivor's Benefits Program (SBP).

> . 61,000 widows denied full relief from SBP/DIC

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> The 2008 NDAA did extend CRSC (Combat Related Special Compensation) to a

yet to be determined number of Chapter 61 retirees (possibly as many as 40,000) with less than 20 years of service. It also did authorize \$50/month "special allowance" to be incremented \$10/year for 5 years. This is not much help to restore an offset that approximates \$900-\$1000/month. Further, it is a shallow gesture as it is valid from 1 OCT 08, and expires 1 MAR 16.

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> HR 333 would extend the benefits of CRDP to some 375,000 retired career veterans who are rated less than 50% disabled by the VA and repeal the 10 year phase in of CRDP for those 180,000 retired career veterans who are rated 50 to 90% disabled. While other relevant bills in the Senate and House would correct either deficiency, none of those bills would correct both deficiencies. Veterans who would like to see this bill enacted and correct the above inequities are urged to contact their legislators to request cosponsorship and inclusion of relevant portions of HR 333 in the 2009 National Defense Authorization Act. USDR has provided sample messages at

[http://capwiz.com/usdr/issues/alert/?alertid=10871981&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/issues/alert/?alertid=10871981&queueid=[capwiz:queue_id])

and

[http://capwiz.com/usdr/issues/alert/?alertid=10869241&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/issues/alert/?alertid=10869241&queueid=[capwiz:queue_id])

for your use to facilitate doing this. [Source: USDR Action Alert 27 Jan 08

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> VETERAN GRAVE VANDALS: A Texas lawmaker has introduced a bill that would

make vandalizing the grave of a service member or veteran a federal crime, even if the grave is on private property. The bill sponsored by Rep. Ted Poe (R-TX) comes after the grave of a Marine killed in Iraq was vandalized just two days after his burial in Liberty, Texas. "The person responsible has since been arrested and charged with a state felony, but no federal provision exists," Poe said. Federal laws making it a crime to damage or destroy a memorial, headstone or gravesite apply only to public land, not to gravesites in private cemeteries. This is not the first time the federal government has had to stand by when a veterans' grave was damaged. Last year, American flags were replaced with Nazi flags on Memorial Day weekend at the gravesites of veterans in Orcas Island WA, but the federal government could do nothing because the graves were in a private cemetery. Poe's bill, HR 4973, was referred to the House Judiciary Committee for consideration. If enacted into law, it would apply the same penalty for the destruction of graves on public lands - a fine of up to \$10,000 and up to 10 years imprisonment - to graves on private property. [Source: MarineTimes Rick Maze

article 25 Jan 08 ++]

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> MOBILIZED RESERVE 30 JAN 08: .The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 2 JAN 08 in support of the partial mobilization. The net collective result is 1808 more reservists mobilized than last reported in the Bulletin for 9 JAN 08. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. The total number currently on active duty in support of the partial mobilization of the Army National Guard and Army Reserve is 73,197; Navy Reserve, 5,024; Air National Guard and Air Force Reserve, 7,231; Marine Corps Reserve, 8,695; and the Coast Guard Reserve, 334. This brings the total National Guard and Reserve personnel who have been mobilized to 94,481, 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/Jan2008/d20080130ngr.pdf>. [Source: DoD News Release 30 Jan 08 ++]

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> TEXAS VETERAN TUITION: Tuition waivers are available to Veterans honorably discharged who served at least 180 days of active duty military service, were Bonafide Texas resident at time of entry into service, and who have exhausted all Federal educational benefits. Veterans will receive exemption for payment of tuition and some fees at public colleges and universities. Exemptions from charges for continuing education courses are optional on the part of the institution. Application should be made to the financial aid officer of the state-supported institution of choice. The Texas State Attorney General has ruled that Texas veterans who are legal residents but not U.S. citizens are entitled to free college tuition at Texas public colleges. This ruling reverses an earlier policy that had prompted a federal lawsuit. The Mexican American Legal Defense and Educational Fund sued the State of Texas in 2007 on behalf of six Hispanic veterans who were legal permanent residents when they entered the military. They had applied for benefits under the Hazlewood Act, which waives tuition at Texas public colleges for honorably discharged veterans who served on active-duty. Texas also offers the following education benefits to:

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> . Dependent children of MIA / POWs: Dependent children of Texas military personnel, MIA, or POW. Exemption for payment of tuition and some fees at public colleges and universities. Exemptions from charges for continuing education courses are optional on the part of the institution. Application should be made to the financial aid officer of the state-supported institution of choice.

> . Children of Deceased Veterans: Children of veterans killed or died as a result of service in WWI, WWII, and Korea or since 2/1/55. Exemption for

payment of tuition and some fees at public colleges and universities. Exemptions from charges for continuing education courses are optional on the part of the institution. Application should be made to the High school guidance counselor, or financial aid officer of the state-supported institution of choice.

> . Orphans of National Guard and Texas Air National Guard: Exemption of certain orphans of National Guard and Texas Air National Guard. Exemption for payment of tuition and some fees at public colleges and universities. Exemptions from charges for continuing education courses are optional on the part of the institution. Application should be made to the financial aid officer of the state-supported institution of choice

> [Source: Military.com Benefits 28 Jan 08 ++]

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> MTU TUITION BREAK: Starting with the first summer term of 2008, Michigan Technological University will offer in-state tuition to out-of-state students who are the offspring or spouse of a person on active U.S. military duty. Students will be eligible for a Military Family Education Award if a parent or spouse is on active military duty or has been on full-time duty with the National Guard for more than a year. If a parent or spouse goes on active-duty after a student is admitted, the student will be eligible for a Military Service Award at the beginning of the next semester. Once a student receives the award, he or she will continue to receive it until graduation. To learn more call the MTU Admissions office at 888-688-1888. [Source: Military.com 28 Jan 08 ++]

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> DIABETES UPDATE 04: A new study gives the strongest evidence yet that obesity surgery can cure diabetes. Patients who had surgery to reduce the size of their stomachs were five times more likely to see their diabetes disappear over the next two years than were patients who had standard diabetes care, according to Australian researchers. Most of the surgery patients were able to stop taking diabetes drugs and achieve normal blood tests. The patients had stomach band surgery, a procedure more common in Australia than in the United States, where gastric bypass surgery, or stomach stapling, predominates.

> Gastric bypass is even more effective against diabetes, achieving remission in a matter of days or a month, said Dr. David Cummings, who wrote an accompanying editorial in the journal but was not involved in the study. "We have traditionally considered diabetes to be a chronic, progressive disease," said Cummings of the University of Washington in Seattle. "But these operations really do represent a realistic hope for curing most patients."

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> Diabetes experts who read the study said surgery should be considered for some obese patients, but more research is needed to see how long results

last and which patients benefit most. Surgery risks should be weighed against diabetes drug side effects and the long-term risks of diabetes itself, they said. Experts generally agree that weight-loss surgery would never be appropriate for diabetics who are not obese, and current federal guidelines restrict the surgery to obese people. The diabetes benefits of weight-loss surgery were known, but the Australian study in the JAN Journal of the American Medical Association is the first of its kind to compare diabetes in patients randomly assigned to surgery or standard care. Scientists consider randomized studies to yield the highest-quality evidence. The study involved 55 patients, so experts will be looking for results of larger experiments under way. "Few studies really qualify as being a landmark study. This one is," said Dr. Philip Schauer, who was not involved in the Australian research but leads a Cleveland Clinic study that is recruiting 150 obese people with diabetes to compare two types of surgery and standard medical care. "This opens an entirely new way of thinking about diabetes."

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> Obesity is a major risk factor for diabetes, and researchers are furiously pursuing reasons for the link as rates for both climb. What's known is that excess fat can cause the body's normal response to insulin to go haywire. Researchers are investigating insulin-regulating hormones released by fat and the role of fatty acids in the blood. In the Australian study, all the patients were obese and had been diagnosed with type 2 diabetes during the past two years. Their average age was 47. Half the patients underwent a type of surgery called laparoscopic gastric banding, where an adjustable silicone cuff is installed around the upper stomach, limiting how much a person can eat. Both groups lost weight over two years; the surgery patients lost 46 pounds on average, while the standard-care patients lost an average of 3 pounds. Blood tests showed diabetes remission in 22 of the 29 surgery patients after two years. In the standard-care group, only four of the 26 patients achieved that goal. The patients who lost the most weight were the most likely to eliminate their diabetes.

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> The death rate for stomach band surgery, which can cost \$17,000 to \$20,000, is about 1 in 1,000. There were only minor complications in the study. Stomach stapling has a 2% death rate and costs \$20,000 to \$30,000. In the United States, surgeons perform more than 100,000 obesity surgeries each year. The American Diabetes Association is interested in the findings. The group revises its recommendations each fall, taking new research into account. Sixty million Americans are unaware they have diabetes or are at risk for developing type 2 diabetes. Your risk for type 2 diabetes increases as you get older, gain too much weight, or if you do not stay active. Diabetes is more common in African Americans, Latinos, Native Americans, Asian Americans and Pacific Islanders. Risk factors for type 2 diabetes include:

> - Having high blood pressure (at or above 130/80)

- > - Having a family history of diabetes.
- > - Having diabetes during pregnancy or having a baby weighing more than nine pounds at birth.

> [Source: Associated Press Carla K. Johnson article 23 Jan 08 ++]

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> VA ESTATE DEBT COLLECTION: A bill that would block the Department of Veterans Affairs from trying to collect money from the estates of service members who die in combat was introduced Tuesday by Sen. Kay Bailey Hutchison (R-TX). Her bill, S 2536, applies only to debts to the VA, and not to money owed to private-sector creditors or other federal agencies, such as the Internal Revenue Service. Hutchison is asking Senate leaders for quick passage of the bill, hoping to bypass the normal process in which new bills are sent to committee for consideration. She could get high-level support. VA Secretary Dr. James Peake is expected to write a letter to the Senate endorsing her call for expedited passage of the bill, according to Senate sources. VA officials said they supported the bill but did not confirm that Peake would write a letter. Waiving normal procedures would require the Senate Veterans' Affairs Committee, on which Hutchison serves, to allow the bill to proceed without its involvement. Sen. Daniel Akaka (D-HI) the veterans' affairs committee chairman, would have to approve the move. Akaka aides said the committee staff would study the measure first.

> Few people die owing VA money, but Hutchison aides found that VA has collected more than \$56,000 from the families of 22 deceased soldiers, mostly National Guard and reserve members called to active duty who received overpayments of GI Bill education benefits. Her bill would be retroactive to Sept. 11, 2001, allowing families or estates that paid a debt to VA to receive a refund of any payment made since that date. Hutchison spokesman Matt Mackowiak said few people may be affected, but Hutchison considers it improper for any family of a service member who dies in combat to be contacted with a demand for money. Current law requires contacting a family or estate if there is any outstanding debt to VA at the time of death. A family has 180 days to file a grievance, with the VA secretary permitted to waive the debts. Three of the 22 cases involved constituents of Hutchinson in Texas. One was an Army soldier killed by a sniper while on his third tour to Iraq whose family repaid the government for a \$389 overpayment of GI Bill benefits. The family of another Army soldier was billed for \$2,282 in outstanding loans after the sergeant, who was married with four children, was killed in an explosion on his second tour in Iraq. Another case involved a Marine Reservist killed by an explosion in Iraq who owed VA \$845. Hutchison aides said their review found similar cases in California, Colorado, Connecticut, Georgia, Kentucky, Illinois, Iowa, Michigan, Nebraska, New York, North Carolina, South Carolina, Washington and Wisconsin. [Source: NavyTimes Rick Maze article 23 Jan 08 ++]

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> SHINGLES UPDATE 05: Some people are still having problems understanding Tricare coverage for the shingles immunization. The problems are occurring primarily in the area of getting reimbursed for the expensive vaccine (Zostavax.). Basic rules published by Tricare for reimbursement eligibility are:

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> . Tricare cannot pay for any immunization received before it became a Tricare benefit on 19 OCT 07.

> . The beneficiary must be at least 60 years old for Tricare to cover the immunization.

> . The shot must be given in the provider's office.

> . The vaccine is not a Tricare Pharmacy Program benefit.

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> The beneficiary cannot buy the vaccine and be reimbursed by filing a pharmacy claim. The doctor should provide the shingles vaccine as he would any other. To be reimbursed by Tricare, he must include its price on the bill for the office visit. Tricare advises all beneficiaries who plan to get the shingles immunization to call their Tricare Service Center first so they can be fully informed. Some beneficiaries and doctors have complained that claims processor Wisconsin Physician Service was unable to tell them how much it would allow for the vaccine. Tricare indicated on 28 DEC that this problem had been resolved. Beneficiaries and providers can call WPS to confirm the amount allowable for the vaccine.

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> According to the Tricare the Red Book (a national pharmacy price guide), the average wholesale price for Zostavax is \$196. WPS will allow 95% of that amount, or \$186.20. You or the provider should file a claim for the shingles vaccination exactly as you would any other Tricare claim (or Medicare claim, for Tricare for Life beneficiaries). The provider should bill for an office visit, but he must include the price of the vaccine as an item on the bill. The vaccine will be reimbursed as a medical supply item on the provider's bill. It cannot be covered as a prescription drug through the Tricare Pharmacy Program. That's the standard operating procedure for vaccines. Providers should know all this. Most who balked did so because they were unable to figure out how much Tricare would allow for the cost of the vaccine. Now they can get that information, officially, by calling WPS. If the above rules are followed, Tricare claims for the shingles shot will be processed and paid in the usual way for beneficiaries who don't have Tricare for Life.

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> There is some not-so-good news for Tricare for Life members since federal law requires Medicare and Tricare to process their claims separately. When your original Medicare provider files a claim for the office visit, which includes the price for Zostavax, Medicare will pay its share for the visit only. Medicare will deny payment for the vaccine because, by federal law, it is not a covered service under Medicare. As

usual for TFL beneficiaries, Medicare will pay the provider its share for a covered office visit and automatically forward the claim to Tricare. As usual, Tricare Standard will pay the balance on the Medicare claim for the office visit. You should have no out-of-pocket expense for the visit but there's still the cost of the Zostavax. Because Medicare paid nothing for the vaccine, Tricare is your only insurance for that part of the claim. All Tricare claims processing rules will apply to that part of the claim. You would file a Tricare claim, which would be subject to a deductible and cost share for which you would have to pay out-of-pocket. Tricare will allow \$186.20 for the vaccine. Thus, after your \$150 deductible and 25% cost share, Tricare will pay the provider only \$27.15. So out-of-pocket costs for the shingles immunization for Tricare for Life members are likely to be \$159.05. Questions about any of this should be directed to your Tricare Service Center. (Note: If you are enrolled in a Medicare Advantage Plan or a Medicare Part D Pharmacy Plan, the aforementioned may apply differently or not at all to you. Call your plan's carrier for more details). [Source: NavyTimes James E. Hamby article 21 Jan 08 ++]

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> CYBERSPACE COMMAND: Keesler Air Force Base is one of 16 finalists to become the nation's headquarters in the fight against cyberterrorism. The first national command to fight in cyberspace, its location there would be a major coup for Biloxi and Mississippi - "as big as any Nissan plant, Toyota plant, or large casino project", said Ret. Air Force Lt. Gen. Clark Griffith. He presented the proposal to the Biloxi City Council on 22 JAN and said the Cyberspace Command Headquarters would bring up to 10,000 jobs to the city. That includes several generals, about 500 high-salary, high-ranking Air Force personnel and thousands of civilian employees. The average command comprises about 12,000 people, Griffith said, and contractors, industry and possibly a Mississippi State University engineering-technology center would follow the Cyberspace Command to the Coast. Every 18 seconds the nation's computers, cell phones, radios and other electronics are being hacked. And increasingly, the attacks are coming from China and Islamic extremists, said Griffith. These cyberterrorists have forced shutdowns of computers at the CIA, FBI and other top federal agencies and they have stolen classified information. The command would protect military cyberspace and homeland security. The field of candidates narrowed from 56 to 16 and Griffith considers Keesler among the top five contenders.

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> Biloxi's chief competition is Langley Air Force Base in Virginia; Offutt in Nebraska; Colorado Springs, Col.; and Barksdale in Shreveport, La. All the others except the Shreveport base already have major commands. "Keesler is already the electronics-training headquarters for the Air Force and the home to the second-largest medical facility in the Air Force," said Mayor A.J. Holloway, who is working with Griffith to bring the command to Biloxi. If Biloxi is chosen as the site of the Cyberspace Command, "this

will solidify Keesler plus Keesler Medical Center as a major base forever because the Air Force has never closed a major command headquarters.", he said. A meeting should take place at the Pentagon or Sen. Thad Cochran's office in Washington on 13 or 14 FEB. The decision on where to locate the Cyberspace Command is expected by early March; by fall, work should begin to establish the headquarters. Wherever the new Cyberspace Headquarters is located, Keesler will get a piece of the pie. Air Force personnel who staff the center will be trained at Keesler. [Source: SunHerald Mary Perez article 23 Jan 08 ++]

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> MEDICARE NEWS:

> 1. Emergency Room Waiting Times: The average wait time for heart attack patients at American emergency rooms rose 150%, from 8 to 20 minutes, between 1997 and 2004, according to a recent study published in Health Affairs. Researchers attributed the increase to an overall rise in emergency room visits, emergency room closures and barriers to routine or outpatient care.

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> 2. Complaints: New York state residents with Medicare filed only 343 complaints with the state's Medicare Quality Improvement Organization between 2005 and 2007, a statewide response rate of .01% for the state's three million people with Medicare, according to a 18 DEC report by IPRO, which contracts with the Centers for Medicare & Medicaid Services (CMS) to resolve quality-of-care complaints. While the .01% complaint rate is the second highest in the nation, the response rate is viewed as inadequate by state officials. By comparison, the New York State Department of Health had received 4,856 general complaints about hospitals and 21,481 about nursing homes during the same period. The IPRO complaint process differs from that of the Department of Health. Although people with Medicare can use either organization to report substandard care, complaints to IPRO must be submitted in writing and do not result in financial penalties. Instead, if IPRO determines a provider or institution provided a substandard quality of care, it will develop and monitor a quality improvement plan.

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> 3. Health Insurance Impact on Deaths: Recent studies by a government advisory group underestimated the number of Americans who die because they lack health insurance, according to a recent report by the Urban Institute. According to their recently released study, Uninsured and Dying Because of It, estimates by the Institute of Medicine that 18,000 Americans died in 2001 due to a lack of health care coverage may be off by as much as 20%. The Urban Institute instead estimates that 21,000 people died in 2001 because they lacked health insurance, amounting to one death every 24 minutes. Between 2000 and 2006, the Urban Institute believes that 165,000 people died because they were uninsured. Researchers at both the Institute of Medicine and the Urban Institute say Americans face an average 25% increase in the

likelihood of death when uninsured. Uninsured Americans are at greater risk of death because they do not receive diagnoses, chronic disease checkups or essential medications as quickly or as often as those with coverage, according to the Urban Institute. With life-threatening diagnoses like cancer, stroke or hypertension, the lack of frequent or timely treatment can lead to premature death. The Institute came up with higher mortality rates because it estimated that older Americans without insurance face higher mortality rates than their younger counterparts.

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> 4. Physician Access: New research suggests the percentage of doctors accepting new Medicare patients has remained stable since 2004. Researchers for Congress' Medicare Payment Advisory Commission recently presented data showing that 80% of office-based doctors surveyed accepted new Medicare patients in 2006. Data for 2006 also shows that 93% of doctors who depend on Medicare for 10% or more of their revenue accepted new Medicare patients, a figure that has remained unchanged since 2004. Patient surveys yielded similar findings. A survey of 2,036 people with Medicare and 2,025 commercially insured Americans between 50 and 64 found that people with Medicare often have an easier time finding providers for specialty care. Eighty-five percent of respondents with Medicare reported no trouble locating a specialist in 2007, compared to 79% of privately insured Americans. Data on the search for a primary care provider was less encouraging, but has remained relatively constant since 2005. Seventy percent of Medicare patients surveyed had no problem finding a new primary care physician, a drop from 75% in 2005. In contrast, 82% of privately insured patients had no problem finding a new primary care physician, an increase of 7% since 2005. In addition to locating providers, survey data shows stable rates in accessing and receiving care. Three-fourths of respondents with Medicare who have a primary or routine care provider had never experienced care delays. In contrast, only 67 percent of privately insured Americans gave a similar response.

> [Source: Medicare Watch [www.medicarerights.org](http://www.medicarerights.org) 22 Jan 08 ++]

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> ARIZONA TAXES: Arizonans interested in providing financial help to military families now can reap a state tax break in the process. Starting JAN 08, donations made to a new fund that assists the families of Arizonans injured or killed in the line of duty can qualify for a state tax credit worth up to \$200 for singles and \$400 for married couples filing joint income-tax returns. Credits are dollar-for-dollar reductions in a person's tax bill and thus are more valuable than deductions, which reduce taxable income. The new state tax break, which is applicable for the 2008 through 2012 tax years, is designed to encourage donations to the Military Family Relief Fund. Gov. Janet Napolitano signed the legislation in December. The fund has started to receive donations and will begin to provide assistance

in coming months. The fund will help meet costs incurred by relatives in the event of the death or injury of a member of the armed forces. Arizonans who give more than the \$200/\$400 credit limits can receive federal and state deductions for excess amounts, as would normally apply on itemized charity donations. However, taxpayers won't have to itemize to receive the credit on their state tax forms. As it stands now, credits for the program will be capped at \$1 million, raising the possibility that the tax break might not last the full five years if a lot of people take advantage of it. The Arizona Department of Revenue doesn't yet have forms for the new credit and won't have them until it prepares 2008 tax-filing documents later this year, said Dan Zemke, an agency spokesman. The credits won't be refundable, he added, meaning they can be used only to whittle down a person's tax liability to the state. Robert Hockensmith, a Phoenix certified public accountant, certified financial planner and colonel in the Arizona National Guard, called the credit an "amazing" benefit that complements other efforts by the state to ease the tax burden on military families. Specifically, he referred to a new Arizona policy under which the state no longer taxes military pay received by Arizonans, including members of the National Guard and reservists. That began in 2007 and builds on a tax-free military-pay rule that has applied for active-duty personnel since 2006. [Source: The Arizona Republic Russ Wilues article 20 Jan 08 ++]

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> VET CEMETERY VIRGINIA: A University of Virginia study says a new veterans cemetery in Nelson County may be needed to serve the tens of thousands of veterans living in the area. The study, commissioned by the state Department of Veterans Services, said the cemetery would serve the area including Lynchburg, Buena Vista, Lexington, Waynesboro and Charlottesville. "The most important finding is the location and need of another cemetery," said Terance Rephann, an economist with University of Virginia's Weldon Cooper Center for Public Service, who conducted the study. The study also found that veterans cemeteries should have a 50-mile service-area boundary to properly serve the veteran population, though the current service area is 75 miles. "Veterans have a strong preference for the burial site to be close to their family," Rephann said. The Nelson cemetery would be mandatory if the state adopts a 50-mile service area as the study recommends, especially if the veterans cemetery in Culpeper Virginia closes as expected in about 15 years. There are three national cemeteries in Arlington County, Quantico and Culpeper County, and two state veterans' cemeteries in Amelia County and Suffolk. An additional state veteran's cemetery will be built in Dublin in Pulaski County within a few years. The study also found that many veterans are not aware of their cemetery veteran benefits and recommended that the department improve its outreach. [Source: AP article 19 Jan 08 ++]

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> TAX AUDITS: The Internal Revenue Service is increasing its audit presence. A new Act has been passed that penalizes preparers who take unacceptable positions on tax returns. IRS is turning its attention to auditing Form 2555 - Foreign Earned Income Exclusion - and Form 1116 - Foreign Tax Credit. And the national debt, funded by income taxes, has exceeded \$9 trillion. So with the taxman increasing his presence in the lives of American taxpayers, both at home and abroad, tax compliance this year will have to be more carefully orchestrated to avoid problems with the IRS. Approximately 6.6 million Americans live outside the United States excluding military. Beginning in 2008, the Internal Revenue Service in its Form 1040 National Research Program will increase audits of American expatriate tax returns claiming the Foreign Earned Income Exclusion and the Foreign Tax Credit. The Service will also be improving its use of Forms 1042-S information documents as well as information provided by US treaty partners via the Exchange of Information provisions. Audits will be conducted for the purpose of assessing penalties for understated tax liabilities, particularly where the Foreign Tax Credit applies when the taxpayer's tax rate is below 30%. [Source: Tax Barron Report Jan 08 ++]

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> TAX FILING OBLIGATIONS OVERSEAS: Residents of foreign countries generally have to report and pay taxes on their world-wide income to the tax authority of the country wherein they reside. But US citizens or deemed US residents are also obliged to report world-wide income to the Internal Revenue Service (IRS). And without due diligence in how to go about reporting that income, they could in certain circumstances end up paying taxes stateside in spite of double taxation treaties. Understanding whether there is a filing requirement is therefore essential - since anyone receiving earnings below a threshold is not obliged to file. This threshold is merely the combination of two categories: exemption(s) and standard deduction (or itemized deductions). Anyone receiving income below the following combined category amounts need not file:

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> - Single: \$8,750 / Over 65 \$10,050

> - Head of Household: 11,250 / Over 65 12,550

> - Qualifying widow(er): 14,100 / Over 65 15,150

> - Married filing jointly: 17,500 / 1 spouse over 65 18,550 / both spouses over 65 19,600

> - Married filing separately: 3,400

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> So any taxpayer whose earnings exceed an applicable threshold amount must file a tax return. Foreign earned income (wages, salaries, self-employment) must also be included in the calculation of total income even if excluded by the foreign earned income exclusion (FEIE). To reduce the chances of double taxation, IRS allows that FEIE be applied against foreign earnings; \$87,500 in 2007. Foreign earnings above this \$87,500 excludable amount are taxable

stateside, but the US tax may be offset by a foreign tax credit (FTC) applied against taxes paid to the foreign country of residence. In fact, the FTC is available on any income taxes paid abroad. A problem is that the FTC does not always fully offset US taxes.

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> Certain penalties apply for failing to comply with US tax laws. IRS assesses penalties at 5% a month against any unpaid taxes up to 25%. In cases where fraud is deemed to have been committed - for instance, in failing to report foreign earned income - IRS can assess 75% while denying the taxpayer the foreign earned income exclusion. It may also seek criminal penalties for not reporting foreign earnings, in which case the taxpayer could face jail time. Americans are also obliged to file information returns on investments in foreign corporations, foreign partnerships and foreign accounts, or risk very severe penalties. The due date for filing tax and certain information returns is 16 JUN 08 (15 OCT by filing Form 4868). However any taxes due for 2007 must be paid by 15 APR along with first quarter 2008 estimated taxes. Any US citizen or deemed resident living abroad who has not filed a tax return for some years should promptly do so as an offensive position is always better than a defensive one. IRS is actively increasing its powers of audit in order to catch non-compliers. Generally the revenue service will only require the last three years tax returns be filed. [Source: Tax Barron Report [www.taxbarron.com](http://www.taxbarron.com) <<http://www.taxbarron.com>> Jan 08 ++]

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> TAX CHANGES 2007: The following changes are applicable to your 2007 Federal tax:

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> . Standard Deduction: MFJ \$10,700

> . Head of Household: \$7,850 / Single \$5,350 / MFS \$5,350. The additional deduction for the aged is \$1,050 if married or \$1,300 if Single or Head of Household.

> . Tax Rates Single: \$0 - \$7,825, 10%; \$7,826 - \$31,850, 15%; \$31,851 - \$77,100, 25%; \$77,101 - \$160,850, 28%; \$160,851 - \$349,700, 33%; \$349,700, 35%.

> . Tax Rates MFJ: \$0 - \$15,650, 10%; \$15,651 - \$63,700, 15%; \$63,701 - \$128,500, 25%; \$128,501 - \$195,850, 28%; \$195,851 - \$349,700, 33%; \$349,700, 35%.

> . Tax Rates MFS: \$0 - \$7,825, 10%; \$7,826 - \$31,850, 15%; \$31,851 - \$64,250, 25%; \$64,251 - \$97,925, 28%; \$97,926 - \$174,850, 33%; \$174,850, 35%.

> . HH: \$0 - \$11,200, 10%; \$11,201 - \$42,650, 15%; \$42,651 - \$110,100, 25%; \$110,101 - \$178,350, 28%; \$178,351 - \$349,700, 33%; \$349,700, 35%.

> . The Capital Gains Tax Rates are 5% for taxpayers in the 10% and 15% tax brackets and 15% if they are in the upper 25% - 35% brackets.

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> On 17 DEC 07 Representative Gregory Meeks introduced the Working American Competitiveness Act. The proposed legislation stipulates: At the election of a qualified individual, there shall be excluded from the gross income of such individual, and exempt from taxation under this subtitle, for any taxable year, the foreign earned income of such individual. The bill has been referred to the House Ways and Means Committee. If this legislation passes both houses of Congress, the foreign earned income exclusion will be unlimited. [Source: Tax Barron Report Jan 08 ++]

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> FLUORIDATION: California's largest water agency, the Metropolitan Water District (MWD) of Southern California, has completed its efforts to fluoridate the water that reaches some 18 million residents in Southern California. The MWD serves 26 cities and water systems in Los Angeles, Orange, Riverside, San Diego, and Ventura counties. The California Dental Association Foundation subsidized the effort with \$5.5 million to design and construct fluoridation facilities at MWD's five treatment facilities. Since 1995, California state law has required fluoridation of any public water supply with at least 10,000 customers, provided funding is available. Los Angeles and Santa Monica proceeded without outside funding. Long Beach, Beverly Hills, Fountain Valley, Huntington Beach had fluoridated water prior to passage of the law. The U.S. Centers for Disease Control and Prevention (CDC) estimates that approximately 67% of Americans who receive water from a public water supply now drink water with optimal fluoride levels for preventing decay. [Source: Consumer Health Digest 15 Jan 08 ++]

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> VETERAN EMPLOYMENT UPDATE 02: This New Year brings new job opportunities for transitioning servicemembers and veterans interested in careers in health care, technology and consulting. The Bureau of Labor Statistics (BLS) predicts that these industries will have the largest employment, salary and wage growth into 2016. If clicking on the below items does not open a website for further details refer to [http://www.military.com/NL\\_MR/1,14852,5391,00.html](http://www.military.com/NL_MR/1,14852,5391,00.html). Here are the top jobs for 2008:

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- > 1) Network systems and data communications analyst
- > 2) Personal and home care aides
- > 3) Home health aides
- > 4) Computer software engineers, applications
- > 5) Veterinary technologists and technicians
- > 6) Personal financial advisors
- > 7) Medical assistants

- > 8) Veterinarians
- > 9) Substance abuse and behavioral disorder counselors
- > 10) Financial analysts
- > 11) Social and human service assistants
- > 12) Gaming surveillance officers and gaming investigators
- > 13) Physical therapist assistants
- > 14) Forensic science technicians
- > 15) Dental hygienists
- > 16) Mental health counselors
- > 17) Mental health and substance abuse social workers
- > 18) Dental assistants
- > 19) Computer systems analysts
- > 20) Database administrators
- > 21) Computer software engineers, systems software
- > 22) Gaming and Sports book writers and runners
- > 23)- Environmental science and protection technicians, including health
- > 24) Physical therapists
- > 25) Physician assistants
- > [Source: Military.com article 14 Jan 08 ++

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> VA BURIAL PROGRAM SURVEY: The VA is conducting a program evaluation of

the Burial Benefits program. VA will use information gathered from the evaluation to ascertain how well it has reached its goals and the impact of its burial program on the lives of veterans and their families. This information will enable VA to evaluate current and potential burial benefits, consider new policies and set priorities for the future. As part of the evaluation, a national survey on burial preferences will be conducted with veterans. Focus groups with veteran next of kin and funeral directors will also be conducted. Data collection from the survey and focus groups will take place from 3 JAN thru 28 FEB 08. Approximately 38,000 veterans and 1,000 next of kin and funeral directors have already been randomly selected from VA administrative databases to participate in the evaluation. A notification letter was mailed to these participants on 3 JAN, informing them of their selection to participate in either the survey or a focus group. Sites selected for focus groups include Springfield VA; Tampa FL; Minneapolis MN; Denver CO; and Los Angeles CA. Participation of veterans, veteran next of kin, and funeral directors in this evaluation is voluntary. Respondents will be assured that their answers will be kept confidential under the Privacy Act, will be used for research purposes only, and will be reported at the group-level only. If you have questions about the survey or focus groups, call an ICF International Caliber representative at 1(888) 556-6355 09-1700 EST. [Source: NAUS Weekly update 18 Jan 08 ++]

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> GI BILL UPDATE 17: At a hearing before the House Veterans Affairs Economic Opportunity Subcommittee on 17 JAN the MOAA and others presented

their recommendations for upgrading the Montgomery GI Bill (MGIB). Vic Snyder (D-AR), a member of the Subcommittee and former Chairman of the Armed

Services Military Personnel Subcommittee, was thanked by the Military Officers Association of America (MOAA) representative COL Bob Norton, USA (Ret) for his pivotal role in winning a 10-year post-service readjustment benefit for reservists who earn MGIB benefits for service on active duty.

That change will take effect when the FY2008 National Defense Authorization Act is signed into law. MOAA endorsed the seven legislative proposals under consideration at the hearing, especially bills such as H.R. 2702 that would raise MGIB reimbursement rates. The bill also would allow 15 years (vice 10) of post-service use eligibility and extend eligibility to all entering recruits, without the current \$1,200 fee. MOAA believes strongly that

> . GI Bill benefits should be raised to cover the average cost of a four-year public college or university. They now cover about 75% of that amount.

> . Reservists should be entitled to full active-duty MGIB benefits if they complete a cumulative 36 months on active duty. At present, that only earns them 80% of the full benefit.

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> Rep. John Hall (D-NY), whose district includes West Point, asked about educational incentives to retain military academy graduates. Norton noted that the Army already has lost more than half of the West Point class of 2002 and has growing shortages of mid-grade officers. He urged making service academy graduates and ROTC scholarship recipients (who are excluded on the rationale that the military funded their undergraduate degrees) eligible for the MGIB if they agree to extend their initial service commitment. [Source: MOAA Leg Up 18 Jan 08 ++]

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> VA BUDGET 2008 UPDATE 12: In a White House conference call on 17 JAN the

President announced he had approved the \$3.7 billion in emergency supplemental appropriations passed by Congress in the waning days of 2007. VA needs the additional \$3.7 billion in emergency funding to help reduce the unacceptable claims backlog and hire PTSD counselors and claims adjudicators to work with returning OEF/OIF veterans. Under the strange rules of appropriations, Congress authorized the extra money, over and above the President's budget request. But because it exceeded the budget authority, Congress designated it as "emergency" supplemental spending. Under the budget rules, the President has the discretion to decide whether or not to spend that extra money. In this particular case, the extra \$3.7 billion to meet VA health care and other needs would only be available if the President

sent a special budget notice to Congress by 18 JAN. [Source: MOAA Leg Up 18 Jan 08 ++]

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> WEP/GPO: On 16 JAN the House Ways and Means Subcommittee on Social Security conducted a hearing on the impact of the Government Pension Offset (GPO) and the Windfall Elimination Provision (WEP), taking testimony from Social Security and Congressional Research Service officials as well as a diverse group of advocates for state government employees and teachers. Social Security covers approximately 96% of U.S. workers. But 25% of public sector employees (federal, state, and municipal) have unique retirement systems that aren't covered by Social Security. Federal civilian employees who were hired before 1984 also fall under an independent retirement system. In all, about 6.5 million federal, state and local workers aren't covered by Social Security. If people in this category also held at least one job during their working lives that was covered by Social Security, they find in retirement that they suffer a statutory penalty called the Windfall Elimination Provision (WEP). This entails a complicated formula that reduces their Social Security benefit by up to \$340 per month.

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> They may also suffer a penalty if they themselves held Social Security-exempt jobs that provide an independent retirement annuity, but are married to someone who spent a working career under Social Security. If the Social Security-covered spouse dies and the remaining spouse draws a Social Security benefit as a survivor, the spouse runs into a separate penalty called the Government Pension Offset (GPO).

> The GPO reduces the survivor's Social Security benefit by an amount equal to two-thirds of the survivor's federal civilian/state/teacher's retirement pension. According to the National Active and Retired Federal Employees Association (NARFE), the GPO affects 400,000 people, and causes the vast majority to lose their entire Social Security benefit. When WEP and GPO offsets were enacted decades ago, their intent was to mitigate the progressive nature of Social Security benefits, which were seen as providing disproportional rewards for people who spent a relatively small part of their careers paying into Social Security.

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> MOAA and NARFE believe the WEP and GPO impose disproportional penalties, and actively discourage public service just when there's a crying need for more teachers and experienced personnel in state and municipal governments. Also that GPO and WEP significantly undermine important programs like Troops to Teachers. But changing the law will be a major challenge, to say the least. Repeal would cost \$80 billion over ten years, and more modest reforms would still carry daunting price tags for Congress at a time when long-term financing of Social Security is already a major national issue. Those who believe that something needs to be done to ease the current inequity can support this effort by asking your legislators to

cosponsor H.R.82 and S.206. An easy way to accomplish this is to enter your ZIP code in the indicated box at

<http://capwiz.com/moaa/issues/bills/?bill=9286191>> for H.R.82 &

<http://capwiz.com/moaa/issues/bills/?bill=9287906>> for S.206 to send them a MOAA-suggested message. [Source: MOAA Leg Up 18 Jan 08 ++]

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> VA PERFORMANCE UPDATE 01: Few federal programs have seen the kind of

turnaround experienced by the Veterans Affairs Department's health care system in the late 1990s. Formerly a poster child for substandard medical care and incompetent management, VA's health care system now is considered by many to be the best in the country. Its ratings for quality of care and customer satisfaction have risen even as the patient load has increased. Major media outlets have credited the agency's use of electronic medical records, unprecedented even in the private sector, with improving medical care, and Democratic presidential contenders Hillary Clinton and Barack Obama have held up VA's system as a model for nationwide health care reform. But the department's success is in jeopardy, according to Dr. Kenneth Kizer, undersecretary for health at Veterans Affairs from 1994 to 1999 and the man many credit with leading the management reforms that ultimately fixed the broken health care system. Kizer now serves on the independent Commission on the Future of America's Veterans, which is examining demographic and budgetary trends, as well as changes in both warfare and health care, with an eye to providing the most effective programs and services to veterans. "We see a future that is not particularly bright for the VA," said Kizer, speaking at a forum in Washington sponsored by the New America Foundation, a nonprofit public policy institute. Rising medical costs, aging infrastructure and an increase in patients with serious, and expensive, medical needs all are contributing to growing concern that medical care for veterans will deteriorate under the current system. "Economics are going to be driving some very difficult decision-making down the road," Kizer said. For that reason, the commission is planning to recommend later this year that Congress create a government-chartered entity, structured somewhat like the U.S. Postal Service, to manage health care for veterans, he said. The entity's charter would detail its mission, funding, governance and assets, as well as requirements that senior managers hold specific skill sets and areas of expertise.

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> As a federal agency dependent on congressional appropriations, Veterans Affairs is increasingly ill-suited to manage health care for veterans, Kizer said. The annual appropriations process creates program instability and prevents strategic planning. In addition, the agency cannot exercise the kind of management judgment that corporations routinely exercise. For example, VA has found it extraordinarily difficult to close underused or outdated hospitals since no member of Congress wants to lose a

medical facility in his or her district. As a result, the agency can't close hospitals in areas where they're not needed or build new ones in areas where they are needed. "The average age of VA hospitals is 50 years old," said William Diefenderfer, former deputy director of the Office of Management and Budget and now a commissioner. We haven't built a new hospital in 20 years. A government-chartered entity "would have the authority to buy and sell assets and borrow money against them," Diefenderfer said. It also would be able to create new sources of revenue. For example, it could provide health care to all veterans and their families who have the ability to pay - something the VA cannot do currently. Arthur Hamerschlag, former chief of staff at the Veterans Health Administration, the health care arm of Veterans Affairs, said he was not necessarily opposed to the creation of a government-chartered health system for veterans, but that a number of issues would first need to be resolved, including how the new entity would negotiate drug prices and whether or not it would accept Medicare - something VHA does not do now. Veterans Affairs has been able to hold down drug costs because federal law allows the agency to negotiate below-market prices from pharmaceutical companies, something private health care systems would likely protest if a new quasi-private entity were created that could compete for patients, as the commission envisions. "I think VA will find itself in the medical marketplace in a way it does not now," said Hamerschlag. "That's not necessarily a bad thing, but it will require a different skill set." [Source: GOVExec.com Katherine McIntire Peters 16 Jan 08 ++

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> TRICARE LAP-BAND SURGERY: Tricare beneficiaries whose weight poses a serious health risk now have available a new surgical alternative. For those who medically qualify, Tricare now covers laparoscopic adjustable gastric banding, also commonly called Lap-Band surgery. Although the TRICARE policy change has only recently been made, coverage is retroactive to 1 FEB 07. Maj. Gen. Elder Granger, deputy director of the Tricare Management Activity said, "We at Tricare are careful to only cover procedures that have been proven safe and effective, and are accepted by the medical community. We've added this procedure because, for some beneficiaries, it may be the right course of action to preserve their health." Granger added that, like gastric bypass, gastric stapling or gastroplasty, Lap-Band surgery is only for those suffering morbid obesity. In medical terms, that means their body weight is 100 pounds over ideal weight for their height and bone structure, and their weight is associated with severe medical conditions known to have higher mortality rates. Body weight that is more than twice the ideal weight for the person's height and bone structure may also indicate morbid obesity. In addition, Tricare will cover the surgery if a patient has had an intestinal bypass or other surgery for obesity and, because of complications, requires a second surgery. Details of the coverage are available in the Tricare Policy Manual, which

beneficiaries can view online at  
<http://manuals.tricare.osd.mil/index.cfm?fuseaction=TMAManuals.DisplayManualSeriesInfo&ManualSeries=POLICY&TP02=67#TP02>  
<<http://manuals.tricare.osd.mil/index.cfm?fuseaction=TMAManuals.DisplayManualSeriesInfo&ManualSeries=POLICY&TP02=67>>.

A search for "morbid obesity" goes directly to the correct section.

[Source: TMA News Release 16 Jan 08 ++]

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> VETERAN CHARITIES UPDATE 06: With scores of U.S. soldiers returning home

from Vietnam, California businessman and Army veteran Roger Chapin founded a

charity in 1971 dedicated to those troops recuperating in hospitals. Over the next three decades, Help Hospitalized Veterans would distribute millions of therapeutic craft kits to make moccasins, wooden wind chimes and other trinkets and would win accolades from presidents and Hollywood celebrities alike. Yet, as the nonprofit enterprise has ballooned into one of the country's largest veterans charities, reporting \$71.3 million in donations during the past fiscal year, its spending practices have drawn sharp criticism from charity watchdogs. Between 1997 and 2005, the charity paid \$3.8 million in salary and benefits to Chapin and his wife and spent more than \$200 million on fundraising and public education campaigns, according to a Washington Post analysis of federal tax filings. The public records also show that the charity awarded at least \$19 million in contracts during that period to companies owned by Richard A. Viguerie, a prominent conservative political commentator and advertising consultant based in Virginia.

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> Help Hospitalized Veterans is one of several military-oriented charities whose spending practices are the subject of a congressional investigation. Chapin evaded U.S. marshals trying to serve him with a subpoena last month, said Rep. Henry A. Waxman (D-CA.), chairman of the House Committee on Oversight and Government Reform. Chapin, who has since been served, is expected to testify today before the committee.

> Chapin, who has founded more than 20 nonprofit organizations over three decades, also is president and founder of the Coalition to Salute America's Heroes, a smaller charity that provides emergency financial assistance to veterans and their families. That group is also under investigation by Congress, according to committee staff members, and is expected to be a subject of the hearing. Rep. Chris Van Hollen (D-MD), a committee member, said in an interview the committee wants to find a way to distinguish between charities that truly serve veterans and those "committing fraud against the public."

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> Chapin, reached at his San Diego home last month, said watchdogs and

members of Congress are misrepresenting his charities. No laws at the federal or state level regulate the amount of money charities spend on overhead, fundraising or charitable causes. The American Institute of Philanthropy, a leading charity watchdog, issued a report last month suggesting that Help Hospitalized Veterans and 19 other veterans' charities manage their resources poorly, paying high overhead costs and direct-mail fundraising fees. Help Hospitalized Veterans spends 31% of its funds on charitable causes according to Daniel Borochoff, president of the American Institute of Philanthropy. The institute recommends that charities spend at least 60% of their funds on charitable programs. Critics have not contended that all veterans' charities manage their funds poorly. Some charities, including the Fisher House Foundation and the Disabled American Veterans Charitable Service Trust, consistently have received high marks from watchdogs.

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> High overhead costs can be expected for start-up charities, Rep. Thomas M. Davis III (R-VA) said in an interview. But he said it is important to determine whether some veteran's charities have been "a serial swindler in terms of taking people's money and not spending it." Help Hospitalized Veterans paid Chapin \$426,434 in salary and benefits in the past fiscal year, The Post's review of a tax filing showed. His wife, Elizabeth, received \$113,623 in salary and benefits as "newsletter editor," the filing shows. In the filing, the charity reports that the Chapins each worked 40 hours per week. In a separate tax filing, the Coalition to Salute America's Heroes reported that Roger Chapin worked another 40 hours per week for his job there but did not collect pay. Mike Lynch, executive director of Help Hospitalized Veterans, said the charity's board considers Chapin's wages "proper compensation." Help Hospitalized Veterans has spent some of its donations in the real estate market. The charity purchased a condominium unit in Fairfax County in May 2006 for \$444,600, according to property records reviewed by The Post. Chapin said the charity purchased the Falls Church apartment because of his frequent travel to Washington. The charity also purchased at least nine properties in the past decade in California, where the group has its headquarters, records reviewed by The Post show. The charity has long had ties to Viguerie. Richard Viguerie has been dubbed the "funding father" of modern conservative strategy, having pioneered important tactics in computerized direct mail strategy in the 1970s and 1980s. He is considered the direct mail titan of the right. In the past fiscal year, Viguerie's companies received \$3.9 million from the charity, according to its filings with the Internal Revenue Service. Viguerie has been asked to testify at the hearing. Reached at his office in Manassas this week, an assistant said Viguerie would not answer questions from a Post reporter, citing a policy against commenting on clients. [Source: Washington Post Philip Rucker article 17 Jan 08 ++]

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> VETERAN CHARITIES UPDATE 07: A congressional investigation 16 JAN uncovered new allegations of questionable spending practices at two veterans charities, including one that paid retired Army Gen. Tommy Franks \$100,000 to appear in its solicitation letters using money the nonprofit raised to help soldiers returning from Iraq and Afghanistan. At a raucous three-hour hearing House members questioned California entrepreneur Roger Chapin about his management of two charities. One charity, Help Hospitalized Veterans, spent hundreds of thousands of dollars in donations that were to help wounded soldiers on personal expenses for Chapin, executive director Mike Lynch and Richard A. Viguerie, to whom the charity has awarded millions of dollars in fundraising-consulting contracts, the hearing found. The expenses included at least \$340,000 in meals, hotels and entertainment; a \$135,000 loan to Lynch for a divorce settlement with his former wife; a \$17,000 country club membership; three airplane tickets to Hawaii; and a \$1 million loan to Viguerie for a start-up initiative at his firm, several members of the committee said. Chapin said he later repaid the charity for the flights and said the golf club membership was a "perk" for board members. The second charity, the Coalition to Support America's Heroes, used Franks in its solicitation letters, the House Committee on Government Oversight and Reform found.

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> Rep. Henry A. Waxman (D-CA) chairman of the committee said Help Hospitalized Veterans raised more than \$168 million from 2004 to 2006. The charity spent a quarter of those donations on the veterans, with the rest going to direct-mail fundraising, salaries and other expenses. Republicans and Democrats voiced outrage over what Waxman called an intolerable fraud. "Most of the millions they receive never reach veterans or their families," Waxman said. "Instead, the groups waste those contributions on bloated overhead costs and self-enrichment." There are no laws that regulate how much charities spend on fundraising and overhead costs. There also are no requirements that nonprofit groups disclose such breakdowns in their solicitations. Several lawmakers signaled yesterday that they may introduce legislation aimed at helping donors better understand the finances of nonprofit groups. Rep. Christopher Shays (R-CT.) asked Chapin what would happen if his charities told donors how their donations were spent.

> "If we disclose, which I'm more than happy to do, we'd all be out of business," Chapin said. "Nobody would donate. It would dry up."

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> A spokesman for Franks said the retired general made several speeches for the charity in 2004 and 2005, as well as allowing his name to appear on direct mailings for about a year. He ended his support "when he learned that the percentage of money raised that was going to the troops was less than 85%, a figure which was then and remains today, his criteria for supporting charitable organizations," said retired Col. Michael Hayes, Franks's chief of staff. Lynch told The Post this week that Help Hospitalized Veterans meets the Better Business Bureau's standards, but bureau President H. Art

Taylor said yesterday that both Chapin charities do not. A committee member, Rep. Chris Cannon (R-UT), expressed anger over his colleagues' harsh scrutiny of Chapin's charities. "I am deeply concerned that we're whacking on groups that are supporting the military," Cannon said. Chapin's nonprofit groups are two of several veterans' charities under scrutiny for their spending practices. The American Institute of Philanthropy, a leading watchdog group, has suggested that Chapin's groups are among 19 military-oriented charities that manage their resources poorly. Some other veteran's charities consistently received high marks from the institute and other watchdog groups... [Source: Washington Post Philip Rucker article 18 Jan 08 ++]

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> OKLAHOMA VET INSURANCE PLAN: Saying one out of eight veterans is uninsured, Sen. Andrew Rice (D-Oklahoma city) proposed 15 JAN creating an Oklahoma Veterans Health Insurance program. He said many people think all veterans qualify for free health care through the U.S. Veterans affairs Department. "Sadly, that's not true, and when the Legislature sets our priorities at the beginning of this session, Oklahoma's military veterans deserve to be at or near the top," said Rice. The proposed insurance program would not be free. Veterans would be required to pay premiums and co-payments based on their household income. According to the latest census information, Oklahoma has 340,000 veterans. Under his proposal, the veterans' health insurance program would be administered by the Oklahoma Veterans Affairs Department. [Source: NewsOK.com 16 Jan 08 ++]

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> GULF WAR VETERAN ADVISORY COMMITTEE: A U.S. congressman is asking the U.S. Department of Veterans Affairs to establish a committee that would give Persian Gulf War veterans a better and simpler way to access VA resources. In a 3 JAN letter to VA Secretary James Peake, U.S. Rep. Chet Edwards (D-TX) requested the formation of a Gulf War Veteran Advisory Committee, writing that the current setup does not adequately address the range of issues facing those who fought in that 1991 war. Edwards also chairs the U.S. House Military Appropriations Subcommittee. Currently, the VA's Research Advisory Committee (RAC) is the only "Gulf War-focused entity" within the department, Edwards writes, and that committee's charter is focused on medical research recommendations. Kirt Love, a Gulf War veteran who served with the 1st Armored Division, asked for Edwards' help in an effort to better communicate the needs of veterans from his war, which he feels are neglected. Love said in an e-mail that he became "deathly ill" after the war and has struggled for answers. "Currently VA pretends that Gulf War veterans do not exist and is non-responsive to any request made of them," Love wrote in an e-mail. "Things are worse than ever before and VA doesn't seem to care about that fact. So veterans like myself struggle with inferior care and minimal

benefits, forgotten by the country we served faithfully in 1991." VA representatives have not yet responded to requests for comment. But Josh Taylor, an Edwards spokesman, wrote in an e-mail that "In general, Chairman Edwards felt this was an important issue to bring to the attention of the Secretary." And as the legislative session gets under way, there will be opportunities to discuss the committee further, Taylor said.

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> Excerpts from the letter include, "As you know, many of these veterans have felt neglected by the government - both the VA and the Defense Department - and while there are a wide range of issues they would like to raise, there is no common venue within the VA for them to raise their concerns. While these issues are brought to the RAC, simply because its charter deals with Gulf War Illness, the RAC is not equipped or authorized to address them. A committee focusing on Gulf War veterans would help identify and prioritize unmet needs while consolidating improvements to care and services for those veterans. In May the VA established the Advisory Committee on OIF/OEF Veterans and Families, which provides support for veterans of those wars. A similar entity should be available for Gulf War veterans. Including veterans of the conflict in the committee would be "critical. I would hope the committee would have some autonomy, its own staff, and some members of the committee from outside the government. I believe this would help the committee build trust with Gulf War veterans and therefore improve the committee's ability to succeed from the outset."

[Source: Stars and Stripes George Ziezulewicz article 15 Jan 08 ++]

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> DOD DISABILITY EVALUATION SYSTEM UPDATE 09: The Army's new Warrior

Transition Unit led by Lt. Col. Chip Pierce is a brigade designed specifically to address the administrative needs of injured soldiers. In February, Army Times reported that soldiers languished for months - even years - in the medical hold system, facing bureaucratic tangles as they worked their way toward the physical evaluation board to determine their disability rating for retirement pay. The stories, as well as reports from the Pentagon Inspector's General and Government Accountability Office and testimony of injured soldiers before Congress, brought about a series of investigations and planned changes. And the new Warrior Transition Unit meant officials could immediately put some of those changes into effect. Since then, the Army has added staff, improved training for counselors and lawyers, and ensured every soldier has someone overseeing his or her progress through the system. And Building 18, Walter Reed's dilapidated symbol of the breakdown in the system, no longer houses wounded soldiers.

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> While the number of soldiers medically retired - meaning they received a disability rating of 30% or higher or had at least 18 years of service when they went through the disability process - declined from 2005

to 2006, it increased by several hundred in 2007, according to figures provide by Col. Carlton Buchanan, deputy commander of the Army's Physical Disability Agency. Moreover, Buchanan said, while 270 fewer soldiers were medically retired in 2006 than in 2005, the percentage of those completing the evaluation process that were medically retired went up over that time, and has continued to rise in 2007:

> . In 2005, 13,048 soldiers went through the process and 2,232 were medically retired, about 17.1%.

> . In 2006, 10,460 soldiers went through the process and 1,956 were medically retired, about 18.7%.

> . In 2007, 10,400 soldiers went through the process and 2,397 were medically retired - about 23%.

> The 8,003 soldiers who weren't medically retired in 2007 either were found fit and remained in the Army, were awarded a lump-sum severance payment based on rank and years of service, or were separated without benefits if their condition was found to be pre-existing and they hadn't been in the military for at least seven years. About 8,900 soldiers remain in the Warrior Transition Unit waiting for their final disability evaluation board.

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> Things still aren't perfect; Pierce said it's hard to judge how soldiers feel about the improvements because they weren't in the system a year ago. And there are still cases taking longer than they should to go through the process. But now, rather than justifying a months-long quagmire, as had been done by other officials in the past, Pierce said his office tracks, by name, every soldier whose transition takes longer than 60 days. Prior to the 60-day mark, soldiers' squad leaders in the Warrior Transition Units are responsible for making sure soldiers move through as quickly as possible. The Marine Corps also stood up a Wounded Warriors regiment last spring to keep track of Marines and sailors going through the disability retirement system. Though the Navy and the Marine Corps have a better track record for getting service members through the process, there have been worries about the equity of their ratings system. An Army Times investigation last spring found that enlisted Marines lag far behind enlisted sailors and airmen in the size of the average disability payments they are awarded. The 2006 data released by the Defense Department's Office of the Actuary show Marines and soldiers continue to lag, even though they have higher injury rates and could be expected to have a greater proportion of serious injuries because of the wars in Iraq and Afghanistan than do sailors or airmen. Their ranks and times in service were also comparable. The average monthly disability payments for all enlisted members receiving disability pay from the military in 2006:

> . Enlisted: . Air Force: \$963 . Navy: \$845 . Army: \$792 . Marine Corps: \$774.

> . Officers: . Air Force: \$2,668 . Navy: \$2,392 . Marine Corps: \$2,336 . Army: \$2,067.

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> According to the Office of the Actuary, the number of Marines medically retired in 2006 went up by about 200 compared with the previous year - far more than any other service. The Air Force and Navy also saw increases in permanent disability retirements from 2005 to 2006 of 125 airmen and 36 sailors. Buchanan said part of the reason for the Army's increase of more than 400 disability retirements in 2007 was that combat-related injuries rose to 18% from about 15% the year before. Among soldiers going through the military disability evaluation process, more than half of those with combat-related injuries are retired, Buchanan said. Another reason for the increase, he said, is "increased training of physicians and adjudicators, coupled with greater precision in describing injuries, such as scars, muscle and nerve injuries, as well as mental disorders. That gives medical boards better information to determine proper disability percentages". [Source: ArmyTimes Kelly Kennedy article 15 Jan 0 ++]

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> TRICARE EOBS UPDATE 03: The Defense Department is limiting the amount of

Tricare paper it sends to military retirees age 65 and older and their families by sending explanations of benefits forms only once a month. Others covered under Tricare, including active-duty families, will continue to have the choice of receiving a paper copy of their explanation of benefits (EOB) mailed each time a claim is processed, even if there are multiple claims in a month. An explanation of benefits provides details of what action Tricare has taken on claims by doctors and other health care providers seeking payment for services to a patient. Officials said the monthly statement will allow easier comparison with the quarterly Medicare Summary Notice. There are exceptions to the monthly policy for these retirees and their family members; statements will be sent if the EOB includes a check to the patient, or if a claim is denied and the patient has appeal rights for those services. As in the past, patients can view an EOB online any time a claim is processed. Those who are not already registered for this service can do so at

<https://www.tricare4u.com/apps-portal/tricareapps-app/unauth/tricarehome.jsp>.

Beginning 14 FEB patients will have the option of receiving an e-mail notification when a claim is processed. They can then log on to the website to view and print their EOBs. Once patients sign up for this option, however, they will not receive a mailed monthly summary of explanations of benefits. Patients will be able to view the EOBs for any claim processed within the last 27 months. Beneficiaries with questions about the registration process can call (866) 773-0404. [Source: MRGRG Karen Jowers article 15 Jan 08 ++]

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> MILITARY DEATHS: CRS Report for Congress (Order code: RL32492)

American

War and Military Operations Casualties: Lists and Statistics at <http://www.fas.org/sgp/crs/natsec/RL32492.pdf> is written in response to numerous requests for war casualty statistics and lists of war dead. It provides tables, compiled by sources at the Department of Defense (DOD), indicating the number of fatalities and numbers of wounded among American military personnel serving in principal wars and combat actions from the Revolutionary War to the current Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) (operations in Afghanistan and related conflicts). A review of the composite data reveals the following.

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> . During the period between the Revolutionary War and the Persian Gulf War, it was the Civil War that produced the most American fatalities, when Union statistics and Confederate estimates are taken into account.

> . World War II was the first war in which there were more battle deaths than deaths from other causes such as accidents, disease, and infections.

> . With a total of 382 in-theater deaths, 147 of which were battle deaths, the Persian Gulf War was the least costly in terms of fatalities.

> . The ongoing Operation Iraqi Freedom to date has produced more than nine times the number of in-theater deaths than the Persian Gulf War (which lasted seven months).

> . During the Clinton presidency total military deaths from all causes were 13,417 whereas during the Bush presidency total military deaths through 2006 from all causes were 9,016.

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> . The latest census, of Americans, shows the following distribution of American citizens, by Race:

> >>European descent (White) ..... 69.12%

> >>Hispanic ..... 12.5%

> >>Black..... 12.3%

> >>Asian ..... 3.7%

> >>Native American ..... 1.0%

> >>Other ..... 2.6%

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> . Fatalities by Race; over the past three years in Iraqi Freedom are:

> >>European descent (white) ..... 74.31%

> >>Hispanic ..... 10.74%

> >>Black ..... 9.67%

> >>Asian ..... 1.81%

> >>Native American ..... 1.09%

> >>Other ..... 3.3%

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> . The casualty statistics for wars long ended are updated periodically, sometimes yearly. This almost always reflects the identification of remains of persons previously listed as missing in action and those persons' reclassification as dead. Other reasons, much rarer, include the discovery

of errors in casualty records for individuals or categories of people.

> [Source: Honolulu-Eagles Military statistics msg 14 Jan 08 ++]

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> CALIFORNIA & FEDERAL DISABLED BENEFITS (100% SC): Veterans who are

residents of California who are rated 100% totally disabled by the VA as a result of a service connected (SC) determination are entitled to the following state and federal benefits. This list was last updated OCT 06. For residents of other states the federal benefits are the same but the state benefits will be in accordance with that state's laws. To determine what they are check the VA website associated with the state in question:

> 1. Eligibility for additional allowance for dependents-spouse, children, dependent parent(s).

> 2. Eligibility for additional aid and attendance allowance for disabled spouse.

> 3. Enrollment in VA Healthcare Priority Group 1 (no co-payments required).

> 4. VA fee basis outpatient medical card (all conditions requiring treatment, whether SC or not).

> 5. Eligibility for all necessary dental care.

> 6. Eligibility for sensorineural aids-hearing aids, eyeglasses, contact lenses-without regard to whether the condition producing need for such is service-connected.

> 7. Eligibility for long-term VA Nursing Home care for any condition.

> 8. Eligibility for health care coverage under CHAMPVA for spouse and children (unless they are also eligible for TRICARE).

> 9. Eligibility for Service-Disabled Veterans' Insurance (RH), including up to \$20,000 supplemental insurance beyond regular amount.

> 10. Waiver of VA life insurance premiums, if under age 65 (but not on additional amounts).

> 11. Possible eligibility for special monthly compensation for loss or loss of use of a creative organ; loss of a female breast; loss or loss of use of one hand, one foot, or one eye; loss of use of both buttocks; complete deafness in both ears; or, complete organic aphonia (loss of ability to communicate by speech).

> 12. Possible eligibility for special monthly compensation for loss or loss of use of both eyes, both hands, or both feet, or one hand and one foot. Includes paired extremities or organs (one SC, the other NSC, 38 CFR § 3.383) and combinations of losses.

> 13. Possible eligibility for special monthly compensation because of being permanently housebound or having one disability rated 100% plus other conditions independently ratable at 60% or more.

> 14. Possible eligibility for special monthly compensation because of being so helpless as to require the regular aid and attendance of another person.

> 15. Possible eligibility for payment of annual clothing allowance for specified SC disorders resulting in need for prosthetic appliance or use of

a wheelchair, or for certain skin conditions.

- > 16. Possible eligibility for one-time assistance in purchase of specially-adapted automobile.
- > 17. Possible eligibility for Automobile Adaptive Equipment Allowance.
- > 18. Eligibility for education or training under VA Vocational Rehabilitation.
- > 19. Possible eligibility for Special Adapted Housing Assistance.
- > 20. Possible eligibility for Special Home Adaptation Grant.
- > 21. Possible eligibility for Veterans' Mortgage Life Insurance (VMLI).
- > 22. CAL-VET Home Loan Disability Insurance.
- > 23. Eligibility for property tax exemption on principle residence.
- > 24. Home loan guaranty funding fee exemption.
- > 25. Possible eligibility for Home Improvement and Structural Alteration (HISA) home modification grant.
- > 26. Golden Access Passport for U.S. National Parks.
- > 27. California State Park pass (requires SC wartime-incurred disability) (\$3.50 one-time fee).
- > 28. Reduced fee for hunting license.
- > 29. Reduced fee for basic sport fishing license.
- > 30. Eligibility for 10-point preference for Federal Civil Service employment. Under certain circumstances, may be employed on a noncompetitive basis. The 10-point preference is also applicable for the spouse and/or natural mother of a permanently totally service-disabled veteran.
- > 31. Eligibility for 15-point preference for State of California employment. The spouse of a 100% disabled veteran is eligible for 10-point preference.
- > 32. Eligibility for Survivors' and Dependents' Education Assistance for spouse and/or children under 38 U.S.C., Chapter 35.
- > 33. Eligibility for CAL-VET College Tuition and Fee Waiver for spouse and children (Plan A). Requires wartime service. May not be authorized concurrently with VA education assistance under Chapter 35.
- > 34. Eligibility for CAL-VET College Tuition and Fee Waiver for children (Plan B). May be authorized concurrently with VA education assistance under Chapter 35.
- > 35. Eligibility for son(s) and/or daughter(s) to compete for admission to military academies.
- > 36. Eligibility for military identification card.
- > 37. Possible eligibility for DMV Disabled Veteran license plates.
- > 38. Eligibility for exemption from vehicle license fees.
- > 39. If a 20-year military retiree, possible eligibility for CDRP or CRSC.
- > 40. Withdrawal from SBP program participation (military retirees) after having been rated SC, totally disabled for 10 continuous years, or, if out of service less than 10 years, having been rated SC, totally disabled for at least 5 continuous years from date of last active duty.
- > 41. Possible eligibility for the California Disabled Veteran Business

Enterprise (DVBE) and the Federal Service Disabled Veteran Owned Business (SDVOB) programs.

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

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> CALIFORNIA & FEDERAL PENSION BENEFITS: Veterans who are residents of

California who are disabled as a result of non-service connected (NSC) determinations by the VA are entitled to a number of state and federal benefits. Following is a checklist that can be used to assist in obtaining these benefits. This checklist was last updated OCT 06:

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> A. Claim Requirements:

> 1. Minimum of 90 consecutive days of active service or was discharged because of SC disability. If veteran entered service after 1980, the service requirement is 24 continuous months or the full period for which called to active duty, whichever is less, unless discharged sooner because of hardship, reduction-in-force, or SC disability. In any event, at least one day of service must have been during a wartime period.

> 2. If veteran is under age 65, evidence that veteran is in receipt of any disability benefit administered by the Social Security Administration (either SSA or SSI); or, is a long-term patient in a nursing home because of disability; or, medical evidence showing the veteran is unable to work because of disability.

> 3. Medical evidence to show that veteran is in need of regular aid and attendance or is housebound (if applicable).

> 4. Report projected family income-include income from all sources, including farm and/or business. Also list deductions/exclusions-unreimbursed medical expenses, children's wages, etc.

> 5. Report net worth.

> 6. Dependency documents-marriage certificate, birth certificate(s), death certificate(s), divorce decree(s), VA Form(s) 21-674(as applicable). If an adult child is claimed as disabled (helpless), submit appropriate medical evidence in support.

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> B. Benefits:

> 1. Possible additional pension payable if housebound or if so helpless as to require the regular aid and attendance of another person (includes nursing home patients).

> 2. Additional pension payable if veteran served during World War I.

> 3. VA outpatient medical card if entitled to aid and attendance or housebound benefits, or if a World War I veteran.

> 4. Enrollment in VA Healthcare Priority Group 4 (no co-payments required) if entitled to aid and attendance or housebound benefits.

> Enrollment in Priority Group 5 (no co-payments required) if entitled to basic pension.

- > Enrollment in Priority Group 6 (no co-payments required) if a World War I veteran.
- > 5. Eligibility for sensorineural aids-hearing aids, eyeglasses, contact lenses-if housebound or in need of regular aid and attendance.
- > 6. Waiver of VA insurance premiums, if under age 65 (but not on any supplemental RH insurance).
- > 7. CAL-VET Home Loan Disability Insurance.
- > 8. Golden Access Passport for U.S. National Parks.
- > 9. Possible eligibility for DMV Disabled Person Parking Placard.
- > 10. Eligibility for 10-point preference for Federal Civil Service employment.
- > [Source: CA Dept of VA website Nov 07 ++]
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- > VETERAN LEGISLATION STATUS 30 JAN 08: The House of Representatives returned to work on JAN 15th and the Senate on January 22nd.for the second session of the 110th Congress. Up for election/re-election in 2008 are 35 Senators and 435 Representatives. All of these will be more receptive to their veteran constituent's inputs in hope of obtaining their vote so this is the year we should be pushing for the legislation that will benefit us most. Those seeking to remain in the Senate or be elected to it are:
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- > Lamar Alexander, R-TN
- > Tom Allen, D-ME (1st District); running for Senate
- > John Barasso, R-WY
- > Max Baucus, D-MT
- > Joseph Biden, D-DE
- > Saxby Chambliss, R-GA (Armed Services)
- > Thad Cochran, R-MS (Ranking Minority Member-Appropriations, Defense Appropriations)
- > Norm Coleman, R-MN
- > Susan Collins, R-ME (Armed Services)
- > John Cornyn, R-TX (Armed Services)
- > Elizabeth Dole, R-NC (Armed Services)
- > Richard Durbin, D-IL (Defense Appropriations, Senate Majority Whip)
- > Michael Enzi, R-WY
- > Lindsey Graham, R-SC (Armed Services, Veterans Affairs)
- > Tom Harkin, D-IA (Defense Appropriations)
- > Duncan Hunter, R-CA (52nd District); running for President (Ranking Minority Member-Armed)
- > James Inhofe, R-OK (Armed Services)
- > Tim Johnson, D-SD (Chairman-Military Construction Appropriations)
- > John Kerry, D-MA
- > Mary Landrieu, D-LA (Military Construction Appropriations)
- > Frank Lautenberg, D-NJ
- > Carl Levin, D-MI (Chairman-Armed Services)

- > Mitch McConnell, R-KY (Defense Appropriations, Senate Minority Leader)
- > Steve Pearce, R-NM (2nd District); running for Senate
- > Mark Pryor, D-AR (Armed Services)
- > Jack Reed, D-RI (Armed Services, Military Construction Appropriations)
- > Pat Roberts, R-KS
- > John Rockefeller, D-WV (Veterans Affairs)
- > Jeff Sessions, R-AL (Armed Services)
- > Gordon Smith, R-OR
- > Ted Stevens, R-AK (Ranking Minority Member-Defense Appropriations)
- > John Sununu, R-NH
- > Tom Tancredo, R-CO (6th District); running for President
- > Mark Udall, D-CO (2nd District); running for Senate (Armed Services)
- > Tom Udall, D-NM (3rd District); running for Senate
- > Roger Wicker, R-MS
- > Heather A. Wilson, R-NM (1st District); running for Senate
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- > For a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress refer to the Bulletin's House & Senate attachments. By clicking on the bill number indicated you can access the actual legislative language of the bill and see if your representative has signed on as a cosponsor. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. A cosponsor is a member of Congress who has joined one or more other members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The member who introduces the bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can also review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d110/sponlst.html>. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting our representatives know of veteran's feelings on issues. At the end of some listed bills is a web link that can be used to do that. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making. [Source: RAO Bulletin Attachment 13 Jan 08 ++]
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