

> RAO Bulletin Update

> 1 April 2008

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> THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES

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> == PA Vet Cemetery [02] ----- (WA Crossing VA Nat Cemetery)

> == VA Compensation Garnishment ----- (Alimony/Child support)

> == Military Award/Service Misrepresentation ----- (3 Arrests)

> == Vietnam Memorial Wall [01] ----- (Interactive Wall)

> == Bump Keys ----- (Home Security Compromised)

> == DOD Disability Eval System [10] ----- (VASRD Compliance)

> == Mobilized Reserve 12 MAR 08 ----- (2312 Increase)

> == SBP SSA Offset [10] ----- (No More Offset)

> == Arlington Nat Cemetery [02] ----- (Honors Given Questioned)

> == Vet Cemetery California [03] ----- (Bakersfield VA National)

> == IRS Phishing [02] ----- (3000% Increase in JAN)

> == Tricare User Fee [24] ----- (Vet Groups Alleged Support)

> == VA Clinic Openings [08] ----- (2008 Openings)

> == Enlistment Pool ----- (Limited to 5 million)

> == Medicare Fraud [05] ----- (Fraud Strike Force)

> == Health Care Myths ----- (5 Most Popular)

> == SBP Termination [01] ----- (100% Disabled Option)

> == Hannaford Bros Data Breach ----- (2 Lawsuits Filed)

> == NIH Data Breach ----- (Stolen Laptop)

> == Fluorescent Bulb Hazards ----- (Mercury Disposal Problems)

> == VA Dental Treatment [01] ----- (Outpatient Change)

> == North Dakota Vet Home ----- (Overview)

> == Veteran Charities [08] ----- (ASA Misrepresents Support)

> == VA Salmonella Research ----- (Space Experiment)

> == VA Mental Health Program ----- (Suicide Prevention)

> == Florida Vet Property Tax Relief ----- (Tax Credits)

> == DECA Double Coupon Policy ----- (Prohibited by Law)

> == GI Bill [18] ----- (DoD Alarmed)

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- > == Veteran Legislation Status 31 March 08----- (Where we Stand)

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> PENNSYLVANIA VET CEMETERY UPDATE 02: In a tribute to the area's rich and

tumultuous history that defined the future of the nation, the new veterans cemetery for Southeastern Pennsylvania is being named Washington Crossing VA

National Cemetery. The government paid \$10.5 million for the 205-acre tract in Upper Makefield Township to the landowner, Toll Bros. Inc., bringing to an end a quest that lasted more than two years. The VA announced that it had selected the tract near the historic village of Dolington over a site in Chester County in JAN 06. But the project quickly became embroiled in controversy when Toll said that as a condition for selling the land to the VA, it needed approvals to build more than 200 homes nearby, more than the regional zoning ordinance allowed. With litigation threatening to stall the project, the VA upped its original offer to Toll from \$7 million to \$10.5 million; in exchange, Toll agreed to accept the risk that the courts could overturn its development approvals. Rob Civero, vice chairman of the Newtown Township supervisors, said that township might vote next week to restore the zoning on one 94-acre tract in the Toll deal back to one house on every three acres. The developer now has approval to build 90 homes - or three times as many - on the site. Bruce Toll, vice chairman of Toll Bros. Inc., is chairman of Philadelphia Media Holdings, owner of The Inquirer, the Philadelphia Daily News, and Philly.com. Construction of the first phase of 60 acres will begin next spring, with burials beginning later in the year. The cemetery is planned to serve more than 580,000 veterans and their families in Philadelphia and the five-county suburban area, including Lehigh County. Construction will be phased in over 50 years. [Source: Philadelphia Inquirer Nancy Petersen article 28 Mar 08 ++]

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> VA COMPENSATION GARNISHMENT: Contrary to popular belief there are some conditions under which VA compensation can be garnished in order to pay alimony or child support. Although VA compensation cannot be attached or assigned there is no statutory prohibition against garnishment of military retired pay. Under Public Law 95-30, a veteran's disability compensation can be garnished in order to pay alimony or child support and pursuant to a court order, only if the veteran receives disability compensation in lieu of an equal amount of military retired pay, in accordance with a total or partial military retired pay waiver. In these cases, under 5 CFR 581.103 (http://www.access.gpo.gov/nara/cfr/waisidx_06/5cfr581_06.html), the Veterans Service Center (VSC) withholds disability compensation, and makes a payment in compliance with the garnishment order for certain categories of payees. [Source: Title 38 U.S. Code 5301 M21-MR Part III, Subpart v, Chapter 3, Section C 13a of Mar 08 ++]

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> MILITARY AWARD/SERVICE MISREPRESENTATION: Federal investigators arrested

two Mississippi men on 25 MAR who allegedly falsely represented themselves as Purple Heart recipients in order to obtain free vehicle license plates. John Wayne Lebo, 57, of Tylertown and Christopher Billeaud, 52, of Biloxi are suspected of altering their "official military discharge papers to reflect awards and medals (they) did not receive," according to records filed in federal court. In doing so, both obtained the Mississippi Purple Heart vehicle license plate, which never expires and is given to Purple Heart recipients at no cost, Assistant U.S. Attorney Ruth Morgan said. "It's not just about earning the tag, but when you have a Purple Heart, you get priority treatment at V.A. medical centers. When this happens, you cheat true veterans that need treatment for their wounds suffered in combat." Purple Heart medals are given to war veterans wounded in combat by an enemy attack and are posthumously given to family members of those killed in battle by an enemy. Both men were released on unsecured bonds of \$25,000 and \$5,000, respectively.

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> The arrests followed separate investigations by the U.S. Department of Veteran Affairs. Lebo served with the U.S. Army from 1967-69 as a firearm instructor. According to court papers, along with fraudulently claiming a Purple Heart, Lebo altered his discharge papers to show he had received a Silver Star, Airborne Medal and Sharpshooter. Since 1999 he used the documents to obtain license plates for eight different cars. Lebo was discharged as a Private E-1 in 1969. Lebo's alleged phony discharge papers were discovered after an investigator compared his original forms with the ones he used in Walthall County in order to obtain the Purple Heart license plate. Billeaud is a veteran of Operation Desert Storm and the Gulf Coast

chapter president of the National Defense Transportation Association. According to court papers, officers with the U.S. Air Force Office of Investigations went to the Billeaud home in APR 07, after they discovered he was claiming to be a chief master sergeant, although he retired as a master sergeant and the recipient of a Bronze Star and Purple Heart. One of the officers noticed that a vehicle parked at his home had a Purple Heart license plate. During the interview, the officer asked Billeaud if he received a Purple Heart and he told the officer no. Kathleen Billeaud said her husband has been recognized by the Department of Veterans Affairs and the head of Keesler Air Force Base hospital as receiving a Purple Heart but not by the U.S. Air Force. Investigators obtained a letter from the V.A. Regional Office in Jackson stating Billeaud was rated 100% service-connected for his disability but the letter did not "mention anything about a Purple Heart," court papers said. Billeaud is a veteran of Operation Desert Storm and the Gulf Coast chapter president of the National Defense Transportation Association. Falsely claiming war medals is a misdemeanor punishable by up to one year in jail and a fine of up to \$100,000.

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> In a similar case after three days of testimony in federal court in Roanoke VA -- and a thorough dissection of Randall A. Moneymaker's long list of supposed awards and overseas postings -- a jury found him guilty of six charges tied to fraud and theft. Moneymaker's charges included five counts of making false statements on forms he filed or in claims he made while applying for disability benefits or inquiring about a military pension. He also was charged with theft for receiving \$18,449.32 in disability payments to which he was not entitled. Moneymaker was in the Reserves from 1981 to 1982, then in the Army from 1983 to 1985. He left after misconduct that prompted an "under honorable conditions (general)" discharge, a certificate below an honorable discharge. He was supposed to be barred from re-enlisting, but in 2004 talked his way into the Active Guard Reserve, claiming he'd been on active duty since the early '80s. He became a recruiter and often wore medals including combat and Ranger badges and a Purple Heart. Most of the charges carry a five-year maximum prison term, but no date has been set for sentencing. [Source: The Clarion Ledger Nicklaus Lovelady article 26Mar 08 ++]

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> VIETNAM MEMORIAL WALL UPDATE 01: The National Archives is joining with a

Web site to make historical records of tens of thousands of deceased Vietnam War veterans available electronically for the first time. The interactive site is a Web re-creation of the Vietnam Veterans Memorial on the National Mall. The site allows access to thousands of pages of casualty records and agency photos. People can search by name, hometown, birth date, tour date, or dozens of other categories. Such information now is typically found only at National Archives locations, including the headquarters in College Park

MD, and by poring through files organized by topic. That makes searches a hit-or-miss proposition with long odds of finding relevant information, the agency said. At www.footnote.com/thewall & www.youtube.com/watch?v=scwMAgCLdks can be found a short video about how one veteran found a fallen friend on The Wall using this site and information on how to add your own tribute to anyone listed on the wall that you know.

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> Hundreds of veterans visit the central research room each year "to examine the documents that may enable them to establish their rights, and, just as with the wall, to honor, remember and appreciate," said Allen Weinstein, archivist of the United States. "And historians increasingly turn to these essential records to explain the significance of the Vietnam conflict in American history. The site will help 'provide ever-greater access to our critical holdings on this subject," he said. The interactive wall allows people to post photographs they may have of a deceased veteran and to make comments. There is currently no charge for Vietnam War information; the company is deciding whether to charge fees for some of the 50,000 National Archives photos now digitized. The goal is to tell the stories behind the more than 58,000-plus names on the wall' polished black granite, with information such as specialty, rank, posthumous decorations, regiment, cause of death and whether the body was recovered, the company said. Veterans advocacy groups praised the move as a good way to promote public awareness of the contributions of those who served in Vietnam. But some said they would like to see the effort expanded to provide electronic access of records for living Vietnam veterans. Many of them must go through a lengthy process of searching for records at the Archives and elsewhere to establish a disability claim with the government. [Source: New York times AP article 26 Mar 08 ++]

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> VIETNAM MEMORIAL WALL UPDATE 01: Footnote and the National Archives held

a press conference 26 MAR in Washington, D.C. to unveil a new interactive online Vietnam War Memorial. This Footnote project features the largest photo of The Wall on the Internet (at full size, the photo on Footnote is about 460 feet wide). The project has been several months in the making and provides an interactive experience for locating the 58,320 names on The Wall as well as service record and casualty report information for each serviceman listed. Viewers can also upload photos and create tributes connected to any name on The Wall. There is no charge for Vietnam War information; the company is deciding whether to charge fees for some of the 50,000 National Archives photos now digitized and available on their site. At www.footnote.com/thewall & www.youtube.com/watch?v=scwMAgCLdks can be

found a short video about how one veteran found a fallen friend on The Wall

via the internet and information on how to add your own tribute to anyone listed on the wall that you know. Users can browse by name, enlistment type, service, and/or hometown to locate those who died as a result of Nam service. The online Military data is based on information supplied from The National Archives. [Source: Footnote msg. 26 Mar 08 ++]

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> BUMP KEYS: The most popular locking mechanism in the world utilizes the pin tumbler design, first developed 4000 years ago in Egypt and then rediscovered and perfected a century and a half ago by Linus Yale. There are billions of these locks in the world and they come in all sizes, configurations, and security ratings. Some are secure; most are not, and even some high security rated cylinders can be easily compromised. All that is required to open many types of pin tumbler cylinders -- the kind of lock that probably keeps the bad guys out of your home -- is a bump key and a tool for creating a bit of force. While many people have never heard of "bump keys," authorities say these modified versions of ordinary keys first gained popularity in Europe and are spreading rapidly through Internet "how-to" videos that illustrate how easily doors can be opened through "lock bumping." Any regular key can be cut to its deepest depth to become a bump key. When a bump key is inserted into a lock and tapped with a mallet, kinetic energy is transferred through the pins in the locking mechanism, causing the pins to momentarily move so the lock can be turned. While bump keys are nothing new, they have - until recently - been generally unavailable to the public. Most reputable locksmiths will not make them or sell them to anyone. But the Internet has changed that. Now bump keys are being sold online for as little as \$3.25. Videos demonstrate how to use them to quickly and easily breach locks and in some cases how to make them he keys yourself. One such video can be viewed at <http://www.youtube.com/watch?v=pwTVBWCijEQ>. At <http://www.engadget.com/2006/08/24/the-lockdown-locked-but-not-secure-part-i/> can be found additional info on Bump keys and illustrations on how tumbler style locks work. Bottom line if your home access doors have tumbler pin locks (which most do) they can be opened by anyone who has knowledge of this. Bump-resistant locks are available on the market but they come with high price tag. [Source: Various 1 Apr 08 ++]

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> DOD DISABILITY EVALUATION SYSTEM UPDATE 10: The Army will no longer use its own disability ratings rules in addition to the Veterans Administration Schedule for Rating Disabilities (VASRD). The policy change may even out some of the differences in ratings assigned by the Army and the Department of Veterans Affairs, which became a contentious issue in the wake of the Walter Reed Medical Center controversy last year. The change was prompted by a provision of the 2008 Defense Authorization Act that states the services

must comply with VA's disability ratings schedule in assessing injured troops. Under the new law, all the services will have to update their policies so that their own rules do not override VA's ratings schedule. Defense Secretary Robert Gates will send guidance to all the services making the change retroactive to 28 JAN, the date President Bush signed the 2008 Defense Authorization Act into law. The new policy will change the way the Army rates soldiers for sleep apnea, narcolepsy, joint pain and mental health disorders.

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> The Army is reviewing personnel separations in January and February to ensure those cases meet the new rules. A memo signed by Dennis Brower, legal adviser for the Army Physical Disability Agency, states that the new rules for rating strictly under the VASRD apply to cases that have not yet been decided or are on appeal. Service members repeatedly have charged that service policies superseding VA's ratings schedule often lead to lower disability ratings - and lower payments. The old Army policy included a mandate that psychiatrists who diagnose soldiers with mental disorders had to check to see if the condition could qualify as an adjustment disorder, and, if not, they had to fully explain why they were "rejecting" adjustment disorder as a diagnosis. The Army has stopped using the following regulations as of Jan. 28:

> . The joint-motion rating in Army Regulation 635-40 which requires a mechanical basis for limited range of motion, rather than a service member saying, "That hurts, I can't move my arm any further," as the VA requires. According to the Army's previous rules, "joint pain resulting in loss of motion does not constitute a mechanical basis for restricted motion."

> . Army Physical Disability Agency Issues and Guidance No. 1, which also pertains to painful joint motion, and states: "Limitation resulting solely from pain is not ratable" - a violation of the VASRD.

> [Source: NVS Weekly Updates 26 Mar 08 ++]

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> MOBILIZED RESERVE 12 MAR 08: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 26 MAR 08 in support of the partial mobilization. The net collective result is 2,312 more reservists mobilized than last reported in the Bulletin for 12 MAR 08. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. The total number currently on active duty in support of the partial mobilization of the Army National Guard and Army Reserve is 76,309; Navy Reserve, 5,595; Air National Guard and Air Force Reserve, 7,614; Marine Corps Reserve, 8,638; and the Coast Guard Reserve, 344. This brings the total National Guard and Reserve personnel who have been mobilized to 98,400, 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/Mar2008/d20080326ngr.pdf>

.[Source: DoD News Release 196-08 12 Mar 08 ++]

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> SBP SSA OFFSET UPDATE 10: The phase-out of the Social Security Offset (SSO) for Survivor Benefit Plan (SBP) annuitants is almost complete.

Currently, beneficiaries receive 50% of their deceased spouse's SBP annuity base amount. The fact that the SBP payout is 50% instead of the full 55% is the SSO. There is no reduction in your Social Security amount. Starting APR 08 all survivors will receive the full 55% of their late military retiree's pay covered by SBP and the SSO will be completely phased out. The increased benefit is automatic for everyone - no applications or requests are required. [Source: MOAA News Exchange 26 Mar 08 ++]

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> ARLINGTON NATIONAL CEMETERY UPDATE 02: An enlisted service member killed

in battle and posthumously awarded the Silver Star for heroism is rendered lesser honors at Arlington National Cemetery than an officer who dies in a car crash the day after being commissioned. That statement took officials at several veterans' organizations by surprise. But it is true: Burial honors at Arlington, the nation's most storied military cemetery and home of the Tomb of the Unknowns, are accorded strictly by rank, not by the circumstances of death. "That is the custom that has been prescribed," said Jack Metzler, the superintendent at Arlington for the past 17 years. Most enlisted troops receive "standard honors" - military pallbearers, a firing party led by a noncommissioned officer, a bugler and, on request, a chaplain. All others receive variations on "full honors," which also include a horse-drawn caisson, a band and, if requested, escort troops. The only enlisted troops who may receive full honors are those in the highest enlisted grade, E-9. Medal of Honor recipients, regardless of rank, also rate the caisson in addition to standard honors. The two types of funerals are dramatically different. The issue has been raised that Honors rendered should be rendered fairly, based on actions, not rank and the present custom is due for a change.

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> Metzler said there are two reasons why this cannot or should not be done. The biggest roadblock, he said, is the limited availability of assets for full-honors funerals. Each service provides its own troops for funerals at Arlington. But these ceremonial troops also must support presidential and other official functions in the Washington area. Arlington has two caisson units; each can do four of the stately funerals per day. It takes time to do the "turnaround" from one funeral to the next, Metzler said. For example, the horses must be watered and inspected after each ceremony. Also, the band isn't always available, as other official functions beckon - although, Metzler said, "only a handful" of people opt to wait until the band is available. The average wait for a funeral at Arlington is five weeks;

cemetery workers work to limit the wait to two weeks for Iraq and Afghanistan war dead, Metzler said. Arlington averages about 27 funerals a day, five days a week, he said; none are held on Saturdays or Sundays. There has been an increase of about one funeral per day since the start of the Iraq war, but most of the burials involve the World War II generation. "The ability to have more full-honors funerals for everyone, all day long, isn't there," Metzler said. "It's the caissons. It's the chapel. It's the traffic."

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> An equally important, and more contentious, reason for not rendering honors based on the circumstances of death rather than rank is having to decide who rates full honors and who does not, Metzler said. "Where do you draw the line? Someone will come back and say, 'My loved one had a Bronze Star with a "V" device, and it was awarded three times. Is that the equivalent of a Silver Star?' I would think that it would be difficult to implement." As of 18 MAR, only 473 of the 4,443 service members killed in Iraq and Afghanistan through 1 MAR (i.e. 10.6%) had been buried at Arlington, with highs of 117 burials in 2005 and 2007, and a low of 48 in 2003, Metzler said. Most were enlisted members, most were killed in action, and the highest decoration most received was the Bronze Star with "V" device for valor, Metzler said, adding that he has no way to check the precise number of awards earned by individuals buried at Arlington. The Army is responsible for operations at Arlington. Army Secretary Pete Geren and Chief of Staff Gen. George Casey did not respond through a spokesman to a request for comment. Several veterans' groups also declined comment. But Joe Barnes, executive secretary of the Fleet Reserve Association and a co-chairman of the Military Coalition, an umbrella group of more than 30 military associations, said "rendering burial honors based on rank "s not a slight against anyone. This decision is out of respect for the few who were accorded the opportunity and responsibility to lead". [Source: Marine Corps Times William H. McMichael article 26 Mar 08 ++]

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> VET CEMETERY CALIFORNIA UPDATE 03: The Department of Veterans Affairs

(VA) has named the national cemetery to be constructed near Bakersfield, Calif., the "Bakersfield VA National Cemetery." The new cemetery is located on a 500-acre site donated by Tejon Ranch, a 426-square-mile agricultural and industrial complex along Interstate 5 in Kern County. It will serve approximately 200,000 veterans in central California who are not currently provided burial space by a nearby national or state veterans cemetery. VA anticipates construction of the first phase of the entire 500-acre development plan to begin in the summer of 2008. In OCT 07, VA awarded approximately \$2.3 million to Huitt-Zollars, Inc., of Irvine, Calif., for a master plan and design of the project's first phase. Initial construction will prepare a 20-acre burial area to ensure that veteran burials can take

place before all of the Phase I facilities are completed In addition to burial areas, Phase I will consist of approximately 50 acres, including: roadways, an entrance area, an administration and public information center, a maintenance complex with buildings, a maintenance yard and parking, a flag assembly area, a memorial walkway and two committal service shelters. Other infrastructure improvements will include grading, drainage, fencing, planting, an irrigation system and utilities. Interment areas will include approximately 5,700 full-casket gravesites, 4,000 pre-placed crypts, 500 in-ground cremated burial sites and 3,000 columbarium niches for cremated remains.

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> Veterans with a discharge other than dishonorable, their spouses and dependent children are eligible for burial in a national cemetery. Other burial benefits for eligible veterans include a burial flag, a Presidential Memorial Certificate and a government headstone or marker - even if they are not buried in a national cemetery. More than 3.4 million Americans, including veterans of every war and conflict - from the Revolutionary War to the current war in Iraq - are buried in VA's national cemeteries.

Interested parties can locate points of contact and available space information at <http://www.cem.va.gov/cem/cems/listcem.asp#CA> & <http://www.cem.va.gov/cem/scg/lsvc.asp> on the following California National and State veteran cemeteries:

- > . Fort Rosecrans National Cemetery San Diego CA
- > . Golden Gate National Cemetery San Bruno CA
- > . Los Angeles National Cemetery Los Angeles CA
- > . Riverside National Cemetery Riverside CA
- > . Sacramento Valley VA National Cemetery Dixon CA
- > . San Francisco National Cemetery San Francisco CA
- > . San Joaquin Valley National Cemetery Santa Nella CA
- > . Veterans Memorial Grove Cemetery Yountville CA
- > . Northern California Veterans Cemetery Igo CA

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> 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 regional offices at 1(800) 827-1000. Information about the Bakersfield VA National Cemetery is available by calling the VA Memorial Service Network in Oakland at (510) 637-6270. [Source: VA News Release 26 Mar 08 ++]

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> IRS PHISHING UPDATE 02: E-mails that fraudulently claim to be from the Internal Revenue Service to trick taxpayers into giving up personal information have increased significantly this tax season, according to the IRS and a security vendor. For two years, the IRS has warned consumers about the fraudulent use of the IRS name or logo in "phishing" attempts" in which criminals try to gain access to consumers' financial information to steal their identities and access banking accounts. In 2006, the agency

established the e-mail address phishing@irs.gov for victims to report incidents along with guidelines on how to do this at <http://www.irs.gov/privacy/article/0,,id=179820,00.html>. As of March of this year, almost 34,000 emails were identified as phishing attempts -- 611 in the first few months of 2008. Of those attempts that occurred in 2007, the IRS was able to trace the code from the e-mails back to 862 individual phishing schemes. But that number is likely just a small portion of the total. "This is a self reporting group," said IRS spokeswoman Michelle Lamishaw. "The group of people actually receiving them is much larger." The total number of phishing incidents that have occurred this tax season is difficult to estimate, and those vary according to the source. Internet security software vendor Secure Computing says the number of phishing Web sites targeting the IRS increased 3,000% in January compared to JAN 07. Secure Computing, based in San Jose CA declined to provide the specific number of phishing attempts, saying they are proprietary.

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> The company also reported an increase in the number of phishing Web sites that are targeting the Electronic Federal Tax Payment System. The majority were traced to locations in the United States. In terms of phishing attempts, Secure Computing identified 583 different fraudulent IP addresses sending e-mails on behalf of IRS.gov between 1 JAN and 5 FEB and more phishing scams in January than for all of the first six months of last year. "We're also noticing other sites that offer tax-related services getting targeted -- accountants and tax service businesses, for example," said Paula Greve, director of Web security research at Secure Computing. "These [scams are coming] at taxpayer citizens on all sides, gaining hold of their information." Phishing schemes have become more sophisticated, now including links that lead to fake but professionally designed Web sites and bogus interactive applications from the IRS. In one example, a link takes consumers to what appears to be the IRS "Where's My Refund" page, which asks

taxpayers to check on the status of their tax refunds. The real IRS application asks for customers' Social Security number, filing status and the refund amount; the bogus page typically asks for additional personal information, including a bank account number.

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> Some phishing scams pull from current events, such as claiming to relate to the economic stimulus package approved by President Bush or targeting organizations that distribute funds to other organizations or individuals. Often the scam e-mails claim to be sent by the director of the exempt organization's area of the IRS, asking recipients to click on a link to access a form that is typically a phishing attempt or download information on tax law changes that, in fact, downloads malicious code onto a taxpayer's computer that then can take over the hard drive and access files containing personal information. "Anybody can spoof a Web site," Lamishaw said. "It's not that hard. They just capture all of the graphic

elements and the font and so on, and then manipulate the information and questions." No matter how sophisticated the e-mail, Lamishaw warns consumers not to be fooled. "IRS is not in the habit of sending unsolicited e-mails," particularly those that ask for any account-related information. "The few e-mails we send are of the newsletter sort -- where we're sending info to stakeholders. No one should expect anything, no matter how legitimate it looks." [Source: GovExec.com newsletter 26 Mar 08 ++]

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> TRICARE USER FEE UPDATE 24: Bush administration officials again have saddled Congress with an under funded military health care budget by projecting \$1.2 billion in savings they know will not be realized, say critics on Capitol Hill. Part of the false savings, for a third straight year, is tied to the unlikely scenario that Congress will enact administration plans to raise fees, co-payments and deductibles for military retirees. Key lawmakers say that won't happen. But what irritates lawmakers more is that, even if they did embrace the higher fees recommended by a Department of Defense's Task Force, and penciled into Bush's fiscal 2009 defense budget, the actual savings realized wouldn't come close to matching the number that the administration projects. Most of the \$1.2 billion in assumed savings swing on the notion that if fees, co-pays and deductibles are raised for retirees, tens of thousands of users of Tricare will drop the military benefit and switch to alternative health insurance offered by second-career employers. That scenario defies logic, however, as even the co-chair of DOD's task force on military health care bluntly stated during a 12 MAR hearing of the House armed services' military personnel subcommittee. "With all due respect to the department, there's nothing they're going to do which is going to make TRICARE more expensive than what goes on in the private sector," said Dr. Gail Wilensky, a prominent healthcare economist. "I know they have used that argument. I don't know what they're thinking."

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> Rep. John McHugh of New York, ranking Republican on the subcommittee, noted that the false savings built into the '09 budget will be harder for the armed services committees to overcome this year because the House Budget resolution, which opposes the TRICARE fee increases, does not add funding to restore DOD's assumed savings. McHugh vowed that the money will be found. McHugh and Rep. Walter Jones, R-N.C., suggested that Congress won't allow fee increases unless they are endorsed by service associations who lobby lawmakers on behalf of beneficiaries. But Dr. Ward Casscells, the assistant secretary of defense for health affairs who testified with Wilensky, said association leaders have told him they are "willing to see a gradual increase in TRICARE fees, co-pays and deductibles as long as it's not more than within the private sector. Because they don't want to rob theater care to address the rising cost of retiree care. McHugh was incredulous over that input and told Casscells, "If you could get any of that in writing, I would

love to see it."

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> Representatives of The Military Coalition, an umbrella group that include scores of service associations and veteran organizations, have testified previously that it is unfair for DOD officials to keep fees flat for more than a decade and then try to double or triple them in a few years. The coalition wants Congress to establish principles regarding military health benefits to protect their value from the whims of politicians and policymakers, and to establish limits on future beneficiary cost increases. For example, fees increases for retirees and survivor beneficiaries in any given year should not exceed the percentage increase in retired pay or survivor compensation, the coalition maintains. The coalition opposes the level of fee increases sought by the administration and specifically objects to imposing new enrollment fees on users of TRICARE Standard and TRICARE for

Life. It also opposes "tiering" of fees and co-payments based on rank at retirement or level of retired pay. The coalition argues that retirees paid large "up-front premiums" for their health care coverage through a career of arduous service. [Source: Everett WA Herald Tom Philpott article 22 Mar 08 ++]

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> VA CLINIC OPENINGS UPDATE 08: Veterans in seven additional states will have easier access to health care under a Department of Veterans Affairs (VA) plan to open 14 new outpatient clinics in 2008. Secretary of Veterans Affairs Dr. James B. Peake on 20 MAR announced that VA will establish new clinics in

> . Arkansas - Phillips County

> . Illinois - Coles County

> . Indiana - Scott County

> . Kentucky - Carroll County, Christian County and Graves County

> . Oklahoma - Stillwater

> . Tennessee - Bolivar and Campbell, Dyer, Roane, Sevier, Warren Counties

> . Washington - Lewis County

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> The new clinics are scheduled to activate in 2008. The exact locations of the new facilities, along with their opening dates and the health care services they will provide, have to be determined. VA has previously approved 50 additional clinics that will begin providing services in 2008 for a total of 64 new clinics throughout the country this year. Many of the new clinics were designated as priorities under VA's Capital Asset Realignment for Enhanced Services (CARES) plan. CARES, completed in 2004, was intended to ensure that VA uses its resources as effectively and efficiently as possible. With 153 hospitals and more than 700 community-based clinics, VA has the nation's largest integrated health care system. The Department's health care budget of over \$36 billion this year

will provide care to about 5.5 million veterans. [Source: VA News Release 20 Mar 08 ++]

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> ENLISTMENT POOL: The armed services' struggle to attract the number of young men and women needed each year to maintain their required force levels is increasingly handicapped by a hard set of demographic facts that sharply reduces the pool of potential recruits and by emotional barriers that may block access to the best prospects. "We should not lose sight of the fact that, although the youth population is large, a relatively small proportion of American youth is qualified to enlist," David Chu, undersecretary of Defense for personnel and readiness, testified recently. "It is an unfortunate fact that many in the contemporary youth population are currently ineligible to serve." Chu and service officials point out that only about three of every 10 Americans of military age -- generally considered 17 to 24 years old -- can meet the standards for military service. In testimony to Congress, Chu cited the grim statistics: About 35% are medically disqualified, with obesity a large contributing factor; 18% are barred due to a record of abusing drugs or alcohol; 5% have serious conduct/criminal problems; 6% have too many dependents, and 9% scored in the lowest aptitude category on the enlistment test. Another 10% are qualified but considered unavailable because they are attending college. That leaves fewer than 5 million potential recruits out of the total of about 31 million Americans of age to serve in the military. From that reduced field, the services need about 300,000 recruits a year for their active, reserve and National Guard forces.

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> The number of potential recruits is reduced by the Pentagon's requirement -- based on years of studies on what qualities indicate a high probability of being able to perform necessary tasks and completing a term of enlistment -- that 90% of recruits have a high school diploma, or a GED. Nationally, 70% of young people graduate from high school, with the averages as low as 50% in some urban areas and among minorities. Military recruiting officials note that many young people with high school diplomas cannot pass the enlistment tests. To make the situation worse, access to that limited pool of eligible recruits often is blocked by opposition from parents, teachers or other influencers, or by a young person's inclinations. Service leaders say the percentage of military aged Americans indicating any interest in military service is the lowest on record. In the face of these limits, the services are taking extraordinary steps to meet recruiting quotas. The Army, which must attract about 170,000 new soldiers this year for its active and reserve force, initiated programs to help young men or women get their GED or pass the aptitude tests and one that gives slightly overweight individuals a year after enlisting to meet weight standards. All of the services provide some waivers for the high school education requirement or other factors. The Army has had to use this authority the

most, offering three times as many this year as in 2005. Army Secretary Pete Geren said a study showed that the 17,000 soldiers brought into Army on waivers have performed better than the average enlistee. [Source: Congress Daily Otto Kreisher article 24 Mar 08 ++]

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> MEDICARE FRAUD UPDATE 05: Federal prosecutors have charged the Miami-area medical billing company All-Med Billing Corp with orchestrating a \$101 million scheme to bilk Medicare. Among other things, the indictment alleges they helped various Durable Medical Equipment (DME) providers to improperly obtain the Medicare billing numbers of beneficiaries and that those numbers were used for fake charges. They also forged or altered prescriptions to make it appear as if patients needed equipment they did not, according to the indictment. Now owners Abner and Mabel Diaz are facing a criminal trial; two of the six other defendants in the case have already pleaded guilty. This indictment is another positive result for the Medicare Fraud Strike Force, a joint experiment of the Federal Bureau of Investigations, the Miami US attorney's office, and Medicare. Relying on traditional investigative methods and heightened interagency cooperation to quickly identify patterns of irregular billing, the one-year-old force charged 197 defendants last year - accounting for about 1 in 4 of all Medicare-fraud defendants in the United States. Fraud plagues Medicare, the federal program created in 1965 for the elderly and disabled. It's difficult finding a credible estimate to quantify how much is stolen every year, but it likely costs taxpayers billions of dollars. What's clear is that South Florida, with its fast-growing Medicare population, is the country's worst offender in Medicare fraud. This unfortunate distinction prompted the formation of the strike force last March. Kirk Ogrosky, who manages the strike force in Washington for the Department of Justice, says the concept is being replicated in Los Angeles based on its success in Florida. A Houston strike force is planned to be set up this summer, says Mr. Ogrosky.

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> It's a common scam, strike force officials say. Crooked DME operators bill Medicare without providing patients any equipment. In the other common scam, providers bill Medicare for expensive HIV drugs that patients never receive. Instead, they may get a heavily diluted version of the drug or a bag of saline that is supposed to be an HIV infusion. Another problem is when doctors or patients join the scam. Doctors often write unnecessary prescriptions in exchange for kickbacks from providers (although it's also common for providers to write or alter prescriptions without doctors' knowledge). Patients also may get kickbacks for allowing their Medicare numbers to be used in billing bogus medical goods and services. "We arrested eight patients last year - what we call 'professional patients,'" says Tim Delaney, the FBI leader on the Medicare strike force. "They were making a living by renting out their Medicare number and going for treatments they weren't getting." He estimates the phony patients were making "thousands to

tens of thousands of dollars" a year. When the US Department of Health and Human Services investigated the three largest South Florida counties - Miami-Dade, Broward, and Palm Beach - last year it discovered that a quarter of the 1,581 DME providers it visited at random were either not staffed or closed during business hours. An additional 6% had no physical facility whatsoever. Another 2007 health department study concluded that South Florida accounts for 72% of all Medicare HIV claims, although only 8% of Medicare HIV patients live there.

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> Florida's Sen. Mel Martinez (R) recently proposed doubling the maximum jail sentence for Medicare fraud to 10 years and sharply increasing fines. The legislation passed the Senate last month and is currently in committee in the House. Medicare is moving to tighten its protocols. All South Florida DME providers were required to reapply for billing privileges last fall. Medicare has proposed a rule that would require such providers to post a \$65,000 bond that they would forfeit in the event of fraud. Medicare will also expand its internal auditing by 2010. But with 1.2 billion claims to process yearly, the mammoth system is still an easy target, says Kim Brandt, Medicare's director of program integrity. Scammers know that "because there are so many dollars, so many claims getting paid, there's a very good chance they're not going to get caught," she says. In the last fiscal year, the strike force's civil-law division recovered \$50 million in assets from those accused of Medicare fraud - sometimes even before defendants faced criminal charges. "With this task force, they've decided to do the right thing and go after fraud in a systematic manner. And the results have been spectacular," says Patrick Burns, communications director for the nonprofit group Taxpayers Against Fraud. But given the scope of the problem, much more needs to happen, he says. "We're fishing the ocean with one pole." [Source: Christian Science Monitor 25 Mar Edition ++]

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> HEALTH CARE MYTHS: Fictions don't become facts through repetition. Keep that in mind next time you hear a politician breathlessly decry the horrors of the American health-care system and then explain how he/she intends to fix it. Some of the most popular talking points in the health-care debate pass as the gospel truth simply because, well, they're popular - not because they're true. Granted, statistics and surveys can substantiate most anything you want them to just by the way you ask the question or collect the information. However, the following five items you should take with a grain of salt the next time they are discussed:

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> (1) Forty-seven million Americans do not have health insurance. This figure comes from the U.S. Census Bureau. What most people don't know, however, is that the Bureau counts anyone who went without health insurance during any part of the previous year as "uninsured." So if you weren't covered for just one day in 2007, you're one of the 47 million. That also

includes 10.2 million illegal immigrants, and about 14 million people who are eligible for public health-care programs like Medicaid or the State Children's Health Insurance Program but have yet to enroll. And nearly 10 million of the uninsured have household incomes of more than \$75,000 - so they can probably afford to buy health insurance but choose not to.

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> (2) Universal health-care coverage can be achieved via "individual mandate." According to the federal census, nearly two-thirds of the uninsured are aged 18 to 34. This makes sense - healthy people aren't going to pay for expensive insurance they'll never use. Those who support an "individual mandate" believe by legally requiring all Americans to buy health insurance the young and the healthy will increase the size of the risk pool and therefore lower premiums for everyone. As a way to enforce an individual mandate, some suggest garnishing wages. But many states require insurers to charge everyone the same rate. So, young people would end up paying far more in premiums than they should - or could - pay. It's patently unfair to force people to purchase insurance they can't afford. Even in Massachusetts, which offers substantial premium subsidies for low-income residents, the government had to exempt a fifth of Bay Staters from the individual mandate because insurance was still so expensive. And, the plan is already \$147 million over budget. The real way to attract young adults into the insurance market is to lower premiums - not to impose draconian sanctions.

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> (3) Expensive prescription drugs are a big reason health-care costs increase. The real price of prescription drugs is actually decreasing. In 2007, inflation rose more than 4%, while drug prices increased just 1%. So in real terms, drugs were 3% cheaper last year than in 2006, on average. What's more, drug spending is but a small slice of total health-care spending - less than 11 cents out of every health-care dollar goes to prescription meds. And drugs actually reduce health-care costs in the long-term. Medicare, for instance, saves \$2.06 for every additional dollar it spends on pharmaceutical drugs, according to a paper recently published by the National Bureau for Economic Research. Prescription drugs often obviate the need for expensive surgeries and hospital stays.

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> (4) Drug importation will save patients a fortune. At most, according to the Congressional Budget Office, foreign drug importation would save Americans 1% over the next decade. Brand-name drugs are cheaper in foreign countries because their governments impose price controls. Drug-makers can only afford to sell pills at cut-rate, controlled prices in Europe and Canada because Americans pay full price. If American politicians allow foreign drugs to enter the U.S. market, they'll in effect import price controls too. Such action will not only create practical problems, like shortages but also deny firms the return on investment necessary to plunge into the next round of research and development into new cures. It takes

nearly \$1 billion to bring a new drug to market. Investors are willing to make such a risky investment because the rewards of developing a cure for Non-Hodgkin's lymphoma, AIDS or diabetes are considerable. If the profit motive vanishes, the miracle cures for which America's drug industry is responsible would vanish.

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> (5) The state-run health-care systems in Canada and Europe are better and cheaper than America's. Those who make this claim usually note that life expectancy is higher in Canada and Europe. But life expectancy is influenced by a number of variables aside from the quality of a country's health-care system - like diet, genetics, exercise, smoking, pollution and even marital status. A study published last year in the British medical journal the Lancet suggests America is much better at treating cancer than Europe or Canada. Researchers found Americans have a better survival rate for 13 of the 16 most prominent cancers. An American man has nearly a 20 % better chance of living for five years after being diagnosed with cancer than his European counterpart. This study's findings tell us a lot more about the quality of a health-care system than life expectancy rates do, because the relationship between treatment and outcomes is tighter, clearer and more direct.

> [Source: Washington Times 21 Mar 08 ++]

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> SBP TERMINATION UPDATE 01: There are four payment termination scenarios

for retirees who have elected SBP:

> 1. Between the 25th and 36th month after the retiree begins to draw retirement pay. Your spouse must concur in such an election to withdraw and there is no premium refund or renewal option.

> 2. Divorce or death of the eligible beneficiary. No premium refund but SBP may be reinstated within one year of acquiring a new spouse.

> 3. Rated by the VA as totally disabled for 10 or more continuous years or less than 10, but more than five, years continuous from the last date of active duty. Under these circumstances, your death would be presumed to be of service-connected causes, ensuring your spouse's entitlement to DIC. When you die, your spouse will be refunded all premiums paid, except for the added costs associated with an Open Enrollment period. Your spouse must concur in such an election to withdraw and there is no renewal option.

> 4. Any retiree who is age 70 or older and whose retired pay has been reduced for SBP premiums for at least 360 months. Coverage continues without premiums with no premium refund.

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> Under option 3 you and your spouse may find no advantage to continue SBP coverage. However, before you make a final decision there are a number of factors to be considered:

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- > a.) How much retirement pay do you draw? Current DIC rate for 2008 is \$1091 for veterans whose death resulted from a non service-related injury (i.e. accident, murder or suicide) or disease. VA will add to this \$233 monthly if you have been disabled for 8 years prior to death and the spouse has been married to you this entire time. At 55% of base pay how much will be your SBP benefit? If less than \$1324 monthly she/he will have to forfeit it IAW current law to receive DIC. If so, all premiums paid to date will be refunded to your beneficiary in lump sum.
- > b.) SBP is taxable whereas DIC is not. Thus, the lump sum refund of premiums will be considered income for the tax year in which you die if it is paid by 31 DEC of that year. Your spouse will be able to file a joint tax return for that year allowing her to claim the standard deduction for two and married filing jointly deductions on her gross income. Using 2007 figures this equates to \$6800 and \$10700 (more if over 65 at time of death) for a joint return vice \$3400 and \$5350 for a single return. This equates to approximately \$875 in reduced tax. If the payment is not made until after 31 DEC of the year in which you die she will have to pay tax on the full amount of the refund without the benefit of including you in her exemptions. Payments can take in excess of 5 months.
- > c.) Nonresident aliens are taxed automatically at the rate of 30%, unless there is a tax between the United States and the foreign country permitting lesser rate. This includes any lump payment of premium refunds.
- > d.) The 2008 NDAA authorized a special "indemnity allowance" payment of \$50 per month effective 1 OCT 08 to survivors of members entitled to retired pay (or of Guard/Reserve retirees who died before age 60) whose SBP annuities are reduced by VA survivor benefits (DIC). That amount will increase by \$10 each year for 5 years. The indemnity allowance might be perceived as a first step toward easing the ban on concurrent receipt for military widows. DFAS has not yet published the guidelines on to whom this will be paid. To withdraw from SBP now could eliminate any future option of receiving this amount and/or full SBP in addition to full DIC if Congress subsequently approves legislation to accomplish this. In recent years this legislation has been introduced annually and each year has advanced further through the legislative process than in the previous year.
- > e.) By 1 OCT 2012 under current law the spouse will be receiving an extra \$1200 indemnity allowance per year. To drop SBP the lump sum payment of all premiums paid would have to equal or exceed \$24,000 to earn \$1200 in taxable interest at a rate of 5%.
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- > Eligible retirees must complete a DD Form 2656-2, SBP Termination Request available at <http://web1.whs.osd.mil/forms/DD2656-2.PDF>, and, if married, obtain their spouse's written concurrence (notarized or witnessed by an authorized military representative). For additional info on SBP refer to www.dfas.mil/retiredpay/survivorbenefits/generalinformation.html or call 1(800) 321-1080. For DIC refer to www.vba.va.gov/bln/dependents/spouse.htm or call 1-800-827-1000 [Source: Various Mar 08 ++]

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> HANNAFORD BROS DATA BREACH: Two class-action lawsuits have been filed on

behalf of customers of the Maine-based Hannaford Bros. supermarket chain, which on 17 MAR acknowledged a data breach that exposed card numbers involved in 4.2 million credit and debit transactions, leading to about 2,000 cases of reported fraud. According to Hannaford, stolen data included credit and debit card numbers and expiration dates, but did not include customer names and addresses. Security breaches occurred from 7 DEC 07 to 10

MAR 08 and involved 165 Hannaford stores in the Northeast, 106 Sweetbay stores in Florida and some independent stores in the Northeast that sell Hannaford products. The Hannaford breach is nowhere near as large as the TJX breaches that began in 2005 and involved at least 45.7 million credit and debit cards. But it has placed a renewed public emphasis on the retail industry's failure to protect all customer data. Hannaford officials say the data was illegally accessed from their computer systems during transmission of card authorization. Within days after the breach was revealed:

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> . The law firm Berger & Montague of Philadelphia filed a class action suit in U.S. District Court in Maine on behalf of all consumers whose card data was stolen. The suit says Hannaford was "negligent for failing to maintain adequate computer data security of customer credit and debit card data, which was accessed and stolen by a computer hacker," according to a press release.

> . Another lawsuit was filed by Bangor, Maine, attorney Samuel Lanham Jr., whose suit claims "the matter in controversy exceeds \$5 million," according to the Bangor Daily News. Lanham's suit asks U.S. District Court to find Hannaford negligent and order the company to pay for credit monitoring needed by the data breach's victims.

> . Computerworld blogger Robert Mitchell reported that one bank's analysis of 5,500 compromised Visa cards indicates that most affected card numbers were used in debit transactions involving PIN numbers. "That's not great news for consumers, since with credit cards the user is only responsible for the first \$50 in fraudulent transactions," Mitchell wrote. "With debit cards, there is no such guarantee. Also, the money comes right out of your checking account, which means a large fraudulent withdrawal could make a hell of a mess of all the checks and electronic payments you have in process."

> . Massachusetts Attorney General Martha Coakley issued an advisory to consumers who have shopped at Hannaford stores, with several pieces of advice. Hannaford shoppers may want to contact one of the three major credit bureaus (Equifax, Experian or TransUnion) and place a one-call fraud alert on their credit reports, Coakley states. Consumers who find unexplained or unauthorized activity on their credit reports or bank accounts may consider

several possible steps, including placing a security freeze on their credit reports and contacting the fraud departments of their credit card issuers and banks..

> [Source: Network World Jon Brodtkin article 21 Mar 08]

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> NIH DATA BREACH: A government laptop computer containing sensitive medical information on 2,500 patients enrolled in a National Institutes of Health (NIH) study was stolen in FEB 08, potentially exposing seven years' worth of clinical trial data, including names, medical diagnoses and details of the patients' heart scans. The information was not encrypted, in violation of the government's data-security policy. NIH officials made no public comment about the theft and did not send letters notifying the affected patients of the breach until 20 MAR -- almost a month later. They said they hesitated because of concerns that they would provoke undue alarm. The handling of the incident is reminiscent of a 2006 theft from the home of a VA employee of a laptop with personal information about veterans and active-duty service members. In that case, VA officials waited 19 days before announcing the theft. "The shocking part here is we now have personally identifiable information -- name and age -- linked to clinical data," said Leslie Harris, executive director of the Center for Democracy & Technology. "If somebody does not want to share the fact that they're in a clinical trial or the fact they've got a heart disease, this is very, very serious. The risks of identity theft and of revealing highly personal information about your health are closely linked here." An initial effort by information technology personnel failed to encrypt the laptop before it was stolen and Arai neglected to follow up, according to NHLBI spokeswoman Susan Dambrauskas.

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> NIH officials said the laptop was taken 23 FEB from the locked trunk of a car driven by an NHLBI laboratory chief named Andrew Arai, who had taken his daughter to a swim meet in Montgomery county. Arai oversees the institute's research program on cardiac magnetic resonance imaging. It was considered a random theft. According to a chronology provided by Dambrauskas, three offices that focus on information security within NIH and the Department of Health and Human Services were contacted within three days of the theft. But officials did not report it to the NHLBI Institutional Review Board -- whose job is to protect the well-being of patients in research -- until 29 FEB, six days after the theft. That put the matter on the board's agenda for its next meeting, on 4 MAR, according to the board's chairman, Alison Wichman. "We didn't feel that subjects were at immediate risk," she said. "We felt that we had some time to be thorough in our evaluation. In the end, that may or may not have been appropriate." NIH spokesman John T. Burklow said "during the meeting, the board had long and intense" discussions about what to do, as there were concerns about not causing patients undue alarm. The board nonetheless voted unanimously to ask

Arai to draft a notification letter, Wichman said. At its next meeting, on 18 MAR, the board reviewed the letter. Two days later, it gave final approval. The letter to the patients said that some personally identifiable information was on the stolen computer, including names, birth dates, hospital medical record numbers and MRI information reports, such as measurements and diagnoses. Social Security numbers, phone numbers, addresses and financial information were not on the laptop, officials said.

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> The incident is the latest in a number of failures by government employees to properly secure personal information. This month, the GAO found that at least 19 of 24 agencies reviewed had experienced at least one breach that could expose people's personal information to identity theft. After the theft of the VA laptop, which contained sensitive personal information about 26.5 million veterans and military service members, the Office of Management and Budget (OMB) issued in 2006 guidelines recommending that portable electronic devices be routinely loaded with encryption software. Last May, it decided to require such encryption unless a senior agency official certifies that the device does not contain sensitive information. It also required limiting remote access to sensitive data repositories to authorized users with two methods of authenticating their identity, and documenting whenever sensitive information is downloaded and by whom. The OMB memo required that agencies report a suspected or confirmed breach of personally identifiable information to US-CERT, a Department of Homeland Security Computer Emergency Readiness Team, within one hour of discovery -- a deadline NIH says it met. In the case of the VA data, the laptop and hard drive were recovered. The FBI confirmed that the data had not been compromised. Two burglars were caught and convicted.

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> Editors Note: This is just another in a continuing series of incidents which substantiates the government, or any other financial institutions inability to maintain confidentiality of our personal data exposing us to identity theft no matter how careful we are in securing our records. Readers who have not yet obtained identity theft insurance are advised to do so. A number of companies providing this coverage can be found on the internet. One, "Lifelock" offers a 25% discount to the military community. [Source: Washington Post Ellen Nakashima & Rick Weiss article 24 Mar 08 ++]

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> FLUORESCENT BULB HAZARDS: Compact fluorescent light bulbs, long touted by environmentalists as a more efficient and longer-lasting alternative to the incandescent bulbs that have lighted homes for more than a century, are running into resistance from waste industry officials and some environmental scientists, who warn that the bulbs' poisonous innards pose a bigger threat to health and the environment than previously thought. Fluorescents (the

squiggly, coiled bulbs that generate light by heating gases in a glass tube) are generally considered to use more than 50% less energy and to last several times longer than incandescent bulbs. But while the bulbs are extremely energy-efficient, one problem hasn't gone away: All CFLs contain mercury, a neurotoxin that can cause kidney and brain damage. The amount is tiny - about 5 milligrams, or barely enough to cover the tip of a pen - but that is enough to contaminate up to 6,000 gallons of water beyond safe drinking levels, extrapolated from Stanford University research on mercury. Even the latest lamps promoted as "low-mercury" can contaminate more than 1,000 gallons of water beyond safe levels. As long as the mercury is contained in the bulb, CFLs are perfectly safe. But eventually, all break or burn out and must be disposed of. Manufacturers and the EPA say broken CFLs should be handled carefully and recycled to limit dangerous vapors and the spread of mercury dust. EPA offers the below detailed procedure to follow for cleanup and/or disposal:

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> Prepare the cleanup site -

> 1.) Before cleanup: Vent the room. Open a window and leave the room for 15 minutes or more.

> 2.) Shut off the central forced-air heating/air conditioning system, if you have one.

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> For Hard surfaces -

> 1.) Carefully scoop up glass fragments and powder using stiff paper or cardboard and place them in a glass jar with metal lid (such as a canning jar) or in a sealed plastic bag.

> 2.) Use sticky tape, such as duct tape, to pick up any remaining small glass fragments and powder.

> 3.) Wipe the area clean with damp paper towels or disposable wet wipes and place them in the glass jar or plastic bag.

> 4.) Do not use a vacuum or broom to clean up the broken bulb on hard surfaces.

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> For carpeting or rug -

> 1.) Carefully pick up glass fragments and place them in a glass jar with metal lid (such as a canning jar) or in a sealed plastic bag.

> 2.) Use sticky tape, such as duct tape, to pick up any remaining small glass fragments and powder.

> 3.) If vacuuming is needed after all visible materials are removed, vacuum the area where the bulb was broken.

> 4.) Remove the vacuum bag (or empty and wipe the canister), and put the bag or vacuum debris in a sealed plastic bag.

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> Disposal of cleanup materials -

> 1.) Immediately place all cleanup materials outside the building in a trash container or outdoor protected area for the next normal trash.

> 2.) Wash your hands after disposing of the jars or plastic bags containing cleanup materials.

> 3.) Check with your local or state government about disposal requirements in your specific area. Some states prohibit such trash disposal and require that broken and unbroken lamps be taken to a recycling center.

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> Future cleaning of carpeting or rug -

> 1.) For at least the next few times you vacuum, shut off the central forced-air heating/air conditioning system and open a window prior to vacuuming.

> 2.) Keep the central heating/air conditioning system shut off and the window open for at least 15 minutes after vacuuming is completed.

> [Source: MSNBC Alex Johnson article 20 Mar 08 ++]

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> VA DENTAL TREATMENT UPDATE 01: Outpatient dental benefits are provided

by the Department of Veterans Affairs according to law. In some instances, VA may provide extensive dental care, while in other cases treatment may be limited. Veterans are eligible for outpatient dental treatment if they are determined by VA to meet one of the following criteria:

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> . Those having a service-connected compensable dental disability or condition are eligible for any needed dental care.

> . Those who were prisoners of war (POWs) and those whose service-connected disabilities have been rated at 100% or who are receiving the 100% rate by reason of individual unemployability are eligible for any needed dental care.

> . Those who are participating in a VA vocational rehabilitation program under 38 U.S.C. chapter 31 are eligible for dental care necessary to:

> 1.) Enter into a rehabilitation program, achieve the goals of the veteran's vocational rehabilitation program; or prevent interruption of a rehabilitation program; or

> 2.) Hasten the return to a rehabilitation program of a veteran in interrupted or leave status; or

> 3.) Hasten the return to a rehabilitation program of a veteran placed in discontinued status because of illness, injury or a dental condition; or

> 4.) Secure and adjust to employment during the period of employment assistance; or

> 5.) To achieve maximum independence in daily living.

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> . Recently discharged veterans with a service-connected noncompensable dental condition or disability who served on active duty 90 days or more and who apply for VA dental care of within 180 days separation from active duty, effective 28 JAN 08 may receive one time treatment for dental conditions if the dental condition is shown to have existed at the time of discharge or

release and the veteran's certificate of discharge does not indicate that the veteran received necessary dental care within a 90-day period prior to discharge or release. This includes veterans who reentered active military, naval, or air service within 90 days after the date of a prior Note:

Veterans discharged between 1 AUG 07, and 27 JAN 08, are eligible for the dental benefit by making application within 180 days (formerly 90 days) of their discharge. Veterans previously denied this one time dental benefit because application was made outside of the previously mandated 90 day period after separation will be contacted to review and correct, as appropriate, your application denial. Affected veterans may also contact their local medical center to review and correct, as appropriate, their denied application.

> . Those having a service-connected noncompensable dental condition or disability resulting from combat wounds or service trauma are eligible for repeat care for the service-connected condition(s).

> . Those having a dental condition clinically determined by VA to be currently aggravating a service-connected medical condition are eligible for dental care to resolve the problem.

> . Those with nonservice-connected dental conditions or disabilities for which treatment was begun while the veteran was in an inpatient status in a VA medical center, when it is clinically determined to be necessary to complete such dental treatment on an outpatient basis.

> . Those receiving outpatient care or scheduled for inpatient care may receive dental care if the dental condition is clinically determined to be complicating a medical condition currently under treatment.

> . Certain veterans enrolled in a VA Homeless Program for 60 consecutive days or more may receive certain medically necessary outpatient dental services.

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> For more information about eligibility for VA medical and dental benefits, contact the Health Benefits Service Center at 1(877) 222-8387 or www.va.gov/healtheligibility. Note: Veterans awarded a temporary total disability rating by the Veterans Benefits Administration are not eligible for comprehensive outpatient dental services. [Source: VA Fact Sheet 164-3 Mar 08 ++]

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> NORTH DAKOTA VET HOME: Lawmakers agreed to raise the spending ceiling

for North Dakota's proposed new Lisbon Veterans Home by \$4.5 million, responding to higher costs brought on by design changes to the facility. The change was endorsed despite some lawmakers' doubts that the Legislature's Budget Section, which reviewed the issue 19 MAR had the authority to make the decision. Rep. Jeff Delzer (R-Underwood), argued that the problem should be considered by the entire Legislature. Last year, the Legislature set aside \$21.1 million for the Veterans Home, with the federal Veterans

Administration supplying \$12 million. The existing home has 150 beds, and the VA is subsidizing 121 of the 150 beds planned for the new facility. Mark Johnson, the Veterans Home's administrator, told legislators that initial cost estimates for the new home had been hastily assembled. It is now expected to cost \$25.6 million. The Veterans Administration also wants a more sprawling "neighborhood and household" design, in which groups of 13 and 14 rooms are set aside in separate units, Johnson said. The layout costs more, but Johnson said it has benefits. The proposed home will have 98 rooms for basic care, of which four will be double rooms. Fifty-two private rooms will be reserved for veterans needing skilled nursing care, Johnson said. State officials have assembled a money package that attempts to cover enough of the state's share of the higher costs to make it to the 2009 Legislature. It includes a state Department of Commerce grant for a geothermal heating system for the new building, money from a state contingency fund and part of a trust fund that provides aid for veterans' programs. The \$728,000 in state aid, when added to \$1.4 million in additional Veterans Administration assistance, gets supporters of the new home almost halfway to the \$4.5 million they need. Johnson said the 2009 Legislature will be asked to provide another \$2.4 million. He hopes the new home will be finished in June 2010.

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> The North Dakota Veterans Home is located on the south edge of Lisbon ND near North Dakota Highway 32. The facility is nestled in the picturesque Sheyenne River Valley. It consists of two levels of care to meet residents' individual needs. The 4-story building Basic Care Unit has a capacity of 111 provides service to individuals that are independent and need only minimal nursing services. Medical and nursing supervision is available. Meals are provided in a central dining room. The Skilled Nursing Home Unit has a capacity of 38 for those individuals who need more intense nursing services. This (Nursing Home Care) is the unit in which the Resident requires ongoing nursing supervision and/or assistance in one or all areas of physical needs and activities of daily living. Care in this area ranges from total assistance in all care needs to supervision of one or two care needs, depending upon the resident's capabilities. Medical care is available on a regular and frequent, but not continuous, basis. The North Dakota Veterans Home Skilled Unit is a licensed Medicare/Medicaid provider. Admission eligibility extends to veterans who are:

- > 1. Bona fide residents of North Dakota for at least one year;
- > 2. Served in a North Dakota Regiment (activated N.D. National Guard);
- > 3. Entered the Armed Services as North Dakota residents; or
- > 4. Spouse or surviving spouse of above veteran (married 5 years. Or more and at least 45 years of age).

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> No veteran may be considered eligible for residency whose last period of service in the armed services was terminated under dishonorable conditions or, has been convicted of a felony or a crime involving moral turpitude,

without producing sufficient evidence of subsequent good conduct and reformation of character so as to satisfactory to the board of admissions. The Basic Care Unit requires that potential residents have total independence with personal care needs; such as, bathing, dressing, eating, ambulating (walking), toileting, transferring, etc. The potential resident must also be able to ascend and descend stairs. If the potential resident has a chemical or mental health condition it must be stabilized at the time of admission. The Skilled Care Unit requires that a potential resident meet the North Dakota criteria for nursing home placement.

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> Basic Care Rent is calculated as 25% of a resident's first \$1200 of annual rent eligible income and 50% of additional rent eligible income. Annual rent will be divided by 12 to determine monthly rent. The maximum amount of rent charged for JAN to DEC 04 was \$6600, which prorates to \$550 per month. Additional rent charges will be billed for residents that have requested a private room. Charges for a single private room will be \$1.00 per day and \$1.50 per day for a double private room. Skilled Care Rent calculations are not applicable to Skilled Care Residents as they are charged a daily rate as developed by the State of North Dakota Human Services Case Mix System. The case mix amount is reduced by the Veterans Administration per diem. Residents covered under Medicare or Medicaid will be responsible for their recipient liability amount. For additional info refer to <http://www.nd.gov/ndvh>. [Source: Minot Daily News 21 Mar 08 ++]

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> VETERAN CHARITIES UPDATE 08: Aid to Southeast Asia (ASA) is a Minneapolis-based non-profit organization with a stated mission of delivering medical equipment, supplies and training to Vietnam. It's funded, in part, by a thrift shop in Greenfield MN called USA Family Thrift. The store collects clothing and other household items and resells them. The store gives the charity a portion of the sales price. ASA recently mailed postcards soliciting donations which have "Vietnam Veterans" written in large, bold letters across the top, followed by the statement "We need your Discards!" Smaller print on the back says, "We support U.S. Veteran's programs." The postcard caught the attention of leaders of local veterans groups who allege the organization doesn't provide charity to any veterans. Greg Jacobs of the U.S. Veterans Affairs regional office also said, "They have nothing to do with Vietnam veterans". When Public Investigator asked the woman who answered the donation-pickup line which veterans groups the agency worked with, she said "local veterans programs," and that the store provided vouchers for homeless people to get clothing and furniture.

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> ASA was founded in 1989 by three men who say they are veterans of the Vietnam War, but the agency does not support U.S. veterans of the Vietnam War. The president of the three-member board, John Catterson, acknowledged that in a phone interview from his New York law firm this week. Catterson

said that although the agency spent roughly \$100,000 on the postcards, he was not aware that they said "Vietnam Veterans." "We pay for the printing, but we don't always see all of it." Thrift shop workers designed the postcard", he said. Catterson also denied knowing that the people who answer the phone to arrange donation pickups use the greeting "Vietnam veterans." He said he didn't know they were giving out false information about services offered veterans. "We don't support programs in the U.S. We never have," Catterson said. "We don't hold ourselves out as servicing Vietnam veterans in this country." "We lied, and that shouldn't be happening," Catterson said promising to look into the matter. Jack Dyke, owner of the thrift store, said he doesn't handle the charity side of business and acts only as a vendor. He said he was not responsible for designing the postcard. "They do all the advertising," Dyke said of Aid to Southeast Asia. About seven or eight years ago, the thrift shop did buy some items from Vietnam Veterans of America (VVA), a national veterans group, but the two haven't done business since, Dyke and a spokesman for the VVA said. A spokesman for the state attorney general's office hadn't heard of the thrift shop or nonprofit but said the situation raises flags. "Making false representations in connection with the sale of goods or raising money can amount to fraudulent activity and can be prosecuted," said Department of Justice spokesman Kevin St. John.

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> Editors Note: Bottom line in many parts of the country charity has become a business and that preys on people's sympathies to line their own pockets. If you want to donate to help your fellow veterans or current servicemembers, a good rule of thumb to go by is to donate to organizations that you know are legitimate and well-established. The VA has published a Directory of Veterans Service Organizations, which you can access by logging onto www1.va.gov/vso.

> [Source: Milwaukee Journal sentinel Raquel Rutledge article 20 Mar 08 ++]

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> VA SALMONELLA VACCINE: When the space shuttle Endeavour took off in MAR,

it carried worm eggs and salmonella as part of Department of Veterans Affairs experiment research into a Salmonella vaccine. Worms that hatch from the eggs will be exposed to Salmonella, and researchers hope that studying their immune response will help identify a strain of the disease that could be used as a basis for a vaccine, according to a VA statement. Under normal lab conditions on Earth, Salmonella loses its ability to infect hosts quickly, said Tim Hammond, with the VA medical center in Durham, N.C., the experiment's lead researcher. Experiments on salmonella last year, however, showed that the bacteria become two to three times more potent in space. Researchers are exposing several different types of worm to the bacteria to try and control for any effects spaceflight might have on the worms. Salmonella is the most common form of food poisoning in the U.S., and Salmonella diarrhea is one of the top three causes of infant mortality

worldwide. [Source: Frederick News Post Justin Polk article 20 Mar 08 ++]

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> VA MENTAL HEALTH PROGRAM: VA's chief mental health official said in recent testimony before the House Veterans Affairs Committee (HVAC) that VA has significantly increased its mental health budget and greatly enhanced its suicide prevention services. Dr. Ira Katz, deputy chief of Patient Care Services for VA's Office of Mental Health, testified VA will spend \$3 billion in fiscal 2008 on mental health services for veterans - a 50% increase since 2001. VA has hired more than 3,600 new mental health employees since 2005, bringing the current total to more than 10,000. Testifying at the Committee's hearing focusing on suicide prevention, Dr. Katz said VA has expanded its services in several ways, including the recent addition of a 24-hour, seven-day a week Suicide Prevention Hotline (1-800-273-TALK). He said VA now has suicide prevention coordinators at each of its 153 hospitals nationwide, and has more than 200 mental health providers whose jobs are specifically devoted to preventing suicide among veterans. In addition, VA educates veterans and family members and trains employees about suicide risk factors and warning signs of suicide. [Source: Vet Group Liaison Officer Kevin Sector article 21Mar 08 ++]

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> FLORIDA VET PROPERTY TAX RELIEF: The Florida House of Representatives approved a joint resolution on 19 MAR that will give Floridians a chance to vote for a constitutional amendment during the November general election to provide property tax credits to deployed military personnel who own homestead property in Florida. If approved by the voters, the measure could save Florida military personnel \$14.9 million on their 2010 tax bills, assuming current millage rates. According to the Florida Department of Military Affairs, approximately 25,525 military personnel who claim Florida as their home of record are currently deployed overseas on active duty in support of Operation Iraqi Freedom and Operation Enduring Freedom. The amount of the credit is determined by the number of days those members are deployed on active duty outside the continental United States, Alaska, and Hawaii in designated military operations. The measure passed unanimously, 115-0. [Source: FL House of Representatives Press Release 19 Mar 08 ++]

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> DECA DOUBLE COUPON POLICY: Military coupon users may wonder why they do not get double coupon offers at the Commissary. This is because by law, commissaries must sell items at cost - not for profit. If a shopper redeems a manufacturer's coupon for 25 cents and a commercial store doubles it to 50 cents, the manufacturer pays the store only the value of the coupon, which is 25 cents. The additional 25 cents comes out of the store's built-in

profit margin. Commercial stores operate at a profit by marking up the grocery items they sell. Many local stores can double coupons, knowing they may lose money on a few items, but make up the difference in their overall markups. The Defense Commissary Agency has no such profit margin to make up the difference for a doubled coupon, so commissaries honor only the amount on the coupon that the manufacturer will rebate. [Source: DECA Update Mar 08 ++]

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> GI BILL UPDATE 18: Defense officials are alarmed by the very real prospect that Congress this year will enact the robust GI Bill education plan designed by Sen. Jim Webb (D-VA). One Defense official, who declined to be named, described the bill as a "retention killer" for the all-volunteer military. Webb reintroduced his bill, the Post-9/11 Veterans Educational Assistance Act (S.22), in late FEB with changes that attracted strong bipartisan support, including the endorsement of Sen. John Warner (VA), former chairman of the Senate Armed Services Committee. "I'm just going to go full bore on this thing," Warner told Military Update in a phone interview. That's a worrisome vow for Defense officials who believe enhanced post-service education benefits, particularly if enacted while troops face multiple deployments to Iraq and Afghanistan, could trigger an exodus severe enough to put the viability of the volunteer military at risk. i.e. Use your GI Bill before time runs out!

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> No one disputes Webb's claim that his enhanced GI Bill would boost recruiting sharply. But a Defense official said it also would encourage thousands of young service members, trained at great expense, to separate after completing their initial service obligation to attend college fulltime. Webb, in an interview, described such arguments as "absurd." Raising GI bill benefits nearer to those offered to veterans returning from World War II, Webb said, will give every volunteer, particularly those with no intention of making the military a career, a proper reward for their service and a great tool for transitioning to civilian life. DoD officials have to understand, Webb said, that a volunteer military is only a career system to a certain point. The current system isn't properly rewarding those who enter because of love of country, or family tradition, or the fact that they just want to serve for a while," he said. The services, he said, "have got this one demographic group they keep pounding on and throwing money at. Yet there's a whole different demographic group that would be attracted to coming in and serving a term."

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> His enhanced GI Bill would be available to any member, active or reserve, who has served at least three months on active duty since 911. The level of benefits would be tied to length of service. The \$1200 member buy-in under the current Montgomery GI Bill would be returned. The bigger

change would be in the value of benefits. Maximum benefits, earned for 36 months' active duty, would cover tuition for up to four years at a level to match tuition at the most expensive in-state public school. The average across states is about \$1900 a month. MGIB pays \$1100. Webb's bill also would pay a monthly stipend to cover living expenses. The stipend would reflect local housing costs near school and would be set to equal military Basic Allowance for Housing for married enlisted in grade E-5. A feature added to win Warner's support would encourage private colleges to make their schools affordable to veterans. Schools that agree to pay half of their tuition in excess of the most costly state schools would see the government cover the remaining half. Thus academically qualified veterans could attend some of the best schools in the country. Senior defense officials declined to be interviewed. But Bill Carr, deputy under secretary of defense for military personnel policy, said in a written statement that DoD's top personnel initiative for Congress is to allow members with unused MGIB benefits to transfer them to spouses or children. President Bush endorsed the idea in his State of the Union address. [Source: Military Update Tom Philpott article 6 Mar 08 ++]

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> **VA MOBILE PHARMACIES:** To support veterans and their families during major emergencies, especially natural disasters, the Department of Veterans Affairs (VA) has begun to deploy mobile pharmacies that will provide vital medicine when patients are unable to fill their prescriptions. VA will also open up the facilities to help communities during major disasters and other emergencies. Each VA mobile pharmacy is housed in a 40-foot-long solid steel trailer built to withstand winds in a Category 3 storm. The units include a satellite connection with VA's Consolidated Mail Outpatient Pharmacy system, a computerized, automated mailout pharmacy that can process more than 1,000 prescriptions hourly. Pharmacists can use the satellite system to obtain a veteran's prescription data to dispense the drugs on site. In addition, VA can send replacement medications during an emergency by mail or another carrier to a veteran's home or temporary address. VA recognized the need for mobile pharmacies in 2005 after hurricanes Katrina and Rita severely damaged VA medical centers along the Gulf Coast. The Department deployed several mobile medical clinics as part of its response to the disasters.

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> The first mobile pharmacy was unveiled on 11 SEP 07 in front of VA's Washington, D.C., headquarters. The unit was displayed recently at a meeting of the American Society of Health System Pharmacists in Las Vegas. A second mobile pharmacy is expected to be delivered in March 2008. To ensure rapid response to a wide range of emergencies, VA's mobile pharmacies will be strategically placed across the nation. Plans now call for one of the three mobile pharmacies to be stationed at Dallas TX; Murfreesboro TN and Charleston SC. The Department also expects to acquire a fourth unit that will be placed in the western part of the country. Each mobile

pharmacy is divided into five compartments, including a work area for pharmacists, an entryway accessible to patients and a sleeping area with a bath and shower for VA personnel. Pharmacy personnel from across the country have already volunteered to staff the units in the event of a natural disaster or other emergency. Six pharmacists who were part of a regional disaster drill have already qualified and can deploy on short notice.

[Source: VA News Release 18 Mar 08 ++]

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> MILITARY PRE-EXISTING CONDITION POLICY: Most everyone admits that the

military disability retirement system is confusing, but Congress fogged the process even further by trying to fix a law that had already been fixed 30 years ago, and possibly making it harder for troops to get their benefits. Those who are injured or fall ill on active duty are automatically eligible for disability benefits if they're serving in good standing and the illness is not considered to have existed prior to their joining the military. But Congress realized many injuries or illnesses labeled pre-existing by the military later are ruled service-connected by the Veterans Affairs Department. That is because VA requires "clear and unmistakable evidence" that an injury or illness existed before a veteran joined the military; absent such evidence, the injury should be presumed to be service-connected. But the Defense Department (DoD) generally requires merely a "preponderance of evidence" - a more lenient standard from the military's perspective. Lawmakers decided to fix this by changing a law that states members must have at least eight years of service before they are eligible for disability benefits for pre-existing conditions. The goal was to reduce that threshold to six months of service.

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> However, in trying to do that, the legal eagles in Congress looked at the wrong statute - they "fixed" a 1946 law that said a member had to be in service for at least eight years to get medical care for injuries not directly related to duty. Under that law, if you had less than eight years and wrecked your car off duty, for example, you had to pay for your own care. But Congress already revised that law in 1978 to say that troops are eligible for care for any reason as soon as they enter active duty, as long as they aren't absent without leave or negligent when hurt. Essentially, the 2008 "fix" now mandates that troops must have at least six months of service before they can get care for injuries or illnesses not incurred in the line of duty. Mike Hayden, deputy government relations director for the Military Officers Association of America, said it looks as though the six-month rule will not apply because it changed a law that was already obsolete.

> But still another "fix" is needed. In their recent action on the obsolete law, lawmakers also tried to revise the DoD standard requiring that for a condition to be labeled pre-existing, the ruling must be based on "well-established medical principles, as distinguished from personal medical

opinion alone." Congress changed that to: "unless evidence or medical judgment is such to warrant a finding." That may make it easier for the military to rule that a medical issue is pre-existing and thus not worthy of benefits - the opposite of the intent of the "fix." Hayden said Congress is waiting on a recommendation from defense officials on wording for the "clear and unmistakable evidence" issue, and will address the glitch in the 2009 defense authorization bill. [Source: Marine Corps Times Kelly Kennedy article 18 Mar 08 ++]

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> VA CATEGORY 8 CARE UPDATE 05: If the Veterans Affairs Department won't

open its health care system to all veterans, Democrats on the House and Senate veterans' affairs committees are urging the relaxation of eligibility rules to allow some moderate-income veterans with no service-connected medical needs to still receive care. In a letter to VA Secretary Dr. James Peake, Democrats from the two committees said the current \$28,430 cap on income for veterans without service-connected medical conditions to receive care is overly restrictive. Peake could change the income limit under his own authority, but such a move would have budget implications. VA is not prepared to pay for additional patients, and some lawmakers worry it does not even have enough money to properly care for those already eligible. Still, Peake, a former Army surgeon general, has told Congress he is willing to look at the issue, which is why lawmakers are pressing him for change, said Sen. Daniel Akaka (D-HI) Senate Veterans Affairs Committee chairman and one of the signers of the letter. Since 2002, the Bush administration has banned new enrollments of so-called "Priority 8" veterans - those who make at least \$28,430 a year, do not have service-connected disabilities, and are not eligible under any other circumstance, such as being a combat veteran who is within five years of leaving active duty. The change prevents up to 1.5 million veterans from enrolling in the VA health care system. Bush administration officials have argued that most are eligible for health care through other means, such as from an employer. In the letter, lawmakers said Peake has authority to change the income caps, and could allow more people into the system without necessarily opening the door to everyone. They do not recommend a specific income limit, leaving that for Peake to decide. [Source: AF Times Rick Maze article 18 Mar 08 ++]

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> KENTUCKY VET CEMETERIES: National Veterans Cemeteries with space remaining in Kentucky are clustered in the central part of the state, at Camp Nelson, Lebanon and Mills Springs. To meet the federal mandate of veterans' cemeteries within a 75-mile radius of all veterans, the Kentucky Department of Veterans Affairs (KDVA) determined it needed state veterans cemeteries in the western, northern, northeastern and southeastern parts of the state. In meeting this goal KDVA now operates two State Veterans

Cemeteries, has a third under construction and is planning two more. The first of these is, Kentucky Veterans Cemetery West, Hopkinsville, Kentucky which opened in MAR 04 and has interred more than 750 veterans and dependents, including 10 active-duty soldiers. In JUN 07 KDVA opened Kentucky Veterans Cemetery Central near Fort Knox (Hardin County.) As of 18 JAN 08, it had interred 300 veterans and dependents. In 2007, KDVA began construction on Kentucky Veterans Cemetery North in Williamstown (Grant County). They anticipate opening that cemetery in the summer of 2008. Kentucky U.S. Sen. Jim Bunning announced 19 MAR that the Department of Veterans Affairs has awarded a grant of \$1.3 million to the state for the Northern Kentucky State Veterans Cemetery being developed in Williamstown. This is in addition to the \$6.9 million VA grant in APR 07 to establish this cemetery. This latest grant will fund the purchase and placement of 1,000 lawn crypts and the construction of an equipment storage structure, items not included in the original grant award. In its initial 20-acre development, the cemetery will provide 3,706 full-casket gravesites, 500 in-ground cremation burial sites and 1,020 columbarium niches and serve approximately 40,000 veterans and dependents in this geographic area. KDVA is currently planning cemeteries in Greenup County in Northeastern Kentucky and Leslie County in Southeastern Kentucky.

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> Interment in a Kentucky state veteran's cemetery is based on military service. The eligibility criteria are the same criteria for burial in VA national cemeteries. Eligibility applications can be downloaded at <http://www.veterans.ky.gov/cemeteries.htm>. Locations and contact info for KDVA staff are available at <http://www.veterans.ky.gov/fieldrep/>. KDVA personnel will direct requests for interment to staff at the cemetery where burial is sought. Total interment services include:

- > . Furnishing grave or columbarium space
- > . Opening and closing the grave
- > . Providing the interment site with perpetual care
- > . Supplying a suitable marker or headstone

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> NOTE on markers and headstones: Although the U.S. Department of Veterans Affairs offers flat marble or bronze markers in addition to upright bronze and marble headstones, KDVA permits only upright marble headstones and marble columbarium niche markers in their state cemeteries. [Source: <http://www.veterans.ky.gov> 20 Mar 08 ++]

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> VA CAD/CAM DENTISTRY: Dentists at the VA Western New York Healthcare System at Buffalo are restoring teeth and giving veterans new smiles in a single sitting thanks to the latest computer-design technology. With CAD/CAM (computer-aided design/computer-aided manufacturing) technology combined with advanced software and milling units, VA dentist are able to prepare, fit and permanently cement a dental crown for a patient in a single sitting.

The technology uses scanning videography and lasers to take pictures of the teeth and digitizes the images using three-dimensional software. The software, under the direction of the dentist, constructs the restoration on the digitized model and sends the information to a milling device which carves out the final crown for insertion. The process can be completed during a two-hour office visit saving up to two- to six-week waits and office visits required by conventional techniques. More than one hundred veterans have been treated with this technology, and many more are scheduled. The new process saves time for patient and dentist while providing better service. CAD/CAM dentistry increases access to care for veterans, since the Buffalo VA can now treat more dental patients at decreased costs. [Source: Vet Group Liaison Officer Kevin Sector article 20 Mar 08 ++]

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> FORECLOSURE: Are you having trouble keeping up with your mortgage payments? Have you received a notice from your lender asking you to contact them?

> . Don't ignore the letters from your lender

> . Contact your lender immediately

> . Contact a HUD-approved Housing Counseling Agency

> If you are unable to make your mortgage payment:

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> 1. Don't ignore the problem. The further behind you become, the harder it will be to reinstate your loan and the more likely that you will lose your house.

> 2. Contact your lender as soon as you realize that you have a problem. Lenders do not want your house. They have options to help borrowers through difficult financial times.

> 3. Open and respond to all mail from your lender. The first notices you receive will offer good information about foreclosure prevention options that can help you weather financial problems. Later mail may include important notice of pending legal action. Your failure to open the mail will not be an excuse in foreclosure court.

> 4. Know your mortgage rights. Find your loan documents and read them so you know what your lender may do if you can't make your payments. Learn about the foreclosure laws and timeframes in your state (as every state is different) by contacting the State Government Housing Office.

> 5. Understand foreclosure prevention options. Valuable information about foreclosure prevention (also called loss mitigation) options can be found on the internet at www.fha.gov/foreclosure/index.cfm.

> 6. Contact a HUD-approved housing counselor. The U.S. Department of Housing and Urban Development (HUD) funds free or very low cost housing counseling nationwide. Housing counselors can help you understand the law and your options, organize your finances and represent you in negotiations with your lender if you need this assistance. Find a HUD-approved housing

counselor near you at <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or call (800) 569-4287 or TTY (800) 877-8339.

> 7. Prioritize your spending. After healthcare, keeping your house should be your first priority. Review your finances and see where you can cut spending in order to make your mortgage payment. Look for optional expenses-cable TV, memberships, entertainment-that you can eliminate. Delay payments on credit cards and other "unsecured" debt until you have paid your mortgage.

> 8. Use your assets. Do you have assets-a second car, jewelry, a whole life insurance policy-that you can sell for cash to help reinstate your loan? Can anyone in your household get an extra job to bring in additional income? Even if these efforts don't significantly increase your available cash or your income, they demonstrate to your lender that you are willing to make sacrifices to keep your home.

> 9. Avoid foreclosure prevention companies. You don't need to pay fees for foreclosure prevention help-use that money to pay the mortgage instead. Many for-profit companies will contact you promising to negotiate with your lender. While these may be legitimate businesses, they will charge you a hefty fee (often two or three month's mortgage payment) for information and services your lender or a HUD-approved housing counselor will provide free if you contact them.

> 10. Don't lose your house to foreclosure recovery scams! If any firm claims they can stop your foreclosure immediately if you sign a document appointing them to act on your behalf, you may well be signing over the title to your property and becoming a renter in your own home! Never sign a legal document without reading and understanding all the terms and getting professional advice from an attorney, a trusted real estate professional, or a HUD-approved housing counselor.

> [Source: <http://www.hud.gov/foreclosure/index.cfm> Mar 08 ++]

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> FORECLOSURE UPDATE 01: According to the 21 Mar issue of the Washington

Times the Bush administration is considering a radical approach to alleviate the foreclosure crisis by helping homeowners refinance homes that have fallen in value while protecting the government against losses on the loans." HUD Secretary Alphonso Jackson said a proposal he sent to the White House would enable the Federal Housing Administration (FHA) to insure 80% of a loan's face value in markets where home prices are falling, instead of providing the usual 100% guarantee. The Times notes that homes generally cannot be refinanced when their market price falls below the face value of the loans, and that has become a major reason why thousands of people are choosing to abandon their homes. Jackson's proposal has not been approved by the White House but might be soon, said HUD spokeswoman DJ Nordquist.

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> In the interim the Wall Street Journal reported in a front-page

article that many of the nation's small and midsize home builders are on the ropes. ... Plummeting home sales across the U.S. have left many builders with unsold inventory and land. Some are falling behind on interest payments, beginning to face foreclosures on developments and...sometimes reaching into their own pocket to keep operations going. Many smaller builders financed their developments with so-called recourse debt, which means that if they default, banks could seize homes, cars and other personal assets. The Journal adds, "Builders' problems are now threatening losses for small and medium-size regional banks. Muscled out of the mortgage business by large national lenders, many of these banks flocked to construction lending as the housing market boomed." [Source: Washington Times & Wall Street Journal articles 21 Mar 08 ++]

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> STATE VETERANS HOME PROGRAM UPDATE 02: A government program to build and

renovate nursing homes is under way as the ranks of aged veterans quickly grows. About \$413 million has been earmarked since 2000 for the program, administered by the U.S. Department of Veterans Affairs. Another \$105 million was proposed for fiscal 2005, which begins 1 OCT. The number of homes for elderly veterans has risen to 117 from 33 since 1990. There are two national homes for veterans. The others are run by state veterans programs. The buildings have skilled nursing care, and a number also offer assisted living, or what the VA calls domiciliary care. About 32,000 people live in veterans homes. It's estimated that by 2010 there will be about 2 million veterans age 85 or older, the group most likely to need long-term care in a nursing home. Many in need of care now are the oldest veterans, those from World War II. But they are quickly being followed by veterans from the Korean and Vietnam wars. "There have never been more elderly veterans in America than now. There will be another 25 years of high demand for homes," said Ken Fulmer, president at the Armed Forces Veterans Homes Foundation in Suitland MD.

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> The demand for spots in VA homes is fueled, in part, by the low cost of care, Fulmer says. A place in a private nursing home costs about \$60,000 a year; at a veterans home, about \$12,000. About 10 new veterans nursing homes are scheduled to open per year through 2010. Most are planned in Sun Belt states, where the overall population has grown quickly. Two new buildings have opened in Florida; two others in Texas. In step with the times, the new VA buildings have features often seen in private facilities. For example, in the 240-bed veterans' home opened in Retsil WA residents will live in neighborhoods of rooms, clustered together with shared dining and gathering areas, a design common in new nursing and assisted-care homes. Shared rooms are divided by a wall rather than a curtain, to help maintain privacy. On Puget Sound, the Retsil Veterans Home also uses a number of environmentally friendly building techniques. The \$47.8 million building

uses reclaimed water and has no central air conditioning. Instead it uses the building's location on a hill overlooking the water to capture the natural breezes and distribute the cooling via a central fan system. Every room has a view of the water.

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> Under the VA's building program, each state provides land for the building as well as one-third of the construction costs. The VA provides two-thirds of the construction money. Operating funds for VA homes normally come one-third each from the state, the VA and the veteran. But states' budget problems have interfered lately. Twelve states provide no money. The Veterans Homes Foundation was formed in 2001 by the enlisted military to raise private donations for veterans homes and has since donated about \$250,000 a year. Qualifications for entering a VA home and monthly fees charged to the veteran vary by state. [Source: Chicago Tribune Jane Adler article 28 Mar 04 ++]

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> ILLINOIS VETERANS HOMES UPDATE 01: Illinois and the VA provide approximately two-thirds of the necessary operating funds for its four long-term-care buildings for veterans, located in Quincy, Manteno, LaSalle and Anna, in southern Illinois. No plans have been announced to build more facilities in the state, though a new home in northern Illinois is being considered, according to Lisa Tisdale, spokeswoman at the Illinois Department of Veterans Affairs in Springfield. Veterans who want a spot in a home should be prepared to get in line. The Quincy home, the newest and largest with 535 residents, has a wait of about 30 to 90 days. For the other buildings, it's 12 to 18 months, Tisdale said. Veterans may enter the Quincy home and then transfer to one of the others when a spot is available, she added. In Illinois, veterans must have been a resident of the state for at least a year. They also must have served at least one day of active duty during a war or conflict. Last year, the program was opened to national guardsmen and reservists who retired from the military with at least 20 years of service. Spouses are allowed under some circumstances. A monthly fee is assessed based on individual's income (not assets). The ability-to-pay-plan has a maximum charge, currently \$929 per month, and covers room, food (including special diets and supplements), medication, all levels of medical care, recreation and activities, and any special therapy or treatment prescribed by the attending physician. Some costs of care are not covered. Veterans are required to apply for aid, such as Medicaid, if they qualify, to offset some of the cost. Before a move, consumers should check a veterans building just as they would any other home, advises Robyn O'Neill, long-term-care ombudsman for suburban Cook County. Another consideration is the home's distance from relatives. The veterans' homes, like all licensed nursing homes in the state, are regulated by the Illinois Department of Public Health. The annual public health survey of the home should be available at the building. Consumers also can check for past

violations at the department's Web site at www.idph.state.il.us by referring to the topics list and going to nursing homes. Look under quarterly report of violations. [Source: Chicago Tribune Jane Adler article 28 Mar 04 ++]

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> NURSING HOMES UPDATE 05: When a person can no longer live independently, a decision must be made about the best alternative arrangement for care. Such a decision often must be made during a time of crisis, frequently when the person is ready to leave the hospital after a serious illness or operation. At <http://www.medicare.gov/Nursing/Overview.asp> can be found information relating to the Centers for Medicare & Medicaid Services (CMS) database on this department's Medicaid and Medicare certified nursing homes throughout the United States. The following summaries describe what information can be found here:

> . An interactive tool that allows Medicare beneficiaries and their caregivers to access comparison information about nursing homes. It contains information on every Medicare and Medicaid-certified nursing home in the country, including over 17,000 nationwide. Nursing Home Compare includes:

> a. Nursing home characteristics such as number of beds, type of ownership and whether or not the nursing home participates in Medicare, Medicaid or both.

> b. Resident characteristics including percent of residents with pressure sore, percent of residents with urinary incontinence and more.

> c. Summary information about nursing homes during their last State inspection.

> d. Information on the number of registered nurses, licensed practical or vocational nurses, and nursing assistants in each nursing home.

> . A detailed checklist for rating different nursing homes visited based upon, Quality of Life, Quality of Care, Nutrition and Hydration, and Safety.

The checklist also elaborates on how to use the information discovered through Nursing Home Compare when visiting nursing homes.

> . An explanation of the nursing home inspection process and its goals.

> . A description of the Medicare covered programs that are available to those in need of Nursing Home Care, but who would rather live in the comfort of their own home.

> . Basic information about Medicare, Medicaid, and Long Term Care Insurance as they pertain to the payment of Nursing Home Care.

> . Lists the rights, by law, that are given to all nursing home patients.

> . Provides information on important nursing home awareness campaigns, such as Nutrition and Hydration Awareness Nutrition Care Alerts.

> [Source: www.medicare.gov Mar 08 ++]

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> ECONOMIC STIMULUS PACKAGE UPDATE 04: Income from the Economic Stimulus

Act of 2008, Pub. L. 110-185, does not count as income for any of VA's need-based benefits (i.e., healthcare, pension). The applicable provision is Section 101(d) of Title I of the public law. It reads: "(d) Refunds Disregarded in the Administration of Federal Programs and Federally Assisted Programs- Any credit or refund allowed or made to any individual by reason of section 6428 of the Internal Revenue Code of 1986 (as amended by this section) or by reason of subsection (c) of this section shall not be taken into account as income and shall not be taken into account as resources for the month of receipt and the following two months, for purposes of determining the eligibility of such individual or any other individual for benefits or assistance, or the amount or extent of benefits or assistance, under any Federal program or under any State or local program financed in whole or in part with Federal funds. [Source: NVS Weekly Updates 12 Mar 08 ++]

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> ECONOMIC STIMULUS PACKAGE UPDATE 05: The Internal Revenue Service

announced 17 MAR that it will begin sending stimulus checks starting in May. The first round of direct deposits will begin 2 MAY and the first round of checks are due to be sent out 16 MAY Those dates are set for tax returns submitted and processed by the IRS by 15 APR. The IRS has also set up a calculator available at <http://www.irs.gov/app/espcc/> to help taxpayers determine if they are eligible for a stimulus payment and how much that payment will be for. The estimated payment amount could be reduced, however, if you have an unpaid tax liability. The Economic Stimulus Act of 2008, which authorized the pre-payment of this one-time credit, stipulates that the payment is not to be made to any of the following:

> . Individuals who can be claimed as a dependent on someone else's tax return;

> . Nonresident aliens; or

> . Anyone who does not have a valid Social Security Number.

> If you become eligible during 2008, you may be able to claim the credit on your Tax Year 2008 return, but you will not receive the advance payment this year, since that is based on your 2007 return. Payments will follow the schedule below:

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> 1. For Direct Deposit - If the last two digits of your Social Security number are:

> 00 - 20 (Check Will Be Deposited By May 2)

> 21 - 75 (Check Will Be Deposited By May 9)

> 76 - 99 (Check Will Be Deposited By May 16)

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> 2. For Standard Paper Check - If the last two digits of your Social Security number are:

> 00 - 09 (Check Will Be Mailed By May 16)

- > 10 - 18 (Check Will Be Mailed By May 23)
- > 19 - 25 (Check Will Be Mailed By May 30)
- > 26 - 38 (Check Will Be Mailed By June 6)
- > 39 - 51 (Check Will Be Mailed By June 13)
- > 52 - 63 (Check Will Be Mailed By June 20)
- > 64 - 75 (Check Will Be Mailed By June 27)
- > 76 - 87 (Check Will Be Mailed By July 4)
- > 88 - 99 (Check Will Be Mailed By July 11)
- > [Source: New Hampshire WMUR9 article 17 Mar 08 ++]

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> SOCIAL SECURITY TAXATION UPDATE 06: PLAN carefully before starting Social Security benefits of any type if you are continuing to work. This is especially important if you are thinking about taking reduced Social Security benefits before you have reached full retirement age, or a reduced spousal or widow's benefit. Once you start Social Security, there are special rules about how much you may earn without reducing your benefits. And once you factor in taxes, it's entirely possible that you may have only a small gain or even lose money because of the earnings. If you are under your full retirement age in 2008, you are allowed to exempt \$13,560 in earnings for the year, or \$1,130 per month without a reduction. If you earn more than that, \$1 in benefits will be withheld for every \$2 above the limit. You are allowed to earn substantially more in the calendar year in which you attain full retirement age. In 2008 retirees may earn \$36,120 for the year, or \$3,010 per month in the months prior to turning full retirement age. If you earn more than that, \$1 in Social Security will be withheld for every \$3 in earnings above the limit.

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> Full retirement age is not so easy to figure out though, because it's rising. Seniors born in 1943, for example, have a full retirement age of 66. Because these seniors will not turn their full retirement age in 2008, they may only exempt \$13,560 or their benefits will be reduced. If, on the other hand, you were born in 1942, your full retirement age is 65 and 10 months. Only people born in January and February of 1942 attained full retirement age in 2007. Everyone else, people born in March through December of 1942, attain full retirement age January through October of 2008. If you reach full retirement age in 2008, you may earn \$3,010 per month until your birth month without a reduction in benefits. The month you reach full retirement age, you can start earning as much as you want with no reduction in benefits. The amounts are adjusted annually. The annual earnings test can also reduce the Social Security of dependents who receive benefits based on your work record, like a spouse or a disabled child. Additional earnings could possibly subject your Social Security benefits to higher Medicare premiums if your income exceeds \$82,000, or \$164,000 if you are married. Seniors who are working after starting benefits should call Social Security at 1(800) 772-1213 or visit www.ssa.gov to learn more about

Social Security's earnings restrictions, and other things you should know about working after starting benefits. [Sources: Social Security Administration 17 Oct 07 ++]

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> VA VETERAN SUPPORT UPDATE 02: In support of the nation's veteran community the Department of Veteran Affairs (DVA) reported the following Health Care statistics as of FEB 08:

> . VA's healthcare mission covers the continuum of care providing inpatient and outpatient care; and a wide range of services, such as pharmacy, prosthetics, and mental health; long-term care in both institutional and non-institutional settings; and other health care programs such as CHAMPVA and Readjustment Counseling. The Veterans Health Administration (VHA) healthcare and research budget (\$37.3 billion in obligations) constituted 43% of the VA's total obligations in fiscal year 2007.

> . VHA delivers health care through 21 Veterans Integrated Service Networks (VISNs) that manage 153 medical centers, 731 community-based outpatient clinics, 135 nursing homes, 209 readjustment counseling centers (Vet Centers) and 47 domiciliaries.

> . In 2007, VHA provided healthcare services to approximately 5.5 million unique patients, up from 3.8 million in 2000. VHA staff is treating more outpatients than ever before, increasing from 53.4 million outpatient visits in 2006 to 55.7 million in 2007. VHA has also enhanced overall mental health resources by over \$500 million in FY 2007 to meet the influx of veterans of all service eras with mental and emotional health care needs.

> . The most recent American Customer Satisfaction Index survey gave VA patient satisfaction scores of 84 and 82 out of 100 for inpatient and outpatient care, respectively. VA scores are 5 points and 4 points higher than the corresponding private sector scores.

> . VA led the way in care for traumatic brain injury (TBI) veterans by developing a mandatory TBI training course for select VA health care professionals. Additionally, VA instituted a program to screen all patients who served in the combat theaters of Afghanistan or Iraq for TBI.

> . VA hired suicide prevention counselors at each of its 153 medical centers to help support the national suicide prevention hot line. The hot line puts veterans in touch with trained, caring professionals who can help them cope with emotional crises. The hot line is available 365 days a year, 24 hours a day.

> . VA established 100 new patient advocate positions to help severely injured veterans and their families navigate VA's systems for health care and financial benefits, providing a smooth transition to VA health care facilities.

> [Source: VA Fact sheet Feb 08 ++]

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> OVERSEAS TRAVEL W/TRICARE: Visitors who are not registered in DEERS

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not entitled to medical care at military treatment facilities (MTFs) for non-emergency care. Visitors are sometimes eligible to receive limited health care on a space available basis at the MTF, but they still may be referred to local host-nation medical facilities. Most overseas MTFs limit such care to emergencies only. Once visitors are seen for emergency care at the MTF, they may need follow-up care from a local host-nation hospital or doctor. The cost of civilian care is the sole responsibility of the sponsor. These costs can pose a serious financial burden. Visitors should first check with their current insurance carrier to ensure that their policy covers inpatient and outpatient services overseas. If the visitor does not have such coverage, it is recommended that the visitor not travel to the OCONUS (Outside the Continental United States) area unprepared. He or she should obtain private, commercial appropriate health travel insurance coverage before arriving in the OCONUS area. Often the local host-nation hospital will require up-front payment for services, and the visitor will file a claim with his/her insurance company for reimbursement. In most cases, Medicare does not pay for care or supplies received overseas. [Source: www.Tricare.osd.mil/deers/overseas.cfm DEC 05]

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> VETERAN LEGISLATION STATUS 30 MARCH 08: The House and Senate recessed 15

MAR for their Spring/Easter and District work periods. The House reconvened 29 MAR and the Senate reconvened 31 MAR for business. Refer to http://www.thecapitol.net/FAQ/cong_schedule.html for future times that you can access your representatives on their home turf. For a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress refer to the Bulletin's House & Senate attachments. By clicking on the bill number indicated you can access the actual legislative language of the bill and see if your representative has signed on as a cosponsor. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. A cosponsor is a member of Congress who has joined one or more other members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The member who introduces the bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can also review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d110/sponlst.html>. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is

letting our representatives know of veteran's feelings on issues. At the end of some listed bills is a web link that can be used to do that. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making. [Source: RAO Bulletin Attachment 14 Mar 08 ++]

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> HAVE YOU HEARD: Back in the 1800s the Tates Watch Company of Massachusetts wanted to produce other products and, since they already made the cases for watches, they used them to produce compasses. The new compasses were so bad that people often ended up in Canada or Mexico rather than California. This, of course, is the origin of the expression, 'He who has a Tates is lost!'

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