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- > 15 February 2008
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> ECONOMIC STIMULUS PACKAGE: The House in late JAN, as part of an economic

stimulus package, approved tax rebates of \$600 and \$1,200 respectively for most individuals and couples, with another \$300 per child. The Senate in considering its version made some additions to include low-income senior citizens as well as disabled veterans and survivors of veterans whose sole or primary income consists of VA compensation. On a 91-6 vote, the Senate added a provision to grant \$300 payments to disabled veterans and veterans' widows who could show \$3,000 in veterans' disability and/or Social Security benefits last year. Congress passed the \$168 billion Economic Stimulus package (HR 5140) on 7 FEB. The President is expected to sign the package, and rebate checks could be arriving as early as May. Even before Congress passed the stimulus package, identity thieves were using promises of tax rebates to trick people into revealing financial and personal data. Under one scheme, the IRS said, people are receiving phone calls telling them they can only receive a rebate if they provide bank account information for a direct deposit. The tax agency stressed that it does not collect information by telephone and that no legislation has been enacted that would allow it to provide advance payments to taxpayers or that specifies the details of those payments. The IRS also repeated past warnings of e-mails, supposedly coming from the agency, where people are asked to enter personal information on a form needed to obtain a tax refund.

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> A new scam, it said, involves an e-mail notification that a person's tax return will be audited with instructions to click on links to complete forms with personal and account information. Businesses and accountants are also getting e-mails with instructions to download information on tax law changes. Clicking on these links could download "malware" onto the recipient's computer that gives the scammer remote access to the computer hard drive. In another telephone scam, a caller claims to be an IRS employee who says the taxpayer has not cashed a refund check and asks the person to verify his or her bank account number. On 29 JAN, at a Senate Finance Committee confirmation hearing for Douglas Shulman, the nominee to be IRS commissioner, Sen. Charles Schumer (D-NY) expressed concern that taxpayers would be victimized by tax preparers and lenders who charge high interest rates for short-term advances on their stimulus rebates. The IRS advised people not to click on any link from an e-mail purporting to come from the tax agency. People receiving questionable e-mails can contact the IRS

through [phishing@irs.gov](mailto:phishing@irs.gov) <<mailto:phishing@irs.gov>>. [Source: Associated Press Jim Abrams article 30 Jan 08 ++]

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> ECONOMIC STIMULUS PACKAGE UPDATE 01: Under the economic-stimulus package approved by Congress last week, more than 130 million Americans will receive checks for at least \$300 in late spring or by summer. The rebate is a credit against your 2008 tax bill, but it will be based on your 2007 tax return. Most single taxpayers will receive checks for \$600, while married couples will receive \$1,200. If you have dependent children younger than 17, you're eligible for an additional rebate of \$300 per child. But even if you don't earn enough money to owe income tax, you could be eligible for a rebate. If you received at least \$3,000 in 2007 from Social Security, veteran benefits, earned income or any combination of the three, you're eligible for a rebate of at least \$300. If you meet that income threshold and have dependents, you're eligible for an additional \$300 per child. The IRS is expected to use information from the Social Security Administration and the Department of Veterans Affairs to track down people who are eligible for the rebate. But identifying people who qualify for a rebate solely based on earned income will be much harder, says Mark Luscombe, federal tax analyst for CCH, a publisher of tax information and software. If you fall into that category it is recommended you file an income tax return this year, even if you don't make enough money to owe federal income tax. That will make it easier for the IRS to find you, he says.

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> While more than 130 million Americans are expected to receive rebate checks, some people will come up empty-handed, while others will see their rebates reduced. Those individuals include:

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> . Single taxpayers with adjusted gross income of more than \$75,000 and couples with AGI of more than \$150,000. The phase-out will be 5% of the amount of your income that exceeds the threshold. Singles with AGI of more than \$87,000 and couples with AGI of more than \$174,000 won't receive any rebate.

> . Under the law, anyone who was claimed as a dependent on someone else's 2007 tax return is ineligible for the rebate. That means that college students whose parents claimed them as dependents in 2007 are not eligible, even if they earned at least \$3,000 in 2007, says Mel Schwarz, partner with Grant Thornton's national tax office. Their parents can't claim a \$300 rebate for them, either; the rebate is limited to dependents under age 17.

> . People who owe money to the IRS. If you owe back taxes, the IRS will withhold all or part of your rebate check to pay your debts, according to the Treasury Department.

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> The rebates are designed to stimulate the economy by encouraging people to spend the money. So the Bush administration wants to get the rebates in taxpayers' hands as quickly as possible. The IRS, though, must get through the 2007 tax season before it can start sending out rebate checks. Treasury Secretary Henry Paulson said last week that he expects the IRS to start issuing checks in May. Treasury spokesman Andrew DeSouza said in an e-mail the Treasury is considering using direct deposit to speed things along but is still working out the details, If you're eager to get your check, make sure to file your federal income tax return by 15 APR. Because the rebate will be based on your 2007 tax return, filing for an extension will delay your rebate. Taxpayers who receive an extension until 15 OCT might not receive their rebate until the end of the year. The rebate won't be treated as taxable income on your 2008 tax return. And taxpayers who don't qualify for a rebate based on their 2007 income will get a second chance when they file their 2008 returns next year. Though the rebate will be based on your 2007 income, keep in mind that it's actually a credit against your 2008 taxes. So if your situation changes and you qualify for a rebate based on your 2008 income - or become eligible for a larger rebate - you can claim the difference on your 2008 tax return. On the other hand if -you receive a larger rebate based on your 2007 returns than you would have received in 2008, the IRS won't make you give the money back. President Bush signed the bill into law on 13 JAN 08. [Source: USA TODAY Sandra Block article 11 Feb 08 ++]

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> ECONOMIC STIMULUS PACKAGE UPDATE 02: The president signed into law

economic stimulus payments for all taxpayers. Included in the law is a special provision for veterans who are not taxpayers. For answers regarding the stimulus program, you should visit the IRS website at [www.irs.gov](http://www.irs.gov) <<http://www.irs.gov>>.

Following is further clarification on vet eligibility:

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> . In order to be eligible to receive the special stimulus payment, you must file a 2007 tax return.

> . If you need to amend a previously filed tax return to include benefits to reach the \$3,000 qualifying income level. Adding these benefits on an amended tax return will not increase an individual's tax liability but will establish eligibility for the stimulus payment. This means a taxpayer who had, for example, \$500 in earned income and \$2,500 in any combination of the qualifying benefits can count those benefit payments toward his or her qualifying income to reach the \$3,000 earned income requirement, even though the individual would not otherwise owe taxes on such income. Taxpayers can use IRS Form 1040X to amend a tax return in order to qualify for the stimulus payment.

> . The law allows for payments for select individuals who have no tax

liability, such as those who receive Social Security benefits or veterans' disability compensation, pension or survivor's benefits received from the Department of Veterans Affairs in 2007. These taxpayers will be eligible to receive a payment of \$300 (\$600 on a joint return) if they had at least \$3,000 of qualifying income.

> . Qualifying income includes Social Security benefits, certain Railroad Retirement benefits, veterans' benefits (disability compensation, pension, survivors' benefits) and earned income, such as income from wages, salaries, tips and self-employment. If you received one or more of these benefits during 2007, you must file a 2007 return in order to receive a payment.

> . Recipients of Social Security, certain Railroad Retirement and certain veterans' benefits should report their 2007 benefits on Line 14A of Form 1040A or Line 20a of Form 1040.

> . People are allowed to estimate their annual benefit by taking their monthly annual veterans' benefit, multiplying it by the number of months they received benefits during the year, and entering the number on Line 20a of Form 1040 or Line 14a of the Form 1040A.

> . Line 14A of Form 1040A (or Line 20A of Form 1040) says this is for reporting Social Security benefits but IRS advised you should use these lines even if your only benefits were Railroad Retirement or veterans' benefits. If you receive more than one of these benefits, you should determine the annual amount for both benefits and then combine them and report the total on this line.

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> IRS will continue to update information on this program at [www.irs.gov](http://www.irs.gov) <<http://www.irs.gov>>. If

you cannot obtain the info on the website you are seeking you can call 1-800-829-1040. However, you are urged to visit their website first to obtain information as it is expected their telephone service will be very busy. Veterans can get no cost tax help through the Volunteer Income Tax Assistance (VITA) program. Call 1(800)906-9887 to locate the nearest VITA site. For people over age 60, the Tax Counseling for the Elderly (TCE) program provides free tax help (1-800-829-1040). IRS Free File allows you to electronically file or amend a tax return at no cost to users. [Source: IRS Fact sheet FS-2008-16 Feb 08 ++]

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> SENIOR CITIZEN BENEFIT COST: The cost of government benefits for seniors

soared to a record \$27,289 per senior in 2007, according to a USA TODAY analysis. That's a 24% increase above the inflation rate since 2000. Medical costs are the biggest reason. Last year, for the first time, health care and nursing homes cost the government more than Social Security payments for seniors age 65 and older. The average Social Security benefit per senior in 2007 was \$13,184. The federal government spent \$952 billion in 2007 on elderly benefits, up from \$601 billion in 2000. It's the biggest function of

the federal government. States chipped in \$27 billion more in 2007, mostly for nursing homes. All three major senior programs Social Security, Medicare and Medicaid experienced dramatically escalating costs that outstripped inflation and the growth in the senior population. Benefits per senior are soaring at a time when the senior population is not. The portion of the U.S. population ages 65 and older has been constant at 12% since 2000. The senior boom, however, starts big time in 2011, when the first baby boomers 79 million people born between 1946 and 1964 turn 65 and qualify for Medicare health insurance. The oldest baby boomers turn 62 this year and qualify for Social Security at reduced benefits.

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> USA TODAY used a variety of government data to calculate the cost of providing Social Security, medical benefits and long-term care to an aging population. Billions of dollars paid to non-seniors the disabled, children and others in the programs were removed to create an estimate that focuses exclusively on seniors. Findings include:

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> . Medicare experienced the most explosive growth from 2000 to 2007. The Medicare prescription-drug benefit, started in 2006, accounts for about one-fourth of the increase in Medicare, which provides health benefits for people 65 and older.

> . Long-term care costs per senior have declined slightly in the past three years because of a move away from nursing homes to less expensive home care.

> . The cost of senior benefits is equal to \$10,673 for every non-senior household.

> . About 35% of the federal budget is spent on senior benefits, up from 32% in 2004.

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> Eugene Steuerle, a senior fellow at the non-partisan Urban Institute, notes that the full cost of senior benefits goes beyond Social Security, Medicare and Medicaid. A complete estimate would include other programs for retirees, such as military and civil servant pensions and medical benefits, he says. The Urban Institute estimates that kids receive an average of about \$4,000 per child in benefits, including the child tax credit and other indirect assistance. Economist Dean Baker calls it "granny bashing" to focus on the cost of senior benefits. The elderly paid a designated tax for Social Security and Medicare taxes during their decades of working to support these programs when they retired, says Baker, co-director of the liberal Center for Economic Policy and Research. [Source: USA Today Dennis Cauchon article 14 Feb 08 ++]

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> POSTAL RATES: Beginning 3 MAR Military families will get a price break on the U.S. Postal Service's flat-rate shipping boxes to send care packages around the globe. The discount applies only to the new "Priority Mail Large

Flat-Rate Box," which normally carries a \$12.95 price tag for shipping. However, when the 12-by-12-by-5.5-inch box is sent to an AFO or FPO address, a \$2 discount applies, dropping the cost to \$10.95. The new boxes will be available in post offices nationwide on 3 MAR. Those who can't wait to start packing the boxes, however, can order them from [www.usps.com/supplies](http://www.usps.com/supplies) [<http://www.usps.com/supplies>](http://www.usps.com/supplies)

beginning 20 FEB. They're also available by calling 1(800) 610-8734. Some of the new boxes carry the America Supports You logo. America Supports You is a Defense Department program connecting citizens and companies with servicemembers and their families serving at home and abroad. The boxes bearing the America Supports You logo will be available only online or at select post offices near military bases. All flat-rate boxes are available for international shipping, though the discount applies only to the large flat-rate box, and only if it's being shipped to an APO or FPO address. [Source: American Forces Press Service 14 Feb 08 ++]

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> WYOMING VETERANS HOME: The Veterans' Home Of Wyoming is an assisted

living facility founded to meet the needs of the veterans and their spouses who have served in the armed forces of the United States. A limited number on non-veterans may also be eligible for admission. The 120 bed facility provides the resident with room and board and a community of caring people. It is located on the historic site of Fort McKinney. It is located three miles west of Buffalo, one-half mile south of Highway 16, at the base of the majestic Big Horn Mountains. Clear Creek from the Big Horns runs through the center of the area surrounding the home and supplies the fresh water for the resident trout pond. Eligibility and admission policy procedures are as follows:

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> 1. An applicant for admission must be a resident, in Wyoming, with a valid Wyoming address at the time of application.

> 2. An applicant that has resided in Wyoming less than one year must declare his/her intent to reside permanently or indefinitely in the State of Wyoming.

> 3. An applicant cannot be in transit or indicate temporary or seasonal residency in the state.

> 4. A resident must be a veteran or qualified nonveteran.

> 5. A nonveteran may be admitted when there is a 10% vacancy. A widow or widower of a veteran is considered a nonveteran.

> 6. A resident must be able to maintain activities of daily living.

> 7. All prospective residents are asked to visit the home for a personal interview with the nurse to review the application with an administration staff member.

> 8. A veteran must include a copy of his/her Honorable Discharge with the completed application for admission.

> 9. A resident cannot be gainfully employed.

> 10. The federal government mandates that at least 75% of Veterans' Home of Wyoming residents are veterans.

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> Resident maintenance fees are based on ability to pay with the monthly maximums reviewed annually. Veterans receive a reduction from the maximum as

a result of payments received on their behalf from the VA. A resident with assets less than \$10,000.00 is charged according to a formula that is applied to the resident's gross monthly income as follows: a resident pays 85% of total monthly income reduced by \$65.00 for personal use. A resident with assets exceeding \$10,000 will pay the monthly maximum for either a veteran or a nonveteran. In addition to the aforementioned, residents will be billed on an after the fact basis for medical purchases made on their behalf by this home. Services rendered for the monthly maintenance fee include, but are not limited to, a furnished private room, meals, laundry service, nursing service, and limited transportation. There are weekly trips to the Sheridan Veterans Affairs Medical Center primarily for medical appointments for the residents. Planned activities in the home include bingo, movies, pool tournaments, and birthday and holiday celebrations. Outdoors activities include fishing in the trout pond on the grounds, picnics in summer, sightseeing trips, attending local events, and shopping trips in downtown Buffalo. Service clubs, churches, schools, and individual volunteers visit with and entertain the residents. There is a hobby shop, and the residents work with lapidary equipment, painting, woodworking, models, and kits of various kinds. The home is under the direction of the Wyoming Department of Health and is supervised by John R. (Jack) Tarter. For further information or application procedures call or write: Veterans' Home of Wyoming, 700 Veterans' Lane, Buffalo, WY 82834-9402 Tel. (307) 684-5511/7686F or E-mail: [jtarte@state.wy.us](mailto:jtarte@state.wy.us) <<mailto:jtarte@state.wy.us>>.

[Source: Wyoming Veterans'

Commission Veterans Benefits Booklet Rev 2006 ++]

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> IOWA VETERANS TRUST FUND: Some veterans could get more help paying for

prescription drugs, in-home nursing care, car repairs and other expenses under legislation being considered by Iowa state lawmakers. More expenses would qualify for money from the state Veterans Trust Fund under Senate File 2124, which was approved 47-0 by the Iowa Senate on 12 FEB. The trust fund has \$5 million in it. Only the interest can be spent, and that amounts to about \$250,000 to \$300,000 a year. If the Iowa House also approves the bill in the coming weeks, it would allow veterans to apply for money to help pay for prescription drugs, as well as vision, hearing and dental care.

Currently, trust fund money can't be used for these expenses. It would cover ambulance fees and emergency room expenses if a veteran has to go to a

hospital other than a U.S. Department of Veterans Affairs hospital. If a lower-income veteran needs help paying for a vehicle repair, or an emergency home repair or temporary housing, he or she could get money from the trust fund. There's already money at the county level, but the idea is to provide the extra boost that keeps veterans from losing their jobs or becoming homeless. Right now, only travel expenses for a veteran getting follow-up medical care are covered by trust fund money. This bill would allow a spouse to be reimbursed for the expense of traveling to see a veteran in the hospital due to a service-related injury or illness. It would help pay expenses for veterans who need nursing care but want to remain in their homes. Right now, trust fund money can go only toward nursing home care. It also ends the practice of giving money to the children of veterans who are disabled or killed in action. Instead, there are other ways trust fund money can be used to assist a child in need. [Source: Des Moines Register Jennifer Jacobs article 13 Feb 08 ++]

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> RETIREE APPRECIATION DAYS: Retiree Appreciation Days and Military Retiree Seminars offer military retirees and their families a chance to learn current information about topics such as benefits, entitlements, health care, and special services available for them. Since the day's schedule of activities differ from location to location, it is best to check with the event's point of contact for specific details. The Army maintains a current listing of activities for 2008 at <http://www.army1.army.mil/rso/docs/rads.pdf>. The current listing includes:

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> Schweinfurt, Germany April 12 09721-96-7033  
> Dover AFB, Del. April 12 (302) 677-4612  
> Stuttgart, Germany April 19 07031-15-2924  
> Fort Jackson, S.C. April 25-26 (803) 751-6715  
> Fort Wainwright, Alaska April 26 (907) 384-3500  
> McGuire AFB, N.J. April 26 (609) 754-2459  
> Vicenza, Italy May 30 0444-71-7262  
> Fort McPherson, Ga. June 21 (404) 464-3219  
> NAS Jacksonville, Fla. July 12 (904) 542-2766 Ext. 126  
> Orlando, Fla. Aug. 16 (912) 767-5013  
> Andrews AFB, Md. Oct. 25 (301) 981-2726  
> Heidelberg, Germany Oct. 18 06221-57-3347  
> Grafenwoehr, Germany Oct. 25 09641-83-8540  
> Fort Leavenworth, Kan. Nov. 1 (913) 684-2425  
> Bolling AFB, D.C. Nov. 8 (202) 767-5244  
> [Source: Afterburner Feb 08 ++]

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> U.S. SAVINGS BONDS UPDATE 03: Retirees can buy U.S. Savings Bonds in electronic form and hold them directly with the U.S. Treasury over the

Internet. They can even convert their paper savings bonds into electronic form and hold them in an account with the government. Both are possible when people open a TreasuryDirect account, according to Defense Finance and Accounting Service officials. TreasuryDirect allows people to open an online account and buy savings bonds either through a payroll allotment or with money debited directly from a bank or credit union account. Once the bonds are eligible for redemption, people can go online and schedule payment directly into a bank or credit union account. Electronic savings bonds carry the same interest rates and maturity periods as paper bonds, but, unlike paper bonds, people do not have to wait to receive them in the mail. Instead, all people need is access to the Internet. With a TreasuryDirect account, people can convert any paper bonds they own into electronic securities. If the DFAS is holding the bonds, people can request the bonds and DFAS will mail them. People can then send them, along with any paper bonds they may have at home, to the U.S. Treasury for addition to a TreasuryDirect account. Because the U.S. Treasury requires people to submit the bonds with a signed manifest, DFAS cannot mail the bonds directly to the treasury. To learn more about converting bonds into electronic form, visit SmartExchange at

<http://www.treasurydirect.gov/indiv/research/indepth/smartexchangeinfo.htm>.

For more information, visit [www.treasurydirect.gov](http://www.treasurydirect.gov)

<http://www.treasurydirect.gov>. [Source: Afterburner

Feb 08 ++]

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> VA MINORITY VETERANS PANEL: There are approximately 4.7 million minority

veterans in the United States and its territories. They make up nearly 19 % of the total veteran population. The Advisory Committee on Minority Veterans is an expert panel appointed by the Secretary of Veterans Affairs that advises him on issues involving these minority veterans. Chartered on 30 JAN 95, the committee makes recommendations for administrative and legislative changes. The committee members are appointed to one-, two-, or three-year terms. VA has minority veterans program coordinators at each VA medical

> center, regional office and national cemetery to assist minority veterans with health and benefits issues. A list of the full membership of VA's Advisory Committee on Minority Veterans is attached follows:

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> \* Diego E. Hernandez, Puerto Rican, Miami, Fla., a retired Navy vice admiral, currently is an active consultant to private and public companies.

> \* James H. Mukoyama, Jr. (Chair), Japanese American, Glenview, Ill. A retired Army Reserve major general, currently the executive vice president and chief operating officer of Regal Discount Securities in

> Chicago.

> \* Julia J. Cleckley, African American, Washington, DC. A retired Army

brigadier general, currently is the director of armed forces education with the University Alliance.

> \* Dr. Doris Browne, African American, Washington, DC. A retired Army colonel, currently the senior scientific officer of the Breast and Gynecologic Cancer Research Group, Division of Cancer Prevention, National Cancer Institute, Bethesda, Md.

> \* Reginald Malebranche, Haitian American, Alexandria, Va. A retired Army colonel with over thirty-five years of expertise in policy, planning and program management.

> \* Kerwin E. Miller, African American, Washington, DC. A retired Navy commander, currently serves as the first director of the newly-established District of Columbia office of veterans affairs, within the executive office of the mayor.

> \* Joe C. Nuñez, Mexican American, Littleton, Colo. A retired Air Force lieutenant colonel, currently works for the Department of Health and Human Services as a Regional Director.

> \* Dr. Irene M. Zoppi, Hispanic American, Crofton, Md. An Army Reserve lieutenant colonel, currently an adjunct professor at the College of Notre Dame, Strayer University, and the Command General Staff College.

> \* Furnie Lambert, Jr., American Indian of the Lumbee Tribe, Maxton, N.C. A retired Marine master gunnery sergeant, currently serves as the chairman of Veterans Affairs Committee for the Lumbee Tribe of North Carolina.

> \* John W. Jelks, African American, Dale City, Va. A retired Air Force senior master sergeant, currently the coordinator for National Geospatial Intelligence Agency.

> \* Debra L. Wilson, Lakota Sioux, Tahlequah, Okla. A former Marine Corps staff sergeant, currently works as a compliance officer for the Cherokee Nation gaming commission.

> \* Nelson N. Angapak, Sr., Alaskan Native, Anchorage, Ala. An Army veteran, currently is the executive vice president of the Alaska Federation of Natives.

> \* Shoshana N. Johnson, Black Hispanic American, El Paso, Texas. A retired Army specialist who is the first black female POW in the U.S. history and currently conducts speaking engagements across the country discussing her experience as a POW in Iraq.

> \* Alexander Y. Chan, Asian American, Fairfax Station, Va. A Navy veteran, currently a senior enforcement officer and certified internal auditor in the Federal Communications Commission's Enforcement Bureau.

> \* James T. McLawhorn, Jr., African American, Columbia, S.C. Currently the president and chief executive officer of the Columbia Urban League in South Carolina.

> [Source: VA News release 12 Feb 08 ++]

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> AFRH UPDATE 03: A report from the Defense Department's inspector general says allegations of serious health care problems at the Armed Forces

Retirement Home are overblown. The Government Accountability Office asked the Pentagon last year to investigate reports of a rising death rate, filthy rooms and veterans suffering from bedsores. But the inspector general's report says investigators found that the death rate at the home declined between 2004 and 2006. It also could not document allegations that poor care caused an unusual number of residents to be sent to the hospital. The report confirmed that one patient was found with maggots in a leg wound in 2006. The home acknowledged the incident last year and eight employees were fired. [Source: The Associated Press 12 Feb 08 ++]

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> WW1 VET SEARCH UPDATE 03: Of the 2 million American soldiers sent to the

trenches during World War I, only Frank Woodruff Buckles is still alive. The retired Army corporal, who turned 107 this month, is all that prevents the First World War from slipping into the secondhand past. Harry Landis, the only other known WWI veteran, died at 108 last week in Tampa, Fla. We're about to "lose a living touchstone of history," says Bob Patrick, director of the Library of Congress's Veterans History Project. Yet the United States has no firm or official plans to mark the passing of its last WWI veteran. "Frankly, we're trying to keep the focus on the living," says Phil Budahan, director of media relations for the Department of Veterans Affairs. Britain plans to hold an elaborate ceremony at Westminster Abbey when the last of its three remaining WWI veterans die. Canada and France, which each have one remaining veteran, have also announced plans to hold a state funeral. In fact, America's plans are more akin to those of its wartime enemy, Germany, whose last veteran died last month at 107 without official fanfare.

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> In America, the First World War remains a largely forgotten conflict. It has no national monument on the Washington Mall, no blockbuster film, no iconic image equivalent to soldiers' raising the flag on Iwo Jima. There wasn't even a reliable list of living veterans until a writer, researching a book about the war's place in the shadows, tallied one for himself in 2004. "Nobody-not the Department of Veterans Affairs, or the Veterans of Foreign Wars or the American Legion-knew how many there were," says Richard Rubin, author of the forthcoming book "The Last of the Doughboys." As far as he could tell, "that chapter of history was closed." For now, the primarily privately funded World War One Museum in Kansas City, Mo., is the only national institution with plans to commemorate the end of the Doughboy generation. "We just don't know what that means yet," says Denise Rendina, a spokeswoman for the museum. The VA says that all plans must come from Congress, while the White House Commission on Remembrance, the agency officially tasked with honoring "America's fallen," says it will invite Buckles to join a national flag-raising tour that began in December. There's just one problem: the touring flag is from a World War II memorial. [Source: Newsweek Tony Dokoupil article 9 Feb 08 ++]

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> TOMB OF THE UNKNOWNNS: Congress has blocked the possible replacement of

the cracked Tomb of the Unknowns at Arlington National Cemetery, deciding instead to study repairs to the existing marble monument. A defense bill President Bush signed into law 28 JAN included an amendment to prevent replacement of the tomb, pending a report to Congress. The cemetery had been leaning toward replacing the monument, which was installed in 1931, to maintain its dignity. But now that replacement of the stone has been stalled, the cemetery plans to make repairs to the monument later this year, said John Metzler, the cemetery's superintendent. The last repairs were made in 1989. The work (with guidance from National Park Service stone conservators) involves replacing the existing grouting on the monument and cleaning the stone with water and a soft brush. Millions of people visit the tomb each year, where soldiers guard the sculpted sarcophagus at all times. It overlooks Washington from across the Potomac River in Arlington and is the scene of Memorial Day wreath-laying ceremonies by the president. A crypt beneath the monument holds the remains of three unidentified servicemen killed in the two world wars and the Korean War. A Vietnam War veteran buried there was later identified through DNA testing and removed. [Source: Associated Press article 9 Feb 08 ++]

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> OHIO STATE TAX: Recently passed Ohio legislation exempts military retirement pay from Ohio personal income tax and exempts estates of armed forces members who died while serving in combat zones from probate fees. The legislation also extends the 20% credit available to certain military persons on civil service examinations to any member of the National Guard or a reserve component of the U.S. Armed Forces who has completed more than 180

days of active duty service pursuant to an order of the President or an act of Congress. H.B. 372 Laws 2007, effective 24 DEC 07. [Source: Clark, Schaefer, Hackett & Co Tax Update 9 Feb 08 ++]

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> MEDICARE FRAUD UPDATE 01: Federal prosecutors on 7 FEB reported that in

one of the biggest U.S. health care fraud settlements ever, Merck & Co. will pay \$671 million to settle claims it overcharged the government for four popular drugs and bribed doctors to prescribe its drugs,. The alleged overcharges, dating back to the mid-1990s, involved Medicaid programs in the District of Columbia and every state but Arizona, as well as federal health-insurance programs at agencies including the Department of Defense and Veterans Administration. A nationwide investigation by federal

prosecutors, triggered in 2000 by a former Merck salesman-turned-whistleblower and broadened by a Louisiana doctor who also exposed overcharging, resulted in the two settlements announced. In Philadelphia, prosecutors said Merck agreed to pay \$399 million for improper calculation of Medicaid rebates and bribing doctors. In New Orleans, prosecutors said the drugmaker agreed to pay \$250 million for its rebate practices. With interest, that totals \$671 million.

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> The settlement is the third largest ever for health care fraud, behind a \$900 million case involving hospital operator Tenet Healthcare Corp. and a \$730 million case involving hospital chain HCA, according to the group Taxpayers Against Fraud. Whitehouse Station, N.J.-based Merck said the settlements do not constitute an admission of any liability or wrongdoing. "What we have here is a disagreement (over) the rules of the Medicaid rebate program," said Merck spokesman Ronald Rogers. "These civil settlements were the best and most appropriate way to resolve these lengthy investigations." Drug companies must report to the government the lowest price for their medicines to ensure that Medicaid programs get the same discounts or rebates on drugs they buy. Prosecutors said Merck was hiding steep discounts; up to 92% off the average price it gave hospitals that used a set amount of Merck products. From 1997 to 2001, prosecutors said Merck had about 15 different programs used by its sales representatives to give doctors and other health professionals "illegal kickbacks," disguised as fees for training or consultation, to induce them to prescribe Merck drugs.

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> The Philadelphia case involved pricing programs for the cholesterol drugs Zocor and Mevacor and the painkiller Vioxx, which Merck pulled from the market in SEP 04 because Vioxx doubled the risk of heart attack and stroke. Those programs ran from 1996 through 2006. The Louisiana case involved pricing for heartburn drug Pepcid, from mid-1996 to APR 01, when it was sold only by prescription. Federal prosecutors said Merck ended those practices and started a program to comply with government pricing rules in 2001, before learning prosecutors were investigating allegations raised in 2000 by former Merck salesman H. Dean Steinke. Steinke filed a whistleblower lawsuit in federal court in Philadelphia and notified the U.S. attorney's office there of his allegations of Merck overcharging the government and giving doctors improper payments, said Virginia Gibson, chief of the office's civil division. About four years later, Steinke filed a similar whistleblower lawsuit in Nevada, where the U.S. attorney's office there instituted its own probe. Massachusetts, Delaware and Illinois also joined in. Meanwhile, Dr. William St. John LaCorte, a geriatrics specialist, sued Merck in late 1999 after discovering that some of his patients, while hospitalized, had been switched to Pepcid from other heartburn drugs he prescribed.

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> According to Mukasey's office, the federal government will receive

more than \$360 million out of the total settlement, and more than \$290 million will go to the states and District of Columbia. Steinke will get \$67 million from the federal and state shares, and a still-undetermined whistleblower reward will go to LaCorte. When Merck reported its fourth-quarter financial results 20 JAN, they included a \$671 million charge for the anticipated resolution of federal and state civil probes into past sales and marketing practices, as the deal's final details were being worked out. Merck shares fell 1 cent to \$45.70 Thursday. The shares have traded in a 52-week range of \$42.32 to \$61.62. [Source: Associated Press Linda A. Johnson article 8 Feb 08 ++]

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> NATIONAL SALUTE TO HOSPITALIZED VETERANS: Every day, some 98,000 veterans are treated in Department of Veterans Affairs medical centers, outpatient clinics, domiciliarys, and nursing homes. And every year, during Valentine's Week, a call goes out to the public to visit and honor these hospitalized veterans during National Salute Week. This year, the event runs from 11 thru 17 FEB. During the National Salute, VA invites individuals, veterans groups, military personnel, civic organizations, businesses, schools, local media, celebrities and sports stars to participate in a variety of activities at the VA medical centers. The activities and events include special ward visits and valentine distributions; photo opportunities; school essay contests; special recreation activities and veteran recognition programs. The week also provides an opportunity for the community to become acquainted with the volunteer opportunities within the medical center. Contact your nearest VA Medical Center and ask for Voluntary Service to discover the things you, your group or organization can do to salute America's Heroes. At present the VA maintains 1317 facilities nationwide. You can locate the facility nearest you at <http://www1.va.gov/directory/guide/home.asp?isFlash=1>. [Source: St. Cloud MN Times editorial 6 Feb 08 ++]

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> MOBILIZED RESERVE 13 FEB 08: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 13 FEB 08 in support of the partial mobilization. The net collective result is 481 more reservists mobilized than last reported in the Bulletin for 30 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 73,769; Navy Reserve, 5,029; Air National Guard and Air Force Reserve, 7,128; Marine Corps Reserve, 8,703; and the Coast Guard Reserve, 343. This brings the total National Guard and Reserve personnel who have been mobilized to 94,972, 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/Feb2008/d20080213ngr.pdf>. [Source: DoD News Release 13 Feb 08 ++]

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> PASSPORT OBTAINMENT UPDATE 02: On 1 FEB 08 the U.S. Government increased

its fees for their U.S. citizen passport services. For adult applicants renewing a passport, the total fee is now \$75. For first-time, applicants age 16 and over, the total fee increases to \$100. The fee for minors under 16 years of age will be \$85. Effective 1 FEB 08 passport applicants who are U.S. citizen minors under the age of 16 must appear personally with their parents to establish identity, proof of citizenship and proof of relationship. For parental application permission, both parents must appear together and sign or one parent may appear to sign and submit the other parent's notarized statement, or one parent may appear, sign, and submit primary evidence of sole authority. Minors age 16 and 17 may apply in person with their own identification, but for security reasons, parental consent may be required. If your child does not have identification of their own, a parent will be required to accompany the child and present identification. Refer to the Department of State's website at [www.travel.state.gov](http://www.travel.state.gov)

<http://www.travel.state.gov> for

complete information on all new requirements, including downloadable revised forms that must be used as of 1 FEB, and the U.S. Embassy website at [manila.usembassy.gov](http://manila.usembassy.gov), for complete U.S. passport application instructions.

Americans traveling abroad should regularly monitor their Embassy's and the U.S. Department of State's travel website at [www.travel.state.gov](http://www.travel.state.gov)

<http://www.travel.state.gov> , where

the current Worldwide Caution, Travel Warnings, and Travel Alerts can be found. The U.S. Embassy also encourages U.S. citizens to review to "A Safe Trip Abroad," found at

[http://travel.state.gov/travel/tips/safety/safety\\_1747.html](http://travel.state.gov/travel/tips/safety/safety_1747.html) , which includes

valuable security information for those both living and traveling abroad. In addition to information on the Internet, travelers may obtain up-to-date information on security conditions by calling 1(888) 407-4747 toll-free in the U.S. and Canada, or outside the U.S. and Canada on a regular toll line at 1(202) 501-4444. Citizens living and residing in the Philippines are advised to register their presence in the country through the U.S.

Department of State's automated online registration system,

<https://travelregistration.state.gov>. U.S. citizens may also contact the Consular Section at the U.S. Embassy via e-mail or by calling (02) 301-2000.

[Source: U.S. Embassy Warden msg 1 Feb 08 ++]

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> PASSPORT OBTAINMENT UPDATE 03: U.S. citizens may begin applying in advance for the new U.S. Passport Card beginning 1 FEB 08, in anticipation

of land border travel document requirements. It is expected cards will be available and mailed to applicants in spring 2008. The passport card will facilitate entry and expedite document processing at U.S. land and sea ports-of-entry when arriving from Canada, Mexico, the Caribbean and Bermuda. The Department of State is issuing this passport card in response to the needs of border resident communities for a less expensive and more portable alternative to the traditional passport. The passport card is by definition a passport and will be considered proof of U.S. citizenship. The card may not, however, be used to travel by air. The passport card will otherwise carry the rights and privileges of the U.S. passport book and will be adjudicated to the exact same standards. The card will have the same period of validity as the passport book: ten years for an adult (age 16 and older), and five years for children 15 years and younger. If you already have a passport book, you may apply for the card as a passport renewal and pay only \$20. The fee for a first-time adult applicant will be \$45. The fee for a minor applicant under the age of 16 will be \$35. [Source: U.S. Embassy Warden msg 1 Feb 08 ++]

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> PHILIPPINES AIR CARRIER CONCERNS: On 26 DEC 07 the U.S. Federal Aviation

Administration (FAA) informed the Government of the Philippines that it has revised the Philippines' aviation safety oversight category from Category 1 to Category 2 due to serious concerns about the Philippine Air Transportation Office's oversight of air carrier operations. Category 2 indicates that the FAA has assessed the Government of the Philippines' Civil Aviation Authority as not being in compliance with International Civil Aviation Organization (ICAO) safety standards for the oversight of Philippine air carrier operations. While in Category 2, Philippine air carriers will be permitted to continue current operations to the United States, but will be under heightened FAA surveillance. For more information, travelers may visit the FAA's website at

[http://www.faa.gov/safety/programs\\_initiatives/oversight/iasa](http://www.faa.gov/safety/programs_initiatives/oversight/iasa).

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> Whenever possible, Americans traveling to and from the Philippines should fly to their destinations on international carriers from countries whose civil aviation authorities meet international aviation safety standards for the oversight of their air carrier operations under the FAA's International Aviation Safety Assessment (IASA) program. The U.S. Embassy strongly encourages Americans in the Philippines, including short-term visitors, to register with the Embassy in Manila. Registration may be done on-line at <https://travelregistration.state.gov>. Information on registration procedures, all security-related Travel Warnings and Public Announcements, and recent Embassy warden messages are posted on the Embassy's website at <http://manila.usembassy.gov>. The U.S. Embassy is located at: 1201 Roxas Boulevard, Manila, Philippines, tel. 63-2-301-2000. The Consular American

Citizen Services (ACS) section's fax number is 63-2-301-2017. [Source: U.S. Embassy Warden msg 1 Feb 08 ++]

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> CRSC UPDATE 37: The 2008 National Defense Authorization Act (NDAA) was signed into law on 29 JAN 08. The NDAA expanded Combat-Related Special Compensation (CRSC) eligibility to include those who were medically retired under Chapter 61 with less than 20 years of service, effective 1 JAN 08. A Chapter 61 retiree is anyone who was medically retired from military service. Chapter 61 is a new component for CRSC. Medically retired Veterans must still provide documentation that shows a causal link between a current VA disability and a combat-related event. CRSC will not begin processing claims until the DoD provides program implementation instructions.

Potentially eligible retirees can begin to gather the required documentation (VA rating decision, DD214, medical records) needed to submit their claim.

Required documentation includes a signed claim form and:

> 1. Copy of Chapter 61 Board results (Chapter 61 claimants only).

> 2. Copies of ALL VA rating decisions which include the letter and the narrative summaries

> 3. Copies of ALL DD214's

> 4. Medical records that support "HOW" the injury occurred for each claimed disability that meets the criteria for combat-related. Refer to CRSC website to learn what combat-related is.

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> The CRSC website [www.crsc.army.mil](http://www.crsc.army.mil) <<http://www.crsc.army.mil>> will be kept updated with program

guidance and claim information. For questions and further guidance send email to [crsc.info@us.army.mil](mailto:crsc.info@us.army.mil) <<mailto:crsc.info@us.army.mil>> or contact the CRSC call center at 1(866)

281-3254. [Source: U.S. Army Wounded Warrior Program Northeast Team Ayandria Barry input 5 Feb 08 ++]

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> TAX DEDUCTIONS: Many disabled veterans and disabled people in general think that there is no reason to file any taxes. However, even though VA comp is non-reportable, in many states you can still get a rebate back on sales tax property tax, and the likes. Every year, the IRS dutifully reports the most common blunders taxpayers make on their returns. And every year, at or near the top of the list, is forgetting to enter a Social Security number or making a mistake when entering the nine digits that identify us to IRS computers. Who knows how many people forgot-or never knew about-a deduction that could save them money? The opportunity for mistakes is almost unlimited. The most recent numbers show that about 46 million of us itemized deductions on our 1040s-claiming nearly one trillion dollars' worth of deductions. Another 85 million taxpayers claimed more than half a trillion dollars' worth of standard deductions. Some of those who

took the easy way out probably shortchanged themselves. Years ago, the head of the IRS told Kiplinger's Personal Finance magazine that he figured millions of taxpayers overpaid their taxes every year by overlooking just one of the following money-savers listed:

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> 1. State sales taxes. This write-off makes sense primarily for those who live in states that do not impose an income tax. You must choose between deducting state income taxes or state sales taxes and, for most citizens of income-tax states, the income tax deduction usually is a better deal. IRS has tables for residents of states with sales taxes showing how much they can deduct. But the tables aren't the last word. If you purchased a vehicle, boat or airplane, you get to add the state sales tax you paid to the amount shown in IRS tables for your state, to the extent the sales tax rate you paid doesn't exceed the state's general sales tax rate. The same goes for home building materials you purchased. These items are easy to overlook. The IRS even has a calculator on its Web site to help you figure out the deduction, which varies by your state and income level.

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> 2. Reinvested dividends. This isn't really a deduction, but it is a subtraction that can save you money; this is the break former IRS Commissioner Fred Goldberg told Kiplinger's that lots of taxpayers miss. If, > like most investors, you have mutual fund dividends automatically invested in extra shares, remember that each reinvestment increases your "tax basis" in the fund. That, in turn, reduces the taxable capital gain (or increases the tax-saving loss) when you redeem shares. Forgetting to include the reinvested dividends in your basis-which you subtract from the proceeds of sale to pinpoint your gain-means overpaying your tax.

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> 3. Out-of-pocket charitable contributions. It's hard to overlook the big charitable gifts you made during the year, by check or payroll deduction. But the little things add up, too, and you can write off out-of-pocket costs you incur while doing good works. Ingredients for casseroles you regularly prepare for a nonprofit organization's soup kitchen, for example, or the cost of stamps you buy for your school's

> fundraiser count as a charitable contribution. If you drove your car for charity in 2007, remember to deduct 14 cents per mile.

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> 4. Student loan interest paid by Mom and Dad. Until recently, if parents paid back a student loan incurred by their children, no one got a tax break. To get a deduction, the law held that you had to be both liable for the debt and actually pay it yourself. But now there's an exception. If Mom and Dad pay back the loan, the IRS treats it as though they gave the money to their child, who then paid the debt. So, a child who's not claimed as a dependent can qualify to deduct up to \$2,500 of student loan interest

> paid by Mom and Dad.

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> 5. Moving expense to take first job. Job-hunting expenses incurred while looking for your first job are not deductible, but moving expenses to get to that first job are. And you get this write-off even if you don't itemize. If you moved more than 50 miles, you can deduct the cost of getting yourself and your household goods to the new area, including 20 cents per mile (plus parking fees and tolls) for driving your own car.

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> 6. Military reservists' travel expenses. If you are a member of the National Guard or military reserve, you may deserve a deduction for travel expenses to drills or meetings. To qualify, you must travel more than 100 miles and be away from home overnight. If you qualify, you can deduct the cost of lodging and half the cost of your meals, plus 48.5 cents per mile (and any parking or toll fees) for driving your own car. You get this deduction whether or not you itemize.

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> 7. Child care credit. A credit is so much better than a deduction-it reduces your tax bill dollar for dollar. So missing one is even more painful than missing a deduction that simply reduces the amount of income that's subject to tax. But it's easy to overlook the child care credit if you pay your child care bills through a reimbursement account at work. Until a few years ago, the child care credit applied to no more than \$4,800 of qualifying expenses. The law allows you to run up to \$5,000 of such expenses through a tax-favored reimbursement account at work. Now, however, up to \$6,000 can qualify for the credit, but the old \$5,000 limit still applies to reimbursement accounts. So, if you run the maximum \$5,000 through a plan at work but spend more for work-related child care, you can claim the credit on up to an extra \$1,000. That would cut your tax bill by at least \$200.

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> 8. Estate tax on income in respect of a decedent. This sounds complicated, but it can save you a lot of money if you inherited an IRA from someone whose estate was big enough to be subject to the federal estate tax. Basically, you get an income tax deduction for the amount of estate tax paid on the IRA balance. Let's say you inherited a \$100,000 IRA and the fact that the \$100,000 was included in your benefactor's estate added \$45,000 to the estate tax bill. As you withdraw the money from the IRA and pay tax on it, you also get to deduct a proportional amount of the estate tax paid. If you withdraw \$50,000 in one year, for example, you get to claim a \$22,500 itemized deduction on Schedule A.

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> 9. State tax you paid last spring. Did you owe tax when you filed your 2006 state tax return in the spring of 2007? Then remember to include that amount with your state tax deduction on your 2007 return, along with state income taxes withheld from your paychecks or paid via quarterly estimated payments.

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> 10. Refinancing points. When you buy a house, you get to deduct points paid to obtain your mortgage in one fell swoop. When you refinance a mortgage, though, you have to deduct the points over the life of the loan. That means 1/30th a year if it's a 30-year mortgage-that's \$33 a year for each \$1,000 of points you paid. And, in the year you pay off the loan-because you sell the house or refinance again-you may get to deduct all the as-yet-undeducted points. You do unless you refinance with the same lender. In that case, you add points on the latest deal to the leftovers from the previous refinancing and deduct the expense ratably over the life of the new loan.

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> 11. Jury pay paid to employer. Some employers continue to pay employees' full salary while they are doing their civic duty, but ask that they turn over their jury fees to the corporate treasury. The only problem is that the IRS demands that you report those fees as taxable income. You've always had a right to deduct the amount, so you weren't taxed on money that simply passed through your hands.

> [Source: Gulf War Resource Center Jim Bunker input Feb 08 ++]

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> VA BUDGET 2009: President Bush is seeking a budget of \$93.7 billion in fiscal year 2009 for the Department of Veterans Affairs (VA), with health care and disability compensation receiving most of the funding. If Congress accepts the White House's budget request, VA's budget would be \$3.4 billion more than the current spending level and nearly double the budget in effect when President Bush took office seven years ago. The budget proposal calls for \$47.2 billion in discretionary funding, mostly for health care. It also would provide \$46.4 billion in mandatory funding for compensation, pension, educational assistance, home loan guaranties and other benefit programs. This proposed budget will allow VA to continue implementing the recommendations of the President's Commission on Care for America's Returning Wounded Warriors (Dole-Shalala Commission). Included in the \$93.7 billion request are funds to/for:

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> . Research projects (\$252 million) specifically focused on veterans returning from service in Iraq and Afghanistan. This includes research in traumatic brain injury, polytrauma, spinal cord injury, prosthetics, burn injury, pain, and post-deployment mental health.

> . Acquire greater access to DoD's online medical information, by working to reduce the Department's reliance upon paper-based claims folders and by aggressively hiring new staff. By the beginning of 2009, VA expects to complete a two-year effort to hire 3,100 new staff.

> . Operations and maintenance for the National Cemetery Administration (\$181 million) and an additional \$5 million to begin interment operations at six new national cemeteries-Bakersfield CA, Birmingham AL; Columbia-Greenville SC; Jacksonville FL; Sarasota FL; and southeastern PA.

Major construction funding of \$105 million to support the VA's burial program including resources for gravesite expansion and cemetery improvement projects at three national cemeteries-New York (Calverton, \$29 million); Massachusetts (\$20.5 million); and Puerto Rico (\$33.9 million). Expand access to its burial program by increasing the percent of veterans served by a national or state veterans cemetery within 75 miles of their residence to 88% in 2009. VA expects to perform 111,000 interments in 2009.

- > . Cyber-security program (\$93 million) to uphold to support the commitment to make the Department the gold standard in data security within the federal government.

- > . Medical services (\$34.08 billion), medical facilities (\$4.66 billion), and resources from medical care collections (\$2.47 billion).

- > . Provide resources to treat nearly 5.8 million patients, including about 3.9 million veterans who are VA's highest priority patients-veterans returning from service in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), veterans with service-connected disabilities, those with lower incomes, and veterans with special health care needs.

- > . Treatment of about 333,000 OIF/OEF veterans in 2009. Medical care funding for these patients will climb to nearly \$1.3 billion in 2009, or 21% more than in 2008.

- > . Resources for VA to virtually eliminate the patient waiting list by the end of 2009.

- > . Resources for mental health care (\$3.9 billion).

- > . Non-institutional long-term care (\$762 million). The number of patients receiving this type of care, as measured by the average daily census, is expected to reach 61,000.

- > . Resources for CHAMPVA (\$1 billion +).

- > . \$1.5 billion to support the increasing workload associated with the purchase and repair of prosthetics and sensory aids to improve veterans' quality of life.

- > . \$83 million for facility activations where needed to purchase equipment and supplies for newly constructed and leased buildings as VA completes projects from the Capital Asset Realignment for Enhanced Services (CARES) program.

- > . Investments in VA's capital infrastructure including the continued development of new hospitals in Orlando FL (\$120 million) and Denver CO (\$20 million), and beginning three new projects to enhance mental health and polytrauma care at the Palo Alto CA (\$38 million), Bay Pines FL (\$17 million) and Tampa FL (\$21 million) medical centers.

- > . Expansion of the telehealth program to improve access to health care for veterans living in rural and remote areas.

- > . \$442 million for Medical/Prosthetic research in nearly 2,000 high-priority research projects.

- > . Disability compensation payments to 234,000 more service-disabled veterans and their survivors in 2009 than were made in 2007. Total disability compensation payments will increase by \$6 billion.

- > . Improve the delivery of compensation and pension benefits. The volume of claims is projected to reach 872,000 in 2009.
- > . Vocational rehabilitation and employment benefits for service-disabled veterans will increase by \$14 million in 2009.
- > . Resources to improve the timeliness with which compensation and pension claims are processed- average days to process these claims will be 145 days. The number of claims processed will grow to over 940,000. The number of pending claims for compensation and pension benefits will fall to 298,000 by the end of 2009.
- > . Resources to improve original education claims processing to 19 days and supplemental education claims to 10 days in 2009.
- > . Resources for VA and the DoD to complete the pilot of a new disability evaluation system at major medical facilities in the Washington, D.C., area.
- > . Specially adapted housing grants (\$35.9 million).
- > . Expand access to its burial program by increasing the percent of veterans served by a national or state veterans cemetery within 75 miles of their residence to 88% in 2009. That's a 4.6 percentage point increase above the performance level at the close of 2007.
- > . Provide more than \$2.4 billion for the Department's IT program.
- > . \$23.8 million to complete the transition of compensation and pension payment processing from the current system to VETSNET.
- > . \$284 million for development and implementation of the Veterans Health Information Systems and Technology Architecture (HealthVet-VistA) program.
- > [Source: VA News Release 4 Feb 08 ++]

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> VA BUDGET 2009 UPDATE 01: Some say budget request would not meet VA's requirements. Following are some of the media/congressional comments regarding the Bush proposal:

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> . Congressional Quarterly reported, "The Veterans Affairs Department (VA) would receive only a modest boost for veterans' medical needs in fiscal 2009, which Democrats said would not meet the agency's requirements." The White House's budget request contains a total of \$91.2 billion for the VA, including \$44.8 billion in discretionary spending. The proposed discretionary spending is a modest increase over the \$43.1 billion appropriated to the department through the fiscal 2008 omnibus spending law. And, while VA Secretary James B. Peake said the budget request builds on VA's past successes in providing veterans with timely, accessible delivery of high-quality benefits and services earned through their sacrifice and service in defense of freedom some Democrats said the VA medical budget could fall short of projected needs.

> . Tim Johnson (D-SD), chairman of the Senate Appropriations Military Construction-VA Subcommittee, said, "The administration has proposed an increase in funding for the VA, but I'm concerned the need will outpace the

increase."

> . The AP reported Sen. Jon Tester (D-MT) said the budget proposal is about as out-of-touch with Montana values as you can get. It racks up nearly a trillion dollars in new debt while containing nearly \$2 billion in new fees on veterans who want to use the VA. We need a budget that prioritizes working families, rural America, infrastructure, veterans and health care, especially for our children. If President Bush isn't going to prioritize these things in his budget, Congress will in ours.

> . USA Today said that with its budget request, the Bush administration is again seeking to charge health care enrollment fees to veterans with no service injuries and incomes above \$50,000, along with charging a hike in prescription-drug co-payments from \$8 to \$15. Congress, however, has denied both before. USA Today added that outlook in Congress for the request can best be summed up by Sen. Daniel Akaka (D-HI), the head of the Senate Veterans Affairs Committee. Akaka called the proposal inadequate: "It's just not enough."

> . The New York Times added, "The president proposes to raise \$2 billion from new enrollment fees and higher pharmacy co-payments for certain veterans receiving health care from the Department of Veterans Affairs."

> . The Marine Corps Times reports VA Secretary Peake praised the White House request for VA funding, saying, "If you look at health care, it's more than double what it was seven years ago." The Times added, "One of the biggest issues facing VA is overwhelmed case workers who can't keep up with the thousands of new benefits claims that continue to pour in,"

> . Rita Reese, principal deputy assistant secretary for management, said VA plans to increase the number of fulltime case workers. She added that the budget plan aims to reduce the disability claims backlog to 298,000 by the end of fiscal 2009, a drop of 24%. Reese also said the average length of time required to rule on an initial benefits claim will drop from the current 180 days to about 145 days, a 21% improvement over 2007.

> . UPI added that President Bush's 2009 budget pushes for implementation of recommendations from the Commission on Care for America's Returning Wounded

Warriors. The VA budget, unveiled Tuesday, seeks \$41.2 billion for medical care, which Bush said was more than double the amount the department received when Bush took office. Picking up themes from his State of the Union address last week, Bush said the administration also would seek enactment of commission recommendations, including modernizing of disability compensation systems, expanding treatment for post-traumatic stress disorder and strengthening support for families.

> . The Wall Street Journal reported a major expansion included in the proposed budget was a 28% increase to \$348 million for the Veterans Affairs Department.

> . Government Executive reported, "The Veterans Affairs Department would see a nearly 18% jump in its information technology budget if Congress approves President Bush's fiscal 2009 budget request." The administration

earmarked \$2.53 billion for VA's tech budget in 2009, up from \$2.15 billion in 2008.

> . VA officials said the bulk of the \$380 million increase will be allocated to programs to enhance veteran services, to cover inflationary cost increases, replace aging equipment, build new facilities and add services."

> [Source: News from Around the Country 5 Feb 08 ++]

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> TRICARE USER FEE UPDATE 21: In the proposed FY09 budget DoD included

the "Task Force for the Future of Military" recommendations to dramatically raise the TRICARE enrollment fees, co-pays and deductibles for working age military retirees and their families. They estimate a savings to them (and a cost to the retirees) of \$1.2 billion. On 7 FEB, representatives from The Military Coalition testified against these proposals before the House Armed Service Committee's personnel subcommittee. The increases proposed for 2009 are as follows:

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> . For retirees with retired pay from \$0 to \$19,999 for TRICARE Prime (presently \$230 for an individual and \$460 for a family) up to \$364 for an individual and \$728 for a family.

> . For TRICARE Standard (presently there is no yearly enrollment fee and the deductible is \$150 for an individual and \$300 for a family) there will be an enrollment fee of \$32 for an individual, \$64 for a family, a deductible of \$209 for an individual and \$407 for an family.

> . For retirees with retired pay from \$20,000-\$39,000 for TRICARE Prime (presently \$230 for an individual and \$460 for a family) up to \$444 for an individual and \$888 for a family.

> . For TRICARE Standard (presently there is no yearly enrollment fee and the deductible is \$150 for an individual and \$300 for a family) there will be an enrollment fee of \$32 for an individual, \$64 for a family, a deductible of \$252 for an individual and \$503 for an family.

> . For retirees with retired pay from \$40,000 and above for TRICARE Prime (presently \$230 for an individual and \$460 for a family) up to \$594 for an individual and \$1,188 for a family.

> . For TRICARE Standard (presently there is no yearly enrollment fee and the deductible is \$150 for an individual and \$300 for a family) there will be an enrollment fee of \$32 for an individual, \$64 for a family, a deductible of \$337 for an individual and \$675 for an family.

> . The present co-pays in retail for a 30 day supply are \$3 for a generic drug, \$9 for a brand name and \$22 for a non-formulary drug. Under this proposal it would increase to \$15 for a generic; \$25 for a brand name and \$45 for a non-formulary drug.

> . Mail order for 90 day supply co-pays are presently \$3 for a generic, \$9 for a brand and \$22 for a non-formulary. Under the proposal the generic they

would have \$0 co-pay generic, \$15 for the brand and \$45 for the non-formulary.

> [Source: TREA Washington Update 8 Feb 08 ++]

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> VA BUDGET 2009 UPDATE 02: On 7 FEB, the House Committee on Veterans' Affairs, led by Chairman Bob Filner (D-CA), held a hearing to address the Administration's budget request for the Department of Veterans Affairs (VA) for fiscal year 2009. Chairman Filner said, "The request for veterans' funding for 2009 is simply not adequate. Although the request includes a 5.5% increase for health care, this increase barely covers the cost of medical inflation and does not keep up with the ever-increasing demand for VA health care. I believe that no veteran should have to wait for a health care appointment simply because the VA does not have the resources to care for that veteran. The VA must make sure that resources are in place to meet the needs of our servicemembers returning from Iraq and Afghanistan, especially in the areas of mental health care services and traumatic brain injury care, and that we provide the benefits and services promised to previous generations of veterans. The service and sacrifice of our veterans is real, and the budget for the VA must provide realistic funding levels to meet these needs - and I'm afraid that the Bush budget for veterans does not make the grade."

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> The Administration request calls for a \$2 billion increase for VA medical care, and an overall increase of \$1.7 billion for VA discretionary funding. The budget, released on 4 FEB, increases veterans' spending in FY 2009 but afterwards calls for slashing veterans' programs from 2009-2013 by \$20 billion below the levels needed to maintain what the VA is doing today. The Chairman said, "I am concerned that this budget proposal contains only modest increases for veterans' health care while paying for this slight increase with cuts in other veterans' programs below the historic levels this Congress provided for in this fiscal year. It is hard for me to believe that the VA is serious about providing the finest health care possible to our veterans when the Bush Administration slashes funding for building new health care facilities and reduces our investment in VA medical and prosthetic research - we need to keep our promises to veterans and invest in their futures." For the sixth year in a row, the budget proposal raises health care costs on 1.4 million veterans by proposing an enrollment fee and calling for nearly doubling the amount paid by some veterans for prescription drugs. "This is simply the Bush Administration's attempt to raise taxes on veterans and discourage them from seeking the health care they need, and have earned," said Chairman Filner. He added, "There are too many uninsured veterans who need medical care and cannot afford it. I am extremely disappointed that the VA has once again submitted a budget that assumes the continuation of the enrollment ban on Priority 8 veterans - this continued ban on an entire class of veterans is especially egregious when we

look at our faltering economy. We face the very real prospect of more and more of our veterans facing economic hardships and losing access to medical care." [Source: House Committee on Veterans' Affairs News Release 7 Feb 08 ++]

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> VA ENROLLMENT FEE UPDATE 01: The President's proposed 2009 VA budget,

once again, calls for an annual enrollment fee for veterans in priority 7 and 8 and an increase in the pharmacy co-pays. Fortunately, unlike DoD the VA did not budget the "savings" that adoption of such proposals would bring into to the healthcare budget. Therefore, if the Military Coalition is once again successful at stopping these proposed increases there will not be a hole in the VA's healthcare budget. The Budget as submitted presently includes the following tiered annual enrollment fees based on veteran's family income (Priority 7/8):

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> Family Income Annual Enrollment Fee

> Under \$50,000 None

> \$50,000 -\$74,999 \$250

> \$75,000 -\$99,999 \$500

> \$100,000 and above \$750

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> It also calls for an increase in pharmacy co-payments from \$8 to \$15 (Priority 7/8). Last year Congress passed historic increases in the VA budget; \$3.7 billion additional funding was given to the VA in emergency funding for this year. Hopefully, permanent additional funding can be added to this already increased budget. [Source: TREA Washington Update 8 Feb 08 ++]

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> MEDICARE PART D UPDATE 18: To get your Medicare drug plan to pay for a drug they have declined to pay for or lower the cost you must ask for an exception. This has to be done by a formal, written request to your plan asking that it pay for a drug you need that is not on its formulary or asking it to lower the price of a drug you need that is on its formulary but it costs too much. The process for asking a plan to cover a drug for you is the same whether you are in a Medicare private health plan with drug coverage (MA-PD) or stand-alone private drug plan (PDP). Normally, you will not know it is necessary to do this until after you try to fill your prescription at the pharmacy. The steps to follow when asking for an exception are:

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> 1. Get a supporting statement from your prescribing doctor: You or your doctor can request an exception. However, you will still need a supporting letter from your doctor certifying that the drug prescribed is medically

necessary because other drugs are not as effective or may be harmful for you. If it is an emergency-your "life, health or ability to regain maximum function" are at risk-your doctor can ask the plan to respond quickly (expedited exception).

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> 2. Find out where you should file for an exception: To find out where to fax the letter and whether you need any other forms, you or your doctor should call your plan. In most plans, you should ask for the "Clinical Review or Pharmacy Department."

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> 3. Make sure your plan responds when it should: If you do not get an answer, call until you do.

> Plans must respond within 72 hours of receiving your doctor's written statement explaining why the drug is medically necessary for you. If it is an emergency, plans must respond to expedited requests within 24 hours. These are clock hours not business hours. Your plan should contact you with a decision, but if you do not hear from them in the proper timeframe, you should call and ask for the plan's decision.

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> 4. Exception request denied: If a plan denies an exception request, you can appeal the plan's decision. Your plan should respond to you in writing with a letter titled "Notice of Denial of Medicare Prescription Drug Coverage." The letter will tell you how to appeal.

> [Source: Dear Marci Medicare Rights Center 4 Feb 08 ++]

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> MEDICARE PART D UPDATE 19: Before you can begin the appeals process, you

must have already asked for an exception and been officially denied in writing. A "no" at the pharmacy is not an official denial. The process for appealing is the same whether you are in a Medicare private health plan with drug coverage (MA-PD) or stand-alone private drug plan (PDP). If your exception has been denied, the first step is to go back to your plan and ask for a "redetermination." The notice you received denying your exception request will tell you why you have been turned down and how to ask for a redetermination (this notice is generally called a "Notice of Denial of Medicare Prescription Drug Coverage"). Following are the appeal steps you are entitled to and the time frames in which they must be responded to:

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> Redetermination: You must ask for a redetermination within 60 days. You, your prescribing doctor or a representative acting on your behalf can make the request (a representative can be someone authorized under state law to act for you, such as a legal guardian, or someone you appoint in a written statement to Medicare). You should call your plan's "Grievance and Appeals" department to make sure you understand what you need to do to ask for a redetermination. (Under certain circumstances, you may be able to file after

60 days, for example, if you were in the hospital and therefore unable to make the request). If it is not an emergency, you can file a standard request for a redetermination. If your doctor is filing on your behalf, he will need to have you sign a client "representative form." This form must be submitted with the redetermination request. The plan must respond no later than seven calendar days from the date it receives the request.

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> Expedited Redetermination: If it is an emergency you or your doctor can ask for an "expedited" redetermination. Your doctor will not need a representative form in this case (but it may be a good idea to submit one anyway). The plan must respond within 72 hours. If the plan fails to act within this time frame, it must forward the appeal to the Independent Review Entity (IRE) within 24 hours of the missed deadline. Plans must expedite appeals if your doctor certifies that your health requires it. If the plan decides to overturn its initial decision, it must process the request for coverage within seven calendar days (72 hours for an expedited appeal) from the date it received the request for redetermination. If the redetermination request involved payment (including reimbursement), the plan must authorize it within seven calendar days and pay within 30 calendar days from the date it received the request for redetermination.

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> Independent Review Entity (IRE): If the plan denies coverage after a redetermination request, you can request a review by the IRE within 60 days of getting the notice of denial. That notice should also explain how to appeal to the IRE (sometimes referred to as a Qualified Independent Contractor or QIC). The IRE is an independent agency that contracts with Medicare to handle these appeals and is not affiliated with any Medicare private drug plan. The IRE must get the input of the prescribing doctor either orally or in writing and respond no later than seven calendar days after receiving the reconsideration request (72 hours for an expedited appeal).

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> Administrative Law Judge (ALJ) hearing: If you disagree with the IRE's decision, or if the IRE fails to act, you can request an ALJ hearing within 60 days of the IRE's decision if the amount in question meets the minimum amount that Medicare sets each year (\$120 in 2008). Multiple appeals can be consolidated to meet this amount, allowing you to project the cost of the drug to include all of the refills you will need for the calendar year. The ALJ has a 90-day time limit within which to consider your appeal.

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> Medicare Appeals Council (MAC): If you disagree with the ALJ's decision, you can appeal within 60 days to the MAC. The MAC can also review the ALJ decision on its own initiative. The MAC has 90 days to respond.

>

> Judicial Review: If you disagree with the MAC's decision or if the MAC denied the request for appeal, and the amount in question meets the minimum

amount that Medicare will announce annually (\$1,180 in 2008), you can request judicial review in federal court.

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> If the IRE, ALJ, MAC or Judicial Review decides the plan must cover the drug you need, the plan must process the coverage within 72 hours (24 hours for an expedited appeal) from the date the plan received the decision. If the case involves a reimbursement request, the plan must authorize it within 72 hours and pay within 30 calendar days from the date it received the request. [Source: Dear Marci Medicare Rights Center 4 Feb 08 ++]

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> VA FRAUD UPDATE 07: A rural route carrier for the U.S. Postal Service has been accused of stealing medication from mail intended for veterans. Thirty-8-year-old Leta May McDaniel of De Beque CO was arrested Thursday on suspicion of 2 counts of unlawful possession of a controlled substance. She is free on a personal recognizance bond. The Postal Service says McDaniel resigned from her job earlier this month. Investigators say a number of people had complained they weren't receiving their medications. Authorities say the suspect was believed to have taken medicine from mail coming from the Veterans Administration Hospital in Grand Junction. McDaniel has an unlisted phone number and could not be reached for comment. [Source: Parachute CO Post Independent AP article 3 Feb 08 ++]

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> WINDOWS VISTA UPDATE 02: With Windows Vista, it you can encounter a whole array of issues every time you try to install a new piece of software, a new utility, a new driver or anything else for that matter. And those problems are usually caused by one of three things:

> 1.) A conflict between the new program and one you already have installed on your computer.

> 2.) A problem within the new application itself.

> 3.) An improper installation or problems with the installation.

>

> There are some solutions! If, after you install a new program, you're having trouble with your overall computer or even with some of the other programs you already have on your PC, the first thing you should do is uninstall the program and try it again. There could have been some complications with the initial install and a fresh start may be just what your computer needs. Also, when you're going through the install, just make sure you are following the directions exactly and not missing any important information along the way. If the first install messed up your computer so much that you can't even boot into Windows, you'll need to try booting into Safe Mode. By doing that, you'll be able to troubleshoot and figure out exactly what's causing the problem. You should then be able to boot up normally and try the install again. If neither of those suggestions worked for you, there is something else you can check on. When you're installing a

new piece of software, you should always ensure that you have the latest version and all of the new updates. If the program has updates, you won't be able to install it correctly until you get them. You can get the updates by visiting the manufacturer's Web site. The same goes if you're trying to install a new piece of hardware that needs updated drivers. You also need to make sure the program you're installing is Vista compatible. A lot of the older programs you have may not work with Vista and if you're having trouble installing them, that's probably why. When Microsoft designed Windows Vista, they didn't really account for a lot of the older programs most of us use, so you have to do a lot of trial and error when you're installing new applications. Programs that worked just fine with Windows XP may be completely different with Vista. [Source: Bits & Pieces Jack Gallimore Input 4 Jan 08 ++]

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> VET JOB UPDATE 01: Some upcoming Military Job Fairs scheduled for southern California are listed below. For additional info refer to

<http://hirepatriots.com/>:

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> February 28, San Diego Naval Base, Anchors Club, 10:00-14:00.

> July 10, Camp Pendleton Marine Base, So. Mesa Club, 10:00-14:00.

> July 31, San Diego Naval Base, Anchors Club, 10:00-14:00.

> October 23, Camp Pendleton Marine Base, So. Mesa Club, 10:00-14:00.

> November 6, San Diego Naval Base, Anchors Club, 10:00-14:00.

> December 4, Miramar Marine Air Station, Officers Club, 10:00-14:00.

> [Source: Patriotic Hearts Winter Newsletter Feb 08 ++]

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> VOLUNTARY SEPARATION INCENTIVE (VSI): There is a group of disabled veterans on the DOD payroll that are totally excluded from the benefits of the restoration of concurrent receipt: those separated under provision of title 10 US Code Sec 1175 - Voluntary Separation Incentive (VSI) that was used in conjunction with Temporary Early Retirement Authority (TERA, PL 102-484 Sec 4403(f)) to reduce the size of the military establishment during 1992 through 2001. Beginning 31 DEC 92, VSI was offered to service members having at least 6 but less than 20 years of service. They receive an annual amount funded by the Department of defense that equals the multiplication product of four factors: (1) their base pay at separation, (2) number of years of service, (3) 12 and (4) 2.5%. Note that while the annual amount is identical to the 12 times the monthly amount they would have received if retired for the same length of service, the VSI amount is not considered retirement pay. If the VSI recipient later qualifies for VA compensation for service connected disability, the same title 38 US Code sections that require a \$1 for \$1 offset of military retired pay also require the same offset of the VSI amount.

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> While the 2003 NDAA included TERA retirees under Concurrent Retirement Disability Pay (CRDP, 10 USC 1414) it excludes VSI recipients because they are not "retired." The 2008 NDAA includes Chapter 61 medical disability retirees under the Combat Related Special Compensation (CRSC, 10 USC 1413a) but not CRDP. Regardless, one can be retired under Chapter 61 with a minimum of 30 days active service. Extending CRSC to Chapter 61 restores their retirement pay (based on 2.5% x length of service x base pay) that is offset by VA disability compensation. Thus there is some form of relief of the VA disability compensation offset extended to TERA and Chapter 61 retirees, but absolutely no relief for VSI recipients. Those interested in seeing legislation to correct this omission should contact their legislators and request his/her sponsorship of a bill. For sure, the 2009 NDAA should include VSI recipients in concurrent receipt. A suggested editable letter with automatic transmission means can be found at [http://capwiz.com/usdr/issues/alert/?alertid=10921911&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/issues/alert/?alertid=10921911&queueid=[capwiz:queue_id])

to assist in this endeavor. [Source: USDR Action Alert 3 Feb 08 ++]

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> VETERANS EMERGENCY CARE FAIRNESS ACT: When a veteran needs emergency

medical treatment, the VA allows that veteran to go to the nearest private or community hospital. Once the veteran is stabilized, the veteran must then be transferred to a VA hospital for any necessary continued care. The problem arises when there is a wait for a bed in a VA hospital. Current law does not require the VA to reimburse the hospital for the care given after the point of stabilization. In rural areas, the problem with the current law is particularly pronounced. Often, a patient may be deemed stable but is not necessarily stable enough to make ambulance trips traveling long distances. More specifically, the Veterans Emergency Care Fairness Act of 2007:

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> . Requires (under current law, authorizes) the Secretary of Veterans Affairs to reimburse certain veterans without a service-connected disability enrolled as active participants of the Department of Veterans Affairs (VA) health care plan for the cost of emergency treatment received in a non-VA facility until such time as such veterans are transferred to a VA facility.

> . Requires (under current law, authorizes) the Secretary to reimburse certain veterans with a service-connected disability or a non-service-connected disability associated with or aggravating a service-connected disability for the value of emergency treatment for which such veterans have made payment from sources other than the VA.

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> Thus, HR 3819 would simply close that loophole and require the VA to reimburse the private hospital for care. Those interested in seeing this legislation become law should contact their legislator and request his/her support of the bill. A suggested editable letter with automatic transmission

means can be found at

[http://capwiz.com/usdr/issues/alert/?alertid=10912651&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/issues/alert/?alertid=10912651&queueid=[capwiz:queue_id])

to assist in this endeavor. [Source: USDR Action Alert 1 Feb 08 ++]

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> MHS 2008 CONFERENCE: On 28 JAN 07, the 2008 Military Health System (MHS)

"Caring for America 's Heroes" conference began. The goal of this year's conference was to illustrate the MHS' role in global healthcare delivery, while featuring plenary sessions aligned with the MHS strategic plan, goals and objectives. The event brought together over 3,500 military and civilian health professionals, contractors, and veteran advocates. In his opening remarks, Assistant Secretary of Defense for Health Affairs Dr. S. Ward Casscells called on everyone to share lessons learned to make the care of wounded, injured and ill even better. Dr. James B. Peake, Secretary of Veterans Affairs (VA), also addressed the group, promising greater collaboration between the two departments in the months to come. One of the major issues discussed was the need to make a single seamless pathway for our military from point of illness to, and through the VA system. The electronic personal health record is essential, said Dr. Casscells, to clearing a seamless pathway between DoD and VA as well as a critical element to maintain healthcare costs by tracking the progression and treatment of chronic disease. For years DoD and VA have been developing individual systems that were not interchangeable. More recently, the two departments have undertaken a series of initiatives that will allow data to move rapidly between the two agencies. Another item receiving heavy emphasis during the conference was accession and retention of health care professionals. The need for physicians, clinicians and nurses has been a continuing concern for the military services. Health care leaders pledged to take a serious look at this area and hope to increase incentives for these critical healthcare providers. Unlike previous years, the issue of retiree health care and the possibility of Tricare fee increases were not on the agenda. [Source: NAUS weekly Update 1 Feb 07 ++]

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> MILITARY DEATHS UPDATE 01: The claim that there were more U.S. military fatalities during the Bill Clinton administration than there have been to date under George W. Bush is false. Moreover, that erroneous conclusion was based on falsified statistics. Using the actual figures from the Congressional Research Service report on the subject which can be seen at <http://www.fas.org/sgp/crs/natsec/RL32492.pdf>, the total military deaths under each of the two administrations are Bill Clinton (1993 - 2000) 7,500 deaths and George W. Bush (2001 - 2006) 8,792 deaths. Moreover, of the 7,500 fatalities that occurred on Clinton's watch, only 76 were attributable to hostile action; the rest were the result of accidents, homicide, illness,

self-inflicted injuries, or unknown causes. For the record, here are the accurate totals for the past 26 years:

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> U.S. Active Duty Military Deaths 1980-2006

> 1980 .... 2,392

> 1981 .... 2,380

> 1982 .... 2,319

> 1983 .... 2,465

> 1984 .... 1,999

> 1985 .... 2,252

> 1986 .... 1,984

> 1987 .... 1,983

> 1988 .... 1,819

> 1989 .... 1,636

> 1990 .... 1,507

> 1991 .... 1,787

> 1992 .... 1,293

> 1993 .... 1,213

> 1994 .... 1,075

> 1995 .... 1,040

> 1996 ..... 974

> 1997 ..... 817

> 1998 ..... 827

> 1999 ..... 796

> 2000 ..... 758

> 2001 ..... 891

> 2002 ..... 999

> 2003 .... 1,228

> 2004 .... 1,874

> 2005 .... 1,942

> 2006 .... 1,858

> [Source: Urban Legends <http://urbanlegends.about.com/> 26 Jan 08 ++]

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> STATE VET BENEFIT CHANGES: Illinois, Ohio, and Massachusetts have recently passed legislation to help veterans transition back into civilian life. Veterans in Massachusetts are entitled to bonuses through the State's Welcome Home Program. Massachusetts veterans should call the State Treasurer's office at (617) 367-9333, ext. 859, to request bonus application materials. In Illinois, a new tax law known as the Returning Veterans Homestead Exemption provides a one-time \$5,000 reduction to their home's equalized assessed value. For more information, visit the Illinois Department of Revenue website. Ohio's governor signed a law that exempts military pensions from State income tax and also prevents discrimination against veterans. [Source: NAUS weekly Update 1 Feb 07 ++]

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> MILITARY RETIREE ALERT: Military retirees need to check their beneficiary information on the reverse side of their Military Retiree Account Statement. Some retirees have reported an unauthorized beneficiary name change. The Defense Finance and Accounting Service said it has no way of ascertaining whose identity may have been stolen, resulting in a beneficiary change. If this becomes a widespread issue, they most likely will put out at notice. Those retirees that have the wrong beneficiary on their statement should contact DFAS immediately to change their beneficiary, and let them know it was changed without their authorization. The DFAS number is: 1-800-321-1080. [Source: VetJobs Veteran Eagle 1 Feb 08 ++]

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> CNGR COMMISSION UPDATE 03: The independent Commission on the National Guard and Reserves (CNGR) is charged by Congress to recommend any needed

changes in law and policy to ensure that the Guard and Reserves are organized, trained, equipped, compensated, and supported to best meet the national security requirements of the United States. The Commission was established by the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005. On 31 JAN 08 it recommended sweeping changes to the way U.S. military reserve forces have been structured and have operated for more than a half century and delivered to Congress and Pentagon officials its final report, which includes 95 recommendations on how to transition the reserves into a feasible and sustainable operational reserve.

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> Today's reserve components were designed as a strategic reserve during the Cold War era. "The Guard was part of that surge force that would be dusted off once in a lifetime," commission chairman retired Marine Maj. Gen. Arnold Punaro said. "That is absolutely not the situation we have today." Nearly 100,000 reserve troops are on active duty, according to DoD reports. In 2006, reserves forces provided 61 million "man days," or single days of duty, in support of the Defense Department. It would not be feasible to add an equivalent number of forces to active duty, Punaro said in a news conference at the National Press Club. He called increasing active forces so significantly an economically unaffordable option that would cost a trillion dollars. Right now, for about 9% of the DoD budget, the National Guard and reserves provide 44% of manpower available to the Defense Department, Punaro

said. Six conclusions serve as the foundation for the 400-page report, which is based on 163 findings, 17 days of public hearings, testimony of 115 officials witness and 800 interviews and site visits by commission members. It is the most comprehensive, independent review of the Guard and reserves in 60 years, Punaro said.

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> The commission proposed changes in laws and regulations that govern the reserves, as well as how reserve forces train, equip and approach medical readiness. The commission proposed an "integrated continuum of service" between reserve and active forces, offering the same pay, personnel, promotion and retirement systems. The changes would allow a seamless transition by servicemembers over the course of a military career to transition from active to reserve, and to even leave the service temporarily for child rearing or to pursue higher education. Now, when reservists move from one duty status, such as from active duty to state duty, they sometimes face pay problems and delays. The commission recommended moving from the current 29 duty statuses to only two: active duty or not. For health care, a hot-ticket item for activated reservists, the commission proposed more specific, targeted information geared to reservists and their families. Many of those the commission interviewed expressed frustration with trying to understand the medical healthcare system quickly once their spouses were mobilized, commission members said. In personnel changes, the commission recommended a competency-based promotion system that recognizes civilian skills and recruits and retains accordingly.

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> Many of the changes could be implemented this year if supported by Congress and DoD, Punaro said. Some, though, could require years to debate and implement. The commission also called for better support programs, funding and resourcing for families and defense officials to have an open dialogue with employers who suffer when employees depart on multiple employments. It also recommends expanding the role of the National Committee for Employer Support of the Guard and Reserve, which advocates on the behalf of servicemembers. "During the past few years, DoD has initiated the largest set of changes in policy and statute since the inception of the all-volunteer force. This is transforming the Guard and Reserve from a purely strategic reserve to a sustainable operational and strategic reserve," Thomas F. Hall, assistant secretary of defense for reserve affairs, said today. Defense Department officials said they are reviewing the report. [Source: AFPS Fred W. Baker III article 31 Jan 08 ++]

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> TFL FACTS & TIPS UPDATE 01: Tricare for Life (TFL) is TRICARE's Medicare-wraparound coverage available to all Medicare-eligible Tricare beneficiaries, regardless of age, provided they have Medicare Parts A and B. Under TFL Medicare is your primary insurance and TRICARE acts as your secondary payer minimizing your out-of-pocket expenses. Tricare benefits include covering Medicare's coinsurance and deductible. Key features of Tricare for Life include:

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> . Minimal out-of-pocket costs (aside from Medicare part B premium).

> . No enrollment fees for TFL. But, you must purchase Medicare Part B and

pay monthly premiums to be eligible for TFL.

- > . Coordination of benefits between Medicare and Tricare.
  - > . Tricare is the secondary payer for all services covered by both Tricare and Medicare.
  - > . Tricare is the primary payer for those services covered only by Tricare.
  - > . Additional steps may be required in order to coordinate benefits if you have other health insurance in addition to Tricare and Medicare.
  - > . Freedom to manage your own health care.
  - > . No assigned primary care manager.
  - > . Visit any Medicare provider.
  - > . Receive care at a military treatment facility on a space-available basis.
  - > . No claims to file (in most cases).
  - > . Your provider files your claim with Medicare. Medicare processes the claims and forwards them electronically to Tricare.
  - > . Tricare pays similarly to Tricare Standard in those overseas locations where Medicare is not available.
  - > . You can apply to suspend your FEHBP coverage by calling the Office of Personnel Management's Retirement Information line at 1-888-767-6738 to obtain a suspension form.
  - > . Although the age for full Social Security retirement benefits has increased, the age for Medicare entitlement has not changed; it continues to be age 65.
  - >
  - > TFL is available to all Medicare-eligible Tricare beneficiaries, regardless of age, including retired members of the National Guard and Reserve who are in receipt of retired pay, family members, widows and widowers and certain former spouses. Dependent parents and parents-in-law are not eligible for TFL. If you're under age 65, have Medicare Part B, and live in a Tricare Prime service area, you have the option to enroll in Tricare Prime; Tricare waives your Tricare Prime enrollment fee. You should confirm that your Medicare status is current in the Defense Enrollment Eligibility Reporting System (DEERS). Your uniformed services ID card and your Medicare card, which must reflect enrollment in Medicare Part B, are evidence of your TFL eligibility. To learn more about how TFL works for you, you can enter your profile at <http://www.tricare.mil/mybenefit/index.jsp> and select "Tricare for Life" as your health plan. For help in determining which plan options are available to you refer to <http://www.tricare.mil/mybenefit/ProfileFilter.do?purI=%2Fhome%2Foverview%2FPlanWizard.jsp>?
- After answering a series of questions, it will tell you which plan options you may be eligible for. If you are not sure which plan you are in now, or if you want to compare your options side by side refer to <http://www.tricare.mil/mybenefit/ProfileFilter.do?purI=%2Fhome%2Foverview%2FComparePlans>.

[Source: <http://www.tricare.mil/mybenefit/> Jan 08 ++]

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> PROSTATE PROBLEMS UPDATE 04: Whether or not to treat prostate cancer is

one of the biggest medical dilemmas today. The disease is the most common cancer in American men -- about 220,000 cases will be diagnosed this year -- but most tumors grow so slowly they never threaten lives. There is no sure way to tell which tumors will. Older men with early stage prostate cancer are not taking a big risk if they keep an eye on the disease instead of treating it right away, suggests the largest study to look at this issue since PSA tests became popular. Only 10% of the 9,000 men in the study who chose to delay or skip treatment had died of prostate cancer a decade later. The vast majority were alive without significantly worsening symptoms or had died of other causes. Even the 30% who eventually sought treatment were able to delay it for an average of 11 years. Chief medical officer of the American Cancer Society Dr. Otis Brawley said, "It is important news. It may persuade some middle-of-the-roaders that we are over treating this disease," and that PSA testing may be amplifying the problem, he said. The PSA blood test to help detect tumors has been widely used since the 1990s.

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> PSA tests can help find tumors many years before they cause symptoms, but routine screening of men at average risk of the disease is not recommended, because there is no proof it saves lives. Prostate cancer treatments are tough, especially on older men. Many men are left with sexual or bladder control problems. Some doctors instead recommend "watchful waiting" to monitor signs of the disease and treat only if they worsen, but smaller studies have given conflicting views of the safety of that approach. The new study looked at the natural course of the disease in men who chose that option. It is the first involving so many older men -- half were over 75 -- and so many whose tumors were found through PSA tests. Using the federal government's cancer database, researchers studied 9,018 men diagnosed from 1992-2002 with early-stage prostate cancer who did not get surgery, radiation or hormone therapy for at least six months. Most never got any treatment at all. A decade later, 3 to 7% of those with low- or moderate-grade tumors -- rated by how aggressive the cells appear -- had died of prostate cancer, versus 23% of those with high-grade tumors. Overall, prostate cancer killed 10% of them.

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> Grace Lu-Yao of Robert Wood Johnson Medical School in New Jersey led the study and will report results at a cancer conference in FEB in San Francisco. "The great majority of patients ... are going to die of something else," so most older men with early-stage tumors could delay treatment, Lu-Yao said. "If people are younger or have more advanced disease, I wouldn't say this is a safe option," but most cases are diagnosed in men 68 or older, and most are early stage, she noted. Dr. Howard Sandler, a radiation and prostate specialist at the University of Michigan, cautioned,

"there are exceptions to every rule," and some very active, healthy older men may do better having treatment right away, along with older men who have higher-grade tumors. Earlier this month, a scientific review published in the Annals of Internal Medicine concluded that evidence was too thin to recommend treatment over watchful waiting, or one treatment over another. Studies do show that prostate cancer surgery mostly helps men under 65, said Dr. Timothy Wilt of the Minneapolis VA Center for Chronic Disease Outcomes Research, who led the review. The new study shows that for men older than that, "observation is a very reasonable approach," he said. "Many men do quite well for a long period of time with no treatment." Although routine PSA testing is not recommended for all men, the cancer society does advise giving men information and the option to have it starting at age 50. Screening is recommended starting at age 45 for men with a family history of prostate cancer and for black men, because of their higher risk of the disease. [Source: Associated Press article 13 Feb 08 ++]

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> VETERAN LEGISLATION STATUS 14 FEB 08: For a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress refer to the Bulletin's House & Senate attachments. By clicking on the bill number indicated you can access the actual legislative language of the bill and see if your representative has signed on as a cosponsor. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. A cosponsor is a member of Congress who has joined one or more other members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The member who introduces the bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can also review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d110/sponlst.html>. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting our representatives know of veteran's feelings on issues. At the end of some listed bills is a web link that can be used to do that. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making. [Source: RAO Bulletin Attachment 14 Feb 08 ++]

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> HAVE YOU HEARD: Evidence has been found that William Tell and his family

were avid bowlers. However, all the Swiss league records were unfortunately destroyed in a fire, and we'll never know for whom the Tells bowled.

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