

> RAO Bulletin Update

> 1 July 2007

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> THIS BULLETIN UPDATE CONTAINS THE FOLLOWING ARTICLES:

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- > -- Tricare Uniform Formulary [20] ----- (More DoD Proposals)
- > -- VA Data Breach [34] ----- (\$20 Million Budgeted)
- > -- VA Data Breach [35] ----- (VA IG Report)
- > -- Veterans Pride Initiative [01] ----- (Wear Your Medals)
- > -- TMOP [07] ----- (OTC Option)
- > -- VA Duty to Veterans' Families] ----- (Ongoing Suit)
- > -- VA Mileage Reimbursement [01] ----- (250% Increase)
- > -- Filipino Vet Inequities [02] ----- (S.0057 Passes Committee)
- > -- Tricare Anesthetic Coverage Expansion ----- (Dental)
- > -- SSA COLA 2008 ----- (1.4% Forecast)
- > -- Reserve E-Mail System ----- (Old System Replaced)
- > -- Reserve Retirement Age [11] ----- (Window Dressing)
- > -- VA Category 8 Care [03] ----- (S.1233 Impact)
- > -- Changing Military Records ----- (Request Within 3 years)
- > -- Changing Military Records [01] ----- (Application Procedure)
- > -- Changing Military Records [02] ----- (Board Action)
- > -- Communicating With Congress [02] ----- (800 Numbers)
- > -- PTSD [15] ----- (Pathway Home Program)
- > -- AO Compensation [Non-Vietnam] [03] ---- (SC Presumption)
- > -- NATO Air Force Medals ----- (Mission Involvement Awards)
- > -- VA Category 8 Care [02] ----- (1.8 Million Vets Uninsured)
- > -- Computer Security ----- (Spyware Elimination)
- > -- USFSPA Lawsuit [13] ----- (Supreme Court Rejection)
- > -- VA Spinal Cord Injury Services ----- (New Milwaukee Facility)
- > -- Overseas NSO Document Request ----- (Philippine Records)
- > -- TAPS ----- (Survivor Support)
- > -- Selective Service System (Draft) [04] --- (Surviving Children)
- > -- VA Homeless Vets [04] ----- (On the Rise)
- > -- Vet Cemetery Florida [06] ----- (HR 2642 Passes House)
- > -- SBA Vet Issues [04] ----- (HR 2366 Passes House)
- > -- VA Budget 2008 [06] ----- (Senate Committee Approved)
- > -- VA Project HERO ----- (Vet Groups Opposed)
- > -- Veteran Disinterment ----- (Family Decision)
- > -- Credit Card Penalties ----- (Congressional Hearing Impact)
- > -- Environmental Certificate Tng Program ---- (OIF/OEF/ONE Vets)
- > -- DoD Mental Health TF [04] ----- (Task Force Results)
- > -- Wounded Warrior Assistance [01] ----- (SASC Approves S.1606)
- > -- COLA 2008 [05] ----- (0.8% above April's)

- > -- VDBC [18] ----- (Disability Compensation Disparity)
- > -- Digital Camera Basics ----- (How to Use)
- > -- Prostrate Problems [03] ----- (New Blood Test)
- > -- Texas Tuition Waiver Denials ----- (Immigrant Vets)
- > -- Veteran Legislation Status 30 JUN 07 ----- (Where We Stand)
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- > Editor's Note: Attached is a listing of veteran legislation with current cosponsor status that has been introduced in the 110th Congress. To see any of these bills passed into law representatives need input from their veteran constituents to instruct them on how to vote.
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- > TRICARE UNIFORM FORMULARY UPDATE 20: On 21 JUN, the DoD Beneficiary Advisory Panel (BAP) met to review DoD proposals to move certain cholesterol, prostate, and blood pressure medications to the third tier, or \$22 copay level. They also re-reviewed some acid reflux drugs that were originally evaluated in 2005. Proposals included:
 - > - To move cholesterol drugs Tricor, Antara, Omacor, and Welchol to the third tier. Six cholesterol medications will remain on the formulary at \$3 or \$9 copays. In order to persuade beneficiaries to use Triglide, a low-cost brand-name drug, DoD is proposing to lower the \$9 copay to \$3.
 - > - To move prostate drug Avodart to the third tier, leaving the generic Proscar on the formulary for \$3.
 - > - Re-evaluating certain acid reflux medications that were originally reviewed in FEB 05. At the time, they moved multiple drugs, including Nexium, to \$22, based on their relative high cost. Now, DoD has gotten a reduced price on Nexium and proposes to reduce its copay all the way down to \$3, even though it's not a generic drug. However, DoD is proposing to put a "prior-authorization" requirement for this class of drugs, requiring beneficiaries to try either Nexium or Prilosec before being authorized to use other drugs in the same class. Current prescriptions for the other acid reflux drugs would be grandfathered at \$22. But future prescriptions wouldn't be covered for those drugs, even for the \$22 copay, unless Tricare approves a doctor's statement that there's a medical necessity to prescribe them (e.g., because Prilosec and Nexium aren't effective or have adverse effects for the patient).
 - > - To move hypertension and chronic heart failure drugs Avapro, Avalide, Benicar, and Diovan to the third tier. This would leave Atacand, Cozaar, Hyzaar, and Micardis on the formulary at the lower copay.
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- > MOAA's CDR John Class (USN-Ret), a member of the BAP convened to comment on the proposed changes, took the opportunity to reiterate concerns that beneficiaries using the affected drugs aren't being given adequate notification about either the copayment change or about which medications

are still available for the lower copay. Since DoD doesn't notify beneficiaries at all, and doesn't allow military associations time to print the notices in their magazines, most beneficiaries do not find out about the changes until their pharmacist starts charging them \$22 instead of the \$9. Without an education program, they usually just grind their teeth and pay the \$22, without being made aware of lower-cost alternatives. This insensitive process causes both the beneficiary and the government to pay far more than they need to since because the intended purpose of the copay increase (i.e. to cause beneficiaries to choose lower-cost medications) is unlikely to be realized. The beneficiary panel's concerns will be submitted to Dr. S. Ward Casscells, the new Assistant Secretary of Defense (Health Affairs), for final decision. For more information on these and other drugs, refer to the Tricare pharmacy web site www.tricare.mil/pharmacy/ ~~<http://www.tricare.mil/pharmacy/>~~#. [Source: MOAA Leg Up 29 Jun 07++]

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> VA DATA BREACH UPDATE 34: The Veterans Affairs Department has set aside

more than \$20 million to respond to its latest data breach. The department does not expect to spend the full \$20 million, but designated that much because the breach potentially puts the identities of nearly a million physicians and VA patients at risk, said Bob Howard, the department's chief information officer. Howard spoke at The E-Gov Institute's Government Health IT Conference and Exhibition in Washington. "We have no evidence that [information is at risk]. None whatsoever, but we don't take the chance," Howard said. "The attitude of the VA right now is if we think we've put anybody's information at risk, then we need to step up to the plate and try to remedy that." The breach occurred in January, when a hard drive went missing from a Birmingham AL VA medical research facility. The drive contained highly sensitive information on nearly all U.S. physicians and medical data for more than a half million VA patients. Any physician who billed Medicaid and Medicare through 2004 could be affected.

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> The hard drive has not been recovered. The VA estimates that about half of the 1.3 million doctors whose information was on the hard drive, and 254,000 veterans, are potentially at risk. This group was notified by mail at the end of May. The letters noted that VA is providing credit monitoring services through a General Services Administration blanket purchase agreement from the multiple award schedules program. The credit monitoring funds will come out of the VA's fiscal 2007 cyber security budget, but Congress included an extra \$15 million in the recently passed emergency supplemental bill for funding the wars in Iraq and Afghanistan (H.R. 2206). Because the January data breach occurred in a medical research facility, the technology office tried to get health care-related funds reprogrammed to cover the credit monitoring, Howard noted, but the effort was unsuccessful.

Investigators are still trying to locate the hard drive and the FBI has offered a \$25,000 reward for information leading to its return. [Source: GOVEXEC.com Daniel Pulliam article 14 Jan 07 ++]

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> VA DATA BREACH UPDATE 35: The VA Inspector General's internal report on the Alabama VA hospital that lost sensitive data on more than 1.5 million people in January reported their investigation found:

> - The hospital had repeatedly failed to follow privacy regulations leading up to the incident.

> - The employee directly responsible for the data initially lied to investigators and deleted files from his computer in an effort to hide the magnitude of the problem.

> - The vast majority of the data, including Social Security numbers and private health information, was not protected by passwords or computer encryption. It could be used to commit Medicare billing fraud or identity theft, the report said, and

> - The employee should never have had much of it in the first place.

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> The report found a "dysfunctional management structure that led to an overall breakdown of Managers failed to provide hands-on oversight, improperly used non-VA e-mail and selected an insecure office location without properly considering data security, it said. Although VA policy calls for protecting data through a computer scrambling process called encryption, the managers decided instead to lock the external drives in safes. But employees often left the drives outside the safes or took them offsite and there was no system for monitoring who accessed the safe, the report said. The criminal investigation into the drive's disappearance remains open, and the inspector general reported finding no evidence of identity theft related to the information thus far.

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> The report, released 29 JUN, recommends "administrative action" against several employees, including the staffer, the managers of the program where he worked and the head of the Birmingham VA Medical Center.

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officials in Birmingham referred questions regarding the report to the national office, which did not respond to phone calls Friday afternoon. In a written response to the report, the department did not dispute the findings, management oversight, controls, and accountability" at the research site where the drive disappeared. The security breach occurred on Jan 22, when employees discovered an external computer hard drive missing from a satellite office that conducts specialty research on health care. Because the employee responsible for the drive initially lied about how much information was on it, the VA initially reported publicly that fewer than 50,000 people were affected. But investigators later determined that the drive contained information for more than 250,000 veterans and about 1.3

million medical providers across the country. The VA, which didn't finish sending notifications until May 22, has since offered free credit monitoring to nearly 900,000 people whose Social Security numbers appear to have been compromised. The report marks the latest in a series of critical assessments of VA data-security practices. The agency has come under scrutiny for more than a year over a series of lapses, including the theft last spring of data on 26.5 million veterans from an employee's home in Maryland. [Source: Associated Press Ben Evans article

> 29 Jun 07++]

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> VETERANS PRIDE INITIATIVE UPDATE 01: Secretary of Veterans Affairs Jim Nicholson is urging all veterans across the country to pin on their military medals this Independence Day, July 4, to show their patriotism and pride in their service. Nicholson said, "We want to inspire the American people to recognize and honor the military service of their fellow citizens, and to engender a greater sense of pride and satisfaction on the part of the veterans for what they did for our country. This initiative shines a bright light on millions of our fellow citizens who answered the needs of our nation both in peace and in war." Nicholson encourages the 24 million living Americans who have served in the armed forces to display their medals on the Fourth of July by pinning them on their civilian clothing over their left breast. Nicholson first urged veterans to wear their military decorations last Veterans Day under a program called "Veterans Pride Initiative." The Initiative asks veterans to wear their medals on Independence Day, Memorial Day and Veterans Day, and when attending other patriotic events. Major U.S. veterans' organizations have endorsed the initiative. For additional information about the initiative refer to <http://www.va.gov/veteranspride/>, where veterans can also learn how to replace lost medals or confirm the decorations to which they are entitled. [Source: VA Press Release 29 Jun 07 ++]

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> TMOP UPDATE 07: A two-year test authorized by the 2007 National Defense Authorization Act now allows Tricare beneficiaries to substitute over-the-counter (OTC) versions of certain prescription drugs without a copayment. For now, the test includes the Tricare Mail Order Pharmacy (TMOP) only. Plans call for expansion to retail network pharmacies once program details are ironed out. "The drugs included in this test initially are among the most widely prescribed- those treating gastro-intestinal disorders," said Army MG Elder Granger, Deputy Director, Tricare Management Activity. Known as "proton pump inhibitors," this class of medications includes the prescription drugs Nexium, Prevacid, Aciphex, Protonix, Zegerid and Prilosec. Under the test, beneficiaries receiving a prescription proton pump inhibitor are eligible to receive Prilosec OTC, the only proton pump inhibitor available over the counter. The Department of Defense Pharmacy

and Therapeutic Committee found there is no significant clinical difference between Prilosec OTC and its prescription-only counterparts. "By requesting that their doctors prescribe the OTC version, beneficiaries can save money on their copay, and there is the additional potential to save the government money as well," said Granger. OTCs are generally less expensive-by as much as 400% in some cases.

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> Once the OTC test works its way to retail pharmacies, beneficiaries should not expect to walk into any drug store and get OTC products at no charge at the register, caution Tricare officials. Beneficiaries will still have to get a prescription from their doctor for the OTC drugs. Beneficiaries already taking the selected prescription proton pump inhibitors through the mail order pharmacy will get a letter telling them about the new program whenever they order medications that qualify them to participate in the OTC test project. Tricare encourages beneficiaries who haven't used the mail order pharmacy in the past, but are taking medications included in the test, to get information on how to sign up at <http://www.tricare.mil/pharmacy/tmop.cfm>. Through the mail order program, initially beneficiaries can get up to a 90-day supply and have it delivered right to their mailbox. Medication classes under consideration for future testing include topical anti-fungals and non-sedating antihistamines. [Source: Tricare News Release 29 Jun 07 ++]

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> VA DUTY TO VETERANS' FAMILIES: Army veteran Arvid Brown, while serving in Saudi Arabia during the Persian Gulf War in 1991, was bitten by sand flies and contracted the parasitic disease Leishmaniasis. Sand fly bites are the most common vector by which this infectious disease is transmitted to humans. Upon discharge from active duty, Mr. Brown of Flint was treated at Michigan VA hospitals for service related symptoms on over 50 visits. The VA never looked for Leishmaniasis as a cause of his symptoms, ignoring his service and medical history. He was finally diagnosed by a private physician in Michigan with Leishmaniasis in 1998. His wife was infected with Leishmaniasis because no one ever diagnosed Brown's and told him of the infectious nature of this disease and its ability to be transmitted by sexual activity. Mrs. Brown gave birth to two children both of whom were infected with Leishmaniasis in the womb. As she struggled to care for her husband and look after two young children with cerebral palsy, her own health rapidly deteriorated. She died at home of cancer

> His wife and children sued the VA under the Federal Torts Claim Act in SEP 04 because they were infected with Leishmaniasis. The Government sought to have the case dismissed claiming that the VA owed no duty to the Veteran's family. The family claimed that VA doctors committed malpractice in not diagnosing Leishmaniasis and failing to warn the wife that the disease could be transmitted to her and the children. Judge John Corbett

O'Meara of the United States District Court, Eastern District of Michigan, denied the Government's Motion for Judgment on the Pleadings which claimed that the Government owed no duty to the family of a Veteran in an Order dated 18 JUN 07. The Court, relying on Michigan law, concluded that VA doctors do owe family members a duty to warn of risk when patients present with symptoms of a disease that is well known to be contagious. A duty of reasonable care may arise on the part of the Government. The case against the VA will continue and the parties have agreed to try the issues of liability in the fall of 2007. [Source: Detroit News Paul Egan article 19 Jun 07 ++]

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> VA MILEAGE REIMBURSEMENT UPDATE 01: The VA Committee approved a Sen. Jon

Tester [D-MT] proposal to increase the mileage reimbursement rate for disabled vets who have to travel for VA health care. Previous attempts to increase the travel reimbursement rate never passed the VA Committee. Tester's plan calls for increasing the VA's travel reimbursement rate by more than 250%, from 11-cents to 28 ½ cents per mile. The measure also allows the VA to increase that rate to 48 ½ cents per mile in the future. It's the first rate increase in 30 years. The VA Committee also approved a plan by a bipartisan trio of senators, including Tester, to create a \$6 million grant program to give more transportation options to vets who live in rural areas. It also gives the VA authority to create pilot projects aimed at expanding health care in rural areas. Tester's health care improvements are included in S.1233, a comprehensive veterans' health care improvement bill. The bill now goes to the full Senate for consideration. [Source: Jon Tester Press Release 27 Jun 07 ++]

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> FILIPINO VET INEQUITIES UPDATE 02: The Senate Committee on Veterans' Affairs on 27 JUN approved legislation authored by U.S. Senator Daniel. K. Inouye that corrects a wrongful action committed against Filipino veterans of World War II, and provides them with fair and equitable treatment. Under Senator Inouye's provisions that are part of the Veterans' Benefits Enhancement Act of 2007, Filipino veterans of World War II would be officially restored to full veterans status, making them eligible for VA benefits and healthcare services that had been denied to them. Here are the highlights of the Filipino equity provisions:

> - Restores full veterans status to Filipino veterans of World War II who lost this status under the Rescission Acts of 1946. This ends a long-standing injustice, and fulfills our nation's promises to those who served.

> - Pays Filipino veterans of World War II who suffer from disabilities incurred or aggravated by military service with service-connected compensation at the full rate, regardless of where they live.

> - Permits Filipino veterans of World War II and survivors residing in the United States to receive pensions and death pensions paid at the same rate and under the same conditions as U.S. veterans.

> - Provides Filipino veterans of World War II residing outside of the United States a special pension and death pension paid at a lower flat rate which does not require documentation of income, assets, and medical expenses.

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> The legislation has Filipino veterans and survivors residing outside of the United States being paid at a lower rate because pension benefits are not paid for disabilities related to military service. They are paid to help improve the quality of life for wartime veterans and survivors with very low incomes. Also, virtually all elderly Filipino veterans of World War II are expected to have income and assets - which if counted under U.S. rules - would make them eligible for pensions. Therefore, by establishing a special pension program that is simpler and less costly to administer, these veterans will not have their income and assets counted or medical expenses deducted in determining eligibility for the flat rate pension. Another reason for the lower flat rate for Filipino veterans and survivors living outside of the United States: the wartime pension program requires monitoring and verification of income, assets, and medical expenses of pensioners. Income is verified in the United States through data matches with the Social Security Administration and the Internal Revenue Service. These kinds of systems are not available in the Philippines. The bill S.0057 now advances to the Senate floor for debate and vote. [Source: Senator Daniel Inouye Press Release 29 Jun 07 ++]

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> TRICARE ANESTHETIC COVERAGE EXPANSION: Tricare will implement coverage

for anesthesia services and associated costs for dental treatment for beneficiaries with developmental, mental or physical disabilities, and children age 5 or under beginning 1 JUL 07. Additionally, Tricare encourages beneficiaries who received these services between 17 OCT 06 and

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JUL 07 to contact their Tricare regional contractor for help with reimbursement. "Tricare will do all that is possible to ensure that beneficiaries receive the appropriate payment for these services received since 17 OCT 06" said Army Maj. Gen. Elder Granger, Tricare's Deputy Director. The National Defense Authorization Act of 2007 legislated the change, and Tricare revised the regional contracts to expand coverage for the services. The services require preauthorization through the regional Tricare contractors. The change in statute does not provide coverage for the actual dental care services. Coverage for dental care services is available through the Tricare Dental Program and the Tricare Retiree Dental Program. Tricare reminds beneficiaries that to avoid costly and extensive

dental procedures requiring anesthesia, children should start seeing a dentist by the time their first tooth appears or by their first birthday; this helps to prevent tooth decay and other oral diseases. "Decay is the single most common chronic childhood dental disease-and it's completely preventable," Granger said. [Source: Tricare News Release 2 Jun 07 ++]

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> SSA COLA 2008: The annual cost-of-living adjustment (COLA) for 2008 may be one of the lowest in the history of the program. This gloomy outlook is from the 2007 Social Security Trustees report dted 23 APR07 that recently forecast the COLA in 2008 would be just 1.4%. For a senior with an average monthly benefit of \$1044 in 2007 that's boost of just \$14.60 per month next year. The increase in Medicare Part B premiums, however, could take a substantial chunk, if not all of that. But government experts seem unable to say just how much Part B premiums will be in 2008. Part B premiums pose such a problem, that Congress was told the estimates supplied in the 2007 Medicare Trustees report are substantially understated. Under more realistic alternate projections based on pending legislative changes, Medicare actuaries say that monthly Part B premiums will increase at least \$7.90, from \$93.50 to about \$101.40 in 2008 for seniors with incomes under \$80,000. Actual inflation and legislation changes that Congress makes prior to the announcement of the 2008 COLA and Part B premium later in the fall will affect the final amounts.

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> To help seniors better keep pace with rising costs, two bills, both called "The Consumer Price Index For Elderly Consumers Act," have recently been introduced. Representative Charles Gonzalez (D-TX-20) introduced H.R.1953 with Representative Robert Wexler (D-FL-19) as an original co-sponsor. In addition Representative Peter DeFazio (D-OR-04) introduced H.R. 2032. Both bills would tie Social Security COLA increases to the CPI for Elderly Consumers (CPI-E) that tracks the spending patterns of older Americans. By doing so, seniors would see much needed relief in their monthly checks. For example, a senior who retired with an average benefit of \$460 in 1984 would have received an additional \$10,289 in benefits over the past 23 years had the government used the CPI-E to calculate the COLA. Although the difference in COLAs is modest at first, the effect is cumulative and grows over time. Today the senior who retired in 1984 with a benefit of \$460 receives about \$910 per month. Had the government used the CPI-E however, that person would receive a monthly check that's \$97 higher. [Source: TSCL Newsletter Jun 07 ++]

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> RESERVE E-MAIL SYSTEM: The Navy Reserve has brought a new e-mail system

online that organizers hope will make it easier to communicate with reservists in the fleet. Lt. Adam Bashaw, spokesman for the Navy Reserve,

said the new system allows reservists or anyone else with an interest in the workings of the Navy Reserve to access daily messages, media stories about the Navy Reserve or read other items of interest. Subscribers can also opt out of any category that does not interest them (something that the current Navy Reserve e-mail system does not allow) and can end their subscription whenever they wish. The system became operational 22 Jun 07. Navy Reserve officials hope that as many as 20,000 people will sign up, Bashaw said. An older Navy Reserve e-mail system has about 8,000 subscribers. Such a system is especially important for reservists because many are deployed around the world, and many of those are not in daily contact with their commands, he said. The new system should improve such communications during emergencies since it also has an emergency distribution list, which enables Navy Reserve officials to quickly reach reservists. Text messaging was often the most effective way for the Navy Reserve Forces Command to communicate with its sailors in 2005 after Hurricane Katrina hit the New Orleans area, where the command is based. Subscription to the e-mail system is voluntary, but the Navy Reserve wants as many members as it can get to sign up. People interested in subscribing should visit

<https://listserv.navyreserve.navy.mil>. [Source: NavyTimes Chris Amos article 27 Jun 07 ++]

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> RESERVE RETIREMENT AGE UPDATE 11: A Senate proposal to provide early

reserve retirement benefits is mostly window dressing, according to a report by the nonpartisan Congressional Budget Office (CBO). The plan approved by the Senate Armed Services Committee as part of its version of the 2008 defense authorization bill would allow reservists to earn retired pay earlier than age 60, when payments now start, for serving on active duty. Specifically, the plan would allow reservists who are called to active duty for at least 90 days to receive their retired pay three months earlier for every three months of service. Only time served after the bill becomes law would count. In a report released 24 JUN, the CBO estimated the provision would have "an insignificant effect" on the defense budget, costing as little as \$35 million over the next five years. The report said, "Relatively few reservists would be able to take advantage of this provision in the near future. As most reservists stop active participation in the reserves well before their 60th birthday, few reservists nearing retirement over the next decade will have served on active duty during that decade." Despite the small impact, the provision - whose chief sponsor is Sen. Saxby Chambliss (R-GA) has the backing of the Military Coalition, an umbrella group of more than 30 military-related organizations. Michael Cline of the Enlisted Association of the National Guard of the United States (EANGUS) said, "It starts something. We are hoping for an amendment on the Senate floor that would, at least, make the benefit retroactive to cover service since Sept. 11, 2001." Senator Chambliss may be trying, but what he has

done has not made most associations very happy," said one military association executive, who asked to not be identified. "Right now, this bill says to the 600,000 or so National Guard and reserve members called up since 9/11 that their service doesn't count." Senator Chambliss is also the author of S.0648, The National Guard and Reserve Modernization Act. That bill introduced 15 FEB 07 has only gained 12 cosponsors in the Senate which further supports the concept of the issue being window dressing. [Source: NavyTimes Rick Maze article 27 Jun 07 ++]

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> VA CATEGORY 8 CARE UPDATE 03: U.S. Senator Daniel K. Akaka (D-HI), Chairman of the Senate Committee on Veterans' Affairs, announced 27 JUN the Committee's passage of a key provision of S. 1233, the Traumatic Brain Injury and Other Health Programs Enhancement Act of 2007, that would allow Priority 8 veterans back into the VA health care system. The legislation would not modify the enrollment management provisions contained in the 1996 law that opened the VA system up to all veterans, but would merely permit the enrollment of Priority 8 veterans during Fiscal Year 2008 by rescinding the VA regulation that originally banned them. Priority 8 veterans are middle-income veterans with no service-connected disabilities. For VA's state-by-state geographical means test thresholds that determine Priority 8 status, go to:

[<http://www.va.gov/healtheligibility/Library/pubs/GMTIncomeThresholds/>](http://www.va.gov/healtheligibility/Library/pubs/GMTIncomeThresholds/)

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> Chairman Akaka said, "The prohibition on Priority 8 veterans severely affects veterans in states like Hawaii, where the cost of living is one of this country's highest. On average, a veteran making only \$36,400 a year in Hawaii has been cut out of the VA system. This is an especially unjust policy when our Nation is at war. It has long been the position of my Democratic colleagues and I that veterans should have access to VA health care services. According to VA's own estimates, as many as 1.5 million veterans have been denied care since enrollment was closed in 2003. We have fought hard to see that these veterans who have served their country honorably get the care they deserve. In fact, many of these veterans will bring their own private insurance with them, and will continue to pay copayments for their care. They can essentially contribute to the VA health care system as a whole." S. 1233 will now move to the full Senate for consideration. [Source: VA Press Release 27 Jun 07 ++]

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> CHANGING MILITARY RECORDS: If you feel there is an error or an injustice in your military personnel records you can apply to your service's Board for the Correction of Military Records whether you are active duty, separated, or retired,. Any person with military records, or his or her heirs or legal representative, may apply to the appropriate service's Board. The Army, Air Force, and Coast Guard have separate boards. The Navy operates the Board for

both Navy personnel and members of the United States Marine Corps. Title 10, United States Code, Section 1552, is the law governing correction of military records. This statute authorizes the Secretary of the service concerned to correct any military record when "necessary to correct an error or injustice." The purpose of this statute was to relieve the Congress from consideration of private bills to correct errors or injustices in military records. The statute provides for the service secretaries to act through a board of appointed civilians in considering applications for correction of military records. Implementing regulations for each service are:

> - AFI 36-2603, Air Force Board for Correction of Military Records, implements the statute within the Air Force.

> - Army Regulation 15-185 implements the statute within the Army.

> - The Code of Federal Regulations; Title 33, Part 52;2. implements the statute within the Coast Guard.

> - The Navy and Marine Corps implements the statute through The Navy, Code of Federal Regulations; Title 32, Part 723.

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> You should exhaust other administrative remedies before appealing to your service's board. For example, you should first submit a performance report appeal to the appropriate appeal agency before appealing to your service's military records correction board.. An appeal requesting upgrade of discharge should normally be submitted to the service's Discharge Review Board under Department of Defense Directive (DoDD) 1332.28, Discharge Review

Board (DRB) Procedures and Standards. The board will return your application if you have not first sought relief through the appropriate administrative process. You should submit your request within 3 years after you discover, or reasonably could have discovered, the error or injustice. The boards review the merits of untimely applications. If found to be meritorious, the timeliness is waived in the interest of justice. You should not assume, however, that a waiver will be granted. [Source: About.com: US Military Rod Powers article 25 Jun 07 ++]

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> CHANGING MILITARY RECORDS UPDATE 01: To apply for a change to your military records use a DD Form 149, "Application for Correction of Military Record" Section 1552 for submission to your service's Board for the Correction of Military Records. You should complete the form very carefully by typing or printing the requested information. Attach copies of statements or records that are relevant to your case. Make sure you sign item 16 of the form. Mail the completed form to the appropriate address on the back side of the form. The Board will correct your military records only if you can prove that you are the victim of error or injustice. You do this by providing evidence, such as signed statements from you and other witnesses or copies of records that support your case. It is not enough to provide the names of witnesses. The Board will not contact your witnesses to obtain statements.

You should contact your witnesses to get their signed statements with your request. Your own statement is important. Begin in item 9 of the DD Form 149 and continue in item 17, if necessary. You may also put your statement on plain paper and attach it to the form. Limit your statement to not more than 25 pages. Explain what happened and why it is an error or injustice in simple, direct terms.

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> Normally, the best evidence is statements from persons who have direct knowledge or involvement. For example, statements from persons in your rating chain if you are contesting a performance report. Or a statement from the person who counseled you if you are alleging that person miscounseled you. Character references from community leaders and others who

know you are helpful if you are requesting clemency based on post-service activities and accomplishments. This is only a general rule, however. You must decide what evidence will best support your case. It may take you some time to gather statements and records to support your request. You may wish to delay submission of your application until information gathering is complete. You should, however, submit your request within the 3-year time limit.

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> With few exceptions, all personnel records generated by the military may be corrected by the Board. The Board cannot, however, change the verdict of a courts-martial imposed after 4 MAY 50. In these cases, the Board's authority is limited to changing the sentence received on the basis of clemency. The Board will mail you a copy of the applicable service regulation at your request. Most applicants represent themselves. If your request is complex, you may want someone to represent you: Many veteran service organizations have staff members who will represent you in applying to the Board. You can obtain a list of these organizations by writing to the Board (see addresses on reverse side of DD Form 149). You may also hire a lawyer to represent you at your own expense. You should name your representative on DD Form 149, item 7. The Executive Director of the Board must approve any representative other than a veteran service organization staff member or a lawyer.

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> If you name a representative, the Board will normally deal with your representative rather than directly with you. Advice and guidance are available from many sources. Military Personnel specialists can advise you on personnel issues. Veteran service organizations will advise you even though you decide to represent yourself. You may discuss your case with a Board staff member, or you may write to the Board, and a staff member will respond to your questions. You may request a personal appearance before the Board by checking the appropriate box on DD Form 149, item 6. The Board will decide whether a personal appearance is necessary to decide your case. Travel expenses are your responsibility. The Board grants very few personal

appearances, so you should try to fully present your case in writing. If your request for a personal appearance is granted, the Board will provide you with the necessary details.

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> Upon receipt of your application by the Board one or more offices within your military service (JAG, hospital, personnel, etc.) will prepare an advisory opinion on your case. The advisory opinion will be sent to with your case file. If the advisory opinion recommends denial of your request, the Board will send it to you for comment. Remember that the advisory opinion is only a recommendation. The Board will make the decision on your case. The Board will ask for your comments on the advisory opinion within 30 days. You may request an additional 30 days if you need it. Reasonable requests are normally granted. It may be unnecessary for you to comment on the advisory opinion. If you have nothing further to say, don't bother to respond. Failure to comment on an advisory opinion does not mean you agree. Nor will it prevent a full and fair consideration of your application.

[Source: About.com: US Military Rod Powers article 25 Jun 07 ++]

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> CHANGING MILITARY RECORDS UPDATE 02: Each Service Secretary appoints

high-level civilian employees who work for the military service concerned to serve on the Board for the Correction of Military Records. Service is normally an additional duty for those appointed. Usually about 47 people serve on the Board. Members are randomly assigned to three-member panels for consideration of cases. Cases are randomly assigned to panels. Board staff members research issues and provide technical advice to the panel members. They do not take sides or recommend a decision to the panel. Panel members receive a copy of the case for study before they meet. They normally discuss your case in closed session before voting. Their decision is based on the evidence in the case file. The majority rules, but a dissenting member may submit a minority opinion for consideration by the Service Secretary or his/her designee. Following the vote on your case, the panel Chairperson signs a record of proceedings. The record of proceedings will explain the reasons for the decision on your case. The Service Secretary concerned has the final authority to accept or reject a recommendation of the Board. In most cases, it is accepted. When the BOC completes your case, the decision is mailed to you. If relief is granted, your records will be corrected and finance personnel will review your case to see if you are due any monetary benefits. The Board is the highest level of administrative appeal and provides the final military decision. If your case is denied, your next step is to request reconsideration or file a suit in the court system. If you request reconsideration the Board will reconsider your case only if you provide newly discovered relevant evidence that was not reasonably available when you filed your original application. The evidence may pertain to the timeliness of your application or to its merits. You should submit your

request for reconsideration within a reasonable time after you discover the new evidence. Re-argument of the same evidence will not get your case reconsidered. [Source: About.com: US Military Rod Powers article 25 Jun 07 ++]

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> COMMUNICATING WITH CONGRESS UPDATE 02: Calling your congressional

representative in Washington D.C. is easier than you think. Congress and the AMA have provided the following no charge numbers for constituents to talk to their elected officials offices located in the Capital Building:

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> 1-866-272-6622 Capital Operator Direct

> 1-800-833-6354 AMA Grass Roots Hotline - follow prompts

> 1-800-828-0498 Capital Operator Direct

> 1-800-833-6354 AMA Grass Roots Hotline - follow prompts

> 1-866-340-9281 Capital Operator Direct

> 1-866-220-0044 Capital Operator Direct

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> 1. When the capitol operator answers, tell her which Senate or House office you want.

> 2. When the office answers, tell the staffer that you are a constituent and that you want your Senator/Representative to vote for or against whichever bill you are concerned about or what other issue you have. For a listing of all bills refer to <http://thomas.loc.gov>.

> 3. Provide additional information requested by the staffer

> 4. Be polite and courteous, remember the staffer is simply the "messenger".

> [Source: MRGRG Harry Riley msg 25 Jun 07 ++]

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> PTSD UPDATE 15: Veterans returning from combat zones in Afghanistan and Iraq can soon opt to take part in a new post-traumatic stress disorder (PTSD) treatment program at the Veterans Home of California at Yountville. A \$5.6 million private grant provided by will cover the fundamental costs of the program - an enterprise of San Francisco's Tides Center supervised by the California Department of Veterans Affairs - and keep it up and running for three years, according to a press release from the California Department of Veterans Affairs. Called "The Pathway Home," the program will counsel and treat veterans facing a range of mental health issues including post-traumatic stress disorder. The program will offer assistance from a host of professionals, including PTSD counselors, doctors, nurses, family therapists, physical therapists and dietitians. Steve Schilling, special representative for the Vets Home, said the program will cost approximately \$1.25 million annually, adding that Fred Gusman of the Veterans Affairs Palo Alto Health Care System will direct the enterprise. The program, to be

launched in AUG 07, will be held at Madison Hall on Vets Home grounds and can accommodate up to 40 people at a time. Marcella McCormack, administrator of the Vets Home, said veterans will reside at the Vets Home for treatment from 30 to 120 days and then return to their communities. After the completion of treatment, she said, veterans will keep in close contact with program counselors. The Veterans Home of California located at 180 California Drive can be contacted by mail or phone at: P.O. Box 1200, Yountville, California 94599 Tel: (707) 944-4541 Fax: (707) 944-4542. [Source: Napa Valley Register Natalie Hoffman article 21 Jun 07 ++]

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> AO COMPENSATION [NON-VIETNAM] UPDATE 03: As required by law, the Department of Veterans Affairs (VA) hereby gives notice that the Secretary of Veterans Affairs, under authority of the Veterans Education and Benefits Expansion Act of 2001, Public Law 107-103, Section 201(d), has determined that a presumption of service connection is not warranted (i.e. for conflicts other than Vietnam) based on exposure to herbicides used in the Republic of Vietnam during the Vietnam Era for the following health outcomes: Hepatobiliary cancers; oral, nasal, and pharyngeal cancer; bone and joint cancer; skin cancers (melanoma, basal, and squamous cell); breast cancer; female reproductive cancer (cervix, uterus, and ovary); testicular cancer; urinary bladder cancer; renal cancer; leukemia (other than chronic lymphocytic leukemia (CLL)); abnormal sperm characteristics and infertility; spontaneous abortion; neonatal or infant death and stillbirth in offspring of exposed individuals; low birth weight in offspring of exposed individuals; neurobehavioral disorders (cognitive and neuropsychiatric); movement disorders including Parkinson's disease and amyotrophic lateral sclerosis (ALS); chronic peripheral nervous system disorders; respiratory disorders; gastrointestinal, metabolic, and digestive disorders (changes in liver enzymes, lipid abnormalities, ulcers); immune system disorders (immune suppression, autoimmunity); circulatory disorders; amyloid light-chain (AL) amyloidosis; endometriosis; effects on thyroid homeostasis; gastrointestinal tumors (esophagus, stomach, pancreas, colon, rectum; brain tumors; and any other condition for which the Secretary has not specifically determined a presumption of service connection is warranted.

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> The Secretary's determinations regarding individual diseases are based on all available evidence in a 2004 report of the National Academy of Sciences (NAS) and prior NAS reports. This notice generally states specific information only with respect to significant additional studies that were first reviewed by NAS in its 2004 report. Information regarding additional relevant studies is stated in VA's prior notices following earlier NAS reports, are not repeated here. NAS reviewed scientific and medical articles published since the publication of its first report as an integral part of the process that resulted in "Veterans and Agent Orange: Update 2004." The comprehensive review and evaluation of the available literature that NAS

conducted in conjunction with its report has permitted VA to identify all conditions for which the current body of knowledge supports a finding of an association with herbicide exposure. Accordingly, the Secretary has determined that there is no positive association between exposure to herbicides and any other condition for which he has not specifically determined that a presumption of service connection is warranted. For further information contact: Rhonda F. Ford, Consultant, Regulations Staff, Compensation and Pension Service, Veterans Benefits Administration, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 273-7210. [Source: Gordon H. Mansfield, Deputy Secretary of VA notice 5 Jun 07 ++]

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> NATO AIR FORCE MEDALS: Air Force military members and civilians who have served 30 consecutive or accumulated days in any of four NATO operations may be eligible for a NATO medal. The missions are Operation Eagle Assist in the United States between 12 OCT 01, and 16 MAY 02; Operation Active Endeavor in the Mediterranean Sea that began 26 OCT 01; the International Security Force (ISAF) mission in the Balkans, which began 1 JAN 03, including Bosnia-Herzegovina, the former Republic of Yugoslavia (including Kosovo), Croatia, Macedonia and Albania; and the ISAF mission in Afghanistan which began 1 JUN 03. The duty must be listed on a Combined Joint Statement of Requirements, and the individual must have a source document such as a NATO certificate, according to the Air Force Personnel Center. The 30-day requirement will be waived for individuals who were wounded or injured during the operation and had to be evacuated. [Source: Armed Forces News 22 Jun 07 ++]

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> VA CATEGORY 8 CARE UPDATE 02: A new study has found about 1.8 million U.S.

veterans under age 65 lack even basic health insurance or access to care at Veterans Affairs hospitals. The ranks of uninsured veterans have increased by 290,000 since 2000, said Stephanie J. Woolhandler, the Harvard Medical School professor who presented her findings yesterday before the House Committee on Veterans Affairs. About 12.7% of non-elderly veterans-or one in eight-lacked health coverage in 2004, the most recent year for which figures are available, she said, up from 9.9% in 2000. Veterans 65 and older are eligible for Medicare. About 45 million Americans, or 15% of the population, were uninsured in 2005, the Census Bureau reports. Woolhandler's findings are based on data from two national surveys-the Current Population Survey administered by the Census Bureau and the National Health Interview Survey administered by the Department of Health and Human Services. Veterans who said they had neither health insurance nor veterans or military health care

were counted as uninsured.

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> Woolhandler is a well-known advocate of guaranteeing access to health care for all Americans through a government-run national health insurance program. Republican lawmakers seized on that association to question whether she was trying to advance that goal with her study. Woolhandler said the data are sound. She has firsthand experience with the issue as well, she said, because as a physician she has seen uninsured veterans with untreated high blood pressure, diabetes and other conditions. The focus of the hearing was whether to open VA hospitals' doors to so-called Priority 8 veterans, who have no service-connected disabilities and whose earnings generally are above 80% of the median income where they live. Doing so would add significantly to VA's caseload and costs-estimates range from \$366 million to \$3.3 billion annually-and some veterans groups and lawmakers are concerned that it would make it harder for veterans with serious service-related health problems to get timely care. Only about half of the 1.8 million uninsured veterans are classified Priority 8, Woolhandler said. The rest may technically be eligible for some VA care but live too far from its facilities for it to be a real option, she said.

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> Rep. Steve Buyer (R- IN), the committee's ranking Republican, said, "Veterans Affairs should focus on its core constituent (i.e. veterans with service-related health problems, the indigent and those with catastrophic disabilities). Some say the government is obliged to provide essentially free health care for life to anyone who served even a year or two. I intend to protect the core constituency first." But Rep. Bob Filner (D-CA.), the committee's chairman, said taking care of veterans is a continuing cost of war. "All veterans should have access to 'their' health-care system," he said. "This is rationing health care to veterans, those who have served our nation. And I think it's unacceptable for a nation of our wealth and our ability." [Source: Washington Post Christopher Lee article 21 Jun 07 ++]

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> **COMPUTER SECURITY:** Spyware, which is a software program that installs itself (without your knowledge) on your computer. After it's installed, the software collects information about you, and when you're online it sends the information to the spyware program's owner. Most spyware fits into one of two categories: Surveillance or Advertising. Surveillance spyware scans documents on your computer and can capture your keystrokes as you type. It can spy on forms you're filling out on a Web site (such as your login password or your credit card number) and the text you enter in a chat window. Government and detective agencies have been known to use this type of software, as have jealous spouses. Advertising spyware is software that is installed when you're installing other software (usually software you download from the Internet) or that is installed in the background while you're visiting a Web site. It's common for advertising spyware to be

included (without your being told) when you install software that's advertised as "No charge, if you don't mind seeing advertisements when you use it."

> One of the most pervasive distributors of spyware is software you download to take advantage of "peer to peer" file exchanges (for music and video). Advertising spyware logs information about your computer and about you. The information includes passwords, your Web browsing habits, your online buying habits, and so on. Both types of spyware can also install viruses and worms on your computer. Many of them change your browser settings (such as your home page), and your efforts to correct the changes are temporary; the spyware changes them again. One of the annoying features of spyware is its connection to pop-up ads. Using the information it has collected about you, the spyware initiates pop-up ads whenever you connect to a Web site. The spyware software producer receives income whenever you respond to one of these pop-up ads, so the theory is "the more the better." After a while, using the Internet becomes almost impossible because of the barrage of pop-ups. Regardless of your Internet Explorer controls for your children, the pop-ups often contain pornography.

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> Obviously, the best way to avoid spywar intrusion is not to install software from the internet or use peer to peer file exchanges. If it should be inadvertently installed in your computer the only way to remove it is to use software designed for that purpose. The following programs are well regarded by computer professionals to accomplish this:

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> - Spybot S&D (for Search & Destroy)

<http://www.safer-networking.org/en/download/>. (No charge but donations requested)

> - Ad-Aware from Lavasoft <http://www.lavasoftusa.com>. (No charge to \$40 dependent on program desired)

> - Spysweeper <http://www.spam-blockers.com/spy-sweeper.html>. (\$30 to \$40 dependent on program desired)

> - Windows Defender

<http://www.microsoft.com/downloads/details.aspx?FamilyId=435BFCE7-DA2B-4A6A-AFA4-F7F14E605A0D&displaylang=en>

(will not support WIN2000). No charge.

> [Source: MRGRG Don Harribine msg 20 Jun 07 ++]

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> USFSPA LAWSUIT UPDATE 13: Twenty-six years after Congress accepted its invitation in the case of McCarty v. McCarty to spell out divorce courts' limits for dividing veterans' retired pay, the Supreme Court declined on 18 JUN 07, to review a challenge from divorced veterans that the resulting statute entitled the Uniform Services Former Spouses Protection Act (USFSPA) is unconstitutional. Tired of unsuccessful legislative efforts against the statute a group of divorced veterans formed the USFSPA Litigation Support

Group (ULSG) to challenge the law in court. Forty-eight divorced veterans (both men and women) affected by the law who served in the military's major branches signed onto the lawsuit filed in 2004 in the U.S. District Court in Alexandria VA, under the title Adkins, et al. v. Rumsfeld, which later was renamed Adkins v. Gates, to reflect the replacement of the Secretary of Defense. The lawsuit worked its way from the federal trial court to the U.S. Court of Appeals in Richmond, with both courts refusing to grant relief against the USFSPA but also acknowledging that the law is not airtight against attacks by future litigants. The divorced veterans then petitioned the U.S. Supreme Court to review the USFSPA's constitutionality. On 18 JUN, the Supreme Court declined the review petition without comment.

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> The USFSPA, enacted in 1982, does not give spouses a right to a specific amount of money in a divorce settlement. The decision whether to award part of retirement pay, and the amount, is up to state courts, and the amounts vary widely. Most pensions, including those of police officers and federal employees, and other occupations, are subject to division in divorce cases. A number of changes to the law have been made in the favor of former spouses, and service members need some additional protections. The ULSG contends that Congress may have meant well in enacting the USFSPA, but that the law has resulted in harsh consequences to divorced veterans, many of them unanticipated and unintended. In this litigation, the divorced veterans asserted that among the law's failings is that it does not even exempt veterans who joined the military before the law was ever passed. The litigants assert that this amounts to an unconstitutionally retroactive application of the law and unconstitutional taking of property, seeing that the law was passed only after the Supreme Court said that veterans' retirement pay could not be divided in divorce court.

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> After the divorced veterans petitioned the Supreme Court to review USFSPA's constitutionality, the GI-Janes and American Retirees Association veterans groups filed friend of the court briefs supporting the veterans' petition. Signing onto the American Retirees Association's brief were the Air Force Sergeants Association, the Fleet Reserve Association, the National Association for Uniformed Services, and the Retired Enlisted Association. The divorced veterans' lead attorney, Jonathan L. Katz said: "The Supreme Court's decision not to review the case does not reflect the Court's view on the statute's Constitutionality or flaws. The Court, having just nine justices and a mountain of annual review petitions, accepts only one to two percent of petitions for review. We look forward to future court challenges against this unjust law." ULSG officer Jack Crutchfield said: "The USFSPA is unconstitutional, and this court challenge needed to be brought. Our legal team brought to light the serious flaws in this law. Thousands of divorced men and women who proudly served their country are victims of this unjust law and feel its profound financial harm daily; the law needs to be stricken."

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> The Supreme Court judgment mirrors a long line of previous decisions that have upheld Congress' right to legislate changes in military benefits. In the past, various groups have sued the government over laws that changed military retired pay adjustment methodology, deducted VA disability compensation from military retired pay, reduced Survivor Benefit Plan annuities, and charged military retirees fees for medical care. In each of those cases, the Supreme Court ultimately ruled (or refused to return a lower court ruling) that Congress was within its authority to legislate the changes, and that if there are inequities in the laws, the way to resolve those inequities is through further legislative action. For further information, contact: ULSG, LLC PO Box 270337 Tampa, FL 33688-0337 email: members@ulsg.org <<mailto:members@ulsg.org>> or <<http://www.ulsg.org>>.

[Source: USFSPA Litigation Support
Group News Release 20 Feb 07 ++]

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> VA SPINAL CORD INJURY SERVICES: In a ground-breaking ceremony 19 JUN for a

new facility for spinal cord injuries, Secretary of Veterans Affairs Jim Nicholson committed the Department of Veterans Affairs (VA) to expand programs and open new facilities for seriously disabled veterans with spinal cord injuries. The new center at the Milwaukee VA Medical Center is a \$32.5 million building and will open by 2010 to replace an existing converted ward in the hospital. It comes on the heels of another ground-breaking by Nicholson just a month ago for a new \$20 million spinal cord injury center attached to the VA medical center in Minneapolis. VA is a leader in spinal cord injury health care research and rehabilitation, providing a coordinated lifelong continuum of services for eligible veterans with spinal cord injuries of all ages. VA's expertise in this area ranges from emergency care and surgical stabilization to rehabilitation, preventive care, and long-term care. The department's investment in spinal cord injury research is yielding practical medical applications such as reducing pressure ulcers and increasing the use of annual influenza and pneumococcal vaccinations. VA research on spinal cord injuries is exploring new frontiers such as nerve regeneration, activity-based therapies that target recovery of standing and walking skills and developing prosthetics that have a direct connection to the nervous system.

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> Last year, VA spent nearly \$19 million on 186 research projects relating to central nervous system injury and associated disorders. Responding to the needs of the latest generation of combat veterans, VA has developed a network of polytrauma rehabilitation centers that bring together specialists in spinal cord injury and other experts into multidisciplinary teams that aid injured troops with other severe disabilities such as traumatic brain injury, amputation, blindness, and complex orthopedic

injuries, auditory disorders and mental health concerns. About 80% of veterans with spinal cord injuries and disorders are at least 50 years of age. However, many of the approximately 450 newly injured veterans and active-duty members who received rehabilitation at VA's spinal cord injury centers last year are young adults. Treatment and technology have improved so that veterans with spinal cord injuries have increasingly longer life expectancies. Maintaining health, preventive medicine and early treatment of new conditions are important parts of VA's lifelong care. Last year, VA provided a full range of care to nearly 26,000 veterans with spinal cord injuries and diseases. VA's specialized services are delivered through 135 primary care teams or support clinics for spinal cord injuries at VA medical centers and through 23 regional spinal cord injury centers. [Source: VA Press Release 19 Jun 07 ++]

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> OVERSEAS NSO DOCUMENT REQUEST: A person outside the Philippines can make

a request by letter are online at

<https://www.ecensus.com.ph/Secure/frmlIndex.asp> to the National Statistics Office [NSO] for a certified copy of any document. The fee for forwarding documents is \$20 per document in accordance with payment options noted on the website. Credit card payment on line is possible. There is no cancellation or refund policy. The e-Census website also contains a number of frequently asked questions that cover most situations. Additional questions can be answered by the Civil Registry Operations Division at L.Hufana@mail.census.gov.ph <mailto:L.Hufana@mail.census.gov.ph>. In the initial letter or online request the

following information must be supplied to allow NSO to locate the document:

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> Birth: Complete name of the child (first, middle, last), Complete name of the father, Complete maiden name of the mother, Date of birth (month, day, year), Place of birth (city/municipality, province), Whether or not registered late, If registered late, state the year when it was registered, Complete name and address of the requesting party, Relationship to the child, Number of copies needed, and Purpose of the certification.

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> Death: Complete name of the deceased person, Date of death, Place of death, Complete name and address of the requesting party, Number of copies needed, and for what purpose the certification shall be used

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> Marriage: Complete name of the husband, Complete name of the wife, Date and place of marriage, Complete name and address of the requesting party, Number of copies needed, and Purpose for the certification

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> Adoption:

> 1. Information about the child prior to adoption to include: Complete

name of the child, Complete name of the father, Complete maiden name of the mother, Date and place of birth,

> 2. Information after adoption to include: Amended name of the child, Complete name of the adopting father, his occupation, religion and age at the time of adoption, Complete name of the adopting mother, her occupation, religion, and age at the time of adoption, Date when adoption decree was issued, Date when adoption decree became final and executory, Name of the court and the judge that issued the decree, Complete name and address of the requesting party, Number of copies needed, and Purpose for the certification

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> Legitimation: Complete name of the child, father, and mother, Date and place of birth, Date and place of marriage of parents, Date when the affidavit of legitimation was executed, Date when the affidavit of legitimation was registered, Complete name and address of the requesting party, Number of copies needed and Purpose for the certification

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> Dissolution of Marriage: Complete name of the husband, Complete maiden name of the wife, Date of marriage, Place of marriage,

> Name of the court and the judge that issued the decree dissolving the marriage or declaring marriage void,

> Address of the court, Date when the decision was issued, Date when the decision became final and executory, Date when the decision was recorded in the civil register, Complete name and address of the requesting party, and Purpose for the certification

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> No Record of Marriage: Complete name of the person, Complete name of the father, Complete maiden name of the mother, Date of birth, Place of birth, Complete name and address of the requesting party, Number or copies needed, and Purpose for the certification

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> Others: For certifications other than those described in this page, please specify the nature or contents of the certification.

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> Send your letter request to Republic of the Philippines, Office of the Civil Registrar General, National Statistics Office, PO Box 779 Manila Philippines or EDSA corner Times St., West Triangle, Quezon City 1104. Requests made through conventional postal service system are processed upon the receipt of payment. Online request should be submitted via <https://www.ecensus.com.ph/Secure/frmlIndex.asp>. [Source: Philippine NSO www.census.gov.ph <<http://www.census.gov.ph>> Jun 07 ++]

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> TAPS: Each year, hundreds of American families face the tragedy of the death of a loved one serving in the Armed Forces. The families left behind include loving parents, siblings and young spouses and school age children. In many cases, these families must move immediately away from their friends

and support systems and rebuild a life that was once devoted to military service but is now focused on just surviving their traumatic loss. These families can turn to TAPS for the support that they deserve when they have, in the words of Abraham Lincoln, "laid so costly a sacrifice on the altar of freedom" The Tragedy Assistance Program for Survivors, Inc., is a one of a kind non-profit Veteran Service Organization offering hope, healing, comfort and care to thousands of American armed forces families facing the death of a loved one each year. Services available are: counseling referral, crisis information, caseworker assistance, and online resources. TAPS receives no government funding. Through the DoD and VA, all families faced with a death of one serving in the Armed Forces should be receiving information about TAPS and other military survivor programs. For more info refer to <http://www.taps.org> or write/call the Tragedy Assistance Program for Survivors, Inc. (TAPS) National Headquarters, 910 17th Street, NW Suite 800, Washington, DC 20006 Tel: (202) 588- 8277. For general info send an email to info@taps.org <mailto:info@taps.org>. [Source: Military Report 28 May 07 ++]

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> SELECTIVE SERVICE SYSTEM (DRAFT) UPDATE 04: Contrary to popular belief,

"only sons", "the last son to carry the family name", and "sole surviving sons" must register for the draft, they can be drafted, and they can serve in combat. However, they may be entitled to a peacetime deferment if there is a military death in the immediate family. Provisions regarding the survivors of veterans were written into Selective Service law after World War II. Details have varied over the years, but the basic premise remains the same; where a family member has been lost as a result of military service, the remaining family members should be protected insofar as possible. It is important to keep in mind that the provisions are directly related to service-connected deaths. The mere fact that a man is the only child or only son does not qualify him for consideration - he must be the survivor of one who died as a result of military service.

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> The present law provides a peacetime exemption for anyone whose parent or sibling was killed in action, died in line of duty, or died later as a result of disease or injury incurred in line of duty while serving in the armed forces of the United States. Also included are those whose parent or sibling is in a captured or missing status as a result of service in the armed forces during any period of time. This is known as the "surviving son or brother" provision. A man does not have to be the only surviving son in order to qualify; if there are four sons in a family and one dies in the line of duty, the remaining three would qualify for surviving son or brother status under the present law. The surviving son or brother provision is applicable only in peacetime. It does not apply in time of war or national emergency declared by the Congress.

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> The original law, passed in 1948, exempted the sole surviving son of a family where one or more sons or daughters died as a result of military service. No restriction existed at that time to limit the exemption to peacetime. The provision was intended to protect families which had lost a member in World War II.

> In 1964, recognizing that sons of World War II veterans were reaching draft age, Congress changed the law to include the sole surviving son of a family where the father, or one or more sons or daughters, died as a result of military service. At this time the peacetime-only restriction was also added to the law. A further change was made in 1971, expanding the exemption to any son, not necessarily the sole surviving son, of a family where the father, brother or sister died as a result of military service. This provision was recently expanded to include mothers. In addition to peace-time draft deferment, the Department of Defense authorizes discharges for any son or daughter in a family in which the father or mother or one or more sons or daughters:

> - Have been killed in action or have died when serving in the U.S. Armed Forces from wounds, accident, or disease.

> - Are in a captured or missing-in-action status.

> - Have a permanent 100% Service-related disability (including 100% mental disability), as determined by the Veterans' Administration or one of the Military Services, and are not gainfully employed because of the disability.

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> Under the provisions of DOD Directive 1315.15, this is a voluntary separation procedure which must be initiated by the service member. It does not apply during times of War or National Emergency declared by Congress. It also does not apply to commissioned officers or warrant officers unless they were involuntarily drafted into the Armed Forces (as there is currently no draft going on, that means commissioned officers and warrant officers cannot be released from service under this provision). Additionally, service members who enlist, reenlist, or voluntarily extends his or her active duty period after having been notified of the family casualty on which the surviving status is based shall be considered as having waived his or her rights for separation as a surviving son or daughter. A member who has waived his or her right to a separation as a surviving son or daughter may request reinstatement of that status at any time. However, a request for reinstatement shall not be granted automatically, but shall be considered on the merits of the individual case. [Source: About.com: U.S. Military Rod Powers article 15 Jun 07 ++]

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> VA HOMELESS VETS UPDATE 04: A recently completed Congressional Research

Service (CRS) report on homeless veterans says the wars in Iraq and Afghanistan have contributed to a sharp rise in the number of homeless

military veterans. The report shows:

> - Female veterans were as much as four times more likely to become homeless than non-veteran women.

> - Male veterans nearly twice as likely to become homeless than non-veterans.

> - The largest group of homeless vets comes from those who enlisted after Vietnam.

> - Although experiences in combat and Posttraumatic Stress Disorder are contributing factors to homelessness, studies have found no unique association between combat-related PTSD and homelessness.

> - Since Vietnam, most veterans do not normally become homeless within the first 10 years of separation. (Note: This is contradictory to a DEC 06 Iraq Veteran Project study prepared by the Swords to Plowshares veterans' advocacy group which said that troops who've served in Iraq and Afghanistan are becoming homeless sooner than their predecessors - seeking housing services within months after returning from Iraq.)

> - There are currently five federal programs specifically designed to assist homeless veterans, these programs will require about \$270 million in 2007, and future costs are on the rise. (Note: This leaves many veterans' advocates concerned that the current VA budget and infrastructure will not be able to respond to the needs of an ever-increasing number of homeless and at risk veterans in the coming years.)

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> According to the Iraq Veteran Project report, the VA has created a list of factors that can help prevent homelessness, including employment assistance, transition assistance, rehabilitation, medical care, commensurate employment, compensation award and work therapy. Congress is taking notice. In APR 07 Sen. Obama introduced legislation dubbed the "Homes for Heroes Act", which would establish grant and voucher programs to encourage development of affordable housing targeted for veterans. In addition, Sen. Daniel Akaka (D-HI) has introduced a bill that would institute a program in which the VA and DoD would work together to identify returning members of the armed services who are at risk of homelessness. On the other side of the aisle, Sen. Larry Craig (R-ID), has said, "The number of homeless on any given night is too high and we are working hard on Capitol Hill to turn those numbers around." In response to congressional pressure, the Pentagon recently partnered with several federal agencies to create an online portal called "Turbo TAP" designed to help veterans get the information, counseling, and access to the services they need to ensure a successful transition from military to civilian life. [Source: Military.com Terry Howell article 18 Jun 07 ++]

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> VET CEMETERY FLORIDA UPDATE 06: On 15 JUN the U.S. House approved \$27.8

million in federal funding to construct a national veterans cemetery in

Sarasota County Florida. The funding is included in the Fiscal Year 2008 Military Construction and Veterans Affairs Appropriations Act (H.R. 2642), which provides a necessary increase in federal funding to meet the needs of our nation's military and honor our commitment to our veterans. The Sarasota National Veterans Cemetery is currently in the design phase. It will be located on 295 acres of land purchased in April by the Veterans Administration. Construction is planned for May 2008 with the first burials anticipated in OCT 08, with the entire first phase of the project expected to be complete in 2011. The 60 acre site will provide 25,700 casket and cremation burials. The entire property is expected to provide burial capacity beyond the year 2050. The cemetery funding in this bill will help ensure that the nearly 400,000 area veterans can be placed to rest close to home and with the honor and dignity they deserve. [Source: Rep. Vern Buchanan Press Release 20 Jun 07 ++]

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> SBA VET ISSUES UPDATE 04: Congressman Vern Buchanan's (R-FL-13) bill to

help veterans make the transition from military life to the business world was approved unanimously 18 JUN by the U.S. House. The "SBA Veterans' Programs Act of 2007" (H.R. 2366), introduced by Buchanan last month, requires the SBA to increase its outreach to veterans and authorizes federal funding for grants and services to help veterans start, manage, or grow a small business. The SBA veterans' programs bill authorizes small business grants between \$75,000 and \$250,000 each, provides online counseling and distance learning for veterans and members of the Armed Forces, increases coordination among organizations that assist veterans, and creates a marketing campaign to promote awareness regarding SBA programs for veterans.

The bill also requires the SBA to increase the number of Veterans Business Outreach Centers, which provide business training, counseling, technical assistance, and mentoring by at least four over the next two years and to establish a Women Veterans Business Training Resource Program to compile and

disseminate information on resources available to women veterans for business training. Finally, the bill requires an independent study to identify gaps in the availability of outreach centers. Buchanan's bill was cosponsored by 19 bipartisan Members of Congress, including House Small Business Committee Chairwoman Nydia Velazquez (D-NY) and Ranking Member

Steve Chabot (R-OH). Buchanan is a member of the House Small Business Committee, and a member of the House Committee on Veterans' Affairs. The measure now goes to the Senate for consideration. [Source: Buchanan Press Release 19 Jun 07 ++]

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> VA BUDGET 2008 UPDATE 06: The Senate Appropriations Subcommittee for Military Construction and VA Funding approved their version of the fiscal year 2008 funding bill 14 JUN. The legislation will provide more than \$87.5 billion to fund the VA. This includes \$44.4 billion for mandatory veterans' benefits and a record \$43 billion in discretionary spending which is \$6.5 billion above last year's funding level. Included in the bill:

> - \$3.6 billion for medical administration.

> - \$4.1 billion for medical facilities.

> - \$500 million for medical and prosthetic research.

> - \$29 billion for Medical Care, with money set aside for polytrauma care, mental health services, and specialized treatment for TBI and PTSD.

> - \$1.3 billion for the Veterans Benefits Administration to allow for the hiring of more than 500 new disability claims processors to tackle the backlog of compensation claims.

> - \$1 billion above the President's request for minor construction and nonrecurring maintenance of VA hospitals and facilities to avoid the same type of deterioration as at Walter Reed.

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> The bill is before the full Senate Appropriations Committee, and if cleared there, would move to the full Senate for a vote. If approved, the Senate bill would then need to be matched up with the version moving through the House to resolve differences before presenting it to the President for his signature. The House version has similar funding levels. [Source: VFW WA Weekly 18 Jun 07 ++]

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> VA PROJECT HERO: Project HERO is a demonstration project that is being piloted in selected Veterans Integrated Service Networks (VISNs) to maximize the care VA provides directly and better manage Fee care. The project has the potential to reduce VA contract costs while improving access, accountability, care coordination, patient satisfaction and clinical quality. The ultimate goal of Project HERO is to ensure all care delivered by VA - whether through VA providers or community partners - is of the same quality and consistency for all veterans. Under this program The Department of Veterans Affairs (DVA) can give private HMOs and other health networks access to a multibillion-dollar market for veterans' care that the companies hope, and veterans fear, could open a new era of outsourcing. The nation's major veteran's organizations have fought a fierce but behind-the-scenes battle since a pilot program began to take shape in FEB 06. At an industry day gathering, VA invited executives from dozens of private health networks to bid for contracts giving the government discounts in exchange for a potential bonanza. Some executives say they are aggressively pursuing that business and more.

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> Despite its flaws, the VA health care system is widely regarded as among the best in the nation. A nearly united front of veterans groups

argues that the pilot project is a step toward privatizing work now done at VA hospitals and clinics. Nevertheless, the DVA expects to award five-year contracts next month that could put hundreds of thousands of procedures under HMOs. The contracts will cover four multistate DVA administrative regions that include the veterans' haven of Florida, 11 other mostly rural states and portions of another 12. The project underscores wartime strains on the VA health care system despite huge hikes in the department's budget since the wars in Iraq and Afghanistan began. Some in Congress have chafed at the spending and support alternatives. Veterans complain about long waits for appointments and other problems they want fixed internally. Private health providers see the VA's shortcomings and growing patient load as a business opportunity. The VA spends an estimated \$2 billion to \$2.5 billion a year nationwide on care outside its hospitals and clinics. That is mostly in cases where the VA lacks equipment, is up against backlogs or does not have a presence in rural areas.

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> Project HERO, short for Healthcare Effectiveness through Resource Optimization, would allow spending on many outsourced procedures to rise by up to twice last year's amounts. Veterans say that means the department plans to greatly expand its use of private care at the expense of equipment, staff and other needs inside the VA. VA officials in charge of the project declined several requests for interviews and to provide data supplied to private companies for use in bids due last month. Some companies clearly see a long-term opportunity that could be expanded nationally. Health care giant Humana Inc., for example, formed a new unit, Humana Veterans Healthcare Services, in FEB to pursue Project HERO and other potential outsourcing opportunities at the VA. The House and Senate appropriations committees in late 2005, required a program of this sort in a little-noticed paragraph of a report accompanying the fiscal 2006 spending bill. GOP lawmakers at the time were concerned about rapid increases in VA funding. The intent of the 2005 order was to better manage spending outside the VA system and achieve savings through contracts rather than simply paying fees. Veterans groups have advocated a program to accomplish that, but they say the VA has expanded this project far beyond better management of current outsourcing.

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> When the department released its initial proposal last summer, veterans groups were stunned. The plan would have allowed spending on procedures in the contracts to rise up to fivefold across the board and would have allowed the project to spill outside the four multistate regions designated as official demonstration zones. Veterans shelled the plan until the VA tabled it a month later. In January, the DVA issued a scaled-back proposal, which has since been amended several times but fails to satisfy veterans groups.. The VA asserts in available materials that Project HERO will remain limited to services the government system cannot provide.

Veterans groups say the guts of the proposal suggest otherwise.

> The House appropriations committee, which proposed this program, predicted

it could save \$400 million a year. People involved in the project, including corporate executives, said they have no sense of the savings or the ultimate government spending on private work because details of how Project HERO will be administered are unclear. "We see a potential for a lot of care going out to these contractors, swallowing up, getting their foot in the door and getting whatever they can," said Joy Ilem, a lobbyist for Disabled American Veterans. For more info on Project HERO refer to <http://www.va.gov/hac/hero>. [Source: Sarasota Herald-Tribune Cory Reiss article 18 Jun 07 ++]

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> VETERAN DISINTERMENT: Picking up and moving a deceased family member is

something most people do not think about. The vast majority of families consider the final resting place to be final. The decision is made when a person's desire to have his/her loved one nearby overcomes any desire to leave a grave undisturbed. Funeral and cemetery directors say the scenarios are complicated and endless. National veterans' cemeteries charge nothing for any services they provide for disinterment. The disinterred get a new gravesite, a free headstone and are even entitled to another volunteer honor guard service when the new grave is sealed. However, the family is responsible for the arrangements and cost of the movement from one gravesite to another. The veteran cemetery personnel dig down to the casket. When they stop digging that is where a funeral home comes in. A funeral director has to be present while a vault company extracts either the casket or the vault it is encased in. The vault company loads it into a hearse or van or, if the entire vault is moved, onto a flatbed and drives it to the new resting place. It unloads it into the new grave and seals it, again under the eye of a funeral director. This can cost \$2500 and up dependent on where and how far the new gravesite is located. The funeral director will normally take care of any permits required. Veterans Affairs does not keep track of how much it costs them to disinter, officials said. But it can be time-consuming, especially in sandy Florida where it can take up to six hours to unbury a casket if the soil does not hold tight. Sandra Beckley, who runs the new national cemetery in Georgia and the future director of the Florida Sarasota cemetery when it opens in the fall of 2008 said, "Whether it takes a couple of hours or a half-day to re-dig a grave, the agency considers it a service veterans are entitled to. Burial at a VA cemetery is a benefit for the veteran and his honorable service, and if the family wishes to do a disinterment, it is their right." [Source: Tampa Tribune Gretchen Parker article 17 Jun 07 ++]

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> CREDIT CARD PENALTIES: Congress has held hearings twice this year to grill credit card executives on their fees and billing practices and the added heat on plastic providers may leave you with more cold cash.

Following are some changes that have been implemented since those hearings:

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> - Citigroup has dropped the "universal default" penalty on all its cards. This clause allows card issuers to boost interest rates to as much as 35% if a cardholder is late paying any other, unrelated bill-such as a mortgage-even if the customer has never been late with a credit card payment. To see if your card carries a universal default penalty, contact your card issuer.

> - Citigroup also announced it would cease its "any time for any reason" interest rate increases. An any time policy gives a card issuer carte blanche to boost interest rates without an explanation-even for customers who have met all payment and deadline terms. The company is reserving the right to raise rates and fees on existing accounts only if cardholders pay late, exceed the credit limit or if their payment check bounces.

> - Chase Visa is switching its cards to daily average balance to calculate interest and abandoning two-cycle billing. The change will reduce finance charges for anyone who chooses not to pay off a new purchase in full.

> [Source: AARP Bulletin Jun 07 ++]

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> ENVIRONMENTAL CERTIFICATE TRAINING PROGRAM: Returning military veterans

can pursue a career in environmental restoration/conservation, receive a monthly stipend of \$1,000, and use other education benefits such as their GI bill and Washington's veteran tuition waivers, under a new program being co-sponsored by the Washington State Department of Veterans Affairs. The ten-month program will be located at Renton Technical College and Green River Community College as part of the Veterans Conservation Corps (VCC), with classes beginning in SEP 07. The program will be a mix of classroom work and on the job training on projects in King County. The requirements for enrollment in the program include:

> - A returning veteran from Operation Iraqi Freedom/Operation Enduring Freedom/Operation Noble Eagle.

> - An interest in learning skills towards environmental restoration/conservation inclusive of: Erosion and sediment control techniques; stream restoration; GPS/GIS/Surveying; Heavy equipment operation around environmentally sensitive areas; Permitting, project management, small business contracting with natural resource agencies, storm-water mitigation, etc.

> - A willingness to work and learn intensely for 10 months/40 hours a week.

> - An ability to get to school every day at Renton. (Funding may be available to assist qualified veterans with relocation expenses.).

> - An interest in transitioning from a military mission to a personal mission of working to protect the environment and the future of our region.

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> Assistance may be available for veterans with housing transitions, when

necessary, and the program will also provide other support services to ensure that the veteran is getting help in all areas of their life. The VCC also plans to assist with job placement during and after the program is completed. The veterans will be working and learning with each other most of the time, rather than mixed in the general college community. Arrangements for screening and enrollment can be made by contacting Mark Fischer or Mark Seery at (360) 725-2224 or markf@dva.wa.gov <<mailto:markf@dva.wa.gov>> or marks@dva.wa.gov <<mailto:marks@dva.wa.gov>>. For more information on veterans programs in Washington state, refer to www.dva.wa.gov <<http://www.dva.wa.gov>>. [Source: Washington DVA News Release 14 Jun 07 ++]

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> DOD MENTAL HEALTH TF UPDATE 04: Secretary of Defense Robert Gates received the Department of Defense Task Force on Mental Health results and forwarded them to the Congress on 14 JUN. The department will have six months to develop and implement a corrective action plan. Dr. S. Ward Casscells, assistant secretary of defense for health affairs said, "This report points to significant shortfalls in achieving goals and taking care of our service members and their families. We will continue to address the need for mental health care in order to reinforce our commitment to providing the best care in the world to our service members and their families who deserve no less. Significant findings include:

> - Mental health care stigma remains pervasive and is a significant barrier to care.

> - Mental health professionals are not sufficiently accessible to service members and their families.

> - There are significant gaps in the continuum of care for psychological health.

> - The military system does not have enough resources, funding or personnel to adequately support the psychological health of service members and their families in peace and during conflict.

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> Implementation of recommendations and remedies to support our service members has already begun, to include:

> - Military services have established dozens of deployment health clinics around the country.

> - Mental health providers have been embedded in line units in Iraq and Afghanistan to perform initial treatment for combat stress and post-traumatic stress disorder.

> - Service members are receiving additional mental health training to de-stigmatize when they need to reach out for help.

> - The services are currently proactively exploring options to adequately resource their mental health care providers.

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> The Task Force on Mental Health was congressionally directed and organized

in JUN 06 to assess and recommend actions for improving the efficacy of mental health services provided to service members and their families. It includes seven DoD members and seven non-DoD members. The report can be viewed on the health affairs Web site at

<http://www.ha.osd.mil/dhb/mhtf/MHTF-Report-Final.pdf> . [Source: DoD News Release 15 Jun 07 ++]

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> WOUNDED WARRIOR ASSISTANCE UPDATE 01: The Senate Armed Services

Committee, chaired by Sen. Carl Levin (D-MI), took a major step on 14 JUN by unanimously approving S.1606, the "Dignified Treatment of Wounded Warriors Act." This comprehensive package of initiatives proposed by Levin and 29 bipartisan co-sponsors would address the problems highlighted in media articles and subsequent government studies concerning problems faced by outpatients at Walter Reed and other military and VA facilities. Sen. John Warner (R-VA) emphasized the need for a balanced perspective on Walter Reed, saying the new legislation in no way reflects negatively upon military medical professionals who work so hard to deliver quality care. Sen. Daniel Akaka (D-HI), who chairs the Veterans Affairs Committee, said the legislation is important to provide a truly seamless transition for wounded warriors. Members of the committee offered 30 amendments, of which 29 were approved. Among many other changes, the bill would require:

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> - Development of a comprehensive DoD/VA policy by January on the care, management, and transition needs for members with combat-related injuries.

> - Enhanced care for medically retired servicemembers and certain caregiver family members for combat-injured personnel in military or VA hospitals.

> - A comprehensive DoD/VA plan for prevention, diagnosis, mitigation, and treatment of traumatic brain injury and post-traumatic stress syndrome, to include cognitive screening before and after deployment.

> - A DoD/VA Interagency Program Office to develop and implement a joint electronic medical record.

> - Additional recruitment and enhanced hiring authority to address the shortfall of mental health and other health professionals.

> - Revision of the military disability evaluation system, to include use of VA standards to make disability determinations, accounting for all medical conditions that render a member unfit for duty, review of the services' recent disability separation determinations, and increased severance pay for certain disability separates.

> - Upgrades for facilities housing military patients.

> - Development of a handbook for wounded warriors containing a comprehensive description of compensation and other benefits'

> [Source: MOAA Leg Up 15 Jun 07 ++]

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> COLA 2008 UPDATE 05: The Bureau of Labor and Statistics announced the MAY

07 consumer price index, which is used to calculate the annual cost of living adjustment for military retired pay and annuities. The CPI had its sixth straight increase for FY2007 - 0.8% above April's value. The CPI now stands at 2.3% above its starting point at the beginning of the fiscal year in October 2006. [Source: MOAA Leg Up 15 Jun 07 ++]

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> VDBC UPDATE 18: A Center for Naval Analysis (CNA) study sparked some controversy at the 8 JUN meeting of the Veterans Disability Benefits Commission when CNA analysts told the Commission that VA disability compensation amounts are too low for younger severely disabled vets, but may be too high for those disabled later in life. To put these comments in perspective, the CNA study was looking at how well VA disability benefits succeeded in replacing lost earnings for disabled vets compared to non-disabled vets. The analysis highlighted that those who become severely disabled at younger ages face an additional financial penalty because their earning careers are cut short, whereas those afflicted by severe disabilities later in life have had an opportunity to accumulate larger savings from military and post-service earnings. That means the earnings disparity with non-disabled vets is less for older people than younger people. If you look at the overall average, CNA said, VA disability payments just about make up the earnings differential. But when you break it out by age, there are significant differences. While there was general acknowledgment of the particular inequity faced by younger disabled members, some commissioners reacted sharply to the idea that those disabled at later ages are overpaid. The bottom line is that replacing lost earnings is a major element in that equation, but not the only one. A perennial source of contention is the extent to which VA compensation also should recognize decreased quality of life (pain, suffering, loss of body function, etc.). CNA analysts said they found little evidence that that factor has played a major role in establishing VA disability payment rates. [Source: MOAA Leg Up 15 Jun 07 ++]

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> DIGITAL CAMERA BASICS: Digital camera use can be severely hindered if you

don't understand some of the workings of the digital camera. So here are a few simple things you need to know about digital cameras to help maintain your photo shooting:

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> Shutter Lag: This can result in missing a shot because something moved. It is the pause between pressing the shutter and the onset of the actual exposure or picture taking. Many digital cameras have a noticeable shutter lag because they auto-focus after you press the shutter button. With most

digital cameras you can get the picture you want without the lag by pressing the shutter button half-way down as you set up the picture. This will lock in the focus, and, when you press the shutter button down fully, the shutter lag time will be greatly lessened.

> LCD Screens: Using the LCD screen is one of the biggest battery drains. If your digital camera has a viewfinder, as most do, you can use it instead of the LCD to frame your picture to conserve battery power. Using the viewfinder also has two other advantages - it will help reduce shutter lag, and it is easier to use in bright sunlight.

> Memory Cards: There are a few important things to remember about using memory cards.

> - Don't remove the memory card while the camera is processing a photo.

> - Working with a very low battery can corrupt all the pictures on your memory card, so be sure to keep those batteries charged.

> - If you use a card reader to transfer the pictures to the computer, move or copy the pictures to the computer before you try to edit or delete them. Deleting a photo directly from a memory card can corrupt the card.

> Digital Zoom: Digital zoom is an electronic zooming of the image. It can cause a noticeable degradation of the image. In fact, it is added to digital cameras today only because it is much cheaper than optical zoom and makes the camera sound more powerful. If you want to make sure your photos are crisp and clear when you zoom in, use only the optical zoom. If your camera has digital zoom, see the instructions that came with your camera to find out how to turn it off.

> Naming Pictures: Some cameras name all of the images in sequence from the same starting point. So when you move a set of pictures to the computer the next images are given the same numerical names as the previous set of pictures. Many a user has moved the second set to the computer and inadvertently overwritten some precious memories from the first set of pictures. Be sure to learn how your camera names the pictures, and also be sure to give your photos more meaningful names once you get them onto your computer.

> JPEG Format: Most cameras take pictures using a JPEG format (also shown as

JPG). This is a compressed format. Each time you change and save a JPEG the photo is recompressed and you lose some of the details (clarity) of the photo. Although the degradation is not noticeable until the photo is resaved many times, it is always best to save a copy of the original photo before you start editing and changing the photo.

> [Source: AARP Webletter by Sandy Berger 21 OCT 05]

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> PROSTATE PROBLEMS UPDATE 03: The traditional two-step approach of PSA

testing and digital rectal examination has helped doctors identify prostate tumors early, while the cancers can still be cured. But PSA testing, like

many disease-screening procedures, misses some cases of cancer and in other cases erroneously highlights noncancerous conditions. In the first clinical study of a new blood protein associated with prostate cancer, researchers have found that the marker, called EPCA or early prostate cancer antigen, can successfully detect prostate cancer in its earliest stages. At the same time, the marker successfully avoids the problem of false positive results that plagues prostate-specific antigen (PSA) testing. Initial study results appeared in the 15 MAY 05 issue of Cancer Research. Robert H. Getzenberg, Ph.D., professor of urology and director of research at the James Buchanan Brady Urological Institute at Johns Hopkins is heading the study. Getzenberg said, "This new blood test, when coupled with PSA screening, may help reduce the number of both unnecessary biopsies and undetected prostate tumors. In addition to being highly sensitive to prostate cancer, the EPCA test is also very specific to it, meaning that other cancers and benign prostate conditions are not detected, thus boosting doctors' confidence that a positive EPCA test is really a sign of prostate cancer. Once this test is refined and approved for general use, it will have an impact on the detection and treatment of prostate cancer."

> Every year about 1.6 million men with high PSA levels have biopsies for which about 80% turn out to be cancer-free. An updated report on the test in the Prostrate Cancer Winter 2007 noted in tests of more than 600 men, even in men where PSA has failed, EPCA-2 is almost 100% specific for prostate cancer, and picks up greater than 90% of the prostate cancer patients. Also, EPCA-2 does not appear to be elevated in conditions like BPH and prostatitis. And, EPCA-2 can detect the presence of prostate cancer in men with normal PSA levels. EPCA-2 may even be able to distinguish the deadliest cancers, which quickly develop the ability to spread beyond the prostate, from those that are less aggressive. More tests are needed, and EPCA-2 will soon be studied in a large, multicenter trial, with the goal of obtaining FDA approval for its use. [Source: Johns Hopkins Medicine articles 2007 ++]

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> TEXAS TUITION WAIVER DENIALS: Two Texas veterans are challenging in a federal lawsuit a state policy barring them from receiving college tuition waivers because they were legal residents but not yet U.S. citizens when they entered the service. The two are honorably discharged veterans who served in the Gulf War and have since become U.S. citizens. The case focuses on the veterans' exclusion from the Texas Hazlewood Act, a benefit that exempts those who were legal residents of Texas at the time they entered the military from paying tuition and some fees at state colleges. Both plaintiffs are college graduates who have exhausted the money from their GI bill. One, wants to obtain a master's degree in education from West Texas A&M in Canyon and the other wants to seek a Ph.D. in finance from the University of Texas at San Antonio. Typically, someone in their position could depend on the Hazlewood Act to continue their education. But the

application for the Hazlewood waiver asks whether the applicant was a U.S. citizen upon entering the military. If the answer is no, the application instructs the person not to continue the process. Their attorney, Carlos Becerra contends the application requirement deters many veterans who otherwise would have applied for the Hazlewood exemption. [Source: Associated Press Anabelle Garay article 28 Jun 07 ++]

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> VETERAN LEGISLATION STATUS 30 JUN 07: On 28 JUN, the House and Senate

adjourned for their Independence Day recess until noon 9 JUL. Prior to adjournment the Senate reached a unanimous-consent agreement to resume consideration of the National Defense Authorization Act (S. 1585) on 9 JUL, following morning business.

> For a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress refer to the Bulletin attachment. By clicking on the bill number 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 members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The member who introduces the bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can also review a copy of each bill, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d110/sponlst.html>. The key to increasing cosponsorship is letting our representatives know of veterans feelings on issues. At the end of some listed bills is a web link that can be used to do that. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making. [Source: RAO Bulletin Attachment 30 Jun 07 ++]

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