

> RAO Bulletin Update

> 15 June 2008

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> THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES

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- > == Medicare Reimbursement Rates 2008 [02] ----- (18 Days Left)
- > == VA Report Card ----- (High Marks)
- > == Medicare Fraud [07] ----- (\$205 million)
- > == Mobilized Reserve 11 JUN 08 ----- (16,250 Increase)
- > == Tricare Prior Authorization ----- (Requirements)
- > == VA Home Loan [12] ----- (Mortgage Assistance)
- > == Windows Vista [05] ----- (Performance Impacts Revenues)
- > == NDAA 2009 [04] ----- (Steps to Complete)
- > == Social Security Debit Card ----- (Initiated Spring 08)
- > == VA Blue Water Claims [03] ----- (Denied)
- > == VA Ombudsman's Office ----- (H.R.2192)
- > == Tricare Fees Overseas ----- (Action Alert)
- > == TERA [01] ----- (58,000 Retirees)
- > == SSA Prisoner Rules [01] ----- (What is not Available)
- > == Expatriate Income Tax [01] ----- (Deadlines)
- > == IRS Statute of Limitations ----- (Expat False Assumptions)
- > == Tax on Negotiated Balances ----- (Credit Cards)
- > == Shad [06] ----- (H.R.5954 Hearings)
- > == VA Lawsuit (Lack of Care) [08] ----- (Perez's PTSD email)
- > == Tricare Gray Area Retiree Bill ----- (H.R.6185)
- > == Fisher House Expansion [03] ----- (Boost 38 to 62)
- > == Veteran Rural Health Advisory Committee ----- (Appointees)
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- > == Alzheimer's [04] ----- (7 Stages)
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- > == Medicare Fraud [06] ----- (\$638 million in FL)
- > == National Monuments ----- (Pearl Harbor Considered)
- > == Veteran Legislation Status 13 JUN 08 ----- (Where we Stand)

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> MEDICARE REIMBURSEMENT RATES 2008 UPDATE 02: The cut in Medicare payments

to physicians that are scheduled to take place on 1 JUL. Unless legislation is passed before then, there will be a cut of 10% in Medicare physician payments. This is very important for military retirees because Tricare payments to physicians are the same as the Medicare payments. There is great concern that if the payments cuts are not reversed doctors will not take any new Medicare patients, and likely no new Tricare patients. On 12 June, by a vote of 54 yea (58%, 60% required for passage), 39 nay 7 not voting, the Senate failed to pass S.3101, the Medicare Improvements for Patients and Providers Act of 2008, which would have cancelled the 10% cuts in physician reimbursements and provided a 1% increase to those reimbursements. Inexplicably, Sen. Harry Reid switched his vote from Yea to Nay. Also, very interesting is that the three contenders for the Presidency: Sen. John McCain, Sen. Hillary Clinton, and Sen. Barack Obama did not vote on this important issue.

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> As always seems to be the case, the battle is over where to find the money to pay for the reversal of the cuts, since the Medicare (and military health care) budget for FY2008 was predicated on the cuts going into effect. Senate Finance Committee Chairman Max Baucus (D-MT) has come up with a bill that would stop the cuts by replacing them with a 0.5% increase in physician payments this year and an additional 1.1% increase in FY 2009. His bill would also improve Medicare benefits by expanding subsidies for low-income people, reducing co-payments for mental health treatment and increasing coverage for preventive health services. However, his bill is opposed by most Republicans because it would be paid for by cutting costs in privately run Medicare Advantage programs that have been championed by GOP lawmakers and President Bush. Senator Charles Grassley (R-IA), ranking member of the Senate Finance Committee, has drafted his own bill to fix the problem. The Grassley bill would give doctors the same increases as the Baucus bill, but would pay for them differently. Grassley's bill would eliminate bonus payments that some Medicare Advantage plans receive for operating in areas with teaching hospitals, a provision also contained in the Baucus bill. But Grassley would provide additional money by making cuts in some Medicaid provisions. Medicaid is the federal government health program for the poor. Both sides agree that fixing the pending cuts is the biggest health care priority they face this year, but they are running out of time to fix it.

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> To see how your Senator voted on this legislation refer to <http://tinyurl.com/3z2yee>. After checking, you are encouraged to call and thank those who voted "Yea" and to ask why those who voted "Nay" did so. Calling your congressional representative in Washington D.C. is easier than you think. Our government and the AMA have provided the following no charge numbers for constituents to talk to their elected official's offices located in the Capital Building:

> . 1-866-272-6622 Capital Operator Direct

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

- > . 1-800-828-0498 Capital Operator Direct
- > . 1-800-833-6354 AMA Grass Roots Hotline - follow prompts
- > . 1-866-340-9281 Capital Operator Direct
- > . 1-866-220-0044 Capital Operator Direct
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- > When the capitol operator answers:
 - > 1. Tell her which Senate or House office you want.
 - > 2. When the office answers, tell the staffer that you are a constituent and either thank the Senator for his Yea vote or ask why the Senator voted Nay. If Senator Reid's office, ask why he switched his vote from Yea to Nay.
 - > 3. Provide additional information requested by the staffer. Usually your zip code to confirm you are a constituent.
 - > 4. Be polite and courteous, remember the staffer is simply the "messenger".
 - > 5. For a listing of all other bills refer to <http://thomas.loc.gov>.
- > [Source: TROA Washington Update & USDR Action alert 13 Jun 08 ++]
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- > VA REPORT CARD: A new "hospital report card" by the Department of Veterans Affairs (VA) gives the Department's health care system high marks, with VA facilities often outscoring private-sector health plans in standards commonly accepted by the health care industry. Among the report's findings were:
 - > . 98% of veterans were seen within 30 days at primary care facilities, 97% at specialty clinics. (Veterans requiring emergency care are seen immediately.)
 - > . All of VA's 153 medical centers are accredited by the independent Joint Commission which accredits all U.S. health care facilities.
 - > . The quality scores for older veterans are similar to those for younger veterans.
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- > Although screening for breast and cervical cancer for women in VA facilities exceeds screening in private-sector facilities, women veterans lag behind their male counterparts in some quality measurements, the report noted. VA has already launched an aggressive program to ensure women veterans receive the highest quality of care, including placement of women advocates in every outpatient clinic and medical center. Health care will be a major topic at VA's National Summit on Women Veterans Issues scheduled for 20-22 JUN in Washington. The report also found minority veterans are generally less satisfied with inpatient and outpatient care than white veterans. That disparity will be the focus of an in-depth study, based upon input from veterans, which will be completed this summer. The report card is available on the Internet at http://www.va.gov/health/docs/Hospital_Quality_Report.pdf. In FEB Congress directed VA to complete the report card, highlighting measurements of quality, safety, timeliness, efficiency and patient-centeredness. James

Peake, the Secretary of Veterans Affairs noted that, "No other health care organization provides this much information about its ability to care for its patients." [Source: VA News Release 14 Jun 08 ++]

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> **MEDICARE FRAUD UPDATE 07:** While Congress debates whether or not to reduce Medicare payments to practitioners, task force officials are uncovering increased amounts of fraud. Over nearly four years a high school dropout named Rita Campos electronically submitted more than 140,000 Medicare claims for unnecessary equipment and services. All it took to bilk the federal government out of \$105 million was a laptop computer. After pleading guilty to filing false claims, she has helped authorities win indictments against more than half a dozen Florida doctors and patients who allegedly accepted kickbacks for pretending to receive costly HIV drug therapy. With her cooperation, FBI agents this week arrested three Miami-area men who, the government alleges, financed sham clinics that billed the government more than \$100 million. Sentenced to 10 years, Campos Ramirez, 60, may yet reduce her prison term by helping authorities unwind "the large web of medical clinics, doctors, nurses, money laundering companies and HIV clinic financiers who participated in this massive fraud," prosecutors wrote earlier this year in court papers. Her lawyer did not return calls seeking comment.

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> By many accounts, Campos Ramirez was unusually successful. Prosecutors say that corrupt medical clinic owners anticipate that Medicare will cover a quarter of their phony claims. But Campos Ramirez persuaded authorities to cover 60% of all the bills she submitted on behalf of 75 HIV clinics in South Florida, according to court filings. Health-care experts say the simplicity of Ramirez's scheme underscores the scope of the growing fraud problem and the need to devote more resources to theft prevention. Law enforcement authorities estimate that health-care fraud costs taxpayers more than \$60 billion each year. A critical aspect of the problem is that Medicare, the health program for the elderly and the disabled, automatically pays the vast majority of the bills it receives from companies that possess federally issued supplier numbers. Computer and audit systems now in place to detect problems generally focus on overbilling and unorthodox medical treatment rather than fraud, scholars say.

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> Daniel R. Levinson, the inspector general of the Department of Health and Human Services (HHS) has warned repeatedly that the Medicare program is "highly vulnerable" to fraud, particularly in South Florida, where schemes center on expensive, infusion-based HIV medications and on equipment such as wheelchairs, walkers, canes and hospital beds. Officials from the Centers for Medicare and Medicaid Services (CMS), which oversees federally funded health programs, say they have stepped up their efforts to combat fraud over the past year by working closely with investigators, removing the requisite

billing numbers of nearly 900 companies and imposing new standards in high-fraud areas that would prevent people convicted of felonies from ever receiving a Medicare number. Investigators and prosecutors trained their focus on Miami after noticing two troubling patterns:

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> . HHS investigators discovered that nearly half of 1,581 medical equipment companies they visited in the Miami area did not comply with basic Medicare requirements to be open during scheduled hours and to have a telephone number. The inspector general and the Government Accountability Office have flagged weak oversight of these kinds of suppliers for a dozen years, according to congressional testimony.

> . The South Florida region bills Medicare more than \$2 billion each year for injectable HIV medications. That figure is 22 times as high as the amount of similar claims in the rest of the country, and is far out of line with demographic data in a population of 2 million people in Miami-Dade County.

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> Justice Department officials moved to freeze money in suspicious bank accounts controlled by medical equipment company owners and they created a Washington-based strike force to handle the issue. The strike force, in concert with a small group of U.S. attorney's offices, has in the past year opened nearly 900 criminal investigations and convicted 560 defendants in health-care fraud offenses throughout the country. Authorities say the strategy is working. They point to a \$1.75 billion drop in Medicare claims in Miami since the operation began a year ago. But even government officials hope for a more comprehensive solution. Christopher Dennis, the special agent in charge of the HHS inspector general's office in Miami, said fraudulent medical equipment companies appear to have shifted gears since the strike force arrived. After a crackdown in South Florida, at least some corporate owners moved to the north, he said. Investigators dubbed one initiative "Operation Whack-a-Mole," after the carnival game in which a creature pops up in different places after being hit with a hammer.

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> The strike force recently established a base in Los Angeles, another area rife with fraud. Prosecutors announced criminal charges last month against two medical equipment company owners who are accused of falsely billing Medicare more than \$2 million. Plans call for a similar rollout this fall in Houston, another potential fraud hot spot. Officials who oversee the Medicare program say they are vigilant despite time pressure and limited resources. Employees review fewer than 5% of the nearly 1 billion claims filed each year. The vast majority of claims shuttle through computer systems that are tweaked when authorities notice fraud patterns. This year, CMS is working to finalize a rule that would prevent convicted felons from obtaining Medicare billing numbers. At present, that regulation applies only in a few high-fraud regions.

> [Source: Washington Post Carrie Johnson article 13 Jun 08 ++]

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> MOBILIZED RESERVE 11 JUN 08: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 11 JUN 08 in support of the partial mobilization. The net collective result is 16250 more reservists mobilized than last reported in the Bulletin for 28 MAY 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 87,542; Navy Reserve, 5,982; Air National Guard and Air Force Reserve, 12,452; Marine Corps Reserve, 9,150; and the Coast Guard Reserve, 784. This brings the total National Guard and Reserve personnel who have been mobilized to 115,950, including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at <http://www.defenselink.mil/news/Jun2008/d20080611ngr.pdf> .. [Source: DoD News Release 456-08 11 Jun 08 ++]

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> TRICARE PRIOR AUTHORIZATION: Tricare Standard puts the power to manage your health care in your hands by not requiring referrals. However, some services may require prior authorization.

> Under TRICARE Standard prior authorization is required for the following services:

> . Adjunctive dental services

> . Home health services

> . Hospice care

> . Non-emergency inpatient behavioral health care, including non-emergency inpatient admissions for substance use disorders

> . Outpatient behavioral health care after the eighth visit in a fiscal year (Oct. 1-Sept. 30)

> . Transplants (solid organ and stem cell)

> . Tricare Extended Care Health Option services

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> Your network provider can coordinate the authorization with the regional Tricare contractor. Once an authorization is granted, the contractor will also issue service beginning and ending dates for medical or surgical services. For behavioral health authorizations, the contractor will specify a certain number of visits, in addition to the beginning and ending dates. All authorized care must be received before the authorization's end date. If not, your provider must acquire a new authorization. Additional authorization rules may apply, so it's best to call your regional Tricare contractor if you have questions. [Source: NAUS Weekly Update 13 Jun 08 ++]

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> VA HOME LOAN UPDATE 12: Many home owners have found it difficult

recently to pay their mortgages, VA guaranteed or otherwise, but intervention by loan counselors at the Department of Veterans Affairs (VA) has actually reduced the number of veterans defaulting on their home loans. Accounting for much of this success are VA counselors at nine regional loan centers who assist people with VA-guaranteed loans avoid foreclosure through counseling and special financing arrangements. The counselors also can assist other veterans with financial problems. VA counselors have helped about 74,000 veterans, active-duty members and survivors keep their homes since 2000, a savings to the government of nearly \$1.5 billion. Depending on a veteran's circumstances, VA can intercede with the borrower on the veteran's behalf to pursue options -- such as repayment plans, forbearance, and loan modifications -- that would allow a veteran to keep a home. To obtain help from a VA financial counselor, veterans can call VA at 1(877) 827-3702. Information about VA's home loan guaranty program can be obtained at www.homeloans.va.gov. Since 1944, when home-loan guaranties were offered with the original GI Bill, VA has guaranteed more than 18 million home loans worth \$911 billion. Last year about 135,000 veterans, active-duty service members and survivors received loans valued at nearly \$24 billion. About 2.3 million home loans still in effect were purchased through VA's home-loan guaranty program, which makes home loans more affordable for veterans, active-duty members and some surviving spouses by protecting lenders from loss if the borrower fails to repay the loan. More than 90% of VA-backed home loans were given without a downpayment. April 08 data shows that foreclosures are down more than 50% from the same months in 2003. VA attributes this to prudent credit underwriting standards, its robust supplemental loan servicing program and VA financial loan counselors. [Source: VA News Release 12 Jun 08 ++]

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> WINDOWS VISTA UPDATE 05: The negative perception of Windows Vista may be catching up to Microsoft in the bank. On 11 JUN a financial analyst firm lowered its revenue estimate for Microsoft's 2008 and 2009 fiscal years, citing a negative perception about the operating system that is affecting its adoption by businesses. The research report by Sanford C. Bernstein analysts also hinted at the release date for the next version of Windows code-named Windows 7. In the report, analysts said they expect Windows 7 to be released in the second quarter of 2010. In the report, analysts Charles J. Di Bona, Maureen Murphy and Mariel A. Hardi lowered their revenue estimates for Microsoft by \$49 million for fiscal 2008 and by \$395 million for fiscal 2009. While the 2008 revision didn't affect the firm's earnings estimate of \$1.91 per share for that year, it lowered its 2009 estimate to \$2.17 from \$2.20, according to the report. "Support for Vista has been battered across all enterprise sizes and corporate constituencies," the report stated. "As a consequence, the Vista cycle looks likely to be materially less robust than indicated in our prior survey." The key factor has been "overwhelmingly bad publicity" for Vista, particularly about the

option for enterprise licensees to downgrade to XP from Vista, and the potential for companies to skip Vista in favor of Windows 7. The downgrade option has been especially troublesome for Microsoft, which in some cases has had to extend the time it will sell XP due to customer demand. The negative publicity has left businesses with a perception that there is no good reason for them to upgrade, according to the Bernstein report. "Almost no feature of the new OS is now seen as a meaningful positive driver for adoption," the analysts said. Independent analyst Brian Madden concurred. "From a company standpoint, there is not a single damn reason people should use Vista," he said. "Will you sell another widget because of Vista? No. And besides, Vista has so many hardware requirements that you increase your costs." The Bernstein report also cites costs associated with Vista, which would require some companies to upgrade their desktop hardware because of the increased system requirements, a further impediment to adoption. Moreover, some features of Vista that Microsoft promoted as key reasons to upgrade, such as security, have been undermined by negative publicity around tools like User Account Control, a new security feature many customers have griped about, according to the report. [Source: IDG News Service Elizabeth Montalbano article 11 Jun 08 ++]

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> NDAA 2009 UPDATE 04: The House and Senate have been working on their own versions of the 2009 NDAA, attempting to get a bill to the President's desk for signature into law by October 1, 2008. The House approved their version, H.R.5658, on 22 MAU by a vote of 384-23. The bill has \$601.4 billion in regular funding (excludes war funding) for the Defense Department. Included in the bill is a 3.9% pay raise; increases in full time manning for the Army and Air Guard; allows for Tricare cost share increases; initiates a 3-year sabbatical program; initiates a tuition-assistance program for military spouses; buys more aircraft such as C-17s, F-22s, C-130s, and F-35s; includes \$750 million for Guard & reserve equipment purchases; and authorizes \$65.4 million for reintegration programs. The Senate version, S.3001, is still in committee and has not progressed to the floor for debate or vote yet. The best guess is that the Senate will not take up this legislation until after the 4 JUL recess is over. This bill has \$612.5 billion in regular funding. It also increases full time manning for the Army and Air Guard; allows for no Tricare fee increases; includes the pay raise and sabbatical provisions; has \$390 million for Guard homeland defense equipment but no equipment account; authorizes 21 days of paternity leave; and requires DOD and JCS and NGB to develop a strategic plan for the role of the Guard. Once the Senate votes their version of the bill, both bills go to conference committee to iron out any differences. Then the compromise conference bill goes back to both chambers for ratification vote, and following that affirmative vote, it goes to the President for signature (or veto). On May 22 MAY the White House issued a veto threat concerning HR 5658, citing 27 different provisions of

concern in the bill. Among those provisions for which the President would veto the bill are: the pay raise (3.4% vs. 3.9%), purchase of additional C-17s, F-22s, and F-35s, and not increasing the Tricare cost share amounts to even higher levels. [Source: EANGUS Minuteman Update 12 Jun 08 ++]

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> **SOCIAL SECURITY DEBIT CARD:** For millions of Americans, accessing their Social Security benefits is now just a card swipe away. A new debit card being offered by the Treasury Department gives nearly 4 million recipients who have no bank accounts an alternative to paper checks that they must cash, usually at a price. The new debit card, issued by Comerica Bank, was quietly marketed to nearly 3.5 million recipients of Social Security and Supplemental Security Income (SSI) this spring. It's now available to any benefit recipient through enrollment at www.usdirectexpress.com. States already load child support payments and unemployment benefits onto debit cards. The federal government has used prepaid debit cards, too, for disaster relief aid. But the Social Security debit card is the largest push to date to switch from costly paper checks to electronic payments. "Our goal is to move to 100% electronic payments," says Judy Tillman, commissioner of Treasury's Financial Management Service. "It's safer and more reliable for delivery" of funds.

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> The new debit card will eliminate the need for consumers without bank accounts to use costly check-cashing services, the Treasury Department says. It will also save the government money. The Treasury estimates that if all 4 million recipients without bank accounts signed up for the card, it would save \$42 million a year. As with any other debit card, using it won't always be free. For instance, holders will get one free ATM withdrawal per month. After that, they'll be charged 90 cents for each withdrawal. A fee of 75 cents per month also applies if card holders want paper statements mailed to them. Still, the fees are among the lowest in the industry for such services, says Nora Arpin, director of government electronic solutions for Comerica. About 80% of the 57.3 million Social Security and SSI recipients have their benefits directly deposited into their bank accounts. The challenge will be to get the remaining consumers to switch from checks to electronic payments such as direct deposit or the new debit card. The card "might be confusing if they're not savvy about electronic payments and don't have (experience with) a bank account," says Chris Allen, a director for Hitachi Consulting. [Source: USA Today Cathy Chu article 10 Jun 08 ++]

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> **VA BLUE WATER CLAIMS UPDATE 03:** The Montgomery Advertiser published the following article that is reflective of the frustrations of many of our veterans who served during the Viet Nam conflict:

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> Joe Moody and Dave Sanderson volunteered to serve their country when that wasn't a popular thing to do. They joined the Navy. Both served on ships off the shore of Vietnam in the 1960s. Joe is 64, Dave is 60, and they're both sick. They feel abandoned by their country now; when they need her help the most. Joe was an engineer who served on the USS Oklahoma City, the flagship of the Seventh Fleet. Dave was a gunfire technician on the USS Lang. Both received combat pay, as did others of the 70,000 or so veterans who served as "blue water sailors" during that war. Both have developed diabetes mellitus, one of the diseases connected to Agent Orange, a highly toxic herbicide used to defoliate combat areas in Vietnam. Both have been denied service-connected compensation because Veterans Administration rules recently upheld by the courts say that only those who set foot in Vietnam are eligible. They don't care so much about the pension. But the medical benefits paid to other Vietnam veterans would be welcome. Joe has had medical costs taken out of his Social Security check. Dave has congestive heart failure and other medical problems related to the diabetes. They are among "500 to 1,000" members of a group called "Bluewatersailors.org," who have mailed their Vietnam service medals to Sen. Daniel Akaka of Hawaii and Rep. Bob Filner, chairmen respectively of the Senate and House Veterans Affairs committees. "We were going to have a march on Washington," Joe said Friday in a Prattville restaurant. "But most of us were too sick to march." Dave laughed. "It would have been a pretty short march," he said. "I was doing good to walk to the mailbox to mail my medals back." He had driven from Huntsville. He had on a Navy veteran's cap and a blue water sailor T-shirt that said, "Still Fighting."

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> The reasoning goes that they were not exposed to the defoliant because they weren't in-country. But they both had photos of their ships firing on inland positions in Vietnam. You could see the mountains in the background. Joe said he had been as close as five miles. Dave's ship routinely operated within 3,000 to 6,000 yards from the shore. Their drinking water came from desalinized seawater, and they produced copies of studies that showed the pesticides could have drifted miles offshore, in the water and in the east-to-west winds. Given the way the water was produced, they feel they and their shipmates may have received a more concentrated dose of the poison. Their clothes were washed in the same water. Their mail came from Danang in canvas bags -- Agent Orange has been proven to cling to canvas. Joe said a guy came on their ship selling canvas hats from Vietnam. Almost everybody on board bought one. Ships carried Agent Orange to Vietnam in the first place. Both had helped load the 55-gallon drums that had the identifying orange band around the top. They physically touched the containers. Dave recalled that his ship docked in Vietnam near the end of the war. He got off, walked on the dock for a few minutes, just to be able to say he'd set foot in Vietnam. "If I had a picture of that, or if I could find enough eyewitnesses to say I had done that, I'd be eligible for benefits," he said. "That's just crazy."

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> The blue water sailors from Australian and New Zealand ships that supported operations off the Vietnam shore have been granted aid from their countries. The men know the denials of their claims are about money. But they feel it's an insult to the Navy, and to their legacy. It sets a bad precedent for future veterans -- the thousands who are serving off-shore in support of troops in Iraq and Afghanistan today, right now. Other Vietnam veterans have a beef, Joe said. Air Force vets who flew over the country would not qualify. Navy pilots would not qualify, unless they were shot down. They both believe in the good will of their countrymen. People just don't know about it. "All we want is to be heard," Joe said. "Let the people know about this, and then let the public decide what's right." (Note: to obtain additional info on this subject refer to <http://bluewaternavy.org/>).

> [Source: Montgomery Advertiser article 8 Jun 08 ++]

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> VA OMBUDSMAN'S OFFICE: Citing the confusion veterans face when trying to arrange benefits, the House Veterans' Affairs Health Subcommittee passed H.R.2192 on 5 JUN which would create an Ombudsman office within the Veterans Affairs Department (VA). The bill introduced on 7 MAY 07 and sponsored by Rep. Paul Hodes D-NH) was adopted by unanimous voice vote, along with the adoption by voice vote of a substitute amendment from Veterans' Affairs Health Subcommittee Chairman Michael Michaud (D-ME). The bill instructs the VA secretary to create an office of the ombudsman, and designate the head of the office. The office would act as a one-stop shop for information on benefits administered by the VA, including medical, housing and education. When testifying in support of his bill before the Health Subcommittee on 14 JUN 07, Hodes said the VA has separate hotlines for different benefits, and the process can be confusing to veterans returning from overseas. Michaud's substitute amendment expanded the duties of the new office. Under the amendment, the VA secretary will designate an ombudsman director in each of the department's three administrations, health, benefits and cemeteries. The ombudsman director in each administration will report to the head ombudsman. The amendment also defines the official duties of the office of the ombudsman as providing patient advocacy and problem resolution, provide assistance in understanding benefits, provide information on claims submissions, and field complaints from veterans.

> The VA secretary will also designate six regional ombudsmen throughout the United States for both the health and benefits administrations. However, the VA does not support the bill. VA Undersecretary for Health Michael Kussman testified at the Health Subcommittee hearing on the bill that it would create an unnecessary level of bureaucracy within the VA. Kussman added the VA already has officers such as patient advocates and benefit counselors, and many state level veterans departments also have counselors. The bill currently has 43 cosponsors. [Source: Congress Daily Andy Leonatti article 9 Jun 08 ++]

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> TRICARE FEES OVERSEAS: U.S. Military retirees and dependents of both active duty and retiree members' of the U.S. Military residing outside of the United States will soon be experiencing increased out of pocket expense of up to double or more for using Tricare. This is happening in spite of Congress' continued refusal in past years and their refusal in MAY 08 to allow DoD's proposed Tricare fee increases requested in the 2009 NDAA. All active duty military, retirees and dependents are covered by Tricare for their health care. Tricare is a Department of Defense Health Insurance Program developed and authorized by Congress. Military member's dependents, retirees and their dependents living in foreign countries that are covered under the Tricare Standard Program will soon have a new "country specific index" applied to all medical claims they submit to Tricare. This new index is a product of the World Bank's survey of the average cost of goods and services in a specific country and resulted in the development of a percentage factor that reflects what amount of goods and services \$1.00 would buy in the foreign currency. Unfortunately, this survey was taken in 2005, prior to the decline of the U.S. dollar overseas and does not accurately reflect the cost of those goods and services in today's dollar. Worst yet, since this survey results are an average of the cost of goods and services, it mixes private health care cost with the foreign government health care cost, (which are normally provided free or at a nominal fee, much like Medicaid).

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> The program is due to take effect in AUG 08 and will be phased in using a higher allowed percentage for the first year and then the World Bank's percentage starting on 1 MAR 09. The implementation of this program is being done under the DOD's rule making authority; however, it in effect skirts the U.S. Congress' directions which established a 25% co-pay for Tricare Standard beneficiaries. DoD has apparently rationalized they can do this through the use of survey data from the World Bank. Data that even the World Bank states, in it's handbook on this survey, must take into consideration the foreign exchange rate, (and presumably the inflation rate), for a specific country at the time of making use of their data. The DOD has ignored that part of the study handbook, and is going to ignore the vast difference in health care cost in rural vs. urban settings and private vs. government health care. The program is scheduled to start in the Philippines and Panama first with the intent to later make it the standard for all foreign countries where Tricare has beneficiaries residing. An example of how this program will affect the pocket books of the dependents and retirees in the Philippines is;

> . A Beneficiary is admitted to a Hospital in Manila for a coronary bypass and is hospitalized for 10 days.

> . The hospitals' legitimate charges, (the charges that the same procedure would cost a Philippine citizen), is \$11,200.

- > . Tricare will only allow \$6971 for this procedure based on the country specific index.
- > . Thus, the beneficiary must pay the hospital the additional \$4,229 that Tricare will not pay.
- > . Tricare will only reimburse the beneficiary 75% of the allowed amount. The beneficiary is mandated by Federal statute to pay 25% of what ever Tricare pays. Thus, only \$5,228.25 of the \$11,200 will be at government expense.
- > . The beneficiary will pay the outstanding hospital bill of \$4,229 plus the co-pay of \$1,742.75 for a total of \$5,971.75 (or 53.32% of the total hospital bill).
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- > Other examples for out-patient care have shown a beneficiary cost of 60-70-80% of the total amount of the bill. And then comes the kicker. In most third world countries, such as the Philippines, the patient must pay the hospital bill and doctors/laboratory bills in full prior to discharge from the hospital or prior to receiving medical care. Some hospitals require a deposit of 110% of the estimated hospital bill prior to admission. In the Philippines, unlike the U.S., a hospital is not required to admit a patient or treat a patient without getting paid for the medical care given. Using the above example there are very few Tricare users who could come up with \$11,200 within a day in order to get treated for a life threatening medical condition.
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- > DOD has refused to use a prevailing rate system for the Philippines, even though this is the manner in which they determine allowable charges in the U.S., (and the U.S. rates are adjusted by zip codes and localities to account for the differences in health care cost in different parts of the U.S.). This and the use of a new country specific index will force overseas dependents and retirees to shoulder a higher percentage of their health care cost than is required of their counterparts in the U.S. Speculation as to why this is happening is:
- > . DOD does not think anyone will notice. They need to find funds to help with the Iraq war cost. They know, due to all the newspaper articles concerning poor treatment of active duty and retired military in U.S., that they could not extract the savings from U.S. military health system in the U.S. But the service members and retirees overseas don't normally make the news, so why not get the dollars from them.
- > . Though intentional misuse of data from the World Bank they can ignore the exchange rate, inflation rate and take an average cost analysis to derive a reduction in benefits to the overseas retiree and dependent community.
- > . By reducing future overseas reimbursements DoD can recoup losses due to Tricare fraud intensified by inaction of their overseas regional contractor WPS. (i.e. \$100 million over 6 years by Health Visions).
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> Government should treat equally all active and retired military members who served their country honorably. If you feel to not do so is wrong you are encouraged to contact your Senate and House representatives and tell them to stop DOD from eroding our overseas military community's benefits. Attachment 3 to this Bulletin contains a suggested letter for mailing to one or more of your Congressional representatives. Attachment 4 contains extensive background on how we would up in this situation. Congressional contact information can be obtained from <https://forms.house.gov/wyr/welcome.shtml> . [Source: Various 9 Jun 08 ++]

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> TERA UPDATE 01: Public Law 102-484 granted temporary authority for the military services to offer early retirements to members with more than 15 but less than 20 years of service. The retired pay was calculated in the usual way except that there was a reduction of 1% for every year below 20 years of service. Part or all of this reduction can be restored at age 62 if the retired member works in a qualified public service job during the period from the date of retirement to the date on which the retiree would have completed 20 years of service. Unlike members who leave military service before 20 years with voluntary separation incentives or special separation benefits, these early retirees are generally treated like regular military retirees for the purposes of other retirement benefits. This authority expired on 1 SEP 02. As of 30 SEP 06 & 07, there were approximately 58,000 TERA retirees receiving retired pay. In FY 2006, TERA retirees were paid approximately \$769 million in 2006 and \$841 million in 2007. [Source: DoD FY07 Military Retirement Fund Audited Financial Statement 30 Nov 08 ++]

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> SSA PRISONER RULES UPDATE 01: Social Security disability benefits can be paid to people who have recently worked and paid Social Security taxes and are unable to work because of a serious medical condition that is expected to last at least a year or result in death. The fact that a person is a recent parolee or is unemployed does not qualify as a disability. Social Security retirement benefits can be paid to people who are 62 or older. Generally, you must have worked and paid Social Security taxes for 10 years to be eligible. Social Security benefits are not paid for the months you have been sentenced to a jail, prison or correctional facility or confined to certain public institutions for committing a crime. And, no benefits can be paid for any month in which you violate a condition of your probation or parole. Although you cannot receive monthly Social Security benefit payments while you are confined, your spouse or children can be paid benefits on your record if they are eligible. And if you have worked and paid Social Security taxes, survivors benefits also may be paid to certain family members if you die. SSI can be paid to people who are 65 or older, or who are blind or disabled and whose income and resources are below certain limits. No benefits are payable for

any month in which you reside in a jail, prison or certain other public institutions. Also, you cannot receive an SSI payment for any month in which you violate a condition of your probation or parole.

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> If your Social Security or SSI benefits were suspended because you were incarcerated, you can request that they be started again when you are released from prison. You will need to contact Social Security and provide a copy of your release documents before they can take action on your request. If you were not receiving benefits prior to your incarceration or your benefits were terminated, you will need to file a new application for benefits if you think you may be eligible. You should contact Social Security for more information about filing a claim for benefits. They will require proof of your release from prison, in addition to a new application and other documents. If your institution has a prerelease agreement with the local Social Security office, it will notify them if you are likely to meet the requirements for SSI or Social Security benefits. SSA can then process an application several months before your anticipated release so that benefits can start as soon as possible after your release. You should contact institutional or social service staff to find out if the institution has a prerelease agreement with Social Security. If there is no agreement, when you know your anticipated release date, contact Social Security to apply for benefits if you think you may be eligible so SSA can take prompt action on your application. For what you can do online refer to <http://www.socialsecurity.gov/onlineservices/> [Source: <http://www.socialsecurity.gov/pubs/10133.html> Jun 08 ++]

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> EXPATRIATE INCOME TAX UPDATE 01: For American expatriates, the tax filing deadline this year is 16 June. This means that the tax return must be at the IRS Service Centre in Austin, Texas by the due date. Postmarks do not count. For this reason, electronic filing is the better option over snail mailing. The due date can be extended by filing Form 4868 - Application for Automatic Extension Of Time to File U.S. Individual Income Tax Return. This form extends the due date to 15 OCT 08. However you will owe interest on any unpaid taxes that were due 14 APR for the 2007 calendar year. IRS may also assess a late payment penalty of 1/2 of 1% of any tax not paid by the regular due date up to 25%. A late filing penalty of 5% per month up to 25% can also be assessed if the return is filed late. Form 4868 can either be filed electronically or by post. Expatriates making a payment with the Form should send to the IRS Service Centre at: PO Box 660575, Dallas TX 75266-0575. Those not making a payment can send to: Austin, TX 73301-0215. [Source: The Tax Barron Jun/Jul 08 ++]

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> IRS STATUTE OF LIMITATIONS: Often American expatriates do not file a US tax return under several mistaken assumptions. The three main ones are:

- > . They file and pay taxes to a foreign country of residence.
- > . They earn less than the foreign earned income exclusion.
- > . After many years of not filing to remain under the radar.

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> Actually US tax laws require US citizens and resident aliens to report their worldwide income annually unless their income is below the combination of a Standard Deduction and Exemption amounts. In 2007 a Single filer's Standard Deduction was \$5,350 and Exemption \$3,400. So unless as a Single filer you were below this \$8,750 (\$5,350 + \$3,400) threshold, filing an income tax return in a foreign country does not excuse you from filing stateside. The Foreign Earned Income Exclusion (FEIE), worth \$85,700 in 2007, is intended to help US filers from being taxed twice on their foreign income. But FEIE cannot be applied against investment and other forms of income. Nor can it be taken if IRS challenges a nonfiler to report prior year foreign earnings and decides against allowing FEIE. So even if those foreign earnings are excluded from US taxation, they are still reportable. Staying under the radar is risky, especially as IRS is steadily increasing its reach via international tax treaties and auditors. The worst scenario is to be discovered and face possible criminal sanctions for tax avoidance. Under IRS Statute of Limitations, taxpayers have three years to claim a tax refund. IRS has three years to audit a tax return or assess additional taxes. And ten years to collect outstanding tax liabilities. Anyone who has not filed a US tax return for some years from overseas should take the offensive approach by filing rather than being put on the defensive by an aggressive and suspicious IRS auditor. The Service asks that three years returns be filed. [Source: The Tax Barron Jun/Jul 08 ++]

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> TAX on NEGOTIATED BALANCES: Veterans should be aware of the tax ramifications of negotiating a credit card debt. If you or a member of your family that you claim as a dependent on your tax form become over-extended on their credit card balances it is possible to negotiate with many credit card companies for a reduced balance to clear the debt. However, once payment is made the credit card company will issue you a Form 1099-C reporting the amount not paid as a discharge of indebtedness income. This can later be taxed as income by the IRS. [Source: The Tax Barron Jun/Jul 08 ++]

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> SHAD UPDATE 06: Veterans who believe they're suffering health problems from secret chemical and biological weapons testing conducted years ago will testify before Congress the week of 9 JUN on House bill H.R.5954 introduced on 1 MAY by Rep. Mike Thompson, Mike [CA-1]. Thompson and some of the bills 25 cosponsors have been trying for nearly seven years to get the U.S. Defense Department to acknowledge that the tests occurred and that affected veterans should be compensated and given treatment for their diseases. The

bill is to amend title 38, United States Code, to provide veterans for presumptions of service connection for purposes of benefits under laws administered by Secretary of Veterans Affairs for diseases associated with service in the Armed Forces and exposure to biological, chemical, or other toxic agents as part of Project 112, and for other purposes. It also requires the secretary of Veterans Affairs to notify all veterans subject to the testing of the potential hazards. It is estimated there are about 500 veterans still surviving that were affected by the project. Rep. Denny Rehberg (R-MT) said in a prepared statement, "This is great news for all of the Project 112 veterans who have waited decades to receive proper health care. It's obvious we've gotten the committee's ear and they're interested in finally righting this wrong."

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> The Defense Department now says 6,440 service members took part in 50 tests under Project 112 between 1962 and 1973, including open-air tests above a half-dozen U.S. states. In testimony prepared for the hearing, obtained in advance by The Associated Press, Bradley Mayes, the Veterans Affairs Department's director of compensation and pensions, calls the legislation unnecessary, "due to the lack of credible scientific and medical evidence that adequately demonstrates any statistically significant correlation" between the tests and participants' diseases. Last year, the Institute of Medicine, which advises the government on medical and health matters, found no specific health effects as a result of Project SHAD. Rep. Thompson and others argue that the report was shoddily done and left out key information. During the tests, conducted amid Cold War concerns about the Soviet Union's weapons capabilities, the military tested germs such as bacteria that could cause tularemia and Q fever, serious diseases more commonly found in animals. Also used were nonlethal simulated agents, including E. coli now known to pose health dangers. Some of those veterans now suffering from various maladies say test participants were given experimental vaccines but weren't told of any risks, only that the shots were a protective measure. Dr. Michael Kilpatrick, the Pentagon's deputy director for force health protection and readiness, acknowledges that some participants weren't fully informed about the project they were part of but says safety precautions taken then were appropriate for the time.

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> Among the various Project 112 tests was SHAD, an acronym for Shipboard Hazard and Defense, which was conducted during the 1960s. SHAD encompassed tests designed to identify US warships' vulnerabilities to attacks with chemical or biological warfare agents and to develop procedures to respond to such attacks while maintaining a war-fighting capability. The Defense Department for years denied that the testing occurred. Although it now acknowledges the tests, it won't provide health benefits through Veterans Affairs for those exposed veterans who are now suffering various cancers and illnesses. During the SHAD tests crewmembers were inside ship's sealed quarters when they were sprayed with biological and chemical agents

in the Pacific Ocean. Participants claim that paper filters designed to prevent the agents from getting through the air ducts to the sealed spaces often deteriorated. They were required to wash down the boats after the spraying, but they wore the same gear every day and it was cleaned with cancer-causing agents. Their bunks, clothes and lockers also were exposed during the cleaning. The following are ships used in the SHAD operation along with the tests they were involved in:

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> . USS George Eastman (YAG-39): 63-1 Eager Belle I; 63-1 Eager Belle II; 64-2 Flower Drum I; 65-17 Fearless Johnny; ; 66-13 Half Note; 65-4 Magic Sword.

> . USS Granville S. Hall (YAG-40): 63-1 Eager Belle II, 63-2 Autumn Gold; 64-2 Flower Drum I; 64-4 [Red Beva] Shady Grove; 65-6 Big Tom; 65-17 Fearless Johnny; 66-13 Half Note; 68-50 Speckled Start [68-11]; 69-32.

> . USS Hoel (DDG-13): 63-2 Autumn Gold.

> . USS Berkeley (DDG-15): 65-13 High Low.

> . USS Navarro (APA-215): 63-1 Eager Belle II; 63-2 Autumn Gold.

> . USS Okanogan (APA-220): 65-13 High Low.

> . USS Fort Snelling (LSD-30): 69-10.

> . USS Tioga County (LST-1158): 63-1 Eager Belle II; 63-2 Autumn Gold.

> . USS Wexford County (LST-1168): 65-13 High Low.

> . USS Carpenter (DD-825): 63-1 Eager Belle II; 63-2 Autumn Gold.

> . USS Herbert J. Thomas (DD-833): 66-5 Purple Sage; 66-6 Scarlet Sage; 69-31.

> . USS Power (DD-839): 65-1 Copper Head.

> . USS Fechteler (DD-870): 65-13 High Low.

> . USS Carbonero (SS-337): 65-6 Big Tom; 66-13 Half Note; 68-71 Folded Arrow.

> . USNS Samuel Phillips Lee (T-AGS 31): 70-C.

> . USNS Silas Bent (T-AGS 26): 70-C

> [Source: Billings Gazette Mike Dennison article 6 Jun 08 ++]

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> VA LAWSUIT (LACK of CARE) UPDATE 08: A federal judge considering a lawsuit that alleges inadequate veterans' medical care on 5 JUN ordered government lawyers to explain an e-mail by a Veterans Affairs psychologist suggesting that counselors diagnose fewer post-traumatic stress disorder cases in soldiers. The hearing ordered by U.S. District Court Judge Samuel Conti follows a two-week trial that ended last month. Veterans groups had sued VA, saying it inadequately addressed a "rising tide" of mental health problems, especially post-traumatic stress disorder and suicides. The plaintiffs asked Conti to reopen the case in light of the e-mail discovered after the trial ended. The judge agreed, saying "the e-mail raises potentially serious questions that may warrant further attention." He ordered lawyers for both sides to appear in court 10 JUN to discuss whether the e-mail has any bearing on the case.

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> The document in question is a 20 MAR memo written by Norma Perez, who helps coordinate a post-traumatic stress disorder clinical team in central Texas. "Given that we are having more and more compensation-seeking veterans, I'd like to suggest that you refrain from giving a diagnosis of PTSD straight out," Perez wrote to VA counselors. "We really don't or have time to do the extensive testing that should be done to determine PTSD." The e-mail was forwarded to VoteVets.org, an Iraq and Afghanistan war veterans lobbying group opposed to the Bush administration's handling of the war and veterans issues. Lawyers for the veterans groups argue that Perez's e-mail goes to the heart of their case, showing VA's indifference to treating mental health. "This is not Joe the janitor writing this," said vets' lawyer Arturo Gonzalez. "This is a supervisor and it shows how the VA thinks." Gonzalez wants the judge to add the e-mail to the evidence given to him at the nonjury trial in support of the lawsuit. On 4 JUN, DOJ lawyer James Schwartz wrote the judge a letter arguing that the e-mail was a mistake, that Perez had been "counseled" and that it has nothing to do with the lawsuit. "It was the action of a single individual that in no way represented the policies of VA, that, once discovered, was dealt with quickly and appropriately," Schwartz told the judge. [Source: Air Force Times AP Paul Elias article Posted 6 JUN 08 ++]

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> TRICARE GRAY AREA RETIREE BILL: Rep. Bob Latta (R-OH) has sponsored legislation (H.R.6185) that would let reservists who are enrolled in Tricare Reserve Select (TRS) to continue that coverage after they retire until they reach age 60, when they become eligible for free Tricare coverage under current law. Reservists and MOAA who worked closely with Rep. Latta's staff in crafting the legislation believe strongly that it's unfair to extend Tricare coverage to drilling reservists, and then drop them from coverage between the time they stop drilling and the time they attain age 60. Their career of service demands some option for continuity of coverage. Under the new bill, these "gray area" retirees would pay full-cost premiums to participate in Tricare, contrasted with those currently drilling, who pay 28% of the premium, with the remaining 72% subsidized by the military. How much the gray area retirees would have to pay is not quite clear yet. Under current TRS rules, it would be \$289 a month for a single person and \$975 a month for a family. But a recent GAO report concluded that current TRICARE premiums are 45-75% too high based on actual program costs. As the excessive premiums charged by DoD do not accurately reflect the actual cost of coverage, GAO recommended an Executive Order to correct the overcharging, which has not yet occurred. In the interim both the House and Senate versions of the FY2009 Defense Authorization Bill direct the Pentagon to recompute the premiums based on actual costs. Reservists and veterans who would like to see this inequity corrected are encouraged to go to <http://capwiz.com/moaa/issues/bills/?bill=11460441> where they can find a

preformatted message urging their U.S. representative to cosponsor H.R. 6185 and the means to send it to their legislators. [Source: MOAA Legislative Update 6 Jun 08 ++]

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> FISHER HOUSE EXPANSION UPDATE 03: Bracing for a generation of war veterans needing long-term medical care, the Fisher House Foundation plans to build two dozen homes near military and Veterans Affairs hospitals in the U.S. By 2011, the non-profit foundation plans to boost its network of 38 homes to 62, said James Weiskopf, executive vice president of communications for the Rockville MD based Fisher House Foundation, Inc. He said the foundation is expecting an influx of veterans from the wars in Iraq and Afghanistan with such ailments as traumatic brain injury and post-traumatic stress disorder. The foundation, created in 1990, builds homes near military or VA medical facilities for families of patients needing a place to stay while their loved ones receive care. Donations allow families to stay at the homes for free. "We've largely taken care of the needs of the Army, Navy and the Air Force, but the needs of the [Veterans Affairs] is absolutely huge," Weiskopf said 4 JUN while on a visit to Landstuhl Germany. "They really need these houses. These young men and women have got to have their families with them when they're going through their rehabilitation, and the house is the means that allows them to do that." The foundation plans to finish building five homes by the end of this year. Four of those homes are near VA hospitals and clinics. "Our future is really with the [Veterans Affairs clinics]," Weiskopf said. "The long-term signature wound of this war is the traumatic brain injury and that has a long-term period of rehabilitation, and that will be done by the VA." Landstuhl Regional Medical Center, the largest military hospital outside the U.S., has two Fisher Houses that offer 19 rooms. The hospital serves war wounded and patients stationed at bases across Europe. Weiskopf said there are no plans to build any additional houses at Landstuhl because they currently have enough space to accommodate the need. [Source: Stars and Stripes Scott Schonauer article 6 Jun 08 ++]

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> VETERAN RURAL HEALTH ADVISORY COMMITTEE: Secretary of Veterans Affairs

Dr. James B. Peake has appointed 13 people to a new Veterans Rural Health Advisory Committee, which will advise him on health care issues affecting veterans in rural areas. The 13-member group will examine ways to enhance Department of Veterans Affairs (VA) health care services for veterans in rural areas by evaluating current programs and identifying barriers to health care. The committee, chaired by James F. Ahrens, former head of the Montana Hospital Association, includes affected veterans, rural health experts in academia, state and federal professionals who focus on rural health, state-level veterans' affairs officials, and leaders of veterans service organizations. Members appointed are:

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> . James F. Ahrens of Cascade MT - Former member of Montana governor's task force on health care.

> . Dr. Robert Moser of Tribune KS - Physician who practices in rural Kansas and Colorado.

> . Cynthia Barrigan of Centreville VA - Veteran, now acting executive director of Virginia Telehealth Network.

> . Charles Abramson of Missoula MT - Air Force veteran who served on the medical staff ethics committee of St. Patrick Hospital.

> . Maj. Gen. John W. Libby of Sidney ME - Adjutant general of the Maine National Guard.

> . Hilda Heady of Morgantown WV - Social worker and associate vice president for West Virginia Rural Health Association.

> . Dr. Ronald Franks of Theodore AL - Psychiatrist and vice president of the College of Medicine at the University of South Alabama.

> . Bruce Behringer of Johnson City TN - Assistant vice president at East Tennessee State University for Rural and Community Health.

> . Rachel Gonzales Hanson of Uvalde TX - Member of National Association of Community Health Centers.

> . Tom Ricketts, Ph.D., of Chapel Hill NC - Director of North Carolina Rural Health Research Program.

> . Michael Dobmeier of South Grand Forks ND - National Judge Advocate of the DAV and president of the North Dakota Veterans Home Foundation.

> . Terry Schow of Ogden UT - Veteran and executive director of the Utah Division of VA.

> . James Floyd of Salt Lake City UT - Native American and director of the Salt Lake City VA Medical Center.

> [Source: VA News Release 5 Jun 08 ++]

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> **WI VET EDUCATIONAL BENEFITS:** The Wisconsin G.I. Bill is a state program that is entirely separate from the federal VA's Montgomery G.I. Bill. It provides a full waiver (remission) of tuition and fees for eligible veterans and their dependents for up to 8 full-time semesters or 128 credits at any University of Wisconsin System (UWS) or Wisconsin Technical College System (WTCS) institution for continuing education, or for study at the undergraduate or graduate level. In accordance with 2005 Wisconsin Act 468 effective with the 2007-08 academic year, the tuition remission is a full 100% of tuition and fees for eligible veterans. There is no post-service time limitation (such as the federal Montgomery G.I. Bill 10-year delimiting date) on the use of the benefit. The veteran may attend full-time or part-time. The benefit may be used for continuing education, or for study at the undergraduate or graduate level. Eligibility prerequisites are Wisconsin resident at the time of entry onto active duty (Character of service and active duty service requirements apply) and recipient must reside in Wisconsin.

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> A 100% remission is also provided to the qualifying dependents of an eligible veteran (i.e. Spouse; or Unremarried Surviving Spouse; or child between the ages of 18 and 25) where the qualifying Wisconsin veteran:

> . Is currently rated by the federal VA with a combined service-connected disability rating of 30% or greater; or

> . Died in the line of duty while on active, Reserve, or Guard duty; or

> . Died as the direct result of a service-connected disability, as determined by the federal VA.

> For qualifying spouses and unremarried surviving spouses, the benefit must be used within 10 years of the date of death or the initial disability rating of 30% or greater. The spouse or unremarried surviving spouse may attend full-time or part-time. For qualifying children, the benefit is available only if they attend full-time.

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> The Veterans Education (VetEd) grant program provides a reimbursement grant following successful course completion at an eligible UW, technical college, or approved private institution of higher learning. The grant is based on a credit-bank system that is based on length of active duty military service to eligible veterans who have not yet been awarded a bachelor's degree for the reimbursement of tuition and fees. The veteran and spouse's combined annual income may not exceed \$47,500 plus \$500 for each dependent in excess of two dependents. Veterans may concurrently receive Chapter 30 Montgomery G.I. Bill (VA) benefits and VetEd for the same semester. However, individuals eligible for Wisconsin G.I. Bill benefits must apply for, and use those benefits in order to be eligible for VetEd reimbursement. VetEd reimbursement will be reduced to the extent that tuition and fees have already been paid by other grants, scholarships, and remissions provided for the payment of tuition and fees.

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> Service members, reservists, and veterans pursuing a college education may be able to obtain academic credit for military courses they have completed through the military. Prior to enrollment individuals should discuss possible credit with the Veterans' Coordinator at the college or university they plan to attend; credit received may reduce attendance time and cost. They may obtain information regarding transcripts and potential credit for military experience from the links below.

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> . The American Council on Education's (ACE): Their College Credit Recommendation Service (CREDIT) provides access to academic credit for formal courses and examinations taken outside traditional degree programs. The ACE Guide to the Evaluation of Educational Experiences in the Armed Services contains recommended credit awards for formal military courses and occupations. <http://www.acenet.edu>.

> . The Department of Defense Activity for Non-Traditional Education Support (DANTES): Coordinates several programs that advance the acceptance of

military education and experience at civilian colleges and universities. Additionally, DANTES maintains the educational records of service members who have completed DSSTs, CLEP examinations, USAFI (United States Armed Forces Institute) and GED tests

[.http://www.dantes.doded.mil/dantes_web/danteshome.asp?Flag=True](http://www.dantes.doded.mil/dantes_web/danteshome.asp?Flag=True) .

> . Military Transcript Services: Each branch of service provides transcripts for current and former service members that include individual military education, training, and experience, which are evaluated according to ACE standards for recommended college credit. Refer to Army

<http://aarts.army.mil>. ; USN & USMC

<https://www.navycollege.navy.mil/transcript.html>; and USAF

<http://www.maxwell.af.mil/au/ccaf/transcripts.asp>;

> . The DANTES Subject Standardized Tests (DSSTs): Approved by ACE and accepted or administered at over 1,900 colleges and universities nationwide.

DSSTs enable people to use the knowledge acquired outside the classroom to accomplish educational and professional goals. The website includes downloadable forms, practice tests, and other information.

<http://www.getcollegecredit.com>.

> . Servicemembers Opportunity Colleges (SOC): A consortium of over 1800 colleges and universities pledged to support the higher education needs of military personnel. SOC works with civilian and military educators to overcome obstacles associated with gaining a college education when pursued through traditional means. Among its key goals is the award of credit for military training and experience. The SOC Consortium Guide provides specific information for awarding credit for national testing programs, military experience, and other non-traditional learning.

<http://www.soc.aascu.org/socgen/SOCGuide.html>.

> [Source: http://dva.state.wi.us/Ben_education.asp Jun 08 ++]

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> PTSD UPDATE 21: A Veterans Affairs Department psychologist denies that she was trying to save money when she suggested that counselors make fewer diagnoses of post-traumatic stress disorder in injured soldiers. Norma Perez, who helps coordinate a post-traumatic stress disorder clinical team in central Texas, indicated she might have been out of line to cite growing disability claims in her 20 MAR e-mail titled "Suggestion." She said her intent was simply to remind staffers that stress symptoms could also be adjustment disorder. The less severe diagnosis could save VA millions of dollars in disability payouts. "In retrospect, I realize I did not adequately convey my message appropriately, but my intent was unequivocally to improve the quality of care our veterans received," Perez said in testimony prepared for delivery 4 JUN before a Senate panel. The Senate Veterans' Affairs Committee and the VA inspector general are investigating whether there were broader VA policy motives behind the e-mail, which was obtained and disclosed last month by two watchdog groups. VA has strenuously denied that cost-cutting is a factor in its treatment decisions. "One

question that was raised repeatedly about this latest e-mail was, "Why would a clinician be so concerned about the compensation rolls?" said Sen. Daniel Akaka (D-OHI) who chairs the Senate panel. "As an oversight body, we must know whether the actions of these VA employees point to a systemic indifference to invisible wounds."

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> VA Secretary James Peake has called Perez's e-mail suggestion "inappropriate." VA officials this week said her e-mail was taken out of context. "The e-mail, as characterized by others, does not reflect the policies or conduct of our health care system," said Michael Kussman, VA's undersecretary for health, in testimony prepared for the Senate hearing. "We certainly agree that it could have been more artfully drafted." In her e-mail to staffers at the VA medical center in Temple, Texas, Perez wrote, "Given that we are having more and more compensation-seeking veterans, I'd like to suggest that you refrain from giving a diagnosis of PTSD straight out. ... We really don't or have time to do the extensive testing that should be done to determine PTSD." Many veterans and injured troops have long charged that the government might seek to reduce disability costs by assigning a lower benefits rating. Last year, retired Lt. Gen. James Terry Scott, chairman of the Veterans' Disability Benefits Commission, said he believed the Army might at least subconsciously consider cost. A lawsuit filed in San Francisco accuses VA of misclassifying PTSD claims.

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> In her testimony, Perez said symptoms for PTSD and adjustment disorder are often similar, as are the treatments for them. She said by making an initial diagnosis of a lesser disorder, VA staff can begin treatment right away without going through the arduous process of diagnosing PTSD. Perez also noted that awarding disability benefits is not part of her staff's work, but she did not say why she chose to cite that as a factor in urging fewer PTSD diagnoses. Veterans diagnosed with PTSD are eligible to receive up to \$2,527 a month in government benefits. A recent Rand Corp. study found about 300,000 U.S. military personnel who served in Iraq or Afghanistan are suffering from PTSD or major depression, potentially saving the government millions of dollars if lesser diagnoses are used in disability benefits decisions. "Although our clinic is a treatment clinic, we all fully support the compensation process and the department's policy of erring in the best interest of the veteran whenever there is any doubt," Perez wrote. Perez's testimony comes after Peake was called to Capitol Hill last month to answer questions about internal e-mails suggesting that VA officials were hiding the number of veterans trying to kill themselves. One of the e-mails, disclosed during a San Francisco trial, started with "Shh!" Some lawmakers have said the VA's top mental health official who wrote it, Dr. Ira Katz, should be fired, but Peake has said he has no plans to do so. [Source: Air Force Times AP article Posted 4 Jun 4 08 ++]

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> CT VET EDUCATIONAL BENEFITS: Veterans may attend Connecticut Public Colleges and Universities tuition free. Connecticut statutes provide that tuition may be waived for qualified veterans attending the University of Connecticut, Connecticut State Universities and the 12 Community-Technical Colleges. Waivers cover only the cost of tuition for credit-bearing undergraduate and graduate programs. Other charges, such as for books, student activity and course fees, parking, and room and board, are not waived. To qualify for a waiver at the University of Connecticut and Connecticut State Universities, veterans generally must be matriculated, that is, admitted to a degree program. The Community-Technical Colleges are more flexible. Remember to take a copy of your separation papers with you when applying for admission and registering for courses. Tuition waivers for veterans cover 100% of tuition for General Fund courses at all public colleges and universities and 50% for Extension Fund and summer courses at Connecticut State Universities. Waivers cover only the cost of tuition for credit-bearing undergraduate and graduate programs. Other charges, such as for books, student activity and course fees, parking, and room and board, are not waived.

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> To be eligible for veterans' tuition benefits at any college or university, a veteran must be honorably discharged from the U.S. Armed Forces with 90 days or more active Military duty during war, and must have resided in Connecticut for at least one year upon enrolling in college, and have been accepted to an approved institution. A veteran's dependents can also qualify for tuition waiver if the veteran is declared missing in action while serving in the armed forces after 1 JAN 06. On 23 May 08 Connecticut Governor M. Jodi Rell signed SB 48 into law. The new law requires state institutions of higher learning to waive tuition for any state resident who is a dependent or surviving spouse of an active duty military member who was a Connecticut resident and killed in action after September 11, 2001. Also, Local Boards of Education may award high school diplomas to those World War II veterans who did not receive them when they left high school before graduation for military service. [Source: NMFA eNews & www.ct.gov/ctva/site/default.asp 3 Jun 08 ++]

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> WALTER REED DATA BREACH: Sensitive information on about 1,000 patients at Walter Reed Army Medical Center and other military hospitals was exposed in a security breach, sparking identity theft concerns and an investigation by the Army. The chairman of the House Armed Services Committee, Rep. Ike Skelton (D-MO), said he wants to hear from the Army about its investigation. Names, Social Security numbers, birth dates and other information were released, hospital officials said 2 JUN. The computer file that was breached did not include information such as medical records, or the diagnosis or prognosis for patients, they said. Walter Reed officials declined to explain exactly how the information was compromised, pending an ongoing

investigation by the hospital and the Army. They would only say that the computer file was found on a "non-government, non-secure computer network." The medical center learned of the breach on 21 MAY from an outside data mining company, which officials did not identify. They said the company was working for another client, found the file and contacted Walter Reed. The hospital said it is working to notify all of the people named in the data file. Letters or e-mails were being sent out, beginning Monday. Officials declined to say how many patients were from Walter Reed and how many were from other military hospitals.

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> Walter Reed plans to offer free credit protective services to patients whose information was revealed. The hospital also has set up a hot line for people to call to see if their information was disclosed (1-877-854-8542, ext. 9). The disclosure marked the latest in a series of breaches of government computer records. The federal government has been stung by a rash of data breaches in recent years.

> . At the Agriculture Department, a hacker broke into the computer system in June 2006 and may have obtained names, Social Security numbers and photos of 26,000 Washington-area employees and contractors.

> . The Veterans Affairs Department acknowledged a massive breach in May 2006, in which personal data on up to 26.5 million veterans was lost.

> . At the Health and Human Services Department, personal information for nearly 17,000 Medicare beneficiaries may have been compromised in early 2006 when an insurance company employee called up the data through a hotel computer but didn't delete the file.

> . At the Energy Department, Social Security numbers and other data for about 1,500 people working for the National Nuclear Security Administration may have been compromised when a hacker gained entry to its computer system in 2005.

> [Source: Washington Post Jennifer C. Kerr article 2 Jun 08 ++]

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> U of U HOSPITAL DATA BREACH: University of Utah Hospital and Clinics patients are bracing for the unknown as police and prosecutors investigate the theft of 2.2 million billing records filled with personal information. Authorities say the records, stolen out of a courier's personal vehicle earlier this month, put the private data of patients from the past 16 years at risk. Measures taken so far include offering free credit monitoring services for at least 1.3 million patients whose Social Security numbers were compromised, and a \$1,000 reward for the return of the tapes - no questions asked. Salt Lake County Sheriff Jim Winder and Lorris Betz, a senior vice president for health sciences for University Health Care, say the stolen records were on backup tapes designed to safeguard the records in case materials housed in the hospitals and clinics were destroyed. The tapes were taken from the vehicle of an employee of Sandy-based Perpetual Storage Inc. near the employee's Kearns home on 2 JUN. The employee had been

assigned to pick up the tapes in a secure company van and transport them to an off-site vault, said James Nowa, a vice president for sales and marketing for Perpetual Storage. He violated company policy by taking them home and leaving them in his car. A thief then broke into the employee's vehicle stealing a metal box holding the tapes, Winder said. Nowa said the 18-year veteran employee has been fired, and the incident is the first of its kind he knows of in the company's 40-year history.

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> An investigation is ongoing, but the theft appears to be the work of inexperienced criminals, who likely believed the metal box containing the tapes was filled with cash, said Winder. After collaborating with the FBI, Winder said it's unlikely the tapes were stolen to commit identity theft. There's no evidence any of the information on the tapes has been accessed; besides, anyone trying to use the tapes would need specialized equipment to view the contents, Winder said. But there are also no guarantees. Melodie Rydalch, spokeswoman for the U.S. Attorney's Office, said the FBI and the Utah Identity Task Force, which includes local and county law enforcement agencies, is investigating the thefts. She warned of federal penalties for anyone who uses stolen identities. Betz said the university delayed releasing news of the security breach to the public until the sheriff's office had completed an initial investigation. The university had worked with Perpetual Storage for 12 years before the theft but suspended deliveries after the incident. An assessment of university data security policies and procedures is under way, Betz said. [Source: Salt Lake Tribune Melinda Rogers article 11 Jun 08 ++]

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> **BANK of NY DATA BREACH:** The Connecticut attorney general announced that a Bank of New York Mellon contractor lost a laptop containing the personal information of some 4.5 million bank customers. An unencrypted backup tape holding the personal information disappeared on 27 FEB while in possession of a third-party vendor. Potential victims did not learn of this until 27 MAY giving them little chance of protecting themselves. Andy Kicklighter, director of product marketing for GuardianEdge, provider of mobile data protection solutions, said businesses must prioritize the need for laptop encryption and search for solutions that allow for simple implementation and manageability. "IT organizations are afraid that it will be a big project," he said, adding that companies who have never experienced a data-loss incident also have difficulty understanding the ramifications of a breach. "It just hasn't reached their priority level," Kicklighter told SCMagazineUS.com. (Editor's Note: From the preceding it is once again evident that the government is not the only entity having limited control over data breaches resulting from human error. Veterans need to protect themselves against personal losses through some form of identity theft insurance).

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> An undisclosed number of management-level workers at AT&T have been notified that their personal information was stored unencrypted on a stolen laptop. The laptop was stolen 15 MAY from the car of an employee. The data on the computer was not encrypted -- a violation of company policy -- and included names, Social Security numbers and in some cases, salary and bonus information. Walt Sharp, a spokesman for AT&T said the company would not disclose the number of affected individuals, but indicated there is no reason to believe any of the data was being targeted when the machine was stolen. "Usually these are property crimes in which the drive is wiped clean and resold for profit," he said. The employee who was in possession of the laptop when it was stolen has been disciplined. "There are a number of rules governing the handling of encrypted material and the mobile devices handling that material that employees must follow," Sharp said. "It is up to the employee to ensure that any sensitive material is encrypted." AT&T began notifying victims on 23 May through email and standard mail and is offering them free credit monitoring. AT&T used the breach as a reminder that employees must follow policies. [Source: SC Magazine Dan Kaplan article 4 Jun 08 ++]

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> ALZHEIMER'S UPDATE 04: More than a third of U.S. adults have a family member or friend who has Alzheimer's. Half of those who live past age 85 will succumb to Alzheimer's disease. It is a progressive neurological disorder that leads to personality changes, memory loss, intellectual slowing and difficulty with regular activities. Although each person with Alzheimer's is different, most individuals affected by the disease progress through a series of stages. Each stage is characterized by more serious symptoms. Although the stages provide a blueprint for the progression of Alzheimer's disease, not everyone advances through the stages similarly. Caregivers report that their loved ones sometimes seem to be in two or more stages at once, and the rate at which people advance through the stages is highly individual. Still, being aware of the stages will help you understand the disease and prepare for potential symptoms and their accompanying challenges. The following seven stages were developed by researchers and physicians to describe how your or your loved one's functioning will change over time. Your doctor might consolidate the seven stages into early/middle/late or mild/moderate/severe, so these classifications are provided as well:

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> Stage 1 (Absence of Impairment): There are no problems with memory, orientation, judgment, communication, or daily activities. You or your loved one is a normally functioning adult.

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> Stage 2 (Minimal Impairment): You or your loved one might be experiencing some lapses in memory or other cognitive problems (i.e. faculty for processing of information, applying knowledge and changing preferences) ,

but neither family nor friends are able to detect any changes. A medical exam would not reveal any problems either.

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> Stage 3 (Noticeable Cognitive Decline): Family members and friends recognize mild changes in memory, communication patterns, or behavior. A visit to the doctor might result in a diagnosis of early-stage or mild Alzheimer's disease, but not always. Common symptoms in this stage include:

- > . Problems producing people's names or the right words for objects.
- > . Noticeable difficulty functioning in employment or social settings.
- > . Forgetting material that has just been read.
- > . Misplacing important objects with increasing frequency.
- > . Decrease in planning or organizational skills

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> Stage 4 (Early-Stage/Mild Alzheimer's): Cognitive decline is more evident. You or your loved one may become more forgetful of recent events or personal details. Other problems include impaired mathematical ability (for instance, counting backwards from 100 by 9s), a diminished ability to carry out complex tasks (for example, throwing a party or managing finances), moodiness, and social withdrawal.

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> Stage 5 (Middle-Stage/Moderate Alzheimer's): Some assistance with daily tasks is required. Problems with memory and thinking are quite noticeable, including symptoms such as:

- > . An inability to recall one's own contact information or key details about one's history.
- > . Disorientation to time and/or place.
- > . Decreased judgment and skills in regard to personal care
- > (Note: Even though symptoms are worsening, people in this stage usually still know their own name and the names of key family members and can eat and use the bathroom without assistance.)

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> Stage 6 (Middle-Stage/Moderate to Late-Stage/Severe Alzheimer's): This is often the most difficult stage for caregivers because it's characterized by personality and behavior changes. In addition, memory continues to decline, and assistance is required for most daily activities. The most common symptoms associated with this stage include:

- > . Reduced awareness of one's surroundings and of recent events.
- > . Problems recognizing one's spouse and other close family members, although faces are still distinguished between familiar and unfamiliar.
- > . Sundowning, which is increased restlessness and agitation in the late afternoon and evening.
- > . Difficulty using the bathroom independently.
- > . Bowel and bladder incontinence (i.e. strong, sudden urges to go to the bathroom, frequent trips to the bathroom, and leakage).
- > . Suspicion.
- > . Repetitive behavior (verbal and/or nonverbal).

> . Wandering

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> Stage 7 (Late-Stage/Severe Alzheimer's): In the final stage, it is no longer possible to respond to the surrounding environment. You or your loved one may be able to speak words or short phrases, but communication is extremely limited. Basic functions begin to shut down, such as motor coordination and the ability to swallow. Total care is required around the clock.

> [Source:

<http://alzheimers.about.com/od/symptomsfalzheimers/a/symptoms.htm> Jun 08

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> VA PTSD CLAIM SUPPORT UPDATE 01: Post traumatic stress disorder (PTSD) happens after a person faces some traumatic incident that affects the mind and soul of the person deeply. It involves intense fear, helplessness and horror that happens because of previously experienced events. A person is not able to forget the incident and the memories and the picture of the incident keep coming back which ultimately becomes a big stressor which affects their behavior and/or health. The person gets overly worried about the incident and becomes depressed. PTSD stress disorder shows many symptoms that work as stressors. Symptoms are:

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> . Poor concentration and short term memory.

> . Depression and Apathy.

> . Difficulty in communicating.

> . Physical problems.

> . Emotional numbing.

> . Difficulty in trusting others.

> . Stress.

> . Anger & Rage.

> . Frustration.

> . Irritability.

> . Isolation.

> . Poor self esteem.

> . Negative self image.

> . Lack of feelings.

> . Hypervigilant.

> . Easily startled.

> . Sleep disturbance or insomnia.

> . Flashbacks.

> . Anxiety.

> . Loss of interest and motivation.

> . Poor judgment.

> . Guilt and Survivor guilt.

> . Intrusive memories.

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> If you received a diagnosis of PTSD while on active duty and are suffering from any of the above symptoms you have the basis for a VA claim for PTSD. If your medical records do not show you were previously diagnosed or treated for PTSD and you are suffering from any of the above which you feel is related to your service you can submit a claim but must provide proof of involvement in a combat scenario if your claim is based on a combat stressor. The VA concedes that receipt of any of a Decoration denoting Combat Service (Combat Action Ribbon, Combat Infantry Badge, etc.), a Decoration for Valor in Combat (Service Achievement or Commendation Medal, Bronze Star, etc.), with "V" for Valor, or a Purple Heart Medal, are grounds to file a claim with the VA for service-connection of PTSD. To initiate the claim the Veteran just needs to make a simple written statement of the symptoms he (or she) is experiencing at present. When veterans are in denial and won't admit the severity of their disability it is helpful if a relative or close friend also makes a separate written statement of the symptoms they've observed in the Veteran. Call the VA at 1(800) 829-1000 and ask for the location of the nearest VA Veterans Center or Healthcare Facility that can assist you. [Source: VFW VSO Scott H. Langhoff article 2 Jun 08 ++]

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> MEDICARE FRAUD UPDATE 06: Fraud and abuse costs Medicare an estimated 16 billion dollars every year and leads to higher costs for everyone with Medicare in the form of higher premiums, deductible and other costs. Doctors and other health care providers who commit Medicare fraud may be dishonest about other things as well. Reporting fraud can help Medicare ensure that people with Medicare receive health care only from health care professionals who provide quality services. If you report fraud that cost Medicare more than \$100, Medicare may pay you up to 10% of the money you helped recover, up to \$1,000. To report Medicare fraud, call the Medicare fraud hotline at (800) 447-8477 or send Fax to (800) 223-8164 or email HHSTips@oig.hhs.gov, or mail to Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, PO Box 23489, Washington, DC 2002 and provide the following:

> . Personal Data - Your Name, full mailing address and email addree. If you would like your referral to be submitted anonymously indicate in your correspondence or phone call.

> . Subject/Person/Business/Department that allegation is against and the accused full mailing address.

> . A brief summary relating to your allegation.

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> Last year 20% of all Medicare Fraud cases in the U.S. were prosecuted in South Florida. This a much greater amount than other larger metropolitan areas around the country. In 2007, U.S. Attorney R. Alexander Acosta and the Justice Department established a South Florida strike force of federal

agents and prosecutors to target fraudulent providers. The South Florida strike force prosecuted 120 criminal and civil cases against 200 defendants who were charged with more than \$638 million in fraudulent Medicare claims.

It is considered Medicare fraud is when doctors or other providers deceive Medicare into paying when it should not or paying more than it should. This is against the law and should be reported. Some types of fraud include

- > . Billing Medicare for services you never received;
- > . Billing Medicare for services that are different than the ones you received (usually more expensive);
- > . Continuing to bill Medicare for rented medical equipment after you have returned it;
- > . Offering or performing services that you do not need in order to charge Medicare for more services;
- > . Telling you that Medicare will pay for something when it won't;
- > . Using another person's Medicare number or card

> [Source: Medicare Rights Center 2 Jun 08 ++]

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> NATIONAL MONUMENTS: President Bush has asked his defense and interior secretaries to look into designating Pearl Harbor and other historic World War II sites in the Pacific a national monument. A 29 MAY presidential memo to Defense Secretary Robert Gates and Interior Secretary Dirk Kempthorne said such status could offer the sites additional protection. "These objects of historical and scientific interest may tell the broader story of the war, the sacrifices made by America and its allies, and the heroism and determination that laid the groundwork for victory in the Pacific and triumph in World War II," Bush said. The letter, posted on the White House Web site, doesn't say what specific places Bush has in mind aside from Pearl Harbor. Parts of the naval base which are already under some form of protection or have historic designation. The USS Arizona, an underwater grave for over 1,100 sailors and Marines unable to escape the ship before it sank during the Dec. 7, 1941, Japanese attack, is currently part of the USS Arizona Memorial run by the National Park Service. Ford Island, where several of the Navy's battleships were moored during the attack, is a National Historic Landmark. The island, located at the center of Pearl Harbor, is home to historic airplane hangers that survived the aerial assault. A red and white striped airplane control tower on Ford Island delivered the first radio broadcast of the attack. Next door to Pearl Harbor, the top Air Force commander in the Pacific today has his headquarters in a building that served as barracks for Army airmen in 1941. Bullet holes left by Japanese machine guns are still visible on the outside of the structure's concrete walls.

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> Outside Hawaii, crucial battles were fought at Midway, Wake and Guam islands. All are still U.S. territory. Today, Midway is mainly a wildlife bird refuge and key node in the island chain making up the Papahānaumokuākea

Marine National Monument that Bush established in 2006. The former naval base, where the U.S. defeated Japan in June 1942 to turn the tide of World War II in the Pacific, was named a National Historic Landmark in 1986. Many areas - particularly Pearl Harbor, Hickam Air Force Base, and Guam - that would likely be eligible for inclusion in the monument are still actively used today by the U.S. military. Making them part of a monument could complicate daily operations for the services. But Bush's memo told Gates and Kempthorne that national monument classification shouldn't interfere with the military's business. The Antiquities Act of 1906 gives the president the authority to make national monuments of "historic landmarks, historic and prehistoric structures, and other objects of historic or scientific interest." The president doesn't need Congressional approval to do designate monuments. Other national monuments include the Statue of Liberty, designated by Calvin Coolidge in 1924, and the Grand Canyon, made a national monument by Herbert Hoover in 1932. [Source: Navy Times AP Audrey McAvoy article posted 1 Jun 08 ++]

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> HAVE YOU HEARD: A guy is driving around the back woods of Tennessee and he sees a sign in front of a broken down shanty-style house: "Talking Dog for Sale" He rings the bell and the owner appears and tells him the dog is in the backyard. The guy goes into the back yard and sees a nice looking Labrador retriever sitting there. "You talk?" he asks. "Yep," the lab replies. After the guy recovers from the shock of hearing a dog talk, he says "So, what's your story?" The Lab looks up and says, "Well, I discovered that I could talk when I was pretty young. I wanted to help the government, so I told the CIA and they had me sworn into the toughest branch of the armed services...the United States Marines. You know one of their nicknames is "The Devil Dogs." In no time at all they had me jetting from country to country, sitting in rooms with spies and world leaders; because no one figured a dog would be eavesdropping. I was one of their most valuable spies for eight years running, but the jetting around really tired me out, and I knew I wasn't getting any younger. So, I decided to settle down. I retired from the Corps (8 dog years is 56 Corps years) and signed up for a job at the airport to do some undercover security, wandering near suspicious characters and listening in. I uncovered some incredible dealings and was awarded a batch of medals. I got married, had a mess of puppies, and now I'm just retired."

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> The guy is amazed. He goes back in and asks the owner what he wants for the dog. "Ten dollars," the guy says. "Ten dollars? This dog is amazing! Why on earth are you selling him so cheap?" "Because he's such a liar. He never did any of that stuff. He was in the Navy!"

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> VETERAN LEGISLATION STATUS 13 JUN 08: Refer to the Bulletin's House &

Senate attachments for a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. A cosponsor is a member of Congress who has joined one or more other members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The member who introduces the bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can 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. You can also reach his/her Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. You can locate on <http://thomas.loc.gov> who your representative is and the 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 for future times that you can access your representatives on their home turf. [Source: RAO Bulletin Attachment 29 May 08 ++]

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