

----- Original Message -----

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> RAO Bulletin Update

> 1 June 2008

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> THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES

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> == Veterans Benefits Expirations ----- (Did you Know?)

> == MN Disabled Property Tax Exclusion ----- (Up to \$300,000)

> == Veteran's Pensions ----- (Did you know?)

> == Long Term Care w/Medicaid ----- (Coverage)

> == CRSC [38] ----- (Phishing Scam)

> == Army Combat Action Badge [01] ----- (Retroactive Award Bill)

> == Mobilized Reserve 28 MAY 08 ----- (2927 Decrease)

> == VA Claim Backlog [15] ----- (GAO Faults VA Training)

> == SSA Trust Fund ----- (In Trouble)

> == Medicare Trust Fund ----- (In Trouble)

> == Award Modifications ----- (TIOH Changes)

> == CRSC under Disability Retirement ----- (How to Compute)

> == Legislation of Interest [10] ----- (Houses Passes 10 Vet Bills)

> == Veterans Tax Relief ----- (H.R.6081 Passes)

> == GI Bill [23] ----- (Passes Senate 75-22)

> == VA Commercial Ins Coverage ----- (National Agreement)

> == Medicare Drug Use Safety Program ----- (Sentinel Initiative)

> == VA Emergency Care [02] ----- (S.2142/H.R.3819 Status)

> == VA Benefit Rolls ----- (Sep 2007)

> == SBP SSDI ----- (Additional \$50 Oct 08)

> == VA Clinic Openings [09] ----- (H.R 5856)

> == Iowa Veteran Grant Program ----- (\$500 per Semester)

> == Tricare Medicaid Coverage ----- (Tricare Primary Payer)

> == SSA COLA 2009 ----- (CPI-W vs. CPI-E)

> == Economic Stimulus Package [06] ----- (Filing w/ITINs)

> == VA Suicide Prevention [04] ----- (Oversight Authority)

> == COLA 2009 ----- (3.5% YTD)

> == Eagle Hammock RV Park ----- (MWR Vacation Site)

> == NDAA 2009 [02] ----- (House passes H.R.5658)

> == NDAA 2009 [03] ----- (Anticipated Senate Amendments)

> == GI Bill [22] ----- (H.R.2642 Passes House)

> == VA PTSD Evaluation Criteria ----- (General Rating Formula)

- > == VA PTSD Claim Support ----- (Valor awards)
- > == PTSD Purple Heart [01] ----- (MOPH Opposes)
- > == PTSD [20] ----- (VA Diagnosis Policy)
- > == Pennsylvania Vet Bonus [01] ----- (Applications Available)
- > == Veteran Legislation Status 29 May 08 ----- (Where we Stand)

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> **VETERANS BENEFITS EXPIRATIONS:** Many of your earned benefits have an expiration date. Below are several of the more important ones to remember. Make sure you know take advantage of your benefits before they expire.

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> - Tuition Assistance: \$4,500 a year that expires as soon as you transition from Active Duty.

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

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

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

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

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

> - Combat Vet VA Health Care: 5 years after discharge for non-service connected care.

> - Combat Vet VA Dental Care: 180 days after discharge for non-service connected care.

> [Source: NAUS Weekly Update 30 May 08 ++]

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> **MN DISABLED PROPERTY TAX EXCLUSION:** A new program enacted in 2008 will

provide honorably discharged disabled Minnesota veterans with some, if not all, of their property taxes forgiven beginning in 2009. Qualifying veterans must have the proper paperwork filed with their county assessor's office. Veterans should start the process early in order to file the necessary official military discharge papers and documents verifying disability status before the 1 JUL 08 deadline. Veterans with 70% disability or higher will have \$150,000 excluded from the annual market value of their homestead property. Those with a 100% disability rating will receive \$300,000 exclusion. A property must be the homestead of a qualified veteran in order to receive this value exclusion. To qualify, a veteran must

have been honorably discharged from the United States armed forces as indicated by United States Government Form DD214 or other official military discharge papers, and must be certified by the United States Veterans Administration as having a service-connected disability. In the case of agricultural homesteads, only the house, garage, and immediately surrounding one acre of land will qualify for the exclusion. If a property qualifies for this market value exclusion, the property does not receive the residential homestead market value credit provided under Minnesota Statute 273.1384, subdivision 1. Applications are available in your county assessor's office or online at.

> . CR-DVHE70

[http://www.taxes.state.mn.us/taxes/property/forms/cr\\_dvhe70.pdf](http://www.taxes.state.mn.us/taxes/property/forms/cr_dvhe70.pdf)

> . CR-DVHE100 <http://www.taxes.state.mn.us/taxes/property/forms/pe12.pdf>.

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> Applications must be made by July 1 to qualify for the exclusion on the current year's market value for taxes. Mail or take completed application and required attachments to your county assessor. For more information, visit the Minnesota Department of Veterans Affairs website [www.mdva.state.mn.us](http://www.mdva.state.mn.us) or telephone Minnesota's Veterans Linkage Line at 1(888)546-5838. [Source: NAUS Weekly Update 30 May 08 ++]

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> VETERAN'S PENSIONS: If you are a wartime veteran with a limited income and you are no longer able to work, you may qualify for a Veterans Disability Pension or the Veterans Pension for Veterans 65 or older. Many veterans of wartime service are completely unaware of the fact that if they are 65 or older and on a limited income they may qualify for a VA Pension without being disabled. An estimated 2 million impoverished veterans and their widows are not receiving the VA pension they deserve because they do not know about it. The VA has had limited success in getting the information to them. You may be eligible if you were discharged from service under other than dishonorable conditions, AND you served 90 days or more of active duty with at least 1 day during a period of war time. With the advent of the Gulf War on 2 AUG 90 (and still not ended by Congress to this day), veterans can now serve after 2 AUG 90 during a period of war time. When they do, they generally now must serve 24 months to be eligible for pension or any other benefit provided they meet the exclusions of 38 CFR 3.12(d). which require you are permanently and totally disabled, or are age 65 or older, AND your countable family income is below a yearly limit set by law. Family Annual Income Limits effective 1 DEC 07 cannot exceed the following:

> \* Veteran with no dependents \$11,181

> \* Veteran with a spouse or a child \$14,643

> \* Veteran married to a veteran \$14,643

> \* Veterans with additional children: add \$1,909 to the limit for EACH child

> \* Housebound veteran with no dependents \$13,664

- > \* Housebound veteran with one dependent \$17,126
- > \* Veteran who needs aid and attendance and you have no dependents \$18,654
- > \* Veteran who needs aid and attendance and you have one dependent \$22,113

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> Some income is not counted toward the yearly limit (for example, welfare benefits, some wages earned by dependent children, and Supplemental Security Income). It's also important to note that your medical related expenses are considered when determining your yearly family income. VA pays you the difference between your countable family income and the yearly income limit which describes your situation. This difference is generally paid in 12 equal monthly payments rounded down to the nearest dollar. You can apply by filling out VA Form 21-526, Veteran's Application for Compensation Or Pension. If available, attach copies of dependency records (marriage & children's birth certificates) and current medical evidence (doctor & hospital reports). You can also apply on line through the VONAPP website <http://vabenefits.vba.va.gov/vonapp/main.asp>. For More Information Call 1(800) 827-1000. [Source:

<http://www.vba.va.gov/bln/21/pension/vetpen.htm>May 08++]

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> LONG TERM CARE w/MEDICAID: If you qualify for Medicaid, a federal and state program that covers medical care for people with low incomes and very little assets, it will pay for nursing home care and other long-term care (LTC) costs that Medicare does not cover. Medicaid may also pay for some LTC services provided at home. Medicaid is the country's largest public payer of long-term care services. Most people with long-term care needs spend down their assets until they are eligible for Medicaid coverage. The Medicaid program varies a great deal from state to state, as well as within each state. This is because within broad national guidelines set by the federal government through the Centers for Medicare and Medicaid Services (CMS), each state can:

- > . Establish its own eligibility standards;
- > . Determine the type, amount, duration and scope of services;
- > . Set the rate of payment for services; and
- > . Administer its own program.

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> Each state has its own method of determining eligibility depending on your age, family size, medical condition and financial situation. Generally, to be eligible for Medicaid, your monthly income must be less than \$867 in 2008\* (\$1,020 for couples). You also must have little or no assets (savings and investments). If you have high medical expenses, you may still qualify for Medicaid if your income is more than \$867 in 2008\* (\$1,020 for couples). Income levels are based on the Federal Poverty Level (FPL), which goes up every year in February or March. For a list by state of Medicaid descriptions and plans refer to <http://64.82.65.67/medicaid/states.html> For a list of Medicaid benefits by state refer to

[http://www.kff.org/medicaid/benefits/state\\_main.jsp](http://www.kff.org/medicaid/benefits/state_main.jsp). [Source: Medicare Rights Center [www.medicareinteractive.org](http://www.medicareinteractive.org) May 08 ++]

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> CRSC UPDATE 38: A phishing scam has been sent to families of fallen Soldiers. As part of the scam, the proponents request personal information, such as SSN, DOB, addresses, etc., and are instructed to come to either visit the Army Human Resources Command Offices in Alexandria, VA, or email the information to an overseas Yahoo account. Like most scams, the grammar is poor, it is not on official letterhead, nor does it come from a valid Army e-mail account. CRSC will never ask for personally identifiable information to be sent over e-mail due to security concerns. CRSC will never promise payment or award of any kind. CRSC is not eligible for SBP. An example of phishing letter follows:

> Classification: UNCLASSIFIED

> Caveats: NONE

> Supplemental Guidance for Benefit Pay off Section 644, P.L.108-375, Administration Letter (BAL) #98-109, US Army Survivor Benefit Plan).

> 21 May 2008

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> Attn: Dear Mr. Mark,

> We believe you are the next of kin of a deceased officer who died in service in that you bear the same name and last known geographical area of same person. We wish to duly compensate the family by paying the deceased officers benefits and financial entitlements to them. So many deceased officers have the same problem of difficulty in locating their kin but we are doing the best we can. We have gone as far as Asia, Central and southern Africa, Europe, Australia and the Americas in search for next of kin of deceased officers. So the benefits entitled to you amounts to \$12,859,555.23 and you can receive it in one week. Our search attorney Mr. Louis Manches undertaking Group B16 search (AMERICA ,EUROPE & AFRICA SEARCH GROUP) found &

located you. We need you to come to our office at: U.S. Army Human Resources Command, Army Physical Disability Agency (CRSC), 200 Stovall Street Alexandria , VA 22332-0470 With photocopies of the following documents. (As the originals will not be returnable.)

> 1. Letter of Introduction or ID of next of kin (In which case you)

> 2. Sworn affidavit of next of kin.

> 3. You are also required to complete the forms below.

> A. FORM DD 2860, CLAIM FOR COMBAT-RELATED SPECIAL COMPENSATION (CRSC)

> B. FORM DD 2656-7, VERIFICATION FOR SURVIVOR ANNUITY

> You can download these forms from our US Army Human Resources Command website using the URL (FOR DD FORM 2860) (web links deleted) Or Defense Technical Information website using this URL (FOR DD FORM 2656-7) (web links deleted)

> To make it simpler for you, if you cant come to our offices yourself to submit these documents due to ill health or whatever you can appeal to your search attorney to file these documents on your behalf. The search attornies are legal practitioners contracted by the United States Army to help locate next of kins who are in various countries of the world. Your name fell among Group 16 Search which complises of beneficiaries from EUROPE,AMERICA & ASIA. The search attorney responsible for this areas is Barrister Louis Manches. It is the search attorney who shortlisted your name for payment. You are therefore advised to contact him if you have difficulty in completing the forms as well as providing the necessary documents. We understand the problems you could face in getting these documents owing to the fact that it has taken a long time when the officer died. You can write your search attorney for clarifications through the following email (e-mail address deleted by S1NET) If you also have problems filling all these forms , just fill out and return by email the short version attached below. Your search attorney will fill the rest of the forms on your behalf but of course you will contact him and negotiate this service with your search attorney. We expect to hear from you soon.

> H.S. Park

> Defense Finance and Accounting Service,

> US Army Human Resources.

> [Source: USDR Action Alert 29 May 08 ++]

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> ARMY COMBAT ACTION BADGE UPDATE 01: In 2005, the Department of the Army

authorized the creation of the Combat Action Badge to recognize U.S. soldiers who engage the enemy in battle. This badge applies to men and women in our armed forces who might not qualify for awards such as the Combat Infantry or Combat Medical Badge, which are limited to those individuals serving with infantry or medical units. There is no doubt that the Combat Action Badge is a great idea; in Iraq and Afghanistan we are seeing soldiers from every military occupational specialty distinguish themselves in battle. However, the Army's current policy limits eligibility to only those individuals who meet its criteria after 18 SEP 01. While the Combat Action Badge recognizes those who have served their country bravely in the 21st century, it overlooks the thousands of veterans who made similar sacrifices in previous wars. To rectify this injustice Rep. Ginny Brown-Waite (R-FL-05) introduced H.R.2267 on 10 MAY 07 to retroactively award the Army Combat Action Badge to those members of the U.S. Army who were engaged by the enemy from 7 DEC 41 to the present day. The bill was then referred to the Subcommittee on Military Personnel. This bill currently has only 27 cosponsors and will die in committee unless veterans take action to move it to the house floor. Those who would like to see the award of this badge to those who meet its criteria prior to 18 SEP 01 are encouraged to contact their legislators and request they support this bill. [Source: The American

Legion Online Update 29 May 08 ++]

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> MOBILIZED RESERVE 28 MAY 08: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 23APR 08 in support of the partial mobilization. The net collective result is 2,927 fewer reservists mobilized than last reported in the Bulletin for 23 APR 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 77,007; Navy Reserve, 4,543; Air National Guard and Air Force Reserve, 8,135; Marine Corps Reserve, 9,704; and the Coast Guard Reserve, 341. This brings the total National Guard and Reserve personnel who have been mobilized to 99,730, 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://preview.defenselink.mil/news/May2008/d20080528ngr.pdf>. [Source: DoD News Release 456-08 28 May 08 ++]

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> VA CLAIM BACKLOG UPDATE 15: In fiscal 2007, VA employed 4,900 staff to handle disability compensation claims, a 40% increase between fiscal 2000 and 2006. Still, in 2007, VA had a backlog of 392,000 claims with an average waiting time of more than four months. This year, VA plans to add 3,100 new claims-processing employees. Although the Veterans Affairs Department has added thousands of staff to help process disability claims, a new study finds those new employees face no consequences if they don't attend mandatory training. And because the caseload is so heavy, instructors aren't always available to provide on-the-job training for new employees. The Government Accountability Office (GAO) said in a report released 26 MAY that the VBA "is taking steps to strategically plan its training, but does not adequately evaluate its training and may be falling short in some areas of training design and implementation". Rep. Bob Filner (D-CA), chairman of the House Committee on Veterans' Affairs, asked GAO to find out what training is provided and whether it is uniform; how well it is implemented and evaluated; and how it compares with performance management practices in the private sector. The questions came after veterans testified that the disability compensation system is Byzantine in complexity, and that it takes months - sometimes years - to make it through the process.

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> From SEP 07 to MAY 08, GAO looked at four VBA regional offices, in Atlanta; Baltimore; Milwaukee; and Portland OR. VA officials said it takes at least two years to properly train disability claims employees, and they must complete 80 hours of training a year. New employees have three weeks of intense classroom training before they begin several months of on-the-job

training at their home offices. But "because the agency has no policy outlining consequences for individual staff who do not complete their 80 hours of training per year, individual staff are not held accountable for meeting their annual training requirement," the GAO found. "And, at present, VBA central office lacks the ability to track training completed by individual staff members." In 2007, VBA conducted 67 centralized training sessions for 1,458 new claims processors, compared with 27 sessions for 678 new employees in 2006. VBA's online training tool, the Training and Performance Support System, was found to be out of date, too theoretical, and lacking in real-life examples. Employees at one office did not know what the system was.

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> GAO also found that more experienced staff members felt training was not helpful because it was redundant or was not specific to the work they do, and some said the training is adapted directly from training for new employees. They also said they did not have time to spend 80 hours a year in training because their caseloads are too heavy. "A number of staff from one regional office noted that instructors were unable to spend time teaching because of their heavy workloads and because instructors' training preparation hours do not count toward the 80-hour training requirement," the GAO said. "Staff at another regional office told us that, due to workload pressures, staff may rush through training and may not get as much out of it as they should." GAO found VBA's performance management conforms to accepted practices in the private sector, except that almost all employees fell into two standards: "outstanding" or "fully successful." GAO auditors said that does not provide constructive feedback to employees, and is not a good way for managers to evaluate staffs.

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> GAO recommended that VBA collect feedback on training from regional offices to see if 80 hours is the right amount for all staff, to see if training is relevant and to see if the online training tool needs to be improved. The report also recommended that VBA hold individual staff members accountable if they do not receive their annual training, and that the performance rating system be adjusted. VA said such changes are already in the works. Officials also are working on an automated system to track which employees have attended training and how much they received. VA Secretary James Peake wrote in response to the report. "VA will closely monitor and evaluate the success of our efforts to enhance claims processor performance." Peake said that VA has an "active program for training evaluation driven by the administration's priorities"; that the 80-hour requirement is evaluated annually; that VA officials will evaluate the training through its regional offices; that supervisors will evaluate training at the individual level; and that they have already evaluated the on-line learning tool and have made recommendations for improvement. VA also plans to establish training specific to certain jobs, and to provide standardized training progress reports. [Source: Air Force Times Kelly

Kennedy article Posted 28 MAY 0-8 ++]

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> SSA TRUST FUND: There actually is a Social Security Trust Fund - of sorts. It lays nestled in the bottom drawer of an unremarkable filing cabinet in a government office building in West Virginia. It's kept in a pair of loose-leaf notebooks holding plastic page covers, and each page resents a bond worth billions, according to a 2005 story from The Associated Press (AP). Today, the total "assets" in the Social Security Trust Fund are worth more than \$2.2 trillion. The paper is "symbolic," a spokesman for the U.S. Bureau of Public Debt says. According to AP, in 1994 Congress anticipated the current debate about Social Security's solvency and whether the Trust Funds held anything more than I.O.U.s. Congress passed legislation requiring the Treasury to create a physical document "rather than an accounting entry." Andy Jacobs, the former Indiana Congressman responsible for the law, said he wanted to rebut the "disingenuous assertions" that there was no trust fund, even though there was, in fact, no vault stuffed with cash to pay benefits. In 2008 it was projected that the Social Security Trust Fund cash surplus excluding interest will be \$79 billion reflecting a growing downward trend as baby boomers enter the programs. This does not take into consideration cost associated with Congress's recent attempts to add illegal immigrants to the program.

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> According to the Congressional Budget Office (CBO) neither the Medicare Trust Fund nor the Social Security Retirement and Disability Trust Funds operate like a "Trust Fund" as the average person would understand it. Instead of setting the money aside and protecting it in a special account, both the Medicare and Social Security Trust Funds exist only on paper as an accounting mechanism. Government accounting is hiding serious financing problems, making the trust funds appear to have more cash coming in than they actually do. The majority of Medicare Hospital Insurance (Part A) and Social Security costs are presently financed by the payroll taxes that workers pay and taxes that seniors pay on a portion of their Social Security benefits. When one of the trust funds receives more from these sources than it needs to pay benefits, the U.S. Treasury issues a government bond to the Trust fund and borrows the cash from the surplus to pay for other government expenses. The bonds earn interest, but are very different from the bonds sold to the public that can be redeemed for cash. The bonds placed in the trust funds are non-marketable, representing only an "I.O.U." from the Treasury.

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> A big problem is that in recent years the so-called "interest" earned by the bonds in the government trust funds has become a growing source of funding for both programs, at least on the government's books. But the interest funding, like the trust funds, exists only on paper and does not represent any real cash resources to pay benefits. GAO says for the trust

funds to be paid, the Treasury will need to provide cash from general revenues in exchange for those trust fund securities and interest I.O.U. bonds. Such use of general revenue for Social Security would represent a major policy shift in how the government pays for expenditures. In the past Congress for the most part has rejected general revenue financing for Social Security. The GAO says payments to the trust funds in the future, should only come through "increased revenue, increased borrowing, and reduced spending (benefit cuts) or some combination." The current state of denial is leading to a day of reckoning that could have serious long-term financial repercussions for both today's and tomorrow's retirees.

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> The Social Security Trustees further estimate that the program costs will begin to exceed cash revenues in 2017, or about nine years from now. According to the former U.S. Comptroller General, David Walker, the new president and Congress will have about 5 years to make changes, before we run out of cash revenues to pay full Social Security benefits. The Medicare Part A Hospital Insurance Trust Fund is in trouble today. The Social Security and Medicare Lock-Box Act" (H.R. 4338) that was recently introduced in the House by Representative Timothy Walberg (MI) and (S. 302) in the Senate by Senator David Vitter (LA) would establish new procedures to safeguard extra Social Security and Medicare taxes. Congress would be prevented from dipping into the Trust Fund surpluses to pay for other wasteful or pet projects. Instead the extra Social Security taxes would be "locked away" to pay future Social Security benefits [Source: TSCL, The Budget And Economic Outlook, CBO, Jan 08,. Social Security & Medicare Trustees Reports 23 Apr 07, and Social Security Reform GAO-07-213 Mar 07 ++]

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> **MEDICARE TRUST FUND:** When a government trust fund no longer has enough cash revenues to pay benefits in full, the Treasury must provide cash from general revenues to pay the interest and redeem the bonds held by the trust fund. But, first, lawmakers must agree on where the money will come from to do that. They can increase taxes, increase borrowing, cut benefits, or cut spending such as COLAs. Historically, seniors have paid their share in higher out-of-pocket costs. The Medicare Hospital Insurance (Part A) Trust Fund last ran low on cash in the late 1990's. By 1997 Congress passed the most massive cuts to Medicare in the history of the program - \$116 billion (\$153 billion in today's dollars) over five years. In addition to cutting payments to hospitals, a provision of the 1997 law moved certain costs that were originally paid under Part A to Part B. While most seniors do not pay a premium for Part A, they do pay a hefty one for Part B. Thus the transfer of costs was one of several factors contributing to the astronomical growth in Medicare Part B premiums, which grew from \$43.80 in 1998, to \$96.40 in 2008 (120%).

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> Now the Medicare Part A Trust Fund is in trouble all over again. Earlier this year, the Congressional Budget Office projected that the Medicare Part A Hospital Insurance Trust Fund ended 2007 with a \$17 billion surplus, and would end 2008 with a \$16 billion surplus. But if the government only counts the real cash revenues (excluding government bonds on interest earned), according to the 2008 Medicare and Social Security Trustees reports the Part A Trust Fund ended 2007 about \$500 million in the red, and is projected to end 2008 with a \$10 billion deficit. President Bush has proposed \$178 billion in cuts over the next five years, which, if passed, would exceed the cuts in the 1997 Balanced Budget Act. The Senior Citizen's League (TSCL) is highly concerned and recently submitted a statement to a hearing on The President's Fiscal Year 2009 Budget to the House Ways and Means Committee supporting the passage of "The Social Security and Medicare Lock-Box Act," in addition to recommending that the government do a better job of reducing waste, fraud, and abuse. Because the new President and Congress will surely be tasked with fixing Medicare's financing, TSCL also urges seniors to carefully examine the records of candidates, and make sure your voter registration is up-to-date to be ready for the upcoming elections. [Source: Social Security and Medicare Advisor, Vol. 13, No. 5 dtd 27 May 08 ++]

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> AWARD MODIFICATIONS: The Department of Defense announced today that The Institute of Heraldry (TIOH) will remove the word "medal" from four campaign and service medals in order to align their designs with heraldic protocols. The word "medal" will be removed from the Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Korea Defense Service Medal and Armed Forces Service Medal. In addition, TIOH will resize eight campaign and service medals that were initially designed one-eighth of an inch larger in diameter than required by specification. The larger medals will be gradually replaced over the next several years as current stock levels are depleted. These medals will not be made obsolete and will remain authorized decorations. In addition, the applicable miniature medals will also be re-sized from eleven-sixteenths of an inch diameter to five-eighths of an inch. The medals being resized are the: Kosovo Campaign Medal, Afghanistan Campaign Medal, Iraq Campaign Medal, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Korea Defense Service Medal, Armed Forces Service Medal and the Military Outstanding Volunteer Service Medal. Historically, campaign and service medal pendants are 1 1/4 inches in diameter; the only exceptions are the two victory medals commemorating the end of World War I and World War II; these medals were designed at 1 13/32 inches in diameter in order to enhance their heraldic stature given the magnitude of the two world wars. Questions may be directed to Army Public Affairs at (703) 692-2000. [Source: DoD News Release 444-08 dtd 23 May 08 ++]

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> **CRSC UNDER DISABILITY RETIREMENT:** For disabled Chapter 61 retirees who retired under a disability retirement law who are eligible for CRSC entitlement, an offset is calculated before CRSC entitlement is calculated. To determine the amount of offset subtract your DoD monthly retirement pay calculated based on years of service prior to retirement from the VA disability retirement monthly payment for the CSRS percentage assigned. Retirement computations vary according to each individual's retirement date, retirement age, and years in service. The figures in the following example are only to explain the calculation method.

- > . Disability Retirement Monthly Payment = \$2000.00
- > . Monthly Retirement Pay calculated based on years of service = \$1500
- > . Difference between two retirement methods (i.e. Offset) = \$500

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> Example CRSC entitlement amounts for approved Combat Related combined disability percentages less the \$500.00 example offset amount using CRSC entitlements at the Vet only rates would be:

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- > 10% \$ 117.00- \$500.00 = \$0.00 CRSC entitlement due
- > 20% \$ 230.00- \$500.00 = \$0.00 CRSC entitlement due
- > 30% \$ 356.00- \$500.00 = \$0.00 CRSC entitlement due
- > 40% \$ 512.00- \$500.00 = \$12.00 CRSC entitlement due
- > 50% \$ 721.00- \$500.00 = \$228.00 CRSC entitlement due
- > 60% \$ 1117.00- \$500.00 = \$421.00 CRSC entitlement due
- > 70% \$1161.00- \$500.00 = \$661.00 CRSC entitlement due
- > 80% \$1349.00- \$500.00 = \$849.00 CRSC entitlement due
- > 90% \$1517.00- \$500.00 = \$1017.00 CRSC entitlement due
- > 100% \$2527.00- \$500.00 = \$1500.00 CRSC entitlement due \*
- > \* (Note: Any entitlement due cannot exceed the retired pay amount computed based on years of service)

> [Source: NAUS Weekly Update 23 May 08 ++]

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> **LEGISLATION of INTEREST UPDATE 10:** As Memorial Day approached, the U.S. House of Representatives approved the following 10 bipartisan measures on 21 MAY to improve benefits and services for veterans.

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- > . H.R.2790, as amended, which passed by voice vote, will establish the position of Director of Physician Assistant Services within the Department of Veterans Affairs (VA).
- > . H.R.3681, as amended, the Veterans' Benefits Awareness Act of 2007, which passed by voice vote, will authorize VA to purchase advertising in national media to promote awareness of veterans' benefits.
- > . H.R.3889, as amended, which passed by voice vote, will require a longitudinal study of VA vocational rehabilitation programs.
- > . H.R. 5554, as amended, the Justin Bailey Veterans' Substance Use

Disorders Prevention and Treatment Act of 2008, which passed by a voice vote, will expand and improve VA health care services for substance use disorders.

> . H.R. 5664, as amended, which passed by voice vote, will direct VA to update, at least once every six years, plans and specifications for its specially adapted housing program.

> . H.R. 5729, as amended, the Spina Bifida Health Care Program Expansion Act, which passed by voice vote, will direct VA to provide comprehensive health care to certain Vietnam veterans' children born with spina bifida.

> . H.R. 6048, which passed by a voice vote, will amend the Servicemembers Civil Relief Act to provide for the protection of child custody arrangements for parents deployed in support of a contingency operation.

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> Additionally the House unanimously approved the following three bipartisan measures to improve benefits and services for veterans.

> . H.R. 3819, the Veterans' Emergency Care Fairness Act of 2007, which passed the House by a vote of 412-0, will require the Department of Veterans Affairs (VA) to reimburse veterans receiving emergency treatment in non-VA facilities for such treatment until transfer to a VA facility is possible.

> . H.R. 5826, The Veterans' Compensation Cost-of-Living Adjustment Act of 2008, which passed the House by a vote of 417-0, will increase effective December 1, 2008, the rates of compensation for veterans with service-connected disabilities, and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans.

> . H.R. 5856, the VA Medical Facility Authorization and Lease Act of 2008, which passed the House by a vote of 416-0, will authorize major medical facility projects and major medical facility leases for VA in fiscal year 2009, and will authorize approximately \$2.2 billion over the next five years to improve access to healthcare for our nation's veterans.

> [Source: NAUS Weekly Update 23 May 08 ++]

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> VETERANS TAX RELIEF: The House and Senate passed H.R.6081, the Heroes Earnings Assistance and Relief Tax (HEART) Act of 2008 which will provide more than \$1.2 billion dollars in tax relief to benefit America's veterans and soldiers. The Senate Finance leaders worked closely with House colleagues, especially Ways and Means Committee Chairman Charlie Rangel, to combine their own military tax relief bill - the Defenders of Freedom Tax Relief Act of 2007 - with an earlier version of the House's HEART Act. HEART was approved by the House of Representatives on 20 MAY. The legislation includes tax cuts for members of the military who are receiving combat pay, saving for retirement, or purchasing their own homes. It also helps civilian employers of military men and women keep jobs available for soldiers who are called to active duty. Final HEART Act provisions, including many originally introduced by Baucus and Grassley in the Defenders of Freedom Act, include:

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- > . Allow disabled veterans to file up to 5 years of amended tax returns to recoup taxes when VA processing delays result in retroactive benefits.
- > . Allow members of the armed forces who have non-citizen spouses to qualify for the economic stimulus rebate.
- > . Make permanent the ability to include combat pay as earned income for purposes of the Earned Income Tax Credit.
- > . Make permanent the provision that permits active duty reservists to make penalty-free withdrawals from retirement plans.
- > . Allow survivors to roll over military death gratuity payments into tax-advantaged savings accounts.
- > . Permit reserve component members to withdraw money from flexible spending accounts without penalty .
- > . A tax cut for small businesses when they continue paying some salary to members of the National Guard and Reserve who are called to active duty.
- > . A permanent allowance for soldiers to count their non-taxable combat pay when figuring their eligibility for the earned income tax credit, a refundable federal income tax credit that puts cash in the hands of low-income working individuals and families.
- > . The ability for active duty troops to withdraw money from retirement plans, and an allowance of two years to replace the funds without tax penalty.
- > . A 180-day period for Reservists called to active duty to use unspent funds in a health flexible spending account or cafeteria plan.
- > . The ability for military families to count most military cash allowances beyond basic pay to be treated as earned income for purposes of determining Supplemental Security Income (SSI) eligibility and benefit amounts, and treat certain housing payments as in-kind support and maintenance.
- > . A one year extension of parity between mental and physical health benefits.
- > . A permanent allowance for all veterans to use qualified mortgage bonds to purchase their homes.
- > . Authority for the IRS to treat gifts of thanks from states to veterans-such as payments of excess state revenue-as nontaxable gifts.
- > . The ability for blind, disabled, and aged veterans to disregard state annuity payments when determining Supplemental Security Income eligibility and benefits.
- > . The ability for families of Reservists killed in the line of duty to collect life insurance and other benefits provided by the civilian employer.
- > . An end to cumbersome rules for reporting of income when companies continue paying some salary to members of the National Guard and Reserve who are called to duty. This makes it easier for reservists to file their taxes and simpler for employers to keep contributing to those employees' retirement plans.
- > . Increases the penalty for people who fail to file their tax returns and allows the Social Security Administration and the Veterans' Administration to work together to verify low-income status when distributing veteran's

benefits.

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> Baucus said that he would continue to work for additional provisions aiding America's military men and women in the coming days. Both the House and Senate passed multiple versions of this legislation last year, but got hung up negotiating minor differences. Congress finally got past the haggling and acted on this measure to end tax inequities now imposed on the military community. [Source: MOAA Leg Up 23 May 08 ++]

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> GI BILL UPDATE 23: The Senate overwhelmingly backed a landmark increase in educational aid to the nation's veterans on 22 MAY, defying the White House and challenging President Bush to make good on a threatened veto. Senators voted 75-22 to attach the revamped GI Bill to a \$165 billion appropriations measure for continued military operations in Iraq and Afghanistan. The total is \$57 billion more than Bush requested and includes billions of dollars in additional aid to victims of Hurricane Katrina and heating subsidies for the poor, among other domestic programs. With an estimated 10-year cost of \$51 billion, the Webb proposal would be the largest increase in decades in a veteran's aid program. Modeled after the GI bill provided to World War II veterans, the measure would give veterans tuition aid equal to the cost of the most expensive public college in their home states once they've served for at least three years since the 9/11 attacks. Veterans choosing private schools, which typically are more expensive, could get additional aid if their colleges agreed to reduce tuitions. And all participants would be eligible for a monthly cost-of-living stipend while attending college.

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> In a concession to the administration engineered by Warner, Webb agreed to amend the legislation later this year to permit career service members to transfer at least part of their college aid to a spouse or children. The White House has argued that such transferability is critical to efforts to encourage experienced troops to remain in uniform. Bush has promised to veto any bill spending more than the \$108 billion he sought for the war effort. The 75 votes Webb's plan received is eight more than supporters would need to override a veto. The previous week the House passed the 21st century GI Bill by a vote of 256-166. However, the administration position apparently has more strength in the House. The Senate package now goes to the House to reconcile differences. White House spokeswoman Dana Perino said, "There's a long way to go in this process, and fortunately, it takes two houses of Congress to send a bill to the president. Our position hasn't changed: This is the wrong way to consider domestic spending, and Congress should not go down this path." The House is expected to consider the package after the Memorial Day recess. The Senate vote for Webb's plan represented a greater-than-expected show of strength for the enhanced benefit and underscored an election-year gap between the president and his

fellow Republicans. Twenty-five of the Senate's 47 Republicans backed the Webb plan, despite the fact that the president and Arizona Sen. John McCain, their party's presumptive presidential nominee, support a less generous alternative.

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> McCain was on the campaign trail and did not take part in the vote. But South Carolina Sen. Lindsey Graham, perhaps McCain's closest ally in the Senate and the chief sponsor of the administration's preferred GI Bill plan, renewed arguments that the Webb plan will encourage needed troops to leave the military. Graham cited a Congressional Budget Office study indicating that the Webb bill could cut the military's annual re-enlistments by 16%. The same report, however, suggested that the prospect of a fully financed college education would stimulate a 16% jump in initial enlistments. Democrats Hillary Rodham Clinton and Barack Obama fighting for their party's presidential nomination, showed up to support Webb's proposal. Webb insisted again that the legislation should not be a partisan issue. He recruited 11 Republicans as co-sponsors in the Senate, he reminded reporters, adding that "if I were able to sit down with John McCain for 10 or 15 minutes, I honestly think that he would support this bill." Both Webb and Warner paid tribute on 22 MAY to a broad coalition of veterans groups that supported the bill, with Webb suggesting that their backing might have helped persuade Republicans in particular to differ with the administration. Patrick Campbell, legislative director for the Iraq and Afghanistan Veterans of America, said members of the organization watched with excitement as senators switched their votes on the floor. The group began working on the bill four months ago with Webb, Warner, and representatives from the American Legion, Veterans of Foreign Wars, and Military Officers Association of America, Campbell said. "How can you tell a veteran that's been to war three or four times that it's too rich of a benefit?" he asked. [Source: The Virginian Pilot Dale Eisman article 23 May 08 ++]

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> VA COMMERCIAL INSURANCE COVERAGE: UnitedHealthcare has bridged a wall

between private and public insurance with a national agreement that gives eligible veterans in their commercial health plans in-network coverage at facilities in the Department of Veterans Affairs. Those enrollees meeting VA eligibility requirements can use all VA hospitals and outpatient clinics the same way they would use any hospital or doctor's office in United's network. Also included are transplants and services for mental health and substance abuse services, administered by United Behavioral Health. Adding the VA to United's network enables veterans to more easily coordinate their medical care and finances when they use both private and VA facilities, CEO Ken Burdick said. The agreement provides more convenient access to the "VA's vital and relevant health care services on which so many veterans rely," Burdick said. Along with the network agreement, UnitedHealth Group has

created UnitedHealth Military & Veterans Services with a focus on providing health care benefits and services to veterans, active-duty military, retirees and their families by augmenting the existing military health systems. [Source: Dayton Daily news article 21 May 08 ++]

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> **MEDICARE DRUG USE SAFETY PROGRAM:** Federal health officials will begin monitoring prescription drug usage by millions of Medicare participants in an effort to identify potential safety problems. The Food and Drug Administration has been under increasing pressure to develop a comprehensive drug surveillance system since the painkiller Vioxx was pulled from the market in 2004 after it was linked to increased risk of stroke and heart attack. New regulations announced 22 MAY by the Health and Human Services Department will enable the FDA, states and academic researchers to screen the Medicare claims data. Under the regulation, the Medicare data can be made available in 30 days. Medicare beneficiaries use an average of 28 prescriptions a year, and those who consider themselves in poor health have an average of 45 prescriptions annually, giving investigators a huge database of health records to tap into. Officials said they no longer would have to wait years to see how a drug or medical device affects millions of people. "The era of wait and see is going to become the era of tell me right now," the FDA commissioner, Dr. Andrew von Eschenbach, said.

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> The Institute of Medicine recommended creation of such a surveillance system in 2006. Personally identifying information will stay inside the Medicare agency and will not be part of the information that the FDA and others look at, officials said. The FDA primarily relies on physicians and patients to report suspected adverse events. Often, it takes a number of cases before someone at the agency detects a pattern that's worth investigating. Then it conducts an investigation to determine whether the side effects were caused by the drug. At the first hint of trouble, the FDA now will be able to query databases involving tens of millions of patients. It will not only be able to see the medications used, but also whether a patient had lab work done or whether they had to be hospitalized. The first batch of records the agency will have at its disposal will be from 25 million Medicare beneficiaries. Later, private companies will contribute medical data, Health and Human Services Secretary Mike Leavitt said. "We're moving from a reactive dependence on voluntary reporting of product safety concerns to a proactive surveillance of medical products currently on the market," Leavitt said. Officials provided only general details about the cost of enacting what the FDA has labeled the Sentinel Initiative. The agency is hiring more staff, but it won't need a large new computer system. That's because agencies such as the Centers for Medicare and Medicaid Services will use their own computer systems to do the data-mining. The FDA will simply provide the questions while Medicare's computers supply the answer.

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> Medicare officials said the program could end up reducing the government's health costs if it can cut down on adverse drug events. The cost of treating preventable adverse events in Medicare comes to about \$900 million a year. Also, officials said they will be able to determine when a drug is being inappropriately dispensed to treat certain conditions. By promoting best practices in therapy management, agency officials said they hope to cut down on unnecessary prescription bills. Dr. Mark McClellan, a senior fellow at the Brookings Institution and a former Medicare administrator, said the new data mining system was actually a good model for maintaining patient privacy. The personal data stays where it was, with an insurer or within a medical practice, or within Medicare. The FDA doesn't need personally identifying information to help it monitor medical practices. "You don't have to share with the FDA a whole lot of detailed personal information about each case," McClellan said. "What FDA mainly needs to know is what's going on in the population being treated by all these different components of our health care system." Rep. Rosa DeLauro, (D-CT) said she was glad the FDA was laying the groundwork for the surveillance system. But she said the effort has taken too long and that it's still just in the planning stages. Von Eschenbach said a pilot project allowing the FDA to look at Medicare data could begin after 30 days. [Source: AP Kevin Freking article 22 May 08 ++]

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> VA EMERGENCY CARE UPDATE 02: On 21 MAY, the House passed the Veterans Emergency Care Fairness Act of 2007 (H.R.3819) by a vote of 412-0. The bill now has been passed to the Senate under a companion bill S.2142 introduced by Senator Sherrod Brown. Currently, when a veteran needs emergency medical treatment, the VA allows that veteran to go to the nearest private or community hospital. Once the veteran is stabilized, the veteran must then be transferred to a VA hospital for any necessary continued care. A problem arises when there is a wait for a bed in a VA hospital. The law does not require the VA to reimburse the hospital for the care given after the point of stabilization. S.2142/HR 3819 simply closes that loophole and requires the VA to reimburse the private hospital for care. In rural areas, the problem with the current law is particularly pronounced. Often, a patient may be deemed stable but is not necessarily stable enough to make ambulance trips traveling long distances. More specifically, the Veterans Emergency Care Fairness Act:

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

> . Requires (under current law, authorizes) the Secretary to reimburse certain veterans with a service-connected disability or a non-service-

connected disability associated with or aggravating a service-connected disability for the value of emergency treatment for which such veterans have made payment from sources other than the VA.

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> Veterans are encouraged to contact their Senators and impress upon them the necessity of voting favorably on this legislation. This can be easily done by referring to

[http://capwiz.com/usdr/issues/alert/?alertid=11407326&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/issues/alert/?alertid=11407326&queueid=[capwiz:queue_id]), entering a zip code, reviewing a preformatted message, and completing constituency data to forward the message to their Senators. [Source: USDR action alert 22 May 08 ++]

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> VA BENEFIT ROLLS: Following are the numbers of veterans, children, parents, and surviving spouses on the U.S. Veterans and Dependents Benefits Rolls as of SEP 07:

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> CONFLICT ..... VETS - Kids - PARENTS - SPOUSES

> Civil War ..... 0 - 3 - 0 - 0

> Indian Wars ..... 0 - 0 - 0 - 0

> Spanish-American War ... 0 - 108 - 0 - 108

> Mexican Border ..... 0 - 15 - 0 - 62

> World War I ..... 0 - 3,500 - 0 - 6,059

> World War II (Note 1)... 396,944 - 15,006 - 167 - 225,908

> Korean Conflict .... 223,499 - 3,278 - 335 - 60,885

> Vietnam Era ..... 1,141,946 - 9,227 - 3,252 - 158,127

> Gulf War (Note 2) ... 802,381 - 13,189 - 859 - 14,471

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> Nonservice-connected 322,875 - 19,176 - 0 - 180,664

> Service-connected 2,844,354 - 28,176 - 6,133 - 317,385

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> (Note 1) Based on new population projections VA estimates the number of living World War II U.S. vets over the next 15 years will be:

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> . SEP 08 - 2,457,000; SEP 09 - 2,143,000; SEP 10 - 1,850,000; SEP 11 - 1,581,000;

> . SEP 12 - 1,336,000; SEP 13 - 1,117,000; SEP 14 - 921,000; SEP 15 - 750,000;

> . SEP 16 - 602,000; SEP 17 - 477,000; SEP 18 - 371,000; SEP 19 - 285,000;

> . SEP 20 - 214,000; SEP 21 - 158,000; and SEP 22 - 115,000.

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> (Note 2) For compensation and pension purposes, the Persian Gulf War period has not yet been terminated and includes veterans of Operations Iraqi and Enduring Freedom.)

> [Source: VA America's Wars Fact Sheet Nov 07 ++]

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> SBP SSDI: Section 644 of the 2008 National Defense Authorization Act (NDAA) authorizes a Special Survivor Indemnity Allowance (SSDI) for person affected by required SBP annuity offset for Dependency and Indemnity Compensation (DIC). This includes Guard/Reserve retirees who died before age 60. The service secretary concerned shall pay SSDI to the surviving spouse/former spouse if the surviving spouse/former spouse is entitled to DIC and is eligible to receive an annuity by reason of an election of SBP who, except for the DIC offset, would be eligible to receive the annuity, shall be paid the monthly amount equal to:

> . For months during fiscal year 2009, \$50.00;

> . For months during fiscal year 2010, \$60.00;

> . For months during fiscal year 2011, \$70.00;

> . For months during fiscal year 2012, \$80.00;

> . For months during fiscal year 2013, \$90.00;

> . For months after fiscal year 2013, \$100.00.

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> The amount of the allowance paid for any month may not exceed the amount of the annuity for that month that is subject to DIC offset. The survivor indemnity allowance is not subject to adjustment under any other provision of law. The funds shall be paid from the retirement trust fund, and shall only apply with respect to months beginning on 1 OCT 08, through 28 FEB 16. The indemnity allowance might be perceived as a first step toward easing the ban on concurrent receipt for military widows. [Source: DFAS Retired Pay Newsletter Apr 08 ++]

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> VA CLINIC OPENINGS UPDATE 09: The House with a vote of 416-0 passed a bill 21 MAY that would authorize the Veterans Affairs Department to pay for major medical facility construction projects and leases in fiscal 2009." The legislation, H.R.5856: Department of Veterans Affairs Medical Facility Authorization and Lease Act of 2008 sponsored by US Rep. Michael H. Michaud (D-ME), chairman of the Veterans Affairs Health Subcommittee, would authorize approximately \$2.1 billion to build new and previously authorized medical facilities, while approximately \$60.1 million would be authorized for the VA to lease 12 medical facilities. The VA secretary, meanwhile, would be required to submit an annual report on community-based outpatient clinics to the House and Senate Veterans Affairs committees. The report would include lists of outpatient clinics opened by the department during the preceding fiscal year, those opened during the current fiscal year and proposals for clinics to be opened in the following fiscal year. [Source: Congressional Quarterly Johnson article 21 May 08 ++]

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> IOWA VETERAN GRANT PROGRAM: The University of Iowa has created a Veterans Grant Program to help fill the financial gap that many veterans

face with existing GI Bill benefits. The UI will provide grants of up to \$500 per semester to offset educational expenses for veterans who entered service from the state of Iowa and who were on active duty to serve in support of the Global War on Terror, or other periods of hostility. The UI has allocated \$100,000 for the Veterans Grant Program, according to UI President Sally Mason. John Mikelson, advisor for the UI Veterans Center, explained that while the current GI Bill covers some tuition and fees for veterans, it does not cover all costs, depending on individual situations. "In a best-case scenario, approximately 60% of these educational costs are currently covered for veterans, and the UI grant will be a big help to current students," he said, adding that the UI is among the first universities in the country to offer this kind of grant to veterans. The new UI Veteran's Grant is based on need as determined by completion of the Application for Federal Student Aid (FAFSA) form. Students who are eligible for benefits as a dependent of a veteran who became 100% disabled or died as a result of military duty may also be awarded this grant. The Veterans Grant is renewable, but cannot exceed eight semesters. To reapply, the veteran must complete the FAFSA each year and must submit an application. To apply, students are required to complete the FAFSA, and present military discharge papers to the UI Veterans Affairs office, Office of the Registrar, Room 1 of Jessup Hall, Iowa city IA 52242 Tel: (319-335-0219). Proof of eligibility for benefits can be submitted by dependents of veterans. The Veterans Affairs Office will provide a brief grant application upon request. [Source: UI News Service Office 21 May 08 ++]

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> **TRICARE MEDICAID COVERAGE:** Most Tricare users are aware that Tricare by law is always the last payer over any other type of medial care insurance (including Medicare) that a user has. However, this does not apply to Medicaid. Medicaid is essentially a welfare program, providing medical benefits for people under various state welfare programs (such as Aid to Families with Dependent Children) or who qualify by reason of being determined to be "medically indigent" based on a means test. Congress enacted P.L. 97-377 with the intent that no class of Tricare beneficiary should have to resort to welfare programs; therefore, Medicaid was exempted from these double coverage provisions. Whenever a Tricare beneficiary is also eligible for Medicaid, Tricare is always the primary payer. Medicaid can supplement Tricare. [Source: Washington Times Sgt Shaft article 19 May 08 ++]

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> **SSA COLA 2009:** For years seniors have been getting by on Social Security benefits with a very small Cost-of-Living-Adjustment (COLA). The Senior Citizens League (TSCCL) recently released a study that puts real numbers of the loss of buying power they are facing. This study shows that, from 2000 through 2008 alone, Medicare Part B premiums have increased 112%, and that

prescription drugs have increased 49%. Concurrently seniors are facing cost increases in basic groceries like milk and eggs. Meanwhile, their Social Security benefits have increased only 24%. The study shows they have lost 51% of their buying power just since 2000. Clearly, the Social Security COLA is not keeping up with inflation, which is what it was intended to do. One primary reason is that the current COLA is based on a market basket of goods typically purchased by younger wage earners, called the Consumer Price Index for Wage Earners (CPI-W). As a result, Social Security beneficiaries received a 2.3% increase in benefits for 2008.

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> The government does track a Consumer Price Index for Elderly Consumers (CPI-E), which takes into account the spending habits of senior citizens. That index would have increased seniors benefits by 2.6% vice 2/3% this year. While that difference sounds tiny, it means thousands of dollars in extra benefits over your retirement. The effect of a larger COLA is cumulative like compound interest. A person retiring with an average benefit of \$1,055 in 2007 would receive \$2,000 more in the first ten years of retirement using the CPI-E vice the CPI-W and \$18,227 more over a 25-year retirement. A senior who retired with a benefit of \$460 in 1984 would have received almost \$11,200 more over the past 24 years if the COLA was based on the CPI-E. Legislation has been introduced by Rep. Charles Gonzalez (TX-20) that would base the Social Security COLA on the CPI-E. If signed into law the Consumer Price Index for Elderly Consumers Act (H.R.1953) would base the Social Security COLA on the CPI-E. To see if your Member of Congress is one of the 16 who so far have supported the CPI-E or request he/she do refer to [http://capwiz.com/usdr/issues/alert/?alertid=11399626&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/issues/alert/?alertid=11399626&queueid=[capwiz:queue_id]). Enter your zip code and complete your constitute data. If he/she is already sponsoring the bill you can send an automatic "Thank You" message. If he/she has not signed on to support the bill you can send an automatic message requesting to so. [Source: TSCL Action alert 20 May 08 ++]

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> ECONOMIC STIMULUS PACKAGE UPDATE 06: Clarification for tax filers who are using Taxpayer Identification Numbers (ITIN) vice Social Security numbers on their 1040 & 1040A tax forms for their spouse or children is provided in the below taken from the IRS website. Bottom line if your spouse does not have a SSN and you file jointly using his/her ITIN neither of you will receive a ECS payment. If you both have SSNs and your child does not you will receive your ECS payment but nothing for the child:

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> Q. I file using an individual taxpayer identification number (ITIN). Can I still get a stimulus payment?

> A. No. The law does not allow stimulus payments to people who file a return using an ITIN. A taxpayer must have a valid Social Security number to qualify for the stimulus payment. If married filing jointly, both taxpayers must have a valid Social Security number. And children must have valid

Social Security numbers to be eligible as qualifying children.

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> Q. If I currently have an ITIN and file my return but later this year get an SSN, can I amend my return to get the payment or will I need to wait until I file my 2008 return to claim it?

> A. You will need to wait until you file your 2008 income tax return to claim the economic stimulus payment. [New 4/14/08]

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> Q. I have an ITIN, but my spouse has a valid Social Security number. Can we get a payment?

> A. If you and your spouse file a joint return, you will not get a stimulus payment. If your spouse files a separate return, your spouse may qualify for a payment, based on his or her income deductions and credits.

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> Q. If I have a spouse with an ITIN and therefore choose "married filing separately" status to qualify for the economic stimulus payment and later on amend my original return to "married filing jointly" status, will I need to return the stimulus payment?

> A. No. [New 4/14/08]

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> Q. If I have a valid Social Security number and my child has an ITIN, do I get extra money for the child?

> A. No. To qualify for the extra credit for qualifying children, not only do the taxpayer and spouse, if filing jointly, need valid Social Security numbers, but the qualifying child must also have a valid Social Security number.

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> Q. I adopted a child this year and my child has an ATIN (Adoption Taxpayer Identification Number). Will I receive the \$300 additional child payment?

> A. An ATIN is issued by the IRS as a temporary taxpayer identification number for the child. Adoptive parents who do not yet have a Social Security number for their child will not get the advance payment. However, if they receive a Social Security number for the child before the end of 2008, they can claim the additional child payment on their 2008 tax return.

> [Source: IRS Website

<http://www.irs.gov/newsroom/article/0,,id=181995,00.html> 20 May 08 ++]

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> VA SUICIDE PREVENTION UPDATE 04: On 15 MAY Senator Daniel K. Akaka (D-HI) invoked his oversight authority as Chairman of the Veterans' Affairs Committee to formally request data from VA on veterans' suicides that is not otherwise available to the Congress. In a letter to Veterans Affairs Secretary James Peake, Akaka stressed the need for full and accurate data on the issue. In his letter, Akaka specifically requested the following from Secretary Peake:

- > . The total number of veterans who have committed suicide or attempted to commit suicide
- > . The number of veterans who have committed suicide or attempted to commit suicide while receiving care from VA
- > . Information on VA's efforts to improve outreach and assistance for veterans between the ages of 30 and 64
- > . All of VA's health care quality assurance reviews related to suicides and suicide attempts over the past three years
- >
- > As Chairman of the Senate Veterans' Affairs Committee, Akaka is empowered by federal law to review medical quality assurance records that are otherwise not provided outside of the Department. Akaka's request follows heightened concerns from Congress and others regarding veteran suicides. Last week, Secretary Peake testified that both male and female veterans are more likely than non-veterans to commit suicide. In recent weeks Akaka has sought action on veteran mental health issues, meeting with Secretary Peake, and working with the Senate Majority Leader to bring up S.2162, the bipartisan Veterans' Mental Health and Other Improvements Act of 2008. According to a recent Rand study nearly one in five Iraq and Afghanistan veterans - roughly 300,000 so far - report symptoms of PTSD or major depression, and fewer than half receive mental health care. [Source: Akaka Press Release 15 May 08 ++]
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- > COLA 2009: On 14 MAY, the Bureau of Labor Statistics at [www.bls.gov/cpi](http://www.bls.gov/cpi) announced the APR 08 monthly Consumer Price Index (CPI), which is the metric used to calculate the annual cost-of-living adjustment (COLA) for military retired pay, VA disability compensation, survivor annuities, and Social Security. The CPI jumped 0.7% over March's value. The CPI-W for April is 210.698. That puts cumulative inflation at 3.5% above the 2007 third quarter average base index of 203.6. The COLA will be even higher if inflation goes up between now and 30 SEP. About one in every six Americans - millions of former feds, ex-military and people on Social Security - will get the JAN 09 COLA. It's automatic. Congress and the White House don't have to do anything to implement it. And, because Social Security is the dangerous third rail of American politics, Congress and the White House know better than to touch it. The majority of federal retirees are under the old Civil Service Retirement System. They will get the full COLA regardless of their age. Retirees who are under the FERS retirement system get one percentage point less than the full COLA and they don't qualify for it until they are age 62 or older. MAY's consumer price indices will be released on 13 JUN 08. [Source: NARFE Legislative Update 629 dtd 16 May 08 ++]
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- > EAGLE HAMMOCK RV PARK: The Navy's MWR Eagle Hammock RV Park is located on

the Naval Submarine Base Kings Bay GA 6 miles from the Florida state line, Georgia Exit 1, Interstate 95. It contains 50 RV sites equipped with paved pads, water, sewage, and electrical hookups, picnic tables, and fire rings. Five sites and one restroom are American Disability compliant. Sites run \$18 to \$32 daily dependent on season, site location and hookups. A community center structure offers no cost laundry room and bathhouse plus WiFi connectivity. Limit of 2 pets allowed per campsite with usual leash and clean-up rules. Cell phone use while driving on base is prohibited. BioDiesel is available at on-base gas station. Recreational activities available include

- > . Fishing in a 220 acre lake and various ponds stocked with bass, bream and catfish
- > . Miles of paved paves for joggers and cyclist.
- > . On base 18 hole golf course and bowling center.
- > . Fitness complex with cardio theatre, racquetball basketball and tennis courts, weight room, and Olympic size swimming pool with a 150 foot double water slide.

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> Kings Bay is situated on Georgia's coastal region in the town of St. Mary's in the SE corner of the state. Cumberland Island National Seashore and Okefenokee Swamp National Wildlife Refuge are just minutes away. Jacksonville FL is about 35 miles away. Facilities are available year round to all Active Duty, Retirees, Reserves, National Guard, and DOD Civilians. For additional info and reservations email [eaglehammock@tds.net](mailto:eaglehammock@tds.net) or call either (800) 818-1815 or (912) 673-1161 or mail to: Outdoor Recreation, 1063 USS Tennessee Avenue, Kings Bay, GA 31547. [Source: U.S. Military Campgrounds and RV Parks 29 May 08 ++]

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> NDAA 2009 UPDATE 02: On 14 MAY the House Armed Services Committee (HASC) completed action on H.R.5658, the FY 2009 National Defense Authorization Act, and reported the bill to the full House for further consideration. Subsequently, on 22 MAY by a vote of 384-23, the House approved H.R. 5658 the FY 2009 National Defense Authorization Act (NDAA). It may appear, on first look that the bill sent to the House floor by the HASC rejected the Pentagon and Task Force plan to steeply raise Tricare fees and prescription costs. However, unlike the Senate's rejection of higher fees, there's a serious wrinkle in the HASC version. Instead of outright rejecting the Pentagon plan, Personnel Subcommittee Chairwoman Susan Davis (D-CA) decided that retirees could help cover the costs of Tricare by absorbing a one month, one percent reduction in their COLAs. In other words, Chairwomen Davis would have retirees pay for their Tricare benefits from their retirement pocket instead of their healthcare pocket. Subcommittee Ranking Member John McHugh (R-NY) objected to the plan and said he would find a more palatable alternative. According Tom Philpott's Military Update column, Subcommittee Chairwomen Davis "shrugged off McHugh's

criticism, saying difficult choices had to be made." NAUS Memo to House Members: Here's a "less difficult" choice for our U.S. Congress: how 'bout getting your priorities straight. End "free health care for illegal immigrants" and keep the promise made to Americans who gave a lifetime to military service defending our country and our way of life.

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> The Committee good news is that it also approved a 3.9% pay raise for active duty forces, which is a half percent higher than the Administration requested. Rep. Thelma Drake (R-VA) successfully added an amendment to see that military pay raises are at least a half-percentage point higher than the Employment Cost Index (ECI) through 2013. Other provisions would:

> . Lower premiums paid by drilling reservists who enroll in the Tricare Reserve Select (TRS) program;

> . Bar any TRICARE or pharmacy fee increases for FY2009.

> . Establish a new preventive health program, which now includes Tricare for Life beneficiaries.

> . Bar studies of commissary privatization through 2013.

> . Require DoD recommendation on selling beer and wine in commissaries.

> . Direct DoD recommendation on opening commissaries to disabled veterans with VA ratings of 30% or greater.

> . Direct DoD plan to simplify Guard/Reserve duty status categories.

> . Authorize Reservists who retired with 20 years of active duty to switch to Reserve retirement if that provides greater retired pay, as of JAN 09 (no retroactive payment).

> . Authorize recomputation of Guard/Reserve retired pay following at least two years of recalled active duty .

> . Extend Guard/Reserve income replacement authority through 2009.

> . Authorize a pilot program to exempt certain preventive care (e.g., mammograms, colonoscopies, vaccinations) from TRICARE copays and deductibles (Note: original reports indicated that Medicare-eligibles would be excluded, but Committee leaders resolved that problem).

> . Authorize chiropractic care for all active duty members (but not family members, retirees or survivors).

> . Restore SBP to survivors of members who died on active duty, but whose SBP was switched to children (when children attain majority or if remarriage ends).

> . Include the Mail Voucher program (H.R.1439) as an amendment to provide free mailing privileges for family members to send mail and packages to their loved ones serving in combat areas.

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> Unfortunately, three key initiatives were offered but rejected or withdrawn during the mark-up. The Committee majority rejected:

> . Rejected an amendment offered by Rep. Thelma Drake (R-VA) to repeal the SBP/DIC offset. This was blocked on a procedural ruling that it was not allowed under the budget resolution guidelines;

> . Rejected an amendment from Rep. Joe Wilson (R-SC) to lower Guard and

Reserve retirement age retroactive to Sept. 11, 2001; and

> . In the face of these rejections, Rep. Joe Kline (R-MN) withdrew his amendment for full concurrent receipt to all disabled retirees.

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> The House defense authorization bill also includes language that would halt construction of replacement hospitals for Walter Reed Army Medical Center until the Defense Department demonstrates that it can deliver world-class health services. Language inserted in the bill would prohibit construction from going beyond the foundation stage until lawmakers are satisfied with the design of a new hospital at Fort Belvoir in Fairfax County and expansion of the National Naval Medical Center in Bethesda. Hopefully there will be a sense of urgency, which will spur the Senate to complete action and approve their version of the NDAA and allow a conference to be completed before Congress recesses in October for elections. [Source: NAUS Weekly Update 16 & 23 May 08++]

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> NDAA 2009 UPDATE 03: Sometime in June, the full Senate will be considering Defense Authorization Bill (S.2787) amendments on a variety of issues close to the hearts of the military community. These include:

> . Tricare Fees: Senators Frank Lautenberg (D-NJ) and Chuck Hagel (R-NE) will be offering their amendment that would establish principles in law that military people pay large in-kind premiums of sacrifice for their lifetime health care in addition to cash fees in retirement, and that their fees shouldn't rise in any year by a percentage that exceeds the percentage increase in their military compensation.

> . Concurrent Receipt: Majority Leader Harry Reid (D-NV) will offer one or more amendments to eliminate the VA disability offset to earned military retired pay.

> . Survivor Benefit Plan (SBP): Sen. Bill Nelson's (D-FL) amendment would end the deduction of VA survivor benefits from SBP for all survivors of servicemembers who died of service-connected causes.

> . GI Bill Transferability: Sen. John Warner (R-VA) will offer an amendment to allow servicemembers who complete their initial obligations and commit to extended service the opportunity to transfer part (or in some cases all) of their GI Bill benefits to a spouse or child(ren).

> . Reserve Retirement Age: Sen. Saxby Chambliss's (R-GA) amendment would allow three months' reduction in the reserve retirement age for every 90 days activated since Sept. 11, 2001.

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> When these amendments are finalized, veterans will be asked to e-mail and call their senators to support them. The House completed action on their Defense Authorization Bill (H.R.5658) in MAY. After the Senate approves its version (hopefully by the end of June), House and Senate leaders will have to negotiate resolutions to the differences in the two versions. This could be accomplished before Congress recesses for the election. However, recent

history indicates we may not get a final defense bill until late NOV or DEC, via a post-election "lame duck" session of Congress. [Source: MOAA Leg Up 30 May 08 ++]

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> GI BILL UPDATE 22: On 15 MAY, the House approved a war-funding bill H.R.2642 without any funding for the war after the Democratic leadership had stated that they would allow only 3 Amendments to be considered splitting the bill into 3 parts: War funding, policy provisions and domestic spending. The bill included provisions, which Bush announced he would veto, that would require withdrawal of troops to begin 30 days after it was signed into law and a non-binding goal of total removal in 18 months. So without the ability to propose Amendments, the funding issue failed on a 141-to-149 vote with 132 Republicans voting "present," holding back their support to protest against domestic-spending items Democrats added to the must-pass legislation. While there's no war funding, the legislation does contain a domestic spending package including:

> . Money to grant 13 more weeks of unemployment insurance for workers whose insurance has run out and 13 weeks more in high unemployment states.

> . A "millionaire tax surcharge" to pay for it and other programs. The surcharge would be a 1/2% tax on incomes above \$1 million but, it would apply to an individual making \$500,000, or a couple making \$1 million).

> . Utilization of the tax proceeds to cover the estimated \$51 billion costs over 10 years of a 4-year Public University's tuition plus a monthly stipend and book costs.

> . A withdrawal of U.S. troops from Iraq to begin within 30 days with a "goal" of withdrawal within 18 months.

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> The bill's passage hardly settles all the issues in the Supplemental, but it would mean that the bill would start to move through the process. As it includes \$96.6 billion to fund the Wars in Iraq and Afghanistan through September. (President requested \$100 billion.) The remaining \$3.4 billion is assigned to pay for military base and hospital construction, food aid and money for the Federal Bureau of the Census and the Federal Bureau of Prisons. There is an additional \$66 billion for DoD to pay for the Wars from 1 OCT until a new Administration is sworn in next year. President Bush has said that he would veto the bill if it included tax increases. It is expected that the Senate will remove the War withdrawal provisions and the tax increase from the bill. Smart money on the Hill is the President will not veto the Supplemental if it includes the improved Veterans Benefits or the unemployment provisions. Only time will tell. Leaders in the House and Senate now say final action is unlikely to be completed before the Memorial Day recess. Without the extra money, Pentagon officials warn that by June the services will run out of money and be forced to cut elsewhere to cover war costs. Though once assured that Congress would finish the bill by early May, Senate Majority Leader Harry Reid now believes the bill may not be

completed until mid-June. Debate, however, may begin before the recess.

[Source: TREA/NAUS 16 May 08 ++]

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> VA PTSD EVALUATION CRITERIA: Per 38 CFR DC 9440 the evaluation criteria for chronic adjustment disorder and General Rating Formula for mental disorders is:

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> . 100%: Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name.

> . 70%: Occupational and social impairment, with Deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a work like setting); inability to establish and maintain effective relationships.

> . 50%: Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships.

> . 30%: Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events).

> . 10%: Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or; symptoms controlled by continuous medication.

> . 0%: A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning

or to require continuous medication.

> [Source: VFW VSO Scott H. Langhoff article 15 May 08 ++]

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> VA PTSD CLAIM SUPPORT: There has been some confusion concerning what is a decoration for Valor in combat to support PTSD claims filed due to combat.

The decorations on the below list are the only decorations recognized for Valor in combat. If the Veteran has one of these decorations, he (or she) does not need a diagnosis of PTSD, as exposure to combat is conceded by the VA. They only need to complete VA form 21-0781 detailing stressful incidences to the best of their ability, and provide a "Stressor Statement" detailing the symptoms they're experiencing (see attached list). There can be other acceptable evidence in the form of official Unit Records, Diaries and Ship's Deck Logs on occasion.

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> . Air Force Cross

> . Air Medal with "V" Device

> . Army Commendation Medal with "V" Device

> . Bronze Star Medal with "V" Device

> . Combat Action Badge

> . Combat Action Ribbon (Note: Prior to FEB 69, the Navy Achievement Medal with "V" Device was awarded.)

> . Combat Aircrew Insignia

> . Combat Infantry/Infantryman Badge

> . Combat Medical Badge

> . Distinguished Flying Cross

> . Distinguished Service Cross

> . Joint Service Commendation Medal with "V" Device

> . Medal of Honor

> . Navy Commendation Medal with "V" Device

> . Navy Cross

> . Purple Heart, and/or

> . Silver Star.

> [Source: VFW VSO Scott H. Langhoff article 15 May 08 ++]

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> PTSD PURPLE HEART UPDATE 01: Recently, a military psychologist John E. Fortunato at Fort Bliss TX told reporters during a roundtable that making troops with PTSD eligible for the Purple Heart could help destigmatize the disorder. "These guys have paid at least a high as high a price, some of them as anybody with a traumatic brain injury, as anybody with shrapnel wound, and what it does is it says this is the wound that isn't worthy, and I say it is." When asked about Fortunato's suggestion later, Defense Secretary Robert Gates called it an interesting idea, adding the matter is clearly something that needs to be looked into. On 16 MAY, Pentagon Press Secretary Geoff Morrell said the issue was referred to the Defense

Department Awards Advisory Group after Gates' remarks. "I should point out they've looked at this before, and they determined that it was not appropriate to make PTSD a qualification for the Purple Heart," Morrell said at a news conference. Right now, the regulation that outlines the criteria for the Purple Heart lists PTSD as an injury that does not merit the award, along with trench foot, heat stroke and self-inflicted wounds. The group does not have a timetable to produce a recommendation on the issue, Morrell said. The awards group is made up of awards experts from the services and the Defense Department, said Lt. Col. Jonathan Withington, a Defense Department Spokesman.

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> The Military Order of the Purple Heart (MOPH) veterans group for combat wounded troops whose mission is to preserve the integrity of the Purple Heart has come out against giving the award to troops suffering from post-traumatic stress disorder. They claim that PTSD does not merit the Purple Heart, according to an Army regulation that lays out the criteria for the award. MOPH representatives said, the Purple Heart was set up for combat wounds, for those who have shed blood, and although PTSD is a physical disease and is an injury it does not qualify for the merit of Purple Heart based on that. Injuries that merit the Purple Heart must happen in a combat theater and must be a direct result of enemy action. The group's concern about PTSD is that it can be caused by other factors, not necessarily the enemy. "Did it occur in boot camp? Did it occur because of the rough air flight into theater? Or did it occur because an individual saw the results of the Taliban massacre of a village? Stars and Stripes called the medical center where Fortunato works for a response, but a spokesman there referred questions to Army Human Resources Command, adding that Fortunato should not have commented on the Purple Heart in the first place because the issue is "out of our medical lane." [Source: Stars and Stripes Jeff Schogol article 14 & 17 May 08 ++]

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> PTSD UPDATE 20: Two veterans' advocacy groups have asked for copies of all documents relating to the Veterans Affairs Department's post-traumatic stress disorder policies after an e-mail surfaced asking VA doctors to keep costs down by giving diagnoses of adjustment disorder instead. Veterans diagnosed with PTSD are eligible for health benefits and, in some cases, disability retirement pay. Adjustment disorder, on the other hand, is considered a short-term diagnosis, and does not qualify veterans for benefits, said Brandon Friedman, vice chair of VoteVets.org, one of the advocacy groups. "They can say, 'Ah, you've got something temporary, it'll go away, so we don't need to pay you for the rest of your life,' " Friedman said. He said several veterans have told him they were diagnosed with adjustment disorder rather than PTSD, and that they felt they had received the wrong diagnosis. "We hear anecdotal evidence all the time that VA is trying to cut costs by not diagnosing PTSD," said Friedman, a former

infantry officer who served in Iraq and Afghanistan. "But we've never actually seen proof that it was being done in an organized way."

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> The e-mail, which Friedman said came from a VA hospital's PTSD program coordinator, was apparently sent to several VA employees at that hospital. A psychologist from the hospital in turn sent it to VoteVets.org, Friedman said. "Given that we are having more and more compensation-seeking veterans, I'd like to suggest you refrain from giving a diagnosis of PTSD straight out," the e-mail states. "Consider a diagnosis of adjustment disorder, r/o [rule out] PTSD. Additionally, we really don't ... have time to do the extensive testing that should be done to determine PTSD." The e-mail also states veterans are appealing their compensation and pension ratings based on diagnosis from his staff. VA Secretary James Peake acknowledged in a statement that the e-mail did come from a VA facility, but said it's not official policy. "A single staff member, out of VA's 230,000 employees, in a single medical facility sent a single e-mail with suggestions that are inappropriate and have been repudiated at the highest level of our health-care organization," he said. "The employee has been counseled and is extremely apologetic."

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> VoteVets.org and Citizens for Responsibility and Ethics in Washington (CREW) filed a Freedom of Information Act request 14 MAY asking VA for all documents relating to PTSD. On 28 MAY they requested that the Inspector General for the DVA open an investigation into the process and manner by which the VA makes a diagnosis of post traumatic stress disorder (PTSD) in veterans. Their basis for making this request was additional information they became aware of indicating:

> . The VA has adopted incentive programs that, by rewarding those employees and hospitals that distribute lower levels of compensation to veterans, encourage adjustment disorder diagnoses rather than the most appropriate but also more costly diagnosis of PTSD.

> . VA's internal computer system permits medical files to be changed by health professionals who did not conduct the initial examinations, a practice that appears to have resulted in changed diagnoses from PTSD to adjustment disorder, even where there is no additional medical evidence to support the downgraded diagnoses.

> . Assertions from VA employees that they suffered retaliation for their failure to support these practices.

> "We're not head-hunting," Friedman said. "There are a lot of great people who work at VA who have helped me and my friends. We had to file the FOIA to get to the bottom of this. Is it from the head of the VA? The presidential administration? Or individual hospitals? I would like to know where this directive is coming from." Peake said his staffs "works hard" to make sure mental health issues are accurately diagnosed. "VA's leadership will strongly remind all medical staff that trust, accuracy and transparency is paramount to maintaining our relationships with our veteran patients," he

said. "We are committed to absolute accuracy in a diagnosis and unwavering in providing any and all earned benefits. PTSD and the mental health arena is no exception." [Source: Air Force Times Kelly Kennedy article posted 16 May & CREW press release 28 May 08 ++]

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> PENNSYLVANIA VET BONUS UPDATE 01: Eligible veterans are those who:

> . Served with the United States Armed Forces, a reserve component of the United States Armed Forces or the Pennsylvania National Guard.

> . Served on active duty in the Persian Gulf Theater of Operations during the period from August 2, 1990 to August 31, 1991 and received the Southwest Asia Service Medal.

> . Been a legal resident of Pennsylvania at the time of active service (Aug 2, 1990 - Aug 31, 1991) and served under honorable conditions.

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> Eligible beneficiaries of deceased veterans include, in the following order of precedence:

> . Surviving spouse.

> . Surviving children.

> . Surviving parents.

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> Vets will receive \$75 per month for each month (or major fraction) of active service, up to a maximum of \$525. The sum of \$5,000 will be paid on behalf of veterans who died in active service or as a result of service-connected wounds, and \$5,000 to prisoners of war in the conflict. Service members, veterans or their surviving beneficiaries are not eligible for the program if a bonus, gratuity, or compensation similar to that provided by this Act has been received from any other state, or if the service member or veteran has renounced his or her US citizenship. To request a copy of an application or ask questions call (866) 458-9182 between 9AM and 5PM, M-F or anytime to utilize the automated voice system.

Forms can be downloaded. The short form (PG-1 Short) at

[http://www.milvet.state.pa.us/DMVA/Docs\\_BVA/PGVB/Application\\_Short\\_FILL.pdf](http://www.milvet.state.pa.us/DMVA/Docs_BVA/PGVB/Application_Short_FILL.pdf)

> for veterans or service persons filing on their own behalf. The long form (PG-1 Long) at

[http://www.milvet.state.pa.us/DMVA/Docs\\_BVA/PGVB/Application\\_Long\\_FILL.pdf](http://www.milvet.state.pa.us/DMVA/Docs_BVA/PGVB/Application_Long_FILL.pdf)

should be used if you are a surviving family member of a veteran, or if you are applying on behalf of a veteran deemed incompetent. It can be obtained at Completed applications with attachments should be mailed to: Persian Gulf Conflict Veterans' Benefit Program, PO Box 1109, Harrisburg, PA 17108-1109. For more info ion the program, refer to

[www.persiangufbonus.state.pa.us](http://www.persiangufbonus.state.pa.us) . [Source: EANGUS Minuteman Update 15 May 08 ++]

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> VETERAN LEGISLATION STATUS 29 MAY 08: Congress recessed on 22 MAY

for the Memorial Day weekend and will return to Washington 2 JUN. 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 the 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. Refer to [http://www.thecapitol.net/FAQ/cong\\_schedule.html](http://www.thecapitol.net/FAQ/cong_schedule.html) for future times that you can access your representatives on their home turf. [Source: RAO Bulletin Attachment 29 May 08 ++]

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> HAVE YOU HEARD: A famous Viking explorer returned home from a voyage and found his name missing from the town register. His wife insisted on complaining to the local civic official who apologized profusely saying, 'I must have taken Leif off my census.'

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