

RAO Bulletin Update

> 15 June 2007

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> THIS BULLETIN UPDATE CONTAINS THE FOLLOWING ARTICLES:

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- > == VA Bonuses (03) ----- (Acknowledges Problems)
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- > == Navy Sabbaticals ----- (Under Consideration)
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- > == Michigan Vet Cemetery (01) ----- (Dedicated 3 JUN)
- > == Kentucky Vet Home ----- (Completion by 2018)
- > == Ohio Veteran Services ----- (Ranks 43 of 50)
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- > == Military Enlistment Tips ----- (How to proceed)
- > == Tax Burden by State ----- (Rankings)
- > == Veteran Legislation Status 14 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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> MOBILIZED RESERVE 13 JUNE 07: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 30 MAY 07 in support of the partial mobilization. The net collective result is 5636 more reservists mobilized than last reported for 30 MAY 07. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. Total number currently on active duty in support of the partial mobilization for the Army National Guard and Army Reserve is 74,155; Navy Reserve, 5,102; Air National Guard and Air Force Reserve, 6,169; Marine Corps Reserve, 6,200; and the Coast Guard Reserve, 358. This brings the total National Guard and Reserve personnel, who have been mobilized, to 91,984, including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at <http://www.defenselink.mil/news/Jun2007/d20070613nqr.pdf>. [Source: DoD

News

Release 13 June 07 ++]

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> SMALL BUSINESS ADMINISTRATION UPDATE 03: With nearly a quarter of newly

discharged veterans considering starting their own businesses, Secretary of Veterans Affairs Jim Nicholson praised a new Small Business Administration (SBA) venture to make business ownership easier for all veterans. The SBA has unveiled a program called "Patriot Express" that offers a wide variety of assistance to veterans interested in setting up or expanding their own small businesses. Assistance under the new SBA program for veterans ranges from help writing a business plan and managing a business, to obtaining financing and learning how to export goods. Participants may also qualify for loans between 2.25% and 4.75% over the prime interest rate. That computes to 10.5 to 13%. The program, offered through a network of lenders, will provide loans of up to \$500,000. The SBA will guarantee up to 85% of loans below \$150,000, and up to 75% of loans between \$150,000 and \$500,000. It also promises a fast turnaround for loan approvals and reduced paperwork. Loans can be used for starting or expanding a business, equipment or inventory purchases, working capital or business-related real estate acquisitions.

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> Patriot Express is open to veterans, reservists and National Guard members, current spouses of eligible personnel, the surviving spouses of

service members who die on active duty, or spouses of veterans who die from a service-connected disability. Sen. John Kerry (D-MA), chairman of the Committee on Small Business and Entrepreneurship, said in response to the program's unveiling that he will work with the SBA to lower the interest rate and fees. Expanding veterans' eligibility to SBA's Patriot Express program was a key recommendation of a presidential task force on the needs of returning veterans that Nicholson chaired. Nicholson delivered the panel's report to the White House on 23 APR. More information about the SBA program is available at the Small Business Administration's Patriot Express website: <http://www.sba.gov/patriotexpress>. [Source: VA News Release 13 Jun 07 ++]

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> DOD DISABILITY EVALUATION SYSTEM UPDATE 01: Injured forces returning from

Afghanistan and Iraq are going to get their own battalion of lawyers to represent their appeals to the military for health care and compensation. According to the Disabled American Veterans, three major Washington, D.C., law firms have volunteered legal representation at no cost for service men and women navigating through the disability and compensation system at Walter Reed Army Medical Center in Washington and the National Naval Medical Center in Bethesda, Md., the main U.S. hospitals receiving wounded soldiers off the battlefields. DAV also handles appeals for the troops, but is finding itself under a growing backlog and not sufficiently equipped to take appeals through the federal court system. DAV and other advocates have been complaining since the War on Terror began that seriously injured service men and women are being medically discharged because they are no longer fit for duty, but given such low disability ratings that they don't qualify for lifetime compensation and benefits, including health care coverage for themselves or their families. "It seems that not only are they not receiving the compensation they are entitled to," but any further access for themselves and their families to military health programs and facilities is cut off, said Ron Smith, deputy counsel for DAV. Smith said the backlog for discharging soldiers is long and the bureaucracy is often complex and loaded with pitfalls. Some soldiers wait more than a year to get out of medical hold, the limbo between deployable active duty status and discharge.

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> Danny Soto, a national service officer acting as an advocate for the soldiers and a liaison between DAV and Walter Reed, said much of the backlog is the result of an overload on the Physical Evaluation Board, which determines disability and compensation. The board plows through about 80 cases a week at Walter Reed alone, not counting the appeals. On top of that, JAG officers, the military attorneys assigned to represent the soldiers, are overloaded and soldiers don't often feel the attorneys are on their side, Soto said.

> "They are getting to the point where they just want to get out," Soto said

of the soldiers who have become leery and weary of the evaluation process and frequently end up taking whatever disability pay they can.

> The law firms - which include, LeBoeuf, Lamb, Greene & MacRae, King & Spaulding and Foley & Lardner - will not only provide assistance to soldiers from the start of the process, but will assure the best interest of the soldier is well in hand, he said. Some soldiers have already expressed newfound confidence since the announcement.

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> Recent official reports, DAV investigations and personal accounts all suggest that the system appears to be unfairly stacked against individual soldiers, particularly in the Army. Defense Department officials say they are working hard to rectify the problem. But the stack against the soldier seems evident. According to the current evaluation process, even if a service member has more than one potential disability, the military assigns a rating from 0 to 100% to just one injury that renders the soldier unfit for duty. Anything below 30% affords the soon-to-be veteran a one-time severance check based on his or her rank and years of service and nothing else. Anything above 30% provides the soldier and his or her family with lifetime care, plus a pension based on the member's active duty pay. In April, the congressionally-mandated Veterans Disability Benefits Commission provided Congress with preliminary findings from its investigation into whether the military has been lowballing disability ratings, a charge denied by the Pentagon. Its analysis is based on thousands of disability records since the War on Terror began. It found that 81% of all disabilities between 2000 and 2006 were rated 0 to 20% by the military. Out of 50,676 Army soldiers deemed unfit for duty, 27% received 0 percent ratings. In 59% of those cases, according to the commission's early findings, the VA has given a 30 to 100% disability rating to the same soldier who earned a zero to 30% rating from the military. [Source: Fox News Kelley Beaucar Vlahos article 12 Jun 07 ++]

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> PARKINSON'S DISEASE: Northwestern University researchers have discovered

a drug that slows and may even halt the progression of Parkinson's disease. The drug rejuvenates aging dopamine cells, whose death in the brain causes the symptoms of this devastating and widespread disease. D. James Surmeier, the Nathan Smith Davis Professor and chair of physiology at Northwestern University's Feinberg School of Medicine, and his team of researchers have found that isradipine, a drug widely used for hypertension and stroke, restores stressed-out dopamine neurons to their vigorous younger selves. The study is described in a feature article in the international journal Nature, which will be published on-line 10 JUN. Dopamine is a critical chemical messenger in the brain that affects a person's ability to direct his movements. In Parkinson's disease, the neurons that release dopamine die, causing movement to become more and more difficult. Ultimately, a person

loses the ability to walk, talk or pick up a glass of water.

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> The illness is the second most common neurodegenerative disease in the country, affecting about 1 million people. The incidence of Parkinson's disease increases with age, soaring after age 60. Isradipine may also significantly benefit people who already have Parkinson's disease. In animal models of the disease, Surmeier's team found the drug protected dopamine neurons from toxins that would normally kill them by restoring the neurons to a younger state in which they are less vulnerable. The principal therapy for Parkinson's disease patients currently is L-DOPA, which is converted in the brain to dopamine. Although L-DOPA relieves many symptoms of the disease in its early stages, the drug becomes less effective over time. As the disease progresses, higher doses of L-DOPA are required to help patients, leading to unwanted side-effects that include involuntary movements. The hope is that by slowing the death of dopamine neurons, isradipine could significantly extend the time in which L-DOPA works effectively. The work by Surmeier's group is particularly exciting because nothing is known to prevent or slow the progression of Parkinson's disease. The next step will be launching a clinical study. For additional info refer to http://www.eurekalert.org/pub_releases/2007-06/nu-nfd060707.php. [Source: Northwestern University Press Release 10 Jun 07 ++]

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> VA BONUSES UPDATE 03: The VA acknowledged problems on 12 JUN in its award

of \$3.8 million in bonuses to senior officials who put health care at risk and said it would consider changes to avoid conflicts of interest and improve oversight. Testifying before a House panel, Veterans Affairs Deputy Secretary Gordon Mansfield insisted the hefty awards were appropriate and necessary to retain hardworking VA employees. But he agreed the process might lack objectivity because members who sit on VA performance review boards -- charged with recommending bonuses for top employees -- all come from within the agency and typically get bonuses themselves. Mansfield said VA Secretary Jim Nicholson would consider adding agency outsiders to the VA's review boards. In its last known report on the issue, the Government Accountability Office in 1980 urged departments to include outsiders to add credibility to bonus awards.

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> Mansfield spoke as a few members of a veterans advocacy group, Grassroots America, silently held up signs in the hearing room that read, "My 80% disabled son backlogged 1 1/2 years," and "\$\$ for vets not execs." The hearing before a House Veterans Affairs subcommittee comes after The Associated Press reported last month that 21 of 32 officials who were VA performance review board members received more than half a million dollars in payments themselves. Among them: nearly a dozen senior officials who received bonuses ranging up to \$33,000. Those officials, however, were

involved in crafting a budget that came up \$1.3 billion short by repeatedly failing to anticipate needs of growing numbers of veterans returning from Iraq and Afghanistan. Also rewarded was the deputy undersecretary for benefits, who manages a system with severe backlogs of veterans waiting for disability benefits. The current wait for veterans averages 177 days, nearly two months longer than the VA's strategic goal of 125 days.

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> Earlier in the hearing, government investigators told House members the VA needed to do a better job in linking its bonuses to the department's overall success in treating veterans. The GAO said confusion still exists in the VA on the proper criteria, and executives based in Washington consistently outpaced their counterparts elsewhere in the size of payments -- \$19,439 compared with \$15,268 to officials outside Washington. In a report to the subcommittee, the Office of Personnel Management said its review of VA practices found inconsistency in the awarding of bonuses. OPM director Linda Springer-Mansfield expressed concern that the hardworking VA officials might leave for the more profitable private sector if they did not receive bonuses. That drew fire from lawmakers from both parties, who decried the payments as evidence of improper favoritism and said it would be illegal to award bonuses on anything other than performance. All bonus recommendations must be approved by Nicholson, who declined to testify before the subcommittee. Rep. Harry Mitchell [D-AZ] who chairs the House subcommittee on oversight said, "

> 'When the backlog of claims has been increasing for the past few years, one would not expect the senior-most officials to receive the maximum bonus. Indeed, it appears the bonuses in the central office were awarded primarily on the basis of seniority and proximity to the secretary.'" Florida Rep. Ginny Brown-Waite, the panel's top Republican, said she wanted to make sure the bonuses were awarded based on VA officials' 'actual performance, and not just performance on paper. "The federal government should not be in the practice of awarding bonuses to people who permit failure on their watch. It should be limited only to the very best, particularly in time of war."

[Source: New York Times article 13 Jun 07 ++]

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> WISCONSIN VET TUITION AID: On 11 JUN the Associated Press (AP) reported that Wisconsin Lawmakers are moving to scale back a fast-growing tuition benefit program for Wisconsin veterans, eliminating the promise of free graduate school and a lifetime to use the aid. Their plan also would shortchange the landmark program by tens of millions of dollars, forcing universities and technical colleges to raise tuition or make cuts to other programs to accommodate the veterans who are enrolling in greater numbers than expected. AP points out that at hearings last week, lawmakers wrongly insisted they were not cutting the program and even blasted a Wisconsin Department of Veterans Affairs official for warning veterans groups about

the looming cuts.

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> At present the Wisconsin G.I. Bill provides a waiver ("remission") of tuition and fees for eligible veterans and their dependents for up to 8 full-time semesters or 128 credits at any University of Wisconsin System (UWS) or Wisconsin Technical College System (WTCS) institution. The Wisconsin G.I. Bill is a state program that is entirely separate from the federal VA's Montgomery G.I. Bill. For additional information, eligibility criteria, instructions on how to apply for the Wisconsin G.I. Bill, and statutory citations for the program, refer to <http://dva.state.wi.us/benefits.asp>. In accordance with 2005 Wisconsin Act 468, effective Summer Semester 2007 for WTCS and Fall Semester 2007 for UWS,

the remission will increase to a full 100% for qualifying veterans. To qualify the veteran must have been a Wisconsin resident at the time of entry onto active duty. Character of service and active duty service requirements apply.

> The benefit recipient must reside in Wisconsin. For veterans, there is no post-service time limitation (such as the federal Montgomery G.I. Bill 10-year delimiting date) on the use of the benefit. The veteran may attend full-time or part-time.

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> Additionally, a 100% remission is provided to the qualifying dependents of an eligible veteran.

> Spouse; or Unremarried Surviving Spouse; or Child between the ages of 18 and 25, qualify if the veteran was a Wisconsin resident at the time of entry onto active duty provided the veteran:

> - Is currently rated by the federal VA with a combined service-connected disability rating of 30% or greater (Effective Fall Semester 2005); or

> - Died in the line of duty while on active, Reserve, or Guard duty (Effective Fall Semester 2005); or

> - Died as the direct result of a service-connected disability, as determined by the federal VA (Effective July 1, 2006).

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> For qualifying spouses and unremarried surviving spouses, the benefit must be used within 10 years of the date of death or the initial disability rating of 30% or greater. The spouse or unremarried surviving spouse may attend full-time or part-time. For qualifying children, the benefit is available from ages 18 through 25. The child must attend full-time. For the Wisconsin G.I. Bill, the veteran must have been a Wisconsin resident at the time of entry onto active duty. Character of service and active duty service requirements apply and the benefit recipient must reside in Wisconsin.

[Source: WI Dept of VA Website Jun 07 ++]

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> VA FRAUD: Continuing a long-standing campaign to identify and prosecute

those who defraud veterans of their rightful benefits, the Department of Veterans Affairs (VA) recently highlighted several successes by its Inspector General in investigating people who mishandle the finances of veterans and family members unable to manage their own affairs. Among recent cases successfully prosecuted as a result of investigations by VA's Office of the Inspector General are:

> - Los Angeles resident Anne Chavis pleaded guilty to perjury and forgery in embezzling \$1 million from veterans who were too disabled to handle their own financial matters. She is awaiting sentencing.

> - The daughter and son-in-law of an elderly Alaskan veteran with Alzheimer's disease diverted about \$500,000 from the veteran to make personal purchases while failing to pay the veteran's bills. Phyllis Talas was sentenced to 60 months' probation, and Frank Talas to six months' incarceration and 36 months' probation.

> - A Washington state woman overseeing her niece's VA benefits pleaded guilty to misappropriating funds and was sentenced to 36 months of probation. Christina May diverted to her personal use funds from VA's Dependency and Indemnity Compensation awarded to her under-age niece.

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> Secretary of Veterans Affairs Jim Nicholson said, "VA is committed to protecting our veterans, especially our most vulnerable veterans. We will investigate and help bring charges against anyone suspected of defrauding veterans of the disability compensation or any other assistance they have earned. Fiduciary fraud is a heinous crime. We will bring the full force of law against offenders." From JAN 2005 through 5 APR 07 the VA's Office of Inspector General investigated 61 cases of alleged fiduciary fraud. Twenty-seven people were indicted on related charges, of whom 19 have been convicted so far. Resulting penalties have included \$1.9 million in court-ordered restitution for veterans or their estates, 191 months' imprisonment and 838 months of probation. To report suspected fraud involving veterans benefits, other crimes, fraud, waste or mismanagement in the VA, contact the Office of Inspector General Hotline at 1(800) 488-8244 or email at vaoid.hotline@forum.va.gov. [Source: VA News Release 12 Jun 07 ++]

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> ID CARD COPYING UPDATE 01: With identity theft on the rise, it is understandable to feel a little uncomfortable with ID card copying. According to Title 18 United States Code, section 701, photocopying or possession of a card is only illegal if used in an unauthorized manner. To use your Tricare benefits, you must have a valid uniformed services ID card and be registered in the Defense Enrollment Eligibility Reporting System (DEERS). Children under the age of 10 can usually use either their parent's or guardian's ID card but they must be registered in DEERS. At age 10, children should have their own ID card. Your Tricare provider's office is authorized to make a copy of your military or family member ID card or

Tricare Prime enrollment card, be assured it is not against the rules. Tricare recommends that providers photocopy your enrollment card as well as the front and back of your military ID card. Although it is not required for treatment, your enrollment card contains important information about you that your provider needs for referral, authorization and claims filing purposes. [Source: Tricare Health Matters, Issue 3:2007)

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> VET SUICIDE: The risk of suicide among male U.S. veterans is double that of the general population, according to a study published in the Journal of Epidemiology and Community Health. Dr. Mark S. Kaplan, professor of community health at Portland State University in Oregon is the lead author of the study. For 12 years, Kaplan and his team of researchers followed more than 104,000 veterans who had served in the armed forces at some time between 1917 and 1994 and compared them with more than 216,000 non-veterans.

In all, between 1986 and 1997, 508 of them committed suicide -- 197 veterans and 311 non-veterans. After adjusting for a host of potentially compounding factors, including age, time of service and health status, the study showed that those who had been in the military were 2.13 times more likely to die of suicide over time. At biggest risk were veterans who were white, those who had gone to college and those with activity limitations, according to the study, which was funded by the National Institute of Mental Health.

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> Still, Kaplan would not say that the study proves that military service itself results in an increased risk of suicide. "I never feel comfortable claiming a causal relationship, he said. "Life is too complex." No surprise was the finding that veterans were more likely to use guns to end their lives than were their non-veteran counterparts. One unanticipated finding was that being overweight appeared to confer protection from suicide by more than 50%, the study found. Kaplan cited a paucity of data on the subject, but said it might have to do with the fact that people who are underweight are more likely to smoke, and smokers are more likely to be depressed. Though the study did not include veterans who served in Iraq and Afghanistan, "We can say quite confidently that, regardless of the era when they served, that veterans' status alone seems to be a risk factor for suicide, he told CNN.

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> With the projected rise in functional impairments and psychiatric morbidity among veterans of the conflicts in Afghanistan and Iraq, clinical and community interventions directed towards patients in both VA and non-VA health care facilities are needed," the authors concluded. Kaplan said officials in the Veterans Administration were surprised by the findings, but welcomed them, "because it does point to a problem that they need to be addressing." The VA has recently begun expanding its mental health screening facilities, but that may not solve the problem, said Kaplan, because

three-fourths of veterans do not receive their care from VA hospitals. "Our concern is that that only touches a fraction of all veterans; that most of the veterans are not being perhaps properly screened outside the VA facilities." About 1.3% percent of deaths in the country are estimated to be suicides, Kaplan said. But the true rate may be off by 25%, given that suicide has long been shrouded in stigma. "Health care facilities don't like to talk about suicide," he said. "It's often viewed as a failure of the system. ... Many physicians feel, if you even mention suicide, that might prompt the behavior." [Source: CNN.com article 11 Jun 07 ++]

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> VA SUICIDE CALL CENTER: The recently announced Veterans Affairs Suicide

Mental Health Crisis Hotline call center at the Canandaigua VA Medical Center will be the first of its kind in the United States. Suicidal veterans will have access to highly trained professionals able to refer them to a range of programs and facilities not available to civilians, Stephenson said. That may include specialized behavioral health units, partial hospitalization centers and post-traumatic stress disorder specialists all across the country. Krista Stephenson, assistant to hospital director Craig Howard said operational details are scant at the moment, but Stephenson said that the 24-hour-a-day, seven-day-a-week hotline will work much like the National Suicide/Crises Prevention Hotlines 1-800-SUICIDE/1-800-273-TALK, but with a focus on veterans. Nor could Stephenson comment on how the program originated or why it's being located in Canandaigua. The hospital is currently recruiting nurses and behavioral health professionals to fill the approximately 23 full time positions. The call center is on track to open in September. or October Medical professionals interested in working at the center should call human resources at (585) 939-7766.

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> In the interim the Department of Veterans Affairs (VA) announced plans to hire suicide prevention counselors at each of its 153 medical centers. The new suicide prevention counselors will join the 9,000 mental health professionals already employed by VA. The Department spends nearly \$3 billion a year for mental health services. About 1 million VA patients have a mental health diagnosis. Mental health services are provided at each of VA's 153 medical centers and more than 700 community-based outpatient clinics. Last month, VA Secretary Nicholson announced an initiative to hire 100 new employees to provide readjustment counseling at each of the Department's 207 community-based Vets Centers. At present 30,000 Americans die by suicide and 50,000 Americans attempt suicide each year. [Source: Finger Lake Times article 11 Jun 07 ++]

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> AFRC SHADES OF GREEN UPDATE 04: Shades of Green, the Armed Forces

Recreation Center Resort on Disney World in Lake Buena Vista, Florida, recently announced the commencement of its Salute to Veterans Program. This program expands current eligibility to allow any honorably discharged veteran the opportunity to stay at Shades of Green Resort during the months of September 2007 and January 2008. Under the guidelines of the special program, you do NOT need to be a military retiree but you will need a valid DD214 indicating Honorable Discharge. Shades of Green, Surrounded by one of the best golf courses in Florida, completed a full renovation and expansion in 2005. For more information about the resort refer to the Shades of Green website at <http://www.shadesofgreen.org/> or call (407) 827- 8387. [Source: NAUS Update 8 Jun 07 ++]

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> NDAA 2008 UPDATE 04: With the full House of Representatives passing its version of the of the FY2008 Defense Authorization Bill on 17 MAY (H.R.1585) and the Senate Armed Services Committee having approved its draft (S.1547) the last week in May, the next step on the road to enactment of this important legislation is consideration by the full Senate. The Senate Armed Services Committee approved draft followed its counterpart in the House by rejecting the Bush administration's call to raise Tricare fees and deductibles for a second year. They also rejected raising Tricare retail drug co-payments. Senators want to delay action on any such changes for at least another year. Lawmakers and their staffs want to study the final report of the Task Force on the Future of Military Healthcare, which is due in DEC 07. Some other details from the Senate committee bill are:

- > - Accumulated leave: The Senate committee voted to allow any servicemember to carry up to 90 days of unused leave into the fiscal year. The current ceiling is 60 days for members not in a war zone. Senators said that is too limiting given the pace of operations today.
- > - Chapter 61 retirees: The Senate committee bill would take a more dramatic step than the House to expand eligibility for Combat-Related Special Compensation (CRSC) to Chapter 61 retirees' members forced by service-connected disabilities to leave service short of 20 years. The Senate language would allow any Chapter 61 retiree with combat-related disabilities to receive both disability compensation and CRSC. Their CRSC payment would be the equivalent of retired pay based on years served. The House voted to expand CRSC eligibility only to Chapter 61 retirees who served at least 15 years and have combat-related disabilities rated 60 percent or higher.
- > - Reserve retirement: One item that will spark negotiation is the Senate committee's language to lower the start of Reserve retirement below age 60 by three months for every 90 days a reservist or National Guard members is recalled to active duty. This change at first glance looks like a boon to career reservists mobilized for Iraq and Afghanistan. But the committee could find no money to apply this change retroactively to deployments since the attacks of Sept. 11, 2001. This change, therefore, would only lower

retirement age for Reserve and National Guard personnel mobilized after the date the bill is signed.

> - SBP-DIC offset: The Senate bill is silent on ending or phasing out of the so-called SBP-DIC offset that impacts 61,000 surviving spouses. Current law requires that payments under the military's Survivor Benefit Plan be reduced by amounts surviving spouses receive in Disability and Indemnity Compensation from the Department of Veterans Affairs. The House bill would take a first step toward elimination the offset by paying up to a \$40 a month survivor indemnity allowance starting in OCT 08. Though the Senate committee ignored the SBP-DIC offset issue, an initiative still might be added when amendments voted on during floor debate on the authorization bill later in June.

> - Survivor benefits: The committee did adopt two smaller changes to survivor benefits. One provision would allow guardians and caretakers of dependent children to receive SBP benefits, closing a coverage gap brought to light with U.S. deaths in Iraq and Afghanistan. Grandparents or other guardians have been left to care for surviving children, but they are ineligible for SBP to help raise them. The Senate bill also would allow servicemembers to designate in writing anyone as beneficiary of their death gratuity. This change would treat the death payments more like an insurance policy.

> - Drug discounts: Both the House bill and Senate-committee bill would squeeze pharmaceutical manufacturers to provide federal pricing discounts to medicines dispensed through Tricare retail pharmacy network. Such discounts already are given on medicines dispensed on base, through the military's mail order program and through VA clinics and hospitals. The Senate language orders the discounts for Tricare retail outlets. The House language is not as rigid. It would allow the department to exclude drugs from the Tricare retail formulary if drug makers do not provide the discounts. The Senate committee decided the House approach could hurt patients.

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> All indications are that the Senate will take up the bill during the last week in June -- the week before the Senate is scheduled to break for the traditional 4th of July recess. Because the Senate bill traditionally draws hundreds of time-consuming amendments, Senate leadership usually schedules it for action just before a recess. That gives senators an incentive to compromise and finish action on the amendment list in a timely fashion or risk having to stay in session and eat into their scheduled home time. Sen. Bill Nelson (D-FL) already has indicated his intention to offer an amendment to repeal the SBP/DIC offset and implement 30-year, paid-up SBP this year. In addition, veteran organizations are working with other potential sponsors on a short list of key amendments including provisions to increase Tricare fee protections, make further progress on concurrent receipt, help restore military pay comparability, and fix GI Bill inequities. [Source: Stars & Stripes Tom Philpott article 2 Jun & MOAA Leg Up 8 Jun 07 ++]

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> WRAMC UPDATE 10: On 5 JUN at the Army's Military and Veteran Service Organization Leadership Conference, top Army leaders acknowledged the Army health care system had broken down and the gaps in care identified by the Washington Post at Walter Reed were a wake up call. The new leadership is focused on ensuring that problems get fixed in a way that puts soldiers and families first. Speakers included MG Gale Pollock, acting Army Surgeon General; MG Eric Schoomaker, commander of Walter Reed; LTG James Campbell,

Director of the Army Staff; Gen George Casey, Chief of Staff of the Army; and Pete Geren, acting Secretary of the Army. Each speaker expressed a clear message of positive, immediate change. They highlighted the new Army Medical Action plan (AMED) that will be fully implemented by 1 JUN 08. AMED is the Army's initiative to develop a sustainable system where disabled and ill soldiers are medically treated and vocationally rehabilitated to prepare them for a successful return to duty or transition to citizenship.

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> One change also being considered is a complete revision of the disability evaluation process. According to BG Reuben Jones, the Army's Adjutant General, a possible option is to have the services determine "fitness for duty" but pass the responsibility for assigning a disability rating to determine retirement eligibility to the VA. This proposal has received endorsements from other commissions and task forces on the severely wounded. Other recommendations from the leadership include:

> - Reducing the 8-year rule affecting separation for pre-existing conditions.

> - Raising the cap for severance pay from 12 years of basic pay to 15 years.

> - Offer early retirement to all members found unfit for duty with 15+ years of service.

> - Eliminating the deduction of VA pay from disability severance payments.

> - Retaining injured, recalled retirees on active duty for medical care (vs. current process of immediate return to retirement).

> - Expanding eligibility for retroactive traumatic injury protection under SGLI.

> [Source: MOAA Leg Up 8 Jun 07 ++]

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> MILITARY FUNERAL DISORDERLY CONDUCT UPDATE 08: The New Hampshire House on

7 JUN approved creating a new medal to honor the state's war dead, and to shield their funerals from protests. The state's Medal of Honor would go the families of New Hampshire military members killed in the line of duty.

The same bill also would ban protests at funerals. The ban was prompted by a protest at a New Hampshire military funeral in April by a Kansas-based group. The bill would ban protests within 150 feet of the road entrance and

300 feet from a cemetery, from an hour before to an hour after a funeral. "This bill protects the sanctuary of a military member's final resting place. When someone loses somebody, it can't be about politics," said Rep. Kris Roberts, a Keene Democrat and Marine Corps veteran who added the protest ban to the bill. "People need the time to say their last goodbye," he said. [Source: NavyTimes Daily News roundup 8 Jun 07 ++]

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> CRIME VICTIM RESOURCE OVERSEAS: The Bureau of Consular Affairs, Overseas

Citizens Services is committed to assisting American citizens who become victims of crime while traveling, working, or residing abroad. Government officials, known as consuls or consular officers, at embassies and consulates in nearly 250 cities throughout the world are responsible for assisting U.S. citizens who may be traveling, working, or residing abroad. In addition, in approximately 50 cities where a significant number of Americans reside or visit and there is no U.S. embassy or consulate, consular agents provide emergency assistance to U.S. citizens. Consuls, consular agents, and local employees work with their counterparts in the Bureau of Consular Affairs Overseas Citizens Services Office in Washington, D.C. to provide emergency and non-emergency services to Americans abroad. Consular duty personnel are available for emergency assistance 7/24 at embassies, consulates, and consular agencies overseas and in Washington, D.C. To contact the Office of Overseas Citizens Services in the U.S. call 1(888) 407-4747 (during business hours) or (202) 647-5225 (after hours). To contact the U.S. Embassy in Manila call 63-2-528-6300 ext 2246, if after work hours ask for the Duty Officer.

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> If you are the victim of a crime overseas contact the nearest U.S. embassy, consulate, or consular agency for assistance. Also, contact local police to report the incident and obtain immediate help with safety concerns. Request a copy of the police report. Consular personnel can provide assistance to crime victims. When a U.S. citizen becomes the victim of a crime overseas, he or she may suffer physical, emotional, or financial injuries. Additionally, the emotional impact of the crime may be intensified because the victim is in unfamiliar surroundings. The victim may not be near sources of comfort and support, fluent in the local language, or knowledgeable about local laws and customs. Consuls, consular agents, and local employees at overseas posts are familiar with local government agencies and resources in the country where they work. They can help American crime victims with issues such as:

> - Replacing a stolen passport;

> - Contacting family, friends, or employers;

> - Obtaining appropriate medical care;

> - Addressing emergency needs that arise as a result of the crime;

> - Obtaining general info about the local criminal justice process and

information about your case;

> - Obtaining information about local resources to assist victims, including foreign crime victim compensation programs;

> - Obtaining information about crime victim assistance and compensation programs in the U.S.; and

> - Obtaining a list of local attorneys who speak English.

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> Consular officials cannot investigate crimes, provide legal advice or represent you in court, serve as official interpreters or translators, or pay legal, medical, or other fees for you. [Source: Manila Embassy Newsletter Jun 07 ++]

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> CRIME VICTIM RESOURCES U.S: If you are the victim of a crime while overseas or in the states you may benefit from specialized resources for crime victims available in the U.S. Throughout the country thousands of local crime victim assistance programs offer help to victims of violent crime and most will help residents of their community who have been the victim of a crime in another country. These include rape crisis counseling programs, shelter and counseling programs for battered women, support groups and bereavement counseling for family members of homicide victims, diagnostic and treatment programs for child abuse victims, assistance for victims of drunk driving crashes, and others. To locate crime victim assistance programs refer to the following:

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> - Victim Compensation - All states operate crime victim compensation programs and nearly half of them offer benefits to their residents who are victims of violent crime overseas. These state compensation programs provide financial assistance to eligible victims for reimbursement of expenses such as medical treatment, counseling, funeral costs, lost income or loss of support, and others. Generally victim compensation programs require the victim to report the crime to law enforcement and they usually request a copy of the police report. Info about each state's crime victim compensation program and how to apply for compensation is available on the Internet at the web site of the National Association of Crime Victim Compensation Boards, <http://www.nacvcb.org>.

> - Sexual Assault - The 7/24 hotline for sexual assault crisis counseling and referrals in the U.S is 1(800) 656-HOPE. It is operated by a non-profit organization, RAINN (Rape, Abuse and Incest National Network), which also has info at <http://www.rainn.org>. Info about local sexual assault victim assistance programs in the U.S. is also available from each state's sexual assault coalition. Contact information for these state coalitions are listed on the website of the U.S. Department of Justice Office on Violence Against Women <http://www.usdoj.gov/ovw/>.

> - Domestic Violence - The 7/24 National Domestic Violence Hotline, which provides crisis counseling and referrals in the U.S., is 1(800) 799-SAFE.

Info about local domestic violence victim assistance programs in the U.S. is also available from each state's domestic violence coalition. Contact information for these state coalitions is listed on the the U.S. Department of Justice Office on Violence Against Women website <http://www.usdoj.gov/ovw/statedomestic.htm>.

> - Violant Death - The 7/24 crisis counseling and referral line for families and friends of those who have died by violence is 1(888) 818-POMC. It is operated by a non-profit organization, POMC, Inc., (The National Organization of Parents of Murdered Children) which also has info at <http://www.pomc.org>.

> - Drunk Driving - Info about national and local resources for victims and family members of victims of drunk driving crashes is available on the web site of Mothers Against Drunk Driving, <http://www.madd.org>.

> - Contact info for non-emergency victim assistance services in communities throughout the U.S. is available on the U.S. Department of Justice Office for Victims of Crime web site, <http://ovc.ncirs.org/findvictimservices/>.

> - Info for crime victims on the impact of crime, safety planning, legal rights and civil legal remedies, and options for assistance and referrals to local programs is also available from the National Crime Victim Center. Call 0830 to 2030 EST 1(800) FYI-CALL or call TTY for hearing impaired 1(800) 211-7996. Info is also available at <http://www.ncvc.org> .

> - Info and referral to victim assistance programs is available from the National Organization for Victim Assistance (NOVA). Call 7/24 1(800) TRY-NOVA. Information is also available at <http://www.trvnova.org/>

> - Info about victim assistance programs in approximately 20 countries is available at Victim Assistance On-line, <http://www.vaonline.org>.

> [Source: Manila Embassy Newsletter Jun 07 ++]

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> VA NURSING ACADEMY: To address a shortage of nurses across the nation and

ensure that veterans continue to receive personalized, world-class care in Department of Veterans Affairs (VA) facilities, VA has announced their creation of a new multi-campus Nursing Academy. It will expand the teaching faculty, improve recruitment and retention, and create new educational and research opportunities for VA nurses. VA has one of the largest nursing staffs of any health care system in the world, with about 61,000 registered nurses, licensed practical nurses, vocational nurses and nursing assistants at the Department's 153 medical centers and nearly 900 clinics. A five-year, \$40 million pilot program will establish partnerships with 12 nursing schools across the country during the next three years, beginning with four for the 2007-2008 academic year. The VA nursing academy is a virtual organization with central administration in Washington and teaching at competitively selected nursing schools across the country who partner with VA. VA currently provides clinical education to nearly 100,000 health professional trainees annually, including students from more than 600

schools of nursing. Despite a nationwide shortage of nurses, the American Association of Colleges of Nursing has reported that more than 42,000 qualified applicants were turned away from nursing schools in 2006 because of insufficient numbers of faculty, clinical sites, classroom space and clinical mentors. "The new partnerships will reinvigorate VA's nursing academic affiliations and ensure continued quality in clinical education," said Dr. Michael J. Kussman, VA's Acting Under Secretary for Health. Further information about the pilot program can be obtained from VA's Office of Academic Affiliations Web site at www.va.gov/oaa. [Source:

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> VA CLAIM FIXERS: The US Department of Veterans Affairs (USDVA) in Manila

is receiving an increasingly number of claims for VA benefits from veterans or survivors who avail of the services of a "CLAIMS FIXER". VA often find these claims contain fraudulent evidence submitted by the fixers. In the Philippines when VA discovers that a claim involves a claim fixer it is fully investigated which delays processing of the claim. If it is determined that fraud was committed, the veteran or his survivor's right to VA benefits are forfeited. This is a lifetime forfeiture meaning the veteran and /or their dependents lose all rights to ever be considered for VA benefits for the rest of their lives. Claims Fixers have no connection within the VA. If approached by someone claiming to have an "IN" with the VA, notify the nearest VA office immediately. Claim fixers cannot affect the outcome of your claim. They can only jeopardize your entitlement to VA benefits. To protect yourself:

> - Avoid claim fixers. Anyone charging a fee to assist you is a claims fixer.

> - Do not sign any form unless it is completely filled out and all the information contained on the form is accurate. If possible, you should fill out the forms yourself.

> - Do not sign any affidavit or statement unless they are accurate.

> - Do not sign any statement in support of another person's claim unless the information is accurate.

> - Do not submit any medical evidence or doctor's statements unless the information is factual.

> - Do not allow any affidavits or statements to be submitted in support of your claim unless the information in the document is accurate.

> - Do not pay someone the benefits you have earned in defense of your country. They have no right to those benefits.

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> The provisions for forfeiture only apply in the Philippines, not stateside or anywhere else. In the states the DVA can get the state attorney general or District Attorney to bring charges and subsequently a prosecution. In lieu of that option in the Philippines, the forfeiture provision applies. If you have questions about VA benefits or services, contact the USDVA. The

USDVA has representatives available to assist you with your claim. In the Philippines you may visit them at the US Embassy in Manila or call them, toll free (PLDT) 1-800-1888-5252. If you live in Metro Manila, you can dial 528-2500. You may also visit the website: <https://iris.va.gov> for more information. VA does not charge for services they provide for claim assistance. [Source: Jon Skelly Director VARO Manila May 07 ++]

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> MEDICARE FRAUD: Attorney General Alberto R. Gonzales and Secretary Michael Leavitt of the U.S. Department of Health and Human Services announced 9 MAY tht 38 people have been arrested in the first phase of a targeted criminal, civil and administrative effort against individuals and health care companies that fraudulently bill the Medicare program. The arrests in the Southern District of Florida are the result of the establishment of a multi-agency team of federal, state and local investigators designed specifically to combat Medicare fraud through the use of real-time analysis of Medicare billing data. Since the first phase of strike force operations began on 1 MAR 07 in southern Florida, the strike force has obtained indictments of individuals and organizations that have collectively billed the Medicare program for \$142,061,059. Charges brought against the defendants in these indictments include conspiracy to defraud the Medicare program, criminal false claims, and violations of the anti-kickback statutes. If convicted, many of the defendants face up to 20 years in prison on these charges.

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> The strike force is able to identify potential fraud cases for investigation and prosecution quickly through real-time analysis of billing data from Medicare Program Safeguard Contractors (PSCs) and claims data extracted from the Health Care Information System. In phase one operations in Miami, teams have identified two primary schemes that defrauded the Medicare program - infusion therapy and durable medical equipment (DME) suppliers. All of the strike force cases to date target these two areas. The work of the strike force is just one step in a multi-phase enforcement and regulatory project designed to improve the quality of the industry and reduce the potential for fraud in the durable medical equipment and infusion areas. The Centers for Medicare and Medicaid Services (CMS) is taking steps to increase accountability and decrease the presence of fraudulent providers. The end result will be better service to beneficiaries and savings of billions of dollars that might otherwise go to fraudulent businesses. On the morning of 8 MAY 07 federal agents arrested an additional 24 people to conclude a sweep in southern Florida of DME supply company owners who were engaged in various schemes to defraud Medicare based on fraudulent prescriptions bringing the total number of arrests to date to 38. The indictments outline various types of fraudulent schemes. Those schemes included:

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> - Compounded aerosol medications -- a process where a pharmacist makes medicine to meet a special medical need for a patient, rather than dispensing less expensive commercial pharmaceuticals. The indictments allege that the homemade medications were not necessary and that they were only prescribed to defraud Medicare. In one example, Eduardo Moreno, the owner of multiple DME companies, was arrested on 7 APR after being named in a six-count indictment on fraud charges. Two of Moreno's companies - Brenda Medical Supply Inc., and Faster Medical Equipment Inc. - allegedly billed Medicare for more than \$1.9 million for services that were not medically necessary. The FBI has seized some of Moreno's assets, including a new Rolls Royce Phantom worth approximately \$200,000.

> - In a five-count indictment out of the Southern District of Florida, Barbara Diaz and Jose Prieto were charged with conspiring to defraud Medicare, submitting false claims to Medicare and money laundering. The indictment alleges that Diaz and Prieto engaged in an "infusion therapy scheme" where patients did not need the drugs that were purportedly used. From 9 MAR through 31 DEC 06, the defendants billed Medicare more than \$900,000 for infusion.

> - Seizure warrants have been used to take money back from bank accounts associated with the activity alleged in the indictment. In one case, HHS-Inspector General agents recovered more than \$1.2 million from a corporate bank account after arresting Leider Alexis Munoz, the president and chief executive officer of RTC of Miami, Inc., an infusion clinic located in Hialeah, Fla.

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> The strike force teams are led by a federal prosecutor supervised by both the Criminal Division's Fraud Section in Washington and the office of U.S. Attorney R. Alexander Acosta of the Southern District of Florida. Each team has four to six agents, at least one agent from the FBI and HHS Office of Inspector General, as well as representatives of local law enforcement. The teams operate out of the federal Health Care Fraud Facility in Miramar, Fla. The operation is being prosecuted by attorneys from the Criminal Division's Fraud Section and the Major Crimes Section of the U.S. Attorney's Office for the Southern District of Florida, and supervised by Fraud Section Deputy and Chief of the Criminal Division in Miami. In addition to federal agents, the teams have officers and detectives from the Florida Medicaid Fraud Control Unit and Hialeah Police Department. An indictment is merely an allegation and defendants are presumed innocent until and unless proven guilty.

[Source: DOJ Press Release 9 May 07 ++]

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> VDBC UPDATE 17: The Institute of Medicine (IOM) on 7 JUN recommended that

the Department of Veterans Affairs should overhaul its outdated system of compensating former military personnel for disabling injuries they suffered during their service. The institute said in a report requested by the

federal Veterans' Disability Benefits Commission that the current system dates, in part, to the World War II era and is out of step with modern medical advances in diagnosing, understanding and treating conditions such as traumatic brain injury. The institute is a branch of the National Academies, an organization chartered by Congress to advise the government on scientific and technical issues. The disability benefits commission, created by Congress in 2003 to study the VA compensation system, is expected to issue a report this year. For years, the VA rating system has been criticized for bureaucratic delays and disability ratings that many veterans say are lower than they should be, which means they get less compensation. The subject is getting renewed attention as veterans of the wars in Iraq and Afghanistan return home with post-traumatic stress disorder, brain damage, amputations and other serious injuries and conditions. The IOM panel also recommended that:

- > - The VA and DoD consider comprehensive medical and vocational evaluations of newly separated members.

- > - VA rating boards have access to medical experts who can help interpret new medical evidence.

- > - The VA take into account the effect an injury has on the quality of life and ability to engage in usual life activities, not just earning capacity

- > - The VA establish a regular process for updating the rating schedule.

- > - Better vocational determinations be used for the award of individual unemployability (IU).

- > - Eligibility for IU be based on an individual's disabilities along with education, employment history, and the effects of age on potential employability.

- > - The VA implement a gradual reduction in IU compensation for those able to return to gainful employment, rather than abruptly terminating disability payments at an arbitrary level of earnings

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- > VA officials said in a statement that they are reviewing the study, and that they are considering creating a joint process for disability determinations with the Defense Department. Veterans are eligible for monthly payments of \$115 to \$2,471 depending on the severity of the disability. Last year, about 2.7 million veterans received \$26.5 billion in compensation, an average of more than \$9,800 per veteran.

- > Joe Violante, national legislative director for the nonprofit advocacy group Disabled American Veterans (DAV), said the report overreached. "A total revamp of the system is uncalled for because VA has continually looked at that rating schedule and made revisions over the years," he said. "It's not like this rating schedule was done in a vacuum in 1945 and has never been touched." [Source: Washington Post Christopher Lee article 8 Jun 07 ++]

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- > MEDICARE REIMBURSEMENT RATES 2008: The American Medical

Association (AMA)

launched a \$2 million lobbying campaign 4 JUN against a scheduled 10% cut in Medicare reimbursements to physicians. The cut is scheduled to take effect on 1 JAN 08 in accordance with the Medicare physician payment formula known as the sustainable growth rate (SGR.) Congress has blocked scheduled SGR cuts each year since 2002. These Medicare cuts impact military retirees in two ways:

- > - Tricare reimbursements are indexed as a percentage (max =100%) of Medicare Allowable Amount. Thus, even though you might not be Medicare eligible, your out of pocket medical expenses will increase.

- > - Regardless of whether you have Basic Tricare or Tricare for Life, you might have difficulties finding a health care provider.

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- > As part of AMA's campaign, the group released a survey of nearly 9,000 doctors showing that if the payment cut went into effect:

- > - 60% of doctors would limit the number of new Medicare patients they accept;

- > - More than two-thirds would defer the purchase of needed information technology in 2008;

- > - 50% would reduce their staff; and

- > - 14% would stop treating patients entirely.

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- > Cecil Wilson, chair of AMA's board, said the association is deeply concerned by the alarming news of the doctors' responses to the survey. According to AMA, scheduled SGR adjustments over the next nine years would amount to a 40% reduction in payments, while doctors' costs are expected to increase 20% during the same period. In addition to asking for a reversal of the scheduled 10% cut, AMA is lobbying Congress to eliminate the SGR formula. The Medicare Payment Advisory Commission in March issued a report recommending that Congress cancel the scheduled cut for 2008 and instead increase payments by 1.7%

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- > The cost of reversing future physician reimbursement cuts could be offset by making payments to private Medicare Advantage plans equal to reimbursements for traditional Medicare. These plans are currently 12% higher on average than traditional Medicare payments. In their survey, fewer than one in five doctors said that the additional payments to Medicare Advantage plans should continue. Discussing AMA's position on Medicare Advantage funding, Wilson said, "It doesn't make sense to cut in traditional Medicare in order to fund Medicare Advantage plans. Better to share that money equally. Reducing Medicare Advantage payments by 12% would raise about

\$65 billion over five years which would be roughly the same amount needed to keep Medicare physician reimbursements at current levels, with inflation adjustments, for five years. Every year for the last five years we've come to the night before the end of the year and Congress has stepped in and done

something. We're suggesting that doing this year after year is an exercise in futility and certainly is frustrating everyone, and we're asking Congress to do something more long term this year."

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> A permanent reform of the SGR formula is not likely this year unless lawmakers have a significant change of heart. Senate Finance Committee Chair Max Baucus (D-MT) in February said, "I think we're still at the point where we have to deal with this on a yearly basis. I think we're going to get there, but I don't think this year". House Ways and Means Health Subcommittee Chair Pete Stark (D-CA) also has indicated that he does not expect a permanent SGR reform to be implemented this year. Members of the military community can contact their elected representatives at [http://capwiz.com/usdr/issues/alert/?alertid=9862801&queueid=\[capwiz:queue_id](http://capwiz.com/usdr/issues/alert/?alertid=9862801&queueid=[capwiz:queue_id) to forward them a prepared email message or modified message as desired to express their concern over this issue. [Source: CA Healthline Daily Digest 5 Jun 07 ++]

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> TRICARE TRIWEST RC RESOURCE CENTER: Due to their often-times distant proximity to military bases, many National Guard and Reserve members and their families are not able to access the resources and support networks built into an active duty military community. For that reason, TriWest's Guard and Reserve Resource Center (found on triwest.com) was developed with a virtual library of information for West Region Tricare beneficiaries serving in the National Guard and Reserve, their families and leadership. The resource center offers the following resources for members of the Guard and Reserve and their families:

> - Streaming video outlining Tricare benefits for Guard and Reserve members.

> - Guard and Reserve-specific news and updates, including TRICARE On Point, a quarterly e-newsletter.

> - Post-deployment support and behavioral health resources for the entire family.

> - Links to more than 80 support agencies and programs.

> - Resources for military leadership.

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> Tricare is the health care program for the military, administered by TriWest Healthcare Alliance throughout its 21-state West Region. For more information about the Guard and Reserve Resource Center or Tricare benefits, refer to www.triwest.com. TriWest Healthcare Alliance partners with the Department of Defense to support the health care needs of 2.9 million members of America's military family. A Phoenix-based corporation, TriWest provides access to cost-effective, high-quality health care in the 21-state Tricare West Region. [Source: DoD MHS News Release 8 Jun 07 ++]

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> CALIFORNIA VETERAN' HOME UPDATE 01: Legislation providing an additional

\$30 million in bonds to ensure the construction of state-owned veterans homes in Redding and Fresno has cleared the California state Senate and now goes to the Assembly. The bill, which was authored by state Sen. Sam Aanestad, R-Grass Valley, was introduced earlier this year after bids for a proposed 396-bed veterans home in West Los Angeles came in about \$35 million

over construction estimates. The 150-bed Redding home as well as one planned for Fresno were supposed to be covered under \$193 million previously approved by the Legislature for five veterans homes. But the cost overrun for the estimated \$183.6 million West Los Angeles facility threatened to derail the Redding and Fresno projects. The California Department of Veterans Affairs (CDVA) hopes to break ground on the Redding home late next year with the veterans' home possibly opened by 2010. CDVA is also acquiring land, planning, and designing two other veterans' homes in Lancaster (Los Angeles County) and Saticoy (Ventura County). Vets desiring to be considered for membership in the state's veterans' homes must be residents of California, age 62 or older (or younger if disabled), and have served honorably. Veterans seeking admission should refer to

<http://www.cdva.ca.gov/homes> and/or contact their home of choice at:

> 1. Veterans Home of California, Attn: Admissions, 180 California Drive, P.O. Box 1200, Yountville, CA 94599 Tel: 1(800) 404-8387

> 2. Veterans Home of California, Barstow, Attn: Admissions, 100 E. Veterans Parkway, Barstow, CA 92311 Tel: 1(800) 746-0606

> 3. Veterans Home of California, Chula Vista, Attn: Admissions, 700 East Naples Court, Chula Vista, CA 91911

> [Source: Redding.com article 6 Jun 07 ++]

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> PROSTRATE PROBLEMS UPDATE 02: According to a study led by Duke University

Medical Center researchers, Flaxseed, an edible seed that is rich in omega 3-fatty acids and fiber-related compounds known as lignans, is effective in halting prostate tumor growth. The seed, which is similar to a sesame seed, may be able to interrupt the chain of events that leads cells to divide irregularly and become cancerous. Wendy Demark-Wahnefried, Ph.D., a researcher in Duke's School of Nursing and lead investigator on the study said, "Our previous studies in animals and in humans had shown a correlation between flaxseed supplementation and slowed tumor growth, but the participants in those studies had taken flaxseed in conjunction with a low-fat diet. For this study, we demonstrated that it is flaxseed that primarily offers the protective benefit." The multisite study, which was funded by the National Institutes of Health, also involved researchers at the University of Michigan and the University of North Carolina at Chapel

Hill.

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> In the study, the researchers examined the effects of flaxseed supplementation on men who were scheduled to undergo prostatectomy (i.e. surgery for the treatment of prostate cancer). The men took 30 grams of flaxseed daily for an average of 30 days prior to surgery. Once the men's tumors were removed, the researchers looked at tumor cells under a microscope, and were able to determine how quickly the cancer cells had multiplied. Men taking flaxseed, either alone or in conjunction with a low-fat diet, were compared to men assigned to just a low-fat diet, as well as to men in a control group, who did not alter or supplement their daily diet. Men in both of the flaxseed groups had the slowest rate of tumor growth, Demark-Wahnefried said. Each group was made up of about 40 participants. Study participants took the flaxseed in a ground form because flaxseed in its whole form has an indigestible seed coat. Participants elected to mix it in drinks or sprinkle it on food, such as yogurt.

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> The results showed that the men who took just flaxseed as well as those who took flaxseed combined with a low-fat diet did the best, indicating that it is the flaxseed which is making the difference. Flaxseed is thought to play a part in halting the cellular activity that leads to cancer growth and spread. One reason could be that as a source of omega-3 fatty acids, flaxseed can alter how cancer cells lump together or cling to other body cells, both factors in how fast cancer cells proliferate, Demark-Wahnefried said. The researchers also suspect that lignans may have antiangiogenic properties, meaning they are able to choke off a tumor's blood supply, stunting its growth. The researchers hope to next test the effectiveness of flaxseed supplementation in patients with recurrent prostate cancer, and ultimately to study its role as a preventative agent. One out of six American men will develop prostate cancer. More than 218,000 men are expected to be diagnosed with the disease in 2007, according to the American Cancer Society, and about
> 27,000 will die from it.

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> In a separate unrelated study Dr. Joseph Quinn, associate professor of neurology, OHSU School of Medicine and the Portland Veterans Affairs Medical Center, is leading the multicenter, National Institute on Aging-funded trial testing whether docosahexaenoic acid, an omega-3 fatty acid, can impact the progression of Alzheimer's disease. Recent European studies and the Framingham Heart Study found that people with the highest blood levels of DHA were about half as likely to develop dementia as those with lower levels. Dr. Quinn is working with colleagues around the country to evaluate DHA in a randomized, double-blind study in which participants will receive either the DHA or a placebo as part of a nationwide consortium of leading Alzheimer's disease researchers supported by NIA. Researchers will primarily evaluate whether taking DHA over many months slows the

progression of both cognitive (thinking) and functional decline in people with mild to moderate Alzheimer's. During the 18-month experiment, investigators will measure the progress of the disease using standard tests for cognitive change and ability to carry out daily living activities, such as managing finances, cooking and dressing. [Source: DukeHealth.org article 3 Jun 07 ++]

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> HURRICANE PREPAREDNESS: When it comes to hurricanes and tropical storms

it pays to be prepared and take steps to help ensure the safety of your family and your home. A helpful resource is the Florida Department of Financial Affairs website www.fldfs.com. Here you can find information on how to file an insurance claim, answers to your most-frequently-asked insurance questions, and download disaster preparedness guides. The "Hurricane Toolkit" at http://www.fldfs.com/Consumers/hurricane_2007/hurricanetoolkit.pdf is designed to help you make critical financial decisions during hurricane season. This toolkit contains hurricane preparedness tips, emergency contact information and lists the information you will need to have on hand in the event you need to make a claim. It can be downloaded or you can call 1(800) 342-2762 to have one mailed to you. A few precautionary steps you should take are:

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> 1. Develop an emergency communication plan. In case family members are separated from one another during a disaster (a real possibility during the day when adults are at work and children are at school), have a plan for getting back together. Ask an out-of-state relative or friend to serve as the family contact. After a disaster, it's often easier to call long distance. Make sure everyone in the family knows the name, address, and phone number of the contact person.

> 2. Create a hurricane supply kit which includes: Flashlight and extra batteries; Portable, battery-operated radio and extra batteries; First aid kit and manual; Emergency food and water - enough to last 3-7 days; Non-electric can opener; Essential medicine; Cash and credit cards; Sturdy shoes.

> 3. Make sure that you have wood/shutters pre-cut and ready to mount to your windows in the event of a storm.

> 4. Test your generator and make any necessary repairs.

> 5. Have an evacuation plan and make sure that your friends and family know the plan.

> 6. Make arrangements for pets.

> 7. If a hurricane approaches, Stay Informed!

> [Source: FCFO Consumer eViews Newsletter 1 Jun 07 ++]

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> VA CONSOLIDATED MAIL-OUT PHARMACY: With mail-out pharmaceuticals for

veterans already a \$3 billion annual operation for the Department of Veterans Affairs (VA), the department made a major expansion in its future capability with the dedication 11 JUN of a new building and improved production system for the Dallas VA Consolidated Mail Outpatient Pharmacy. VA opened its first mail-out pharmacy in 1994. The seven existing mail-out pharmacies have become valuable partners in VA's total health care program for veterans. With an annual budget of \$3 billion, these pharmacies dispense 75% of all VA prescriptions. Consolidated Mail Outpatient Pharmacies will handle nearly 100 million prescriptions this year, a quadrupling of service compared to the 25 million prescriptions dispensed 10 years ago. Most pharmaceuticals are mailed within 48 hours of the mail-out pharmacy receiving the prescription. VA mail-out pharmacies begin processing pharmaceuticals after downloading electronic prescriptions from VA health care providers. Medicines are mailed directly to patients. VA's seven consolidated mail-out pharmacies are located in Boston MA, Charleston SC, Chicago IL, Dallas TX, Leavenworth KS, Nashville TN, and Tucson AZ.

[Source: VA News Release 12 Jun 07 ++]

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> DEATH ISSUES: Death is a subject most of us avoid thinking about, at least in detail, until we reach an advanced age unless it is thrust upon us unexpectedly. But there are some practical things that should be considered for the sake of the survivors. When somebody dies, do you know what things must be done just to meet the requirements of the law? And what things ought to be done beforehand in order to ease the stress on family members? Classes on death and dying at Pasco Hernando Community College provide some tips and

identify some of the requirements, most of which are handled by a funeral director in cooperation with a surviving spouse or family members. Some of these are:

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> - There must be a death certificate that is signed either by the attending doctor or the county medical examiner and then filed with the county health department. It is not required but helpful to have a birth certificate or other document to verify the age of the deceased.

> - You will need several copies. One will have to be filed with Social Security. One will have to be filed with the will. You may need additional ones for insurance companies, banks, or other entities (particularly those that involve property). And you should have one for your records.

> - If the deceased is a veteran, or the spouse of a veteran, who wants to be buried in a national cemetery (it does not have to be in the death location-it can be anywhere in the nation), you must have the veteran's discharge paper (Form DD214).

> - There will have to be a burial permit. Although it is not a requirement,

it certainly eases the stress on family in a situation full of stress if the deceased has a written or, at least, an oral directive outlining preferences for funeral arrangements, notes Brewer. The directive could be a part of a will or a separate document.

> - Perhaps the most important of those choices is whether the body is to be embalmed or cremated. There may be religious as well as personal considerations involved. The decision can be divisive among family members. That factor is especially applicable if there is no surviving spouse. In the absence of a written directive, there can be no cremation unless ALL the children sign permission for the procedure.

> - A directive also helps in such decisions as to whether there is to be a memorial service, if it is to be held in a church or funeral chapel and where the burial is to take place. Those decisions, along with many others, play a big part in the cost of the funeral. For information on a Green burial in the United States refer to www.naturaldeathcare.org. For information on burial at sea refer to <http://usmilitary.about.com/cs/generalinfo/a/seaburial.htm>.

> - Generally speaking, cremation costs about half the price of embalming. But while cremation can cost as little as around \$700, as compared to probably about \$1,500 for a bare-bones embalming, a funeral with a cremation can be in excess of \$12,000. The average normal funeral in Florida runs closer to \$3,000.

> - There are a wide range of prices involved for a variety of services that can be included in a funeral. The choice of a cemetery and the location within that cemetery can be a significant cost, ranging from about \$300 to around \$10,000. Factors involved include whether it is a for-profit, perpetual care cemetery or a community cemetery, whether burial is in a mausoleum or in the ground, and the distance you have to walk to get to the plot.

> - A major cost can be that of the casket. There's almost no limit to the price of some of the more expensive ones. Other cost factors include picking up the body, whether there is to be a visitation or a graveside ceremony. In addition, consideration has to be given on holding a memorial service, placing newspaper notices, whether there will be memorial cards and perhaps a video recording of the service.

> - One cost that people don't ordinarily think of is a vault. Every grave must have a concrete or metal vault to prevent a collapse over time.

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> A funeral director can help the grieving family by leading them patiently through the ropes of what must be done and what choices there are that fit within their budget. Most directors will meet with a family both before and after services to avoid overwhelming them with details all at once. If you have questions about any subject connected with aging, except medical conditions, write to Life to the Fullest, Hernando Today, 15299 Cortez Blvd., Brooksville, Fla. 34613, or send an e-mail to ataft@herald.com.

[Source: Hernando Today Adon Taft article 5 Jun 07 ++]

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> MILITARY HEALTH CARE GROWTH UPDATE 01: The Government Accountability

Office (GAO) released its long-awaited report to Congress on Military Health Care. The GAO was required by the FY 2007 National Defense Authorization Act (NDAA) to evaluate factors identified by the DoD as contributing to increased TRICARE expenditures, the likelihood of achieving savings through proposed increased enrollment fees and deductibles, and increased pharmacy co-payments. DoD attributed its increased health care spending (\$17.4 billion in 2000 to \$35.4 billion in 2005) to medical care inflation, benefit enhancements required by law, and increased number of eligible beneficiaries choosing TRICARE. GAO's investigation found:

> - Estimated medical care inflation was not based on DoD's actual spending trends, but on the Office of Management and Budget's inflation rates for various TRICARE components.

> - DoD's used incomplete information about TRICARE programs in developing the cost estimates to calculate anticipated TRICARE costs.

> - DoD lacked documentation on how the health care cost associated with Global War on Terror was calculated.

> - Increased spending per TRICARE beneficiary from 2001 to 2005 was active duty, 7.3%; active duty family members, 8.6%; and retirees and dependents under age 65, 7.2%. Separate analysis showed an increase of 16.2% in TRICARE

for Life spending from 2003 to 2006.

> - The GAO found DoD was unlikely to achieve its expected \$9.8 billion savings over five years through increased TRICARE fees and deductibles for retirees and dependents under the age of 65. DoD had based its estimate on a reduction of 500,000 retirees and dependents under age 65 beneficiaries who would chose to leave or not enroll in TRICARE, thus saving the Department from having to pay for these beneficiaries' health care.

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> According to the GAO, there are many reasons for DoD's savings miscalculation:

> - Projected number of TRICARE beneficiaries who would drop out or not enroll was too high because older and sicker individuals in this group were unlikely to have lower-priced health care insurance options available and stay in TRICARE.

> - Estimated savings were too high because older and sicker beneficiaries who chose to stay or enroll would incur greater-than-average medical expenses.

> - Proposed savings, without the loss of TRICARE beneficiaries, would equal \$2.5 billion over 5 years, not \$9.8 billion.

> - Accurately forecasting savings by DoD was hampered by uncollected and compiled data, such as the cost of other health insurance options and beneficiaries' access to them.

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> The report found DoD's \$1.5 billion expected savings through increased retail pharmacy co-payments for all beneficiaries except active duty service members was unlikely. The reasons DoD overestimated the pharmacy savings were that estimated savings were based on a study using non-DoD employer-sponsored insurance programs that was not analogous to DoD's situation and Increased pharmacy co-payments would not be large enough to offset the higher cost of beneficiaries' prescription(s) filled at retail pharmacies. While this report was not delivered in time for the House and Senate Armed Services Committees to consider in developing their versions of the FY 2008 NDAA, it may provide useful information for the House and Senate Conferees who will develop the final version of the bill. To view the entire report "TRICARE Cost-sharing Proposals Would Help Offset Increasing Health Care Spending, But Projected Savings Are Likely Overestimated"., refer to: <http://www.gao.gov/new.items/d07647.pdf>. [Source: NMFA Government & You e-News 6 Jun 07 ++]

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> NEW YORK MILITARY ASSISTANCE: Governor Eliot Spitzer has announced a

series of measures designed to assist families of deployed soldiers and other military personnel in New York. Spitzer stressed that the package of assistance identified below was the beginning of an effort to better address the needs of military personnel and their families. He said that an interagency task force within his administration would continue to work on other initiatives:

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> 1. Housing Ownership: Initiation of a new Housing for Veterans Program designed to help veterans across the state achieve homeownership. As part of this initiative, the State of New York Mortgage Authority (SONYMA) will be offering a \$10 million program to provide eligible veterans a below-market mortgage with a fixed interest rate to help purchase a home. This program will provide mortgages at interest rates substantially lower than conventional financing. Low-interest financing coupled with SONYMA's closing cost assistance, construction incentives, and remodeling financing, will greatly enhance the ability of U.S. military veterans to buy or improve their homes.

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> 2. Rental Housing: Approval of tax incentives for the construction of approximately 200 housing units to be built in the Fort Drum area. This project, Summit Wood in the town of Watertown, will provide rental housing for low and moderate-income families. The project is being funded through DHCR's Low Income Housing Tax Credit Program.

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> 3. Social Services: Addressing the multiple needs of military families dealing with lengthy deployments overseas and with the stress of service

during times of war. To accomplish this the Office of Mental Health (OMH), the Office of Alcoholism and Substance Abuse Services (OASAS), the Office of Children and Family Services (OCFS) and the Office of Temporary and Disability Assistance (OTDA) will offer the following programs and services:

> - a. Funding of approximately \$300,000 for family support and counseling services at the Carthage Area Hospital and the Samaritan Medical Center near Fort Drum dealing with the stresses associated with coping with deployment of loved ones;

> - b. Expand family support services through the Independent Living Center in Jefferson County to provide support to families who have children with emotional problems;

> - c. \$200,000 to the Jefferson County Department of Social Services to provide short-term family crisis counseling and for a joint human services military day at Fort Drum to increase awareness of available community resources;

> - d. \$280,000 for alcohol prevention counseling in the main Fort Drum impacted schools and the creation of a new "Creating Lasting Family Connections" program to directly address the issues that are emerging in Jefferson County families relate to wartime military deployments;

> - f. Expediting the expansion of an outpatient clinic at Credo Community Center for the Treatment of Addictions, Inc. In Jefferson County; and

> - g. Give priority status to returning military personnel for admissions to St. Lawrence Addiction Treatment Center.

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> 4. DVA: The State Division of Veteran Affairs (DVA) will establish a full-time state veterans counselor in Watertown to improve coordination of existing services in the Fort Drum region & schedule training sessions with county mental health, social services and substance abuse providers to help them understand veteran eligibility and available services.

> [Source: North County Gazette article 29 May 07 ++]

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> POW/MISSING PERSONNEL DATABASE: The Department of Defense POW/Missing

Personnel Office (DPMO) announced 4 JUN that an electronic database listing the names of servicemembers still unaccounted for from World War II is now available for family members and researchers. This new listing will aid researchers and analysts in WWII remains recovery operations. Prior to this three-year effort, no comprehensive list of those missing from WWII has existed. This database, listing nearly 78,000 names, was compiled by researchers from DPMO and the Joint POW/MIA Accounting Command. They used

hard-copy sources including "The American Graves Registration Service Rosters of Military Personnel Whose Remains were not Recovered" from the National Archives II repository in College Park, Md., and "The World War II Rosters of the Dead." Once transferred into electronic formats, they used

computer programs to compare the two lists and determined possible discrepancies among the entries. These differences were then resolved using additional sources from the National Archives and thousands of personnel files from the Washington National Records Center.

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> After more than three years of research and coordination to transfer information into an electronic format, efforts to gather more data on unaccounted-for WWII servicemembers continue. New names and information will

be added as historical documents and personnel files are located. The names of servicemen whose remains are recovered and identified in the future will be removed as families accept the identification and inter their loved ones in cemeteries of their choice. This WWII database, along with databases listing the missing from the Korean War, Cold War, Vietnam War and Gulf War, are available on DPMO's Web site at <http://www.dtic.mil/dpmo> . For additional information on the Defense Department's mission to account for missing Americans, refer to the DPMO Web site or call (703) 699-1169.

[Source: DoD News Release 689-07 dtd 4 Jun 07 ++]

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> TWILIGHT BRIGADE: The dying are one of Society's most unrecognized and underserved minorities. As individuals near end-of-life they are often ignored, discounted, misunderstood and forgotten. The Twilight Brigade, Compassion in Action is a non-profit organization committed to raising society's consciousness about the needs of the dying through community and professional education, advocacy, and direct services to the terminally ill and their loved ones. It is an international organization that recruits, trains, and places volunteers providing companionship during the last months of life and at time of death. With more than 76 million Baby Boomers now confronting the mortality of their relatives and friends many of whom are Veterans, this program is providing a much-needed link to assure quality in end-of-life care. Their program for veterans "Twilight Brigade, Compassion in Action" varies slightly in that volunteers sign up to visit patients who have been diagnosed as terminal and who request visitation. They see the veterans daily, at a home or in a hospital or nursing home, for what can be weeks or months, and often get to know them well. The Twilight Brigade was founded in Los Angeles in 1997 and now has chapters at 17 VA facilities in North America. Their website <http://www.thetwilightbrigade.com> provides education on dealing with the death process plus Chapter contact information for obtaining their no cost services. It also provides a means to sign up for their "Passing Thoughts" email newsletter [Source: Passing Thoughts Spring 07 ++]

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> NAVY SABBATICALS: The Navy is looking at a pilot program that would let officers and enlisted members leave the service for up to two years with a

guarantee of acceptance back if still qualified-but with no requirement to return. The program might appeal to sailors wishing to take care of newborn children, carry out caregiving for family members, or attend colleges or universities. While on such a "sabbatical" they would not receive pay or other benefits. Enlisted sailors would keep their rank and time in grade, as well as qualifications for advancement. Although officials are still considering how to implement the plan for officers, they might just be moved into different year groups. The Navy has no time table for completing the study, but officials expect a decision within six months. [Source: Armed Forces News 1 Jun 07 ++]

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> VA HEALTH CARE FUNDING UPDATE 09: Draft legislation to boost funding for

veterans programs to \$87.7 billion next year is being hailed as a major victory by organizations representing millions of America's former defenders. The \$109.2 billion bill crafted by the House Military Construction and Veterans Affairs Appropriations Subcommittee provides \$43.29 billion in discretionary funding for the Department of Veterans Affairs. "This represents a significant, much-needed investment in health care and the benefits delivery system for our nation's sick and disabled veterans," according to AMVETS, Disabled American Veterans, Paralyzed Veterans of America and Veterans of Foreign Wars. The four veterans' service organizations said the bill provides a \$6 billion increase in VA health care funding, exceeding their own recommendation by \$294 million. "This is the first time that lawmakers have surpassed our recommendations in the 21 years that we have been publishing The Independent Budget," the groups noted. The bill also funds the VA biomedical research program at \$480 million, as recommended in The Independent Budget, an increase of \$68 million over the 2007 funding level.

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> In addition to the increase for veterans medical care and construction projects, the bill includes enough funding for the VA to hire more than 1,000 new employees to tackle a large backlog of almost 640,000 disability compensation claims. Cutting the backlog would reduce the time veterans must wait for a decision on their benefits, which averages 177 days for an original claim and more than two years for initial appeals. "The proposed increase in VA funding is recognition that caring for our veterans is a continuing cost of national security and a willingness to provide the resources to meet those needs," the groups said. They praised Subcommittee Chairman Chet Edwards (D-TX) for his leadership in crafting the measure, as well House Budget Committee Chairman John Spratt (D-SC) Appropriations Committee Chairman David R. Obey (D-WI) and Speaker of the House Nancy Pelosi (D-CA) for their support of additional funding for veterans programs. The Independent Budget provides the nation's decision-makers a veterans' perspective on federal spending and national policy priorities for veterans

programs. These recommendations are well-considered policy and funding proposals based on the actual needs of the men and women these programs were

created to serve. As a comprehensive, authoritative policy document, The Independent Budget focuses on funding recommendations for veterans health care, benefits delivery, medical facilities construction, veterans' cemeteries and other so-called discretionary programs that will be needed in the coming fiscal year. [Source: DAV Legislative Support Specialist Caren Wooley msg 1 Jun 07 ++]

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> MICHIGAN VET CEMETERY UPDATE 01: On 3 JUN the Great Lake National Cemetery in Holly MI was dedicated. Burials actually began at the 544-acre site in Oakland County on 17 OCT 05 and more than 2,500 interments have already taken place. Nearly 487,000 veterans and their families live within the service radius of the national cemetery, which is 45 miles northwest of Detroit. Phase 1 construction of the cemetery, which is nearly complete, includes a public information center, an administration and maintenance complex, two committal shelters and an entrance area. The developed area has capacity for 6,500 full-casket gravesites, 1,450 in-ground cremation gravesites and 1,768 columbaria niches for cremation remains. Veterans with a discharge other than dishonorable, their spouses and eligible dependent children can be buried in a national cemetery. Other burial benefits available for all eligible veterans, regardless of whether they are buried in a national cemetery or a private cemetery, include a burial flag, a Presidential Memorial Certificate and a government headstone or marker. In the midst of the largest cemetery expansion since the Civil War, VA operates 125 national cemeteries in 39 states and Puerto Rico, and 33 soldiers' lots and monument sites. More than three million Americans, including veterans of every war and conflict, are buried in VA's national cemeteries on more than 17,000 acres of land. Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at <http://www.cem.va.gov> or by calling VA at 1(800) 827-1000. Information about the Great Lakes National Cemetery can be obtained from the cemetery office at (248) 328-0386. [Source: VA News Release 1 Jun 07 ++]

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> KENTUCKY VET HOME: The U.S. Department of Veterans Affairs will build a 60-bed nursing home, outpatient building and 30-bed domiciliary to replace existing facilities at its Leestown Road campus. The decision by Veterans Affairs Secretary R. James Nicholson was announced to members of Congress yesterday by the VA's Office of Congressional and Legislative Affairs. "The plan will create an efficient, cost-effective and appropriately sized footprint that will reduce vacant and underused space on this campus," according to a document the VA provided to lawmakers. Most of the buildings at the campus were built between 1930 and 1950, and while well maintained,

have exceeded their useful life for clinical and support functions. A local advisory panel had recommended the plan in February after a series of meetings on the topic. The process was part of the VA's national CARES initiative -- or Capital Asset Realignment for Enhanced Services. According to a preliminary report issued in JAN, construction of the new facilities, estimated to cost \$86 million, could begin in 2009 if funding is approved and be complete by 2018. The new complex would offer larger patient rooms, private nursing home rooms, private bathrooms in all patient rooms, wider hallways and entryways, additional treatment and therapy spaces, and improved parking. The new facility will be built on the mostly vacant southeastern portion of the 135-acre campus. The remaining 74 acres will be redeveloped through partnerships with the private sector.

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> Kentucky Veteran homes provide long-term skilled nursing care for Kentucky's veterans of the Armed Forces of the United States. Amenities include: primary care physician on site, 24-hour nursing care, pharmacy services, physical therapy in house, gift shop, chaplain on staff, daily activities, arts and crafts, library on site, one wing designated for dementia/Alzheimer's disease, licensed day care for employees' children (which allows delightful and therapeutic interaction between our veterans and the children). Residents are charged a reasonable fee per month based upon the veteran's assets and income. Applications can be downloaded at <http://www.kdva.net/okvcapp.pdf>. There are currently three homes in operation:

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> - Western Kentucky Veterans Center 120-bed facility, 926 Veterans Drive, Hanson, Kentucky 42413 (270) 322-9087, toll free (877) 662-0008, TTY (270) 322-9752 opened 14 March 2002. Situated on 33 acres of farmland 5 miles north of Madisonville.

> - Thomson-Hood Veterans Center 285-bed facility, 100 Veterans Drive, Wilmore, Kentucky 40390 (859) 858-2814, toll free (800) 928-4838, TTY (859) 858-4226 opened 18 August 1991.

> - Eastern Kentucky Veterans Center 120-bed facility, 200 Veterans Drive, Hazard, Kentucky 41701 (606) 435-6196, toll free (877) 856-0004, TTY (606) 435-6203 opened 21 March 2002.

> [Source: Lexington Herald-Leader Karla Ward article 31 May 07 ++]

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> OHIO VETERAN SERVICES: Ohio Gov. Ted Strickland said 30 MAY that his state does a poor job of connecting veterans to available services, and a new council will study how to better help them collect disability benefits and pension payments. Strickland's goal is to eventually form a cabinet-level veterans department to drastically improve the federal government's ranking of Ohio as 43rd among the states for veterans use of the services. The federal government assists injured veterans with disability benefits and veterans of certain income levels with pensions. An

executive order Strickland has signed requires a 22-member Veterans Study Council to look into how the state can pull more aid from the federal government. With better organization, the state could pull in up to \$500 million in available benefits, Strickland said.

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> Strickland doesn't know why Ohio - which has the nation's sixth largest population of veterans - had lagged other states in securing federal money for veterans. More than 1 million veterans live in Ohio, and thousands more military personnel are serving currently. Roughly 9.8% of Ohio veterans receive either disability compensation or pension benefits, or both. The national average is 12.1%. The governor already has an Office of Veterans Affairs, which advises him on veterans issues and oversees county-level offices. But creating a cabinet office, which would be equal to agencies such as the health department or the prisons department, would give the issue more visibility and status. Ohio veterans often get assistance from local commissions to pay for expenses such as utility bills, but they must navigate the federal government for more long-term help, such as the pension benefits. A state veterans department could help by placing more pressure on the federal government. The study council will use existing staff and resources from the governor's veterans affairs office and will not require additional funding. [Source: CantonRep.com Stephen Majors article 31 May 07 ++]

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> VET CEMETERY ARKANSAS: The Associated Press reported that a group in Fayetteville Arkansas is trying to raise the \$1.7 million that would be needed to expand Fayetteville National Cemetery. Roger McClain, president of Regional National Cemetery Improvement Corporation, says the current cemetery is expected to be full by 2023. The land purchase would ensure veterans are accommodated beyond that date. Cemetery Director Tommy Monk says the federal government is no longer buying land for veterans' cemeteries, so the private effort is necessary. Monk says the private group began buying land for Fayetteville National Cemetery in 1984. The group has helped the burying ground expand from seven acres to 15 acres over the past few years. [Source: AP article 29 May 07 ++]

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> MILITARY ENLISTMENT TIPS: Military recruiters are generally honest and trained professionals, but keep in mind they need to sign up applicants to meet their goals. Meeting a recruiter should be an informative, stress-free experience. For those looking to check out or join the military here are 10 tips that will assist you in making a decision and ensure you get what was promised:

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> 1. Get it in writing. There is no such thing as a verbal promise. Guarantees such as MOS, bonuses, GI Bill, and duty station must be reflected

in the enlistment contract.

> 2. Don't make emotional decisions. Never make the decision on your first or second visit. Take your time. Don't make a snap decision and don't let your emotions influence it.

> 3. Go with a buddy. Talking to a recruiter by yourself is a bad idea. Take a friend, your parents or someone else you trust. Remember they will try to recruit your buddy too.

> 4. Getting the job you want: Score well on the Armed Service Vocational Aptitude Battery (ASVAB) and you can most likely get the job you want, assuming you meet any other specified criteria, such as physical or security requirements. Keep in mind, however, that certain jobs may not be available due to over manning. In that case, you may want to wait until there is an opening for the job you want. Depending on how important the choice of a particular branch is to you, consider the possibility that another service may be able to offer you the job you want. Practice and take the ASVAB. Consider retesting if you believe you can achieve a better score and qualify for the job you want. Make sure that any guarantees are in the enlistment contract. To get help with the ASVAB check out www.military.com/ASVAB.

> 5. Being stationed where you want: Military people move, but recruiters sometimes offer programs for qualified candidates to start at the base or in the region of their choice.

> 6. Getting more pay: If you have special training or education, you could qualify to go in with higher rank and pay than others. Ask the recruiter, as these high-demand specialties changes.

> 7. Delayed entry? The delayed entry program is often used to allow high school students to graduate, but it can be used for other reasons, such as training in the spring or fall to avoid extreme weather.

> 8. Enlistment period decision? The length of your commitment often determines the amount of benefits (like money for college) you'll receive. Make the recruiter spell these out for you. Remember the shortest term possible is generally two years but some job training requires a longer commitment. The service will give you plenty of opportunities to re-enlist, extend your term, or make it a career. Enlisting for two years also makes you eligible for re-enlistment bonuses later and lets you keep your options open down the line.

> 9. Review contract before signing: Typos and errors can cost you money, put you in the wrong job or send you to the wrong place. Get the contract perfect before you sign it. Don't let anyone tell you it can be corrected later.

> 10. Ask questions & be honest: It is important that you are candid and frank with your recruiter. Don't hesitate to ask questions. You should work to get the job you want, but understand that your role as a servicemember comes first. Don't sign up just to get money for college or a job. Be honest with yourself. Serving in the military is not like a regular job. You cannot just quit when the going gets tough. The military requires diligence, dedication and a commitment to teamwork. Remember, your actions could

potentially cost or save lives.

> Bonus Tip: The Buddy Deal. Services have programs where friends who sign up together can go through training together, be stationed together or even start with advanced rank and pay just because you sign up together.

> [Source: Military.com Apr 06 www.military.com/Recruiting]

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> TAX BURDEN BY STATE: When selecting a location to reside in one as a military retiree one consideration is the tax burden you will have to bear living in that location. This can be determined by state on the MOAA web site www.moaa.org/serv/serv_financial/index.htm using their 2006 Tax guide. Here is shown a state ranking with the average resident's tax burden based on income. Each state's tax burden shown represents a combination of state and local tax burdens. Maine ranks highest at 13% with Alaska the lowest at 6/4%. California, Florida, and Hawaii which are more desirable locations to retirees because of weather have tax burdens of 10%, 9.2%, and 11.5% respectively. Military retirees and veterans may be eligible for additional tax breaks available to them as determined by each state's tax laws. On the same website are Links to each state at which information can be found about sales tax, personal income tax, property tax, and inheritance and estate tax plus Links to state tax websites and state tax forms. [Source: Various Mar 06]

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> VETERAN LEGISLATION STATUS 14 JUN 07: For a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress refer to the Bulletin attachment. By clicking on the bill number 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 14 Jun 07 ++]

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