

- > RAO Bulletin
- > 1 September 2008
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- > Note: Anyone receiving this who does not want it request click on the automatic delete tab at the end of the Bulletin or hit reply and place the word "Remove" in the subject line!!!!!!!!!!!!!!!
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- > THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES
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- > == Gift Policy for USA ----- (New Website)
- > == Party Platforms on Vet Issues ----- (Democrats)
- > == Macular Degeneration [01] ----- (Prevention)
- > == VA Fraud [12] ----- (Bonner County ID)
- > == Social Security Fund Depletion [06] ----- (Okay for 75 years)
- > == Fat Tax ----- (Alabama)
- > == Contact Info for Vets [01] ----- (Quick Reference Guide)
- > == VA Rural Access [05] --- (Rural Mobile Health Care Clinics)
- > == Mobilized Reserve 27 AUG 08 ----- (3,789Increase)
- > == Infections in Seniors ----- (How to Spot)
- > == VA Home Loan [13] ----- (Ceilings Rise)
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- > == Tricare News via Email ----- (Subscription Data)
- > == Pentagon 9/11 Memorial ----- (Dedication 11 SEP 08)
- > == Kidney Stones ----- (Avoidance Tips)
- > == VA Category 8 Care [06] ----- (Tied to Funding Reform)
- > == AFB Clinic Malpractice Lawsuit ----- (\$7.5 million Awarded)
- > == Mileage Reimbursement Rate ----- (Raised to 58.5 cents)
- > == GI Bill [28] ----- (Online Calculator)
- > == Hospital Death Rates ----- (Now Available Online)
- > == Combat Action Medal [02] ----- (VFW Wants USN CAM)
- > == Military Stolen Valor [09] ----- (P.O.W. Network Comments)
- > == Medicare Part D [23] ----- (\$3Rate Increase)
- > == VA SAH [04] ----- (3 Time Use)
- > == AAFES Gas Discount ----- (3 cents per gallon)
- > == Reveille ----- (Retiree Service Rivalry)
- > == VA Health Care Funding [15] ----- (PVHCBR Effort)
- > == COLA 2009 [03] ----- (Bad news, Good news)
- > == GI Bill [27] ----- (Post-911 Q & A)
- > == Angel Food Ministries ----- (Grocery Savings)
- > == Cash Flow Control ----- (Useful Techniques)
- > == Cash Flow Control [01] ----- (Plug the Leaks)
- > == Social Security Debit Cards ----- (Optional)
- > == CRSC [40] ----- (Air Force TERA/TRDL)

> == Veteran Legislation Status 29 AUG 08 --- (Where we Stand)

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> GIFT POLICY FOR USA: The U.S. Army has put up a web site to facilitate donations from the public to help soldiers and their families at <http://giftstoarmy.army.mil>. While the army states very clearly that they are not soliciting contributions they are providing lots of information on how to make donations in 4 areas of concern: -

> . Soldiers and Families (MWR);

> . Wounded Warriors;

> . Army Installations;

> . How to Contribute.

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> Joyce Morrow, the administrative assistant to the Secretary of the Army, explained: "Many individuals have asked how they can help the Army. We appreciate how generous the public is and the concern they have for the welfare of our soldiers and families. We've developed this Web site to provide information on how to contribute money, goods or services to benefit Soldiers and their Families." [Source: TREA Washington Update 29 Aug 08 ++]

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> PARTY PLATFORMS ON VET ISSUES: On 26 AUG the Democratic Party adopted its National Platform titled "Renewing America's Promise." To read the full report you can go to <http://www.demconvention.com/the-democratic-platform/>. The 57 page report with a 36 page appendix deals with all the issues the Democratic Party plans to run on for President of the United States. The Republicans are still working on their Platform which should be available at <http://www.gopplatform2008.com/intro.aspx> . That report should be available any day now. In the Democratic platform there is a surprisingly short section on the military and veterans starting on page 33 titled: "Revitalizing and Supporting the Military, Keeping Faith with Veterans" which reads as follows:

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> "Do Right By Our Veterans and Their Families. We believe that every servicemember is a hero who deserves our respect and gratitude, not just on Veterans Day or Memorial Day, but every day. When they put on their uniforms, these servicemembers all become all of our daughters and all of our sons and it is time we started treating them as such. As the shameful events at Walter Reed hospital and the recent reports on growing numbers of homeless and unemployed veterans show, this Administration that has asked so much of them has not repaid their sacrifice. We will build a 21st century Department of Veterans Affairs that reflects the reality of America's all volunteer military and has the resources, without returning every year to fight the same battles, to uphold America's sacred trust with our veterans. We will make sure that the members of our Armed Forces have a fair shot at

the American Dream by implementing the new GI Bill. We will ensure that every veteran has access to quality health care both physical and mental, and we will require that health professionals screen all servicemembers upon their return from combat. We will aggressively address Post-Traumatic Stress Disorder and Traumatic Brain Injury. We will ensure that every veteran receives the benefits he or she has earned and the assistance he or she needs by making the disability benefits process more fair, efficient and equitable. We will dramatically reduce the backlog of disability claims, improve the transition for servicemen between the Departments of Defense and Veterans Affairs. We will continue to honor our promises to all veterans, including the Filipino veterans especially with regards to citizenship and family reunification."

> [Source: TREA Washington Update 29 Aug 08 ++]

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> MACULAR DEGENERATION UPDATE 01: A recent study conducted across seven European countries and published in the American Journal of Clinical Nutrition, found that eating fish rich in Omega-3 fatty acids once a week can help prevent age-related macular degeneration (AMD) and help keep your vision sharp. AMD is an eye disease that destroys central vision by damaging the macula, a thin layer of nerve cells that lines most of the inside of your eyeball and is part of the retina. Nerve cells in the retina detect light and send signals to the brain of what your eye sees. The macula is near the center of the retina at the back of the eyeball and provides the clear, sharp, central vision that you use for focusing on what is in front of you. Because AMD does not affect side vision, it does not lead to total blindness. However it will cause central vision loss, the most important part of your vision. Here is a useful shopping list to help you stock up on Omega-3 acids at the grocery store.

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> . Anchovies and sardines: Despite their reputation as strange pizza toppings, these two are a good source of Omega-3. They also tend to be high in sodium.

> . Salmon. This fatty fish is exploding with omega-3 and may be the best bang for your buck in the seafood aisle.

> . Bluefin tuna: The seafood equivalent of steak is also packed with Omega-3 and is low in the less desirable Omega-6 fatty acids. Mackerel, herring and rainbow trout are good substitutes for it.

> . Crustaceans: If you get tired of fish, switch things up with shrimp, mollusks or Alaskan king crab.

> . Oils: Pick up a bottle of flaxseed oil and use it to season your salads. Consider switching to canola oil when you cook-by getting rid of vegetable oils in your diet, you can also lessen the amount of Omega-6 fatty acids in your diet.

> . Papaya: To satisfy your sweet tooth, finish up your meal with a slice of papaya, or add it to your breakfast menu.

> . Beans. Some legumes are better than others for tipping the omega balance your way. Kidney, pinto, and mungo beans will do you right. Chickpeas are less helpful.

> . Spinach. Serve up this leafy green in a salad, or sauté it and add it to pasta.

> . Nuts and seeds. Add a nutty flavor to salad, yogurt, or morning mueslix with walnuts or flaxseed. A small handful of either will up your omega-3 intake.

> . Winter squash. Keep an eye out for this seasonal vegetable-it makes an interesting side dish that boosts your omega-3 intake.

> . Broccoli and cauliflower. These cruciferous veggies are on your side when it comes to omega-3s.

> . Papaya. A tropical delight, papaya may be the only fruit in your supermarket with more omega-3 than omega-6.

> [Source: Dear Marci/Medicare Rights Center Weekly health tip 18 Aug 08 ++]

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> VA FRAUD UPDATE 12: A former Bonner County Idaho sheriff's deputy who feigned being a paraplegic collected an estimated \$1.5 million in Veterans Administration benefits before being indicted last week in Spokane, U.S. Attorney Jim McDevitt said 26 AUG. James M. Sebero received disability payments for approximately 31 years and is charged with three counts of making false statements on documents he filled out to begin receiving disability payments after his discharge from the U.S. Air Force in the 1970s. "We believe it to be one of the largest VA overpayment or alleged fraud cases ever in this region," McDevitt said. "We believe, and I'm putting this in the softest of terms, that it could be a number that approaches at least \$1.5 million." Sebero reportedly claimed he became paralyzed from a service-related injury in the 1970s when he apparently began receiving VA disability payments. In the meantime, he worked for four years as a seasonal marine deputy in Bonner County and also operated an aircraft repair facility at Felts Field in Spokane, authorities said. He was indicted in JUN 07 in Spokane on four separate federal charges accusing him of making false statements pertaining to a Federal Aviation Administration certification needed to perform work on aircraft. In June, he struck a plea bargain and pleaded guilty to a single count of making a false writing, a federal misdemeanor. As part of that plea deal, Sebero will have to make \$10,744 in restitution to Beaverhawk Inc., which owns an aircraft he performed work on without required FAA certification. Prosecutors also will recommend that Sebero be placed on five years probation when he is sentenced 12 SEP by Senior U.S. District Court Judge Justin Quakenbush. A date has not been set for Sebero's initial court appearance on the new indictment related to the alleged VA fraud. [Source: Spokane Spokesman Review article 27 Aug 08 ++]

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> SOCIAL SECURITY FUND DEPLETION UPDATE 06: The Congressional Budget Office, the agency charged with providing Congress with objective analyses of federal programs, released a new report 22 AUG that shows the Social Security program is in good financial shape and will be for decades to come. In fact, the CBO report says, "future Social Security beneficiaries will receive larger benefits in retirement than current beneficiaries do, even after adjustments have been made for inflation." The report, which forecasts out 75 years, finds that while the accumulating surpluses in the trust fund will be exhausted in 2049, ongoing revenues will still be sufficient to fund about 81% of promised benefits at the end of the 75-year period (in 2082). The reason for this is that wages and Social Security revenues will continue to grow as the economy grows. The trust fund will cushion the large baby boom retirement, as it was designed to do, but most benefits will continue to be funded by direct transfers from workers to retirees, as they are now. The fact that future retirees will receive higher benefits than current retirees, even if no changes are made to the program, is common knowledge among Social Security experts, but may come as a surprise to the average American, and even to many policy makers. This may be why the CBO, headed by respected economist Peter Orszag, decided to make that point in the first page of the new report.

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> The report is a timely counter to the alarmism being peddled by Pete Peterson, a billionaire investment banker and Secretary of Commerce under President Nixon. The Peterson Foundation has bankrolled a new movie, I.O.U.S.A., billed as "An Inconvenient Truth for the U.S. economy," to sell the message that the country is on the brink of a financial meltdown. In a 60 Minutes episode that preceded the film, Peterson Foundation President David Walker raised the specter of an entitlements crisis brought on by the boomer retirement: "When those boomers start retiring en masse, then that will be a tsunami of spending that could swamp our ship of state if we don't get serious. Yet, according to the CBO projections, Social Security is in decent shape. Without any changes at all, the projected long-term Social Security shortfall equals a mere 1% of taxable payroll.

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> The big problem facing Social Security isn't the boomer retirement-which was fully anticipated and is the reason there is a trust fund-but rather growing income inequality. Because the earnings of most workers have stagnated while those at the top have skyrocketed, the share of untaxed earnings above the taxable earnings cap (currently set at \$102,000) has grown from 10% in 1983, when the system was last in balance, to around 17% today. So a better way to address the modest shortfall than an across-the-board tax increase would be to raise or eliminate the cap on taxable earnings. Even more importantly, we need to fix our national health care system, which, as the Peterson Foundation points out, spends twice as much as other developed countries with no appreciable difference in outcomes or longevity. Controlling costs through comprehensive health care reform

would not only close the projected Medicare and Medicaid gaps (which, unlike Social Security's, are genuinely large), but would also give a boost to Social Security, because money spent on health benefits gets excluded from Social Security's tax base. [Source: Economic Policy Institute Monique Morrissey article 22 Aug 08 ++]

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> FAT TAX: Alabama officials are warning state employees to shape up or pay more for health insurance. On 22 AUG, the State Employees' Insurance Board announced a new plan beginning next year in which state employees will be required to receive medication screenings for several conditions, including body mass index. Those considered obese or who have high blood pressure, high cholesterol or high glucose will have to pay \$25 a month more in health insurance beginning in JAN 11, if they don't take steps to address their health problems. The new rule will affect more than 37,000 people employed by the state. Alabama is the first state to issue a so-called fat tax. The state already charges smokers a \$24 per month surcharge (which will increase to \$25 next month). Alabama has the second highest obesity rate in the country, according to the U.S. Centers for Disease Control and Prevention. Just over 30% of the population is obese, ranking just behind Mississippi. Alabama state officials say they will offer programs, such as Weight Watchers and YMCA discounts, to help the employees get in shape and avoid the penalty. But health experts aren't so sure a punitive approach is the best way to lower healthcare costs. The American College of Occupational and Environmental Medicine has published a list of tactics employers can use to help fight obesity. The list is made up entirely of positive incentives; nothing suggesting fines or penalties. Jeffrey Levi, executive director of Trust for America's Health and a health policy expert at George Washington University, said that the Alabama requirements could be interpreted as a genetic penalty for those who are predisposed to weight or cholesterol problems. [Source: Los Angeles Times Shari Roan article 25 Aug 08 ++]

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> CONTACT INFO FOR VETS UPDATE 01: The following subject listing identifies respective office and/or website/telephone data for conducting veteran related business:

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> SUBJECT OFFICE AND/OR WEB SITE TELEPHONE NO.

> Agent Orange Info www.vba.va.gov/bln/21/benefits/herbicide/index.htm 1-800-749-8387

> Appeals Management Center Appeals Management Center Public Cont 1-866-258-0341

> Arlington National Cemetery www.arlingtoncemetery.org 703-607-8000

> Board Of Veterans Appeals www.va.gov/vbs/bva/ 202-565-5436

> CHAMPVA VA Health Administration Center www.va.gov/hac/ 1-800-733-8387

> Civil Service Retired Pay Office Of Personnel Mgmt www.opm.gov/retire/

1-888-767-6738

- > Court Of Appeals/Vets Claims <http://www.vetapp.uscourts.gov/> 202-501-5970
- > CRSC - USAF <http://www.afpc.randolph.af.mil/library/combat.asp>
1-800-616-3775
- > CRSC - USA <https://www.hrc.army.mil/site/crsc/index.html> 1-866-281-3254
- > CRSC - USN/USMC <http://www.donhq.navy.mil/corb/crscb/crscmainpage.htm>
1-877-366-2772
- > DEERS <http://www.tricare.mil/mybenefit/home/overview/Eligibility/DEERS>
1-800-538-9552
- > Direct Deposit VA National Direct Deposit Center 1-877-838-2778
- > Education Claims Regional Processing Office - Atlanta 1-888-442-4551
- > EDU Verifications Of Pursuit <https://www.gibill.va.gov/wave/>
1-877-823-2378
- > Florida State Benefits Florida Dept Of Vets Affairs www.floridavets.org/
727-319-7400
- > Fraud, Waste, And Abuse VA Inspector General <http://www.va.gov/oig/>
1-800-488-8244
- > Gulf War Veterans Illnesses www.va.gov/GulfWar 1-800-749-8387
- > Headstones And Markers http://www.cem.va.gov/CEM/hm_hm.asp 1-800-697-6947
- > Health Care Benefits www.va.gov/health 1-877-222-8387
- > Health Care Eligibility www.va.gov/healtheligibility 1-800-929-8387
- > Health Care Overseas www.va.gov/hac/forbeneficiaries/fmp/ 1-877-345-8179
- > Health Revenue Service Information On Debts Owed To Vamcs 1-866-793-4591
- > Information Federal Citizen Information Ctr www.info.gov 1-800-333-4636
- > Insurance - SGLI/VGLI www.insurance.va.gov/sgliSite/default
1-800-419-1473
- > Insurance, VA VA Insurance Center www.insurance.va.gov/ 1-800-669-8477
- > Insurance - Fax For Loan Apps VA Insurance Center 1-888-748-5828
- > Loan Guaranty COE Eligibility Center - Winston-Salem
www.homeloans.va.gov/ 1-888-244-6711
- > Loan Guaranty Helpline www.vba.va.gov/ro/south/spete/RLC/index.htm
1-888-611-5916
- > Military Records National Archives www.archives.gov/ 1-866-272-6272
- > Overpayments Debt Management Center, St Paul 1-800-827-0648
- > Pension Pension Maintenance Center 1-877-294-6380
- > Prop Management (Va Repos) Ocwen Financial Corp www.ocwen.com
1-800-523-9479
- > Retired Pay, Military (EXC CG) DFAS www.dfas.mil/retiredpay.html
1-800-321-1080
- > Retired Pay, Coast Guard CG SVC CTR www.uscg.mil/hq/cg1/psc/ras/
1-800-772-8724
- > Retired Pay, Reporting Death DFAS 1-800-321-1080
- > SBP Info Line DFAS www.dfas.mil/retiredpay/survivorbenefits.html
1-800-321-1080
- > SBA Small Business Admin www.sba.gov/aboutsba/sbaprograms/ovbd/index.html
1-800-827-5722

- > Small Business - VA VA Ctr For Vets Enterprise <http://www.vetbiz.gov/> 1-866-584-2344
- > Social Security www.ssa.gov 1-800-772-1213
- > Spina Bifida VHA Center www.va.gov/hac/forbeneficiaries/spina/spina.asp 1-888-820-1756
- > Suicide Prevention www.suicidepreventionlifeline.org/ 1-800-273-8255
- > Telecommunications Device For The Deaf VARO Chicago 1-800-829-4833
- > TRICARE www.tricare.mil/ 1-800-444-5445
- > VA Central Office - VBA <http://www.vba.va.gov/VBA/> 202-273-5400
- > VA Central Office - VHA VHA Patient Advocate 202-461-7252
- > VA Secretary Telephone Unit VA Central Office 202-273-5674
- > Work Study Work Study Office 1-800-827-1000 EXT 5951
- > [Source: California VFW VSO Scott Langhoff input 27 Aug 08 ++]
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- > VA RURAL ACCESS UPDATE 05: The Department of Veterans Affairs (VA) is rolling out four new mobile health clinics outfitted to bring primary care and mental health services closer to veterans in 24 predominately rural counties, where patients must travel long distances to visit their nearest VA medical center or outpatient clinic. The pilot project is called Rural Mobile Health Care Clinics. It features a recreational-type vehicle equipped to be a rolling primary care and mental health clinic. VA is currently in the process of procuring and outfitting the vehicles, and officials expect the mobile clinics to be operational by early 2009. Rural areas in Colorado, Nebraska and Wyoming will share a single mobile van, while Maine, Washington state and West Virginia will each have a VA mobile van. The clinics are planned to serve:
 - > * Colorado: Larimer, Jackson, Logan, and Weld counties;
 - > * Maine: Franklin, Somerset and Piscataquis counties;
 - > * Nebraska: Cheyenne, Kimball, and Scottsbluff counties;
 - > * Washington state: Greys Harbor, Mason, and Lewis;
 - > * West Virginia: Preston, Randolph, Upshur, Wetzel, Roane, and Taylor counties; and,
 - > * Wyoming: Albany, Carbon, Goshen, and Platte counties.
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- > Factors considered in the selection of the participating sites included a need for improved access in the area, the degree to which clinics will expand services and collaborations with communities the clinics serve. [Source: VA News Release 27 Aug 08 ++]
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- > MOBILIZED RESERVE 27 AUG 08: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 27 AUG 08 in support of the partial mobilization. The net collective result is 3,789 more reservists mobilized than last reported in the Bulletin for 15 AUG 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 84,721; Navy Reserve, 5,799; Air National Guard and Air Force Reserve, 11,395; Marine Corps Reserve, 8057; and the Coast Guard Reserve, 741. This brings the total National Guard and Reserve personnel who have been mobilized to 106,904 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/Aug2008//d082608ngr.pdf>. [Source: DoD News Release 691-08 13 Aug 08 ++]

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> **INFECTIONS IN SENIORS:** The next time your parent complains of feeling "out of sorts" or gives you a vague list of minor problems, don't dismiss it as normal grumpiness. There's a good chance your parent could have an infection. When the human body is under stress or exposed to bacteria and viruses, it triggers a healing chain of events that, in most cases, results in the prevention of infection or illness. However, when the amount of bacteria is too great an infection occurs. At that point, the immune system kicks in doubly hard, releasing a flood of chemicals to attack the infection and promote recovery. Diagnosing the elderly with an infection can be difficult. Seniors are less likely to have classic symptoms such as fever, chills, and vomiting. Instead they might have atypical symptoms such as subnormal temperature, confusion, fatigue, and decreased appetite. In many cases, these subtle signs can be attributed to the normal aging process - or ignored until the late stages of the infection. Seniors are more susceptible to infection because multiple chronic illnesses that occur with age put extra stress on the body, and the medications for these conditions can block the immune system. In addition, the immune system naturally weakens as we grow older.

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> The most common sites for infections in older adults are the urinary tract, the respiratory tract, and the skin. It also is common for seniors to develop an infection prior to an acute deterioration of their chronic medical condition or in combination with other acute medical problems. A typical example is the person with congestive heart failure who develops pneumonia. The symptoms of cough, congestion, and shortness of breath are similar and might occur simultaneously, or the onset of pneumonia might precipitate an acute attack of congestive heart failure. So how do you know if your parent is developing an infection? Look for an acute change in his or her ability to perform day to day activities; subnormal temperature; increased pulse rate; unexplained dehydration; confusion; poor appetite; and fatigue with increased aches and pains. For specific infections you might want to look for the following signs:

> . Respiratory infections: Cough, Increased mucus , Abdominal pain, Headache, Chest pain, Generalized weakness, and/or Loss of appetite.

> . Urinary infection: New onset of incontinence, Pain with urination, More frequent urination, Flank pain, Weakness, and/or Blood in the urine.

> . Skin infection: Redness, Warmth, and/or Pain or tenderness

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> If you note any of these symptoms, due diligence requires a complete medical evaluation to determine the source of the infection and any other acute medical problems. This is extremely important because of the risk of sepsis (an overwhelming infection that enters the bloodstream, is higher in the elderly). The longer these types of symptoms go untreated, the more likely the bacteria will find its way into the bloodstream. Another concern is the prevalence of antibiotic-resistant infections. The overuse of antibiotics for viral illnesses and the common cold have caused bacteria to mutate and become resistant to antibiotics that once treated most infections. The three super infections that pose a threat are Methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (C diff), and Vancomycin-resistant enterocolitis (VRE).

> . MRSA is diagnosed by obtaining a culture of the body fluid (sputum, urine, blood) where the infection is present. MRSA infections can occur anywhere in the body, and even though treatment with Vancomycin appears successful, a small amount of the bacteria can remain - a phenomenon medical professionals refer to as colonization. The remaining bacteria can cause infections to reoccur at any time.

> . C diff and VRE both cause diarrhea and are the result of antibiotics killing the normal, beneficial bacteria that reside in the intestinal tract and allowing infection-producing bacteria to proliferate. C diff can occur after the prolonged use of any antibiotic; VRE is specific to the use of Vancomycin. Treatment includes preventing dehydration associated with diarrhea, a bland diet, and bulking agents to decrease the amount of diarrhea, and administration of Flagyl to treat the condition and allow the normal bacteria to return to appropriate levels.

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> The good news is that most infections are isolated and can be treated with short-term antibiotics. Basic preventative measures - such as assuring that your parents have a pneumonia vaccination, receive the flu vaccine yearly, avoid others with acute infections, and stay well-hydrated - can decrease the likelihood of serious infections. In addition, keeping the skin well moisturized can prevent skin infections. Dry skin is more likely to crack and tear, providing an opening for bacteria to enter. Urinary tract infections are prevented by good hygiene and adequate fluid intake. For more information about infections in the elderly, super infections, and vaccinations refer to www.health.nih.gov/topics. [Source: MOAA News Exchange Nanette Lavoie-Vaughan article 27 Aug 08 ++]

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> VA HOME LOAN UPDATE 13: The Department of Veterans Affairs (VA) will use a locality-based approach in raising ceilings on its no-downpayment home

loans from the current \$417,000 to as much as \$729,000. The increases are effective immediately under legislation recently enacted with President Bush signing the Housing and Economic Recovery Act of 2008. That law also improved VA's Specially Adapted Housing Program. It raises primary grants from \$50,000 to \$60,000 toward constructing a new home or modifying an existing home to meet adaptive needs of veterans or active duty servicemembers with certain service-connected disabilities. One new feature is a provision in the law that will assist burn victims. It will allow veterans with certain service-connected disabilities resulting from severe burns to receive the adaptive housing grants. The new law also makes future increases in ceilings on the Specially Adapted Housing Program automatic. The increased limits in the general home loan program for all veterans' home purchases or construction will be based on local housing costs, tied to the similar locality adjustments of the Federal Home Loan Mortgage Corp., Freddie Mac. VA home loans are available for veterans to purchase or construct single-family homes, and to purchase condominiums or cooperative apartments. There are about 2.3 million existing VA home loans, more than 90% made with no down payment. More information about VA home loans and adaptive grants is available from VA at 877-827-3702 or www.homeloans.va.gov. [Source: Florida Veteran Council Michael Isam article 21 Aug 08 ++]

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> SBP LAWSUIT UPDATE 03: On 12 JUN, the U.S. Court of Federal Claims ruled in favor of three SBP widows who sued the government (Sharp v. The United States) to avoid any deduction of VA Dependency and Indemnity Compensation (DIC) from their restored SBP annuities. On 11 AUG, Pentagon lawyers appealed that ruling to the United States Court of Appeals for the Federal Circuit. At issue is a 2004 law (PL 108-183) that restored DIC payments to veterans' surviving spouses who remarry after their 57th birthday. Before the law change, survivors lost DIC regardless of the age at which they remarried. The three widows claim the new law not only restored their lost VA benefit, but also prohibited deduction of DIC from SBP in such cases. When DoD initially rejected that interpretation of the new law, the widows sued. The new Pentagon appeal is one more step in a potentially long legal process that could ultimately end up in the U.S. Supreme Court. But this court case may yet prove to be one more tool in the campaign to end the unfair SBP/DIC offset for all survivors of active or retired members who die of service-caused conditions. [Source: MOAA Leg Up 22 Aug 08 ++]

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> TRICARE NEWS VIA EMAIL: The Tricare military health system's 9.2 million beneficiaries now have an easy way to receive the latest newsletters and stay informed about changes in coverage, pharmacy updates and other news. Their new electronic delivery system is up and running. Tricare officials said subscribing is fast and secure by clicking on the "little red envelope"

on Tricare's Web site, www.tricare.mil. Subscribers can choose alerts by topics or beneficiary category. Delivery is safe and secure. An e-mail address is the only information collected. Subscribers also have a unique page they can manage any time and they can choose to be notified as soon as news or benefit changes are posted or get updates daily, weekly or monthly. The new subscription service also links users to similar alerts available on other Military Health System Web sites, including www.health.mil, which features MHS news and other information. Partnership subscription options with other health-related federal Web sites include the Centers for Disease Control and Prevention and Disabilityinfo.gov. [Source: NGAUS NOTES 22 Aug 08 ++]

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> PENTAGON 9/11 MEMORIAL: Secretary of Defense Robert Gates will host a ceremony on 11 SEP 08 to dedicate the Pentagon Memorial to the memory of those killed in the terrorist attack here in 2001. The ceremony itself is an invitation only / ticketed event. The ceremony begins at 8 a.m EDT and is expected to last for approximately two hours. The memorial was built along the southwestern corner of the Pentagon and is the first national memorial to those killed on 11 SEP, to be dedicated. The memorial consists of 184 individual memorial units honoring the 59 people aboard American Airlines Flight 77 and the 125 in the Pentagon who lost their lives at 9:37 a.m. on 11 SEP 01. For additional information on the memorial refer to http://www.defenselink.mil/home/features/2008/0708_memorial/. [Source: DoD Advisory No. 080-08 dtd 25 Aug 08 ++]

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> KIDNEY STONES: About 5% of the U.S. population experience kidney stones, according to the National Institutes of Health, though that number's thought to be on the rise. They occur when crystals of calcium and either oxalate or phosphate separate from the urine and bond together; urine contains chemicals that usually keep stones from forming, but those chemicals don't always succeed. John Milner, a urologist at Loyola University Chicago Stritch School of Medicine, says his patients describe passing a kidney stone -- even a tiny one -- as the most painful experience they've endured. And "if you have one," Milner says, "your chance of having another within five years is 50-50." Hot weather and dehydration often account for an increase in kidney stone cases during the summer months. Some tips to help you avoid this painful experience are:

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> . Drink water: Plain water is always the best fluid to drink. Avoid mineral water, which can contain minerals that contribute to kidney stones.

> . Avoid iced (and hot) tea: Tea contains high concentrations of oxalate, which contributes to kidney stones. Drink lemonade made from real lemons, not a powdered mix-the citrate in the lemons can actually help prevent kidney stones. To cut calories go ahead and use an artificial sweetener,

none of which have been linked to kidney stones. However, don't confuse citrate with citric acid, or Vitamin C, and start popping supplements. "Vitamin C gets metabolized to oxalate" and can encourage kidney stones to form if you ingest too much. Other high-oxalate foods include spinach, chocolate, nuts and rhubarb.

> . Go easy on the salt: Excess salt consumption have been linked to kidney stones.

> . Watch your weight: Obesity has been linked to kidney stones.

> . Eat ice cream: Contrary to popular belief, calcium does not promote kidney stone formation-it actually helps prevent it. So treat yourself to some ice cream (or a tall glass of milk) if the temperature soars.

> [Source: Washington Post Jennifer Huget article 15 Aug 08 ++]

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> QUALITY OF LIFE GRANT: Applications are now being accepted through the Quality of Life Grant program for families that care for children and adults with autism and other special needs. These grants provide families with stipends that may be used for a wide variety of support related to their family member. To be considered for a Quality of Life Grant, an applicant must:

> . Have an individual with a diagnosed developmental disorder or disability living at home;

> . Live in the Mid-Atlantic Region of the United States; Virginia, Washington D.C., Maryland, Delaware, Pennsylvania, New Jersey and New York; and

> . Submit a legible and complete application via the NeighborHeart website or via the United States Postal Service postmarked by 1 NOV.

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> Quality of Life Grants are \$500 per approved individual and apply to anything that improves a family's quality of life, to include: remediation, occupational therapy, physical therapy, speech therapy, equine therapy, behavior therapy, security improvements, medical travel, respite care, membership fees, registration fees, educational training and seminars, educational advocacy, vision services, and other medical services. To apply for a grant, refer to: <http://www.neighborheart.org/grants.asp>. [Source: NMFA Government and You E-News 26 Aug 08 ++]

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> VA CATEGORY 8 CARE UPDATE 06: Congress is moving to reopen the VA health care system to many more thousands of Priority Group 8 veterans - those who aren't poor, at least by government standards, and have no service-related ailments. Disabled American Veterans and some partner organizations support such a move but with two caveats, explained DAV representatives.

> . First, accepting new "Priority 8" enrollees should be gradual to protect access to care for service-disabled veterans and all other current enrollees.

> . Second, resumption of Group 8 enrollments, which were suspended in 2003, should not occur without reform of VA health care budgeting to ensure that VA health budgets, year after year, finally become "sufficient, timely and predictable," said Joseph A. Violante, DAV's legislative director.

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> Congress has refused to pass a law that would mandate full funding of VA health care based on number of enrollees. But Violante said DAV has joined with eight other veterans' service organizations to back an alternative to mandatory funding that lawmakers are more likely to embrace. With the House having voted this month for a 10% rise in Priority 8 enrollments starting 1 OCT, and with Democratic senators also supporting for such a move, DAV and its partners believe VA budgeting reform has a new urgency to protect enrolled veterans' access to care. The Veterans' Health Care Budget Reform Act, to be introduced after lawmakers return from recess in September, has two parts.

> . One would put VA health care under an "advance appropriation" schedule. If it were in effect already, Congress this year would be passing a VA health budget that would take effect in fiscal 2010, a year ahead of the current schedule. The goal, said Violante, is to end a crippling pattern by lawmakers of failing to pass VA health budgets before the fiscal year begins 1 OCT. These budget delays, which last two to three months, force VA medical facilities to operate under "continuing resolutions" which freeze spending at previous year levels until a new appropriations bill finally is passed and signed.

> . Part two of the reform package would seek to keep funding levels for VA health care sufficient. Until very recently, VA health budgets were sharply under funded, Violante said. Yet Congress declines to support a mandatory full funding law, arguing that it limits congressional prerogatives. It also is an expansion of VA entitlements which triggers a "pay-go" budget rule. That rule requires that any new entitlement spending either be offset by an entitlement reduction or paid for with tax increases.

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> What DAV and fellow organizations in the Partnership for Veterans Health Care Budget Reform now propose is that VA be directed to use a new actuarial model it has developed which very accurately can project the per capita cost of providing health care to its enrolled patient population. The Partnership's proposal would require the Government Accountability Office to verify annually the accuracy of these VA health cost projections so everyone knows the cost of continuing to provide current services to enrolled beneficiaries. If the administration then were to seek a budget that fell short of covering those projected costs, the White House would have to explain why both to Congress and to veterans, and the political heat could be severe. VA now won't share what its actuarial model shows about proper funding of VA health care, said Peter Dickinson, a consultant to DAV and former professional staff member on the House Veterans Affairs Committee. "It's sort of behind the curtain, inside the black box. Instead they put

forward a number that may or may not be based on that but also reflects other [spending] priorities of the administration. Requiring an annual audit to force VA to reveal what health care spending must be to support full services to all VA patients would make it politically difficult to short these budgets in the future. If we can get a budget process that's a year in advance and based on numbers we can look at, the cost of re-opening enrollment to Group 8's veterans would be known and presumably fully funded. " Dickinson said. If health budgeting isn't reformed, and enrollment doors swing open, "we could be in danger of returning to the days of '03 and '04 when more than 300,000 veterans waited six months or longer to get an appointment." [Source: Stars & Stripes Tom Philpot article 23 Aug 08 ++]

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> **AFB CLINIC MALPRACTICE LAWSUIT:** On 21 AUG a U.S. District Court Judge awarded an Air Force couple \$7.5 million for a malpractice case against the Andersen Air Force Base family clinic. An Air Force wife visited the Andersen Air Force Base family clinic several years ago, complaining of numbness in her groin. The numbness was an early sign of a serious neurological disorder that base medical personnel failed to properly diagnose and treat, according to Chief Judge Frances Tydingco-Gatewood. The judge awarded \$7.5 million to Deborah Rutledge and her husband, Air Force Master Sgt. Thomas Rutledge, after agreeing that government employees at the clinic "were repeatedly negligent" in providing medical treatment to Deborah Rutledge, who suffers from Cauda Aquina Syndrome. She suffers from permanent neurological injuries, including numbness, dysfunction and paralyzing pain, according to the court. She can't sit normally or walk for an extended period of time without pain. According to the judge's ruling, clinic personnel failed to properly treat Deborah Rutledge during several visits to the clinic, in JUL and AUG 04. She wasn't properly diagnosed until she visited Naval Hospital and was medically evacuated to Hawaii for treatment. Deborah Rutledge never was asked to remove her clothing for some of the examinations at the Andersen clinic, documents state, and one examination was performed by an improperly supervised physician's assistant, who Rutledge mistakenly believed to be a doctor. Tydingco-Gatewood awarded Deborah Rutledge \$6.9 million, including compensation for pain and suffering, and her husband \$592,000 for "loss of consortium. [Source: Pacific Daily News Steve Limtiaco article 22mAug 08 ++]

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> **MILEAGE REIMBURSEMENT RATE:** Service members and federal civilian employees who drive their own cars on official business now are being reimbursed 58.5 cents per mile, an 8-cent increase, effective 1 AUG. The General Services Administration announced the increased rate to match the private business rate approved by the IRS that has been in effect since 1 JUL. GSA also increased reimbursement rates for motorcycles, from 30.5 cents to 58.5 cents per mile; and for airplanes, from \$1.07 to \$1.27 per mile.

[Source: NavyTimes Gregg Carlstrom article 21 Aug 08 ++]

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> GI BILL UPDATE 28: Iraq and Afghanistan Veterans of America is launching a national outreach program to help veterans prepare for the big increase in GI Bill education benefits that takes effect next year. This includes an online calculator at www.gibill2008.org that gives veterans an idea of how much money they will receive when the Post-9/11 GI Bill takes full effect on 1 AUG 09, with full tuition for people attending four-year public institutions, plus a monthly living expense and annual book allowance. Paul Rieckhoff, IAVA executive director, says the Web site should help answer basic questions about the new program, which has spawned a fair amount of confusion because the details underwent many changes before the final plan was enacted. A 20% increase in GI Bill benefits that took effect this past 1 AUG was just a small first step under the new plan. Full tuition payments, the living stipend, book allowance and other changes will not take effect until next summer so that the Pentagon and Department of Veterans Affairs have time to plan for the big increases. [Source: AirForceTimes Rick Maze article 20 Aug 08 ++]

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> HOSPITAL DEATH RATES: Until recently, hospital death rates were closely guarded secrets, discussed in board rooms but beyond the reach of patients whose lives are on the line. Now anyone with access to a computer can directly compare a local hospital with the one across town to see how it stacks up against the biggest medical institutions nationwide. Death rates from heart attack, heart failure and pneumonia are widely viewed as yardsticks of a hospital's overall performance. Last year, the U.S. Centers for Medicare and Medicaid Services (CMS) released a broad comparison of death rates for heart attacks and heart failure, noting how hospitals compared with the national average - better, worse or no different - without releasing the death rates themselves. This year the agency decided to disclose them to consumers. The agency posted its new mortality estimates on a government website www.hospitalcompare.hhs.gov, along with more than two dozen other measures of how well hospitals meet patients' needs. Among them are statistics on what percentage of a hospital's patients get appropriate care for a variety of ailments, including childhood asthma, and 10 measures of patient satisfaction with the hospital experience. All three types of measurements give hospitals ways to assess - and improve - their quality of care, but many health officials regard the number of patients who die in the hospital or soon after discharge as the ultimate measure of performance.

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> Knowing a hospital's death rates gives consumers more power to influence the quality of their medical care, says Lisa Iezzoni, associate director of the Massachusetts General Hospital Institute for Health Policy. "What the mortality rate does is give you an entree to talk to your doctor

and say, 'Look, is this hospital stay going to kill me?' " That's not an easy question to answer with any certainty. By trying, officials knew they were courting trouble with the hospital industry, Iezzoni says. An earlier effort by Medicare to report on hospital death rates faltered in the early '90s. The agency wilted under relentless criticism that its so-called death list didn't give adequate weight to a hospital's mix of patients, including how sick, poor and old they were. This time, the architects of the new analysis took a different approach. They tallied death rates for common life-threatening conditions, not the hospitals' overall mortality rates. And they chose a strict statistical formula that allows them to say with 95% confidence that a hospital's death rates fall within a certain range. But there's a rub, experts say. Using this method of analysis, only a handful of hospitals stand out as better or worse than the national average. The new formula captures all deaths among 35 million Medicare beneficiaries that occurred within 30 days of the patients' hospital admission. They also factored in the hospital's patient mix and how many deaths might be expected in a hospital with that population. Including deaths that occurred within 30 days after admission made it tougher for a hospital to game the system by shipping risky cases somewhere else.

> . To compare hospitals near you on heart attack, heart failure and pneumonia refer to www.usatoday.com/news/health/hospitals-graphic.htm

> . To view hospitals with highest and lowest death rates www.usatoday.com/news/health/2008-08-20-hospitals-best-worst_N.htm

> . To compare hospitals in your ZIP code refer to www.hospitalcompare.hhs.gov/hospital/mortalitytool/index.asp

> [Source: USA TODAY Steve Sternberg/ Anthony DeBarros article 20 Aug 08 ++]

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> COMBAT ACTION MEDAL UPDATE 02: If a nationwide veterans' group gets its way, sailors and Marines who see combat would be decorated with a new Combat Action Medal, instead of the Combat Action Ribbon for which they're currently eligible. The members of the Veterans of Foreign Wars adapted a resolution 17 AUG at their national convention in Orlando FL calling for Congress and Navy Secretary Donald Winter to create a Combat Action Medal to augment the existing ribbon. Retired Florida attorney Patrick Guarnieri, a former Seabee who served in Vietnam, drafted the resolution this winter after he realized that, of all the military services, the Navy Department's was the only personal combat decoration without a medal or badge. He pointed to a decision by senior Air Force officials in early 2007 to create a Combat Action Medal, designed to recognize the growing numbers of airmen seeing action on the ground in Iraq and Afghanistan, as opposed to in the skies above. If the Pentagon is interested in keeping awards consistent across the military services - to the point that commanders changed the wording on four medals earlier this year and changed the size of eight others - it's only fair that sailors and Marines be eligible for a combat medal, Guarnieri

said. The VFW resolution calls on Congress to pass a law directing Winter to create a Combat Action Medal that would be retroactive to the Japanese attack on Pearl Harbor in 1941. Every sailor or Marine who had received a Combat Action Ribbon would be authorized to wear the medal - including Guarnieri, who said he received the CAR for action in Vietnam. [Source: NavyTimes Philip Ewing article 19 Aug 08 ++]

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> MILITARY STOLEN VALOR UPDATE 09: About two dozen members and guests of the Armed Forces E9 Association, Inc. gathered at the association's national headquarters 16 AUG to hear Mary Schantag of the P.O.W. Network of Skidmore, Mo talk about the 3,400 names they've confirmed as fraudulent claimants of high military medals or disabled or prisoner-of-war status, or all three. "We've determined that 30% of the people listed as Medal of Honor winners never received the medal," she said. "In all, 20 to 40% of all military records showing honors or qualifications for special government assistance are fraudulent. It breaks the law to make fraudulent claims and breaks others to use them to gain benefits, but the FBI and federal courts are overloaded with drug and violent crimes, so most people get away with this." Schantag had a roster of about 3,400 names she said the network had established were bogus medal winners, disabled veterans or former prisoners of war taped to the wall.

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> The occasion was the E9 Association's second annual Stolen Valor Seminar at its Charlie R. Green Memorial Hall. The group, open to active duty military personnel and retirees who reached the top enlisted pay grade of E9, was incorporated in 1984. Schantag and her husband, Chuck Schantag, a disabled veteran, founded the P.O.W. Network in 1988 and received 22 complaints the first year. Now she said they receive reports of suspected fraud every week and check them all out with the Defense Department. The nonprofit corporation receives no government funds. She told of a man who was posing as a military chaplain and conducting wedding ceremonies for military couples who would then try to record their marriages on post, only to be warned of possible courts-martial. "Children will call in to say their father is representing himself as a Medal of Honor winner or disabled veteran. We'll hear that a wife has tried to get military honors for her deceased husband, only to be told he was not even a veteran. The problem is that you can download all the documents the services used to issue and fill them out yourself and then give them to the Veterans Administration or other authority, who don't have time to check everything."

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> One tipoff in a fraudulent prisoner-of-war claim is that the term seldom appears on genuine DD-214's (records of military service) issued before the mid-1980s. She reeled off a list of 12 selected cases of fraud she said cost the government \$924,000 in benefits, bilking the public and shortchanging qualified veterans. "A man can say he was bitten by rats in a

POW cell and escaped, running six miles in his skivvies until he reached friendly troops, and it sounds more convincing than most stories that are actually the truth, which is usually nowhere near that dramatic," she said. She lauded U.S. House Resolution 3769, introduced by Rep. John Salazar of Colorado and co-sponsors to mandate a searchable database of military decorations and promoted the use of the SF-180, which service personnel or veterans can sign to authorize investigations of claims about their service. "Anyone can obtain a blank DD-214 and falsify it," she said. "If the VA and veterans organizations would insist on this form, they could cut way down on fraud. If a fraudulent claimant is presented with it, he'll just refuse to sign it." In addition, most information on veterans is available through the Freedom of Information Act.

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> In 2005, President Bush signed the Stolen Valor Act, which makes a misdemeanor of any false claim to have been awarded any military decoration or medal. Schantag said, "We're not talking about guys just telling stories in a bar. We're talking about people cheating the government and the public out of millions of dollars and cheating legitimate veterans by using up money and time. They speak in our schools and churches, and if their names aren't removed from records, then historical documents are false. Claims to have served in high-profile elite units such as the Army Rangers and Navy Seals are far more common than others. Some fraudulent claimants have never been in the military, but others are veterans trying to enhance their status. Federal authorities don't have time or resources enough to investigate all cases and called for state governments to enact laws prohibiting fraudulent claims of service and benefitting from such claims. Some states already have laws covering various aspects of the issue." More information is available from Chuck or Mary Schantag at the P.O.W. Network, Skidmore MO, 64487, (660) 928-3303 email info@pownetwork.org or website www.pownetwork.org. [Source: Killeen Daily Herald Don Bolding article 17 Aug 08 ++]

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> MEDICARE PART D UPDATE 23: Medicare officials announced 14 AUG that the average monthly premium for Medicare's prescription drug plan will increase to an estimated \$28 in 2009, three dollars more than this year's monthly premium. That 2009 figure is 37% lower than originally projected when Medicare's so-called Part D drug coverage was introduced in 2003, the officials added. The Part D program offers prescription drug benefits to Medicare beneficiaries. "Part D continues to come in under budget, achieve consistently high satisfaction rates, and with it millions of Americans are living healthier, better lives," Kerry Weems, acting administrator of the U.S. Centers for Medicare and Medicaid Services, said during an afternoon teleconference. But, he added, "most beneficiaries will see a premium increase in their current plan. There will be some significant increases." There are three reasons behind the premium increase, Weems said.

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> . First, there is a trend in prescription drug cost growth generally -- prices tend to increase because of price increases for existing drugs, the growth in the average number of prescriptions per person, and the introduction of new drugs.

> . Second, the 2008 premiums were calculated as part of a demonstration project that has now expired. This project resulted in premiums being 50 cents less in 2008 than had been projected. That change is now reflected in the 2009 premium.

> . Third, drug distributors participating in Part D have found coverage for catastrophic care to be higher than expected. So they have adjusted their 2009 bids to reflect those higher-than-anticipated costs.

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> There are steps Medicare beneficiaries can take to reduce the impact of premium increases, Weems added. In 2009, Medicare beneficiaries will continue to have access to what's known as enhanced drug coverage, which allows people to pay additional premiums to cover gaps in their drug coverage. Some low-income beneficiaries will be able to have their gap coverage at minimal or no cost. In addition, 97% of people in stand-alone prescription drug plans will have access to a 2009 plan with equal or lower-cost premiums than their 2008 plan. Moreover, many Medicare beneficiaries will have access to a Medicare Advantage plan that offers lower prescription drug premiums than a stand-alone plan." Currently, 24.4 million Medicare beneficiaries are enrolled in the Part D drug plan.

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> In a related development, Medicare officials announced 14 AUG that 10 doctors-group practices participating in Medicare's Physician Group Practice Demonstration project showed improved quality of care for patients with congestive heart failure, coronary artery disease and diabetes. Based on these improvements, the 10 groups involved in the project are being paid \$16.7 million in incentives designed to reward health-care providers for improving results and coordinating the health care needs of Medicare patients. Weems said in a prepared statement, "We are paying for better outcomes and we are getting higher quality and more value for the Medicare dollar. And these results show that by working in collaboration with the physician groups on new and innovative ways to reimburse for high quality care, we are on the right track to find a better way to pay physicians."

[Source: Health Day Steven Reinberg article 18 Aug 08 ++]

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> VA SAH UPDATE 04: A change in the law will increase the amount of grants available to seriously injured veterans seeking to modify their homes to accommodate their injuries. Prior to the change, eligible veterans and servicemembers could receive special adaptive housing grants of \$10,000 or \$50,000 from VA only once. Now they may use the benefit up to three times, so long as the total grants stay within specified limits outlined in the

law. VA has averaged about 1,000 adaptive housing grant applications per year during the last 10 years, providing more than \$650 million in grants to about 34,000 seriously disabled veterans since the benefit began in 1948. Eligible for the benefit are those with specific service-connected disabilities entitling them to VA compensation for a "permanent and total disability." They may receive a grant to construct an adapted home or to modify an existing one to meet their special needs. VA has three types of adapted housing grants available:

- > . The Specially Adapted Housing grant (SAH), currently limited to \$50,000, is generally used to create a wheelchair-accessible home.

- > . The Special Housing Adaptations (SHA) grant, currently limited to \$10,000, is generally used to assist veterans with mobility throughout their homes due to blindness in both eyes, or the anatomical loss or loss of use of both hands or extremities below the elbow.

- > . A third type of grant established by the new law, the Temporary Residence Adaptation (TRA) grant, is available to eligible veterans and seriously injured active duty servicemembers who are temporarily living or intend to temporarily live in a home owned by a family member.

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- > While the SAH and SHA grants require ownership and title to a house, in creating TRA, Congress recognized the need to allow veterans and active duty members who may not yet own homes to have access to the adaptive housing grant program. Under TRA, veterans and servicemembers eligible under the SAH program would be permitted to use up to \$14,000, and those eligible under the SHA program would be allowed to use up to \$2,000 of the maximum grant amounts. Each grant would count as one of the three grants allowed under the new program. [Source: U.S. Medicine article 14 Aug 08 ++]

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- > AAFES GAS DISCOUNT: Customers who use their Military Star exchange credit card at Army and Air Force Exchange Service gas pumps will get a discount of 3 cents per gallon on gas. The discount is in effect at 15 installations.

Officials expect to have the technology in place to apply the discount automatically when those credit cards are scanned at another 177 facilities in the continental U.S., Alaska and Puerto Rico by 19 AUG. The 15 installations where the discount is already available are: Redstone Arsenal, Ala.; Yuma Proving Ground, Ariz.; MacDill and Patrick Air Force bases, Fla.; Fort Gordon and Robins Air Force Base, Ga.; Mountain Home Air Force Base, Idaho; Scott Air Force Base, Ill.; Minneapolis-St. Paul Joint Air Reserve Station, Minn.; Columbus Air Force Base, Miss.; Nellis Air Force Base, Nev.; U.S. Military Academy, N.Y.; Fort Indiantown Gap, Pa.; and Laughlin Air Force Base and Joint Reserve Base Carswell, Texas.

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- > Customers who use their Military Star Rewards MasterCard at on-base gas stations receive two points in rewards for every dollar spent. Rewards include cash back. So in essence, customers using the card receive 2% in

rewards for gas, in addition to the discount of 3 cents per gallon. Customers who do not pay off their credit cards each month are charged interest for the balance, which may offset any rewards or discounts. There are four locations at which "technological constraints" will prevent the 3-cents-per-gallon discount "until additional functionality issues are addressed," AAFES said in a statement. Officials hope to extend the Military Star gas discount worldwide, but they do not have a timetable for the expansion. [Source: MarineCorpsTimes Karen Jowers article posted 17 Aug 08 ++]

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> REVEILLE: As a veteran you will appreciate the ceremony displayed in the 11 minute film clip at

<http://video.google.com/videoplay?docid=-2487638612433437293&q=Vetera>.

[Source: Veterans' Council FL Michael Isam input 17 Aug 08 ++]

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> VA HEALTH CARE FUNDING UPDATE 15: Hoping to avoid annual problems with veterans' health care budgets that are too late and too small, a coalition of nine veterans groups proposes a radical change in how Congress funds Department of Veterans Affairs medical programs. The Partnership for Veterans Health Care Budget Reform (PVHCBR) which includes the American Legion, AMVETS, Blinded Veterans Association, Disabled American Veterans, Jewish War Veterans of the USA, Military Order of the Purple Heart of the U.S.A, Paralyzed Veterans of America, Veterans of Foreign Wars of the United States and Vietnam Veterans of America is trying to solve two problems.

> . One is that Congress is downright pokey in approving annual budgets. Only once in the last 14 years, and twice in the last 20 years, has the VA budget been approved by the start of the new fiscal year. The funding bill, known as appropriations, has been 3½ months late, on average, over the last six years.

> . A second and more serious problem is that the VA budget still isn't large enough to eliminate waiting lists for medical appointments.

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> The veterans' groups propose a two-part solution: They want a better method of calculating how much money is needed and they want advance appropriations. If their plan was in effect now, Congress would be working on the veterans' budget for fiscal 2010, which begins on 1 OCT 09. Peter Dickinson, of Stand Up for Veterans, a program created by Disabled American Veterans, said calling for advance appropriations is an attempt to "break the logjam" that has stopped Congress from resolving a long-standing issue: VA budgets that don't fully serve veterans. For years, major veterans' groups have pushed Congress to treat VA funding similar to funding for Medicare and Medicaid. Costs for those programs are covered without Congress having to pass annual budgets. While key lawmakers have expressed support for so-called "mandatory" funding of veterans' programs, Dickinson said a

combination of problems has kept Congress from approving the idea, leaving veterans' groups to look for other ideas.

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> Joseph Violante, DAV's national legislative director, described advance funding for the VA as a way for veterans to get the first slice of funding in each budget without having to compete with other programs. Violante said he and other veterans' representatives have met with congressional leaders and staff to try to win support for their proposal but have not received firm commitments. Veterans groups hope to get lawmakers on record supporting the idea before the November elections to set the stage for consideration of the funding initiative early next year, when the next session of Congress convenes. Dickinson said the VA health care system suffers disruption every year the budget is late because VA generally is limited to spending at the previous year's limits until a final appropriations bill is approved for the new year. Under such restrictions, VA cannot do long-ranging planning or purchase major medical equipment, and the hiring of personnel can be delayed, Dickinson said. It is not yet clear whether Congress will pass the upcoming fiscal 2009 veterans budget by the 1 OCT start of the fiscal year. [Source: NavyTimes Rick Maze article 15 Aug 08 ++]

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> COLA 2009 UPDATE 03: In a story posted earlier this month, 2009 COLA was listed at 2.8%. That was dated information provided by Sen. Daniel Akaka (D-HI), Chairman of the Senate Committee on Veterans' Affairs and not reflective of the impact on inflation the oil crises has generated this year. The first bad news item is inflation jumped 0.5% for the month of July. The higher cost of living is primarily the result of the ripple effect (on food and other items) because of the high price of oil. The good news is that federal and postal retirees under the old CSRS retirement system, retired military people and folks who get Social Security payments are now due a JAN 08 cost of living adjustment of 6.2%. Last month the 2008 COLA had hit the 5.7% level. The second round of bad news involves retired Americans who don't get a federal or military retirement benefit. Most of them don't qualify for any kind of pension from their former employer. Of those that do get a pension, the rise in living costs has no effect on that benefit. The overwhelming majority of those pensions were frozen at the time of retirement.

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> How much the January federal-military-Social Security COLA be depends on how much living costs rise (or not) this month and again in September. The COLA is based on the change in the Consumer Price Index from the third quarter of the current year (2008) over the CPI level for the third quarter of the previous year. In this case 2007. That means if the CPI holds steady for August and September the COLA payment will be 6.2%. If the CPI goes up either or both months the COLA will increase accordingly. If the CPI should

decline the COLA will be adjusted according. Meaning it could, in theory, be less than 6.2%. But there would still be an increase. If you would like to run the numbers for yourself, check out this explanation from the National Active and Retired Federal Employees NARFE website www.narfe.org/departments/leg/guest/articles.cfm?ID=942 . It also gives the projected COLA increase for employees retired under the FECA program. [Source: Mike Causey's Federal Report 15 Aug 08 ++]

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> GI BILL UPDATE 27:

> 1. Who is eligible for the Post 9-11 GI Bill? Service men and women who have active duty service of at least 90 days since Sept. 10, 2001 qualify for Post-9/11 GI Bill benefits. Benefits range from 100% for 36 months cumulative service to 40% for 90 days service.

> 2. Are military retirees and National Guard/Reserve servicemembers eligible for the Post-9/11 GI Bill? Yes, if they have post-Sept. 10, 2001 federal active duty service of at least 90 days.

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> 3. Can currently serving members transfer Post-9/11 GI Bill benefits to family members? Those who qualify for the Post-9/11 GI Bill, have six years or more of service, and agree to extend their service for four years may be eligible to transfer their benefits to a spouse and/or dependent children subject to DoD regulations. Only currently serving members who agree to reenlist/extend after August 1, 2009 will be eligible. DoD may adjust the service criteria for Post-9/11 GI Bill transferability. Critical skill criteria no longer apply to the transferability program.

> 4. Will veterans, including military retirees, be permitted to transfer Post 9/11 GI Bill benefits to dependents? No. Post-9/11 GI Bill transferability is a force management tool that works just like a reenlistment bonus.

> 5. Are Service Academy/ROTC Scholarship commissioned officers eligible for the Post-9/11 GI Bill? Officers from these commissioning sources can qualify for the Post-9/11 GI Bill. But, time spent satisfying their initial active duty service obligation does not count towards the service necessary to qualify for the benefits.

> 6. How does the Post-9/11 GI Bill compare to the current Montgomery GI Bill (MGIB)? The Post-9/11 GI Bill pays benefits based on active duty service performed after Sept. 10, 2001. Benefits are tailored to a veteran's specific school and location. MGIB benefits, on the other hand, are elective upon enlistment and require a \$1,200 payroll reduction. MGIB rates are based on the enlistment contract and the course load taken regardless of the institution's tuition/fees and location.

> [Source: MOAA Leg Up 15 Aug 08 ++]

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> ANGEL FOOD MINISTRIES: If you want to reduce your grocery bill check out

Angel Food Ministries. The program is open to everyone and feeds over 500,000 families a month in 35 states. There are no restrictions, conditions or forms to fill out to make purchases. Anyone may purchase an unlimited number of boxes of Angel Food by placing an order with a local Angel Food host site. Host sites can be located by entering your zip code on www.angelfoodministries.com/hosts.asp. Each month's menu is different and consists of fresh, frozen and packaged food. Each month's menu can be viewed on their planning calendar at www.angelfoodministries.com/menu.asp. You can purchase:

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> . A \$30 regular box regular box containing enough food to feed a family of four for a week.

> . A \$25 senior box containing ten individual meals fully-cooked and labeled complete with heating instructions (just heat and serve). Each meal has no added sodium, is low in fat, and is nutritionally balanced for seniors with 3 oz. of protein, two vegetables or fruit, and a starch.

> . One or more specials with the purchase of either a regular or senior box. Specials at \$20 or under are boxes containing meat items, precooked dinners, and/or fruits and vegetables.

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> By buying food from first rate suppliers at substantial volume discounts, Angel Food Ministries is able to provide families with approximately \$65 worth of quality nutritious food for \$30. Angel Food Ministries does not use out-of-date food or inferior products. Generally, one box of Angel Food assists in feeding a family of four for about one week or a single senior citizen for almost a month. Each month specialty boxes of steak, chicken, pork or other foods are offered. This bonus program affords participants additional food choices at a great value. There is no purchase limit for specialty boxes or bonus foods. Payments can be made in cash or through the food stamp program. A 24-hour hotline is available for answers to common questions, including menu information and host site contact information at 1-877-FOOD-MINISTRY [Source:

www.angelfoodministries.com Aug 08 ++]

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> **CASH FLOW CONTROL:** Cash flow-how much money is flowing into and out of your life-may be an easy concept to understand, but not everyone is aware of the importance of skillfully managing that cash. Professional money managers know that generating income is only half the battle. Careful management of available funds is critically important to everyone, regardless of age or income level. Losing control of money can not only breed severe financial headaches, it often proves to be the first step on the road to financial oblivion. Conversely, a sensible cash management system can make the difference between just getting by and solid financial security. Some techniques for improving your money management and your financial health right now are:

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> . Never allow any of your money to lie idle: Open a money market account at your bank and have it linked to your checking account to allow for telephone or online transfers. From that point on, make all of your deposits into the money market account where they will immediately start drawing interest. "Putting this step to work in your money management system now will pay permanent dividends in your future," says Rob Vito, adjunct professor of entrepreneurship at Penn State University.

> . Never deposit any of your income directly into your checking account: The idea is to keep as much of your money as possible drawing interest as soon as you receive it. Keep a minimum balance in the checking account and transfer cash by phone or online only as needed to cover checks written. "Modern technology has made telephone and online money transfers so quick and easy that you can't afford to pass up this profitable technique," says Vito.

> . Never put a dime in a passbook savings account: Check with any bank and you'll find that passbook savings interest is less than the inflation rate. So, savings accounts actually lose money when inflation is factored in. Put that money in an account that will pay you a higher rate of interest. You won't have to look far. Your new money market account will pay you more interest than a savings account and still allow you to withdraw your money on demand.

> . Don't allow a CD to roll over automatically: To maximize the growth of your CDs, always call or visit the bank to review current interest rates, including any promotional rates that might be available. Banks often run promotions offering interest rates higher than their regular rates. You can be certain that an automatic renewal won't get that rate unless you ask. Millions of CD owners take that easy road at renewal time. Banks love customers like that, but those people are making a mistake that you should avoid.

> . Keep a lid on bank charges: Connie Brezik, a certified financial planner in Casper WY says, "It's important to understand the various options open to you for minimizing costly bank charges. Banks have wide range of fees associated with different types of accounts. Sometimes, a simple thing like understanding minimum balance requirements and overdraft fees can be a real money saver." Here's what could happen if you accidentally overdraw your checking account. Let's say you have \$500 in the account and you write three checks in one day. The first for \$10, the second for \$20 and the third for \$520. Some banks process checks in order of size. In such a case, the \$520 check would be processed first. That would mean all three checks, not just one, would bounce. Then you'd be hit with three separate bad check charges. Besides an overdrawn account, you'd be out as much as \$105 in painful overdraft charges (some banks now charge \$35 for each overdrawn check). Whether you're paying interest or receiving interest, never be satisfied with the first offer. Whether you are borrowing or saving," says Brezik, "you should always shop around before you sign." Bank deregulation has

produced a competitive environment with wildly differing interest rates and bank charges. If you can find a better deal than your bank is offering, take it. There is no reason for you to stick with a bank that isn't competitive.

> [Source: AARP Bulletin Today William J. Lynott article 6 Aug 08 ++]

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> CASH FLOW CONTROL UPDATE 01: Some additional techniques for improving your money management and your financial health are:

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> . Don't overpay your quarterly estimates or increase your tax withholding to avoid owing the IRS money at tax time: It may feel satisfying to discover that Uncle Sam owes you money at tax time, but don't be fooled. The IRS gets the last laugh when you overpay your quarterly estimates. "When you do that, you've handed Uncle Sam an interest-free loan at your expense," says Brezik. "Many people overpay their tax withholding or tax estimates," says Vito, "thinking of that technique as a form of forced savings. In reality, it's a sure way to get less than zero interest on your money. The least expensive way for you to pay your tax liability is to have estimated payments come out as close as possible to the amount owed."

> . Don't pay income taxes by credit card: On the surface, paying income taxes by credit card may seem attractive. It will enable you to postpone your payment, even pay in installments to the credit card company. Then there are those perks offered by some credit card issuers. "It may sound like a good deal, but it isn't, due to the additional fees charged," says Brezik. You may be charged a "convenience fee" that can be as much as 3 percent of the tax liability paid. This is in addition to any interest charged by the credit card company for installment payments.

> . Don't be in a big hurry to pay your bills: There's good reason why checks are slow to come in from people who owe you money: Hanging on to cash as long as possible keeps that money drawing interest. Set up a system that provides for paying bills only when they are due. But don't go overboard and jeopardize your credit standing by paying bills late. Pay your bills when they are due-not before, not after.

> . Beware of debit cards: Be aware of the unique risks of debit cards, and how they differ from credit cards. When you use a debit card for your transactions, you must already have the money in your checking account. Debit cards give you no grace period for paying your bill; the bank deducts the money from your account immediately, each time you use it. Unless you're a fastidious record keeper, keeping your account in balance may be a problem. It's easy to misplace a receipt and forget to notate the transaction in your check register. That can result in overdrawn accounts and financial penalties. With credit cards, you may dispute errors or unauthorized charges and withhold payment until the matter is resolved. With a debit card, you have spent the money the moment you complete the transaction. If you pay off credit card balances in full each month, the last thing you need is a debit card. You're now enjoying up to 40 days of

free use of someone else's money by taking advantage of the period between the purchase date and when the money is actually withdrawn from your account. In this case, you should congratulate yourself on your financial acumen.

> . Plug those money leaks: Sally Herigstad, a certified public accountant in Kent WA and author of Help! I Can't Pay My Bills says, "Skillful money management doesn't mean cutting out those fun things in your life. Instead, I suggest that you look first for those little 'money leaks'-places where money slips out unnoticed, giving you little or nothing in return." Before you give up the first latte, Herigstad suggests you check for such things as: Repetitive charges on your credit card for things you no longer need-Internet services you forgot about, trial memberships, gyms or clubs you never go to. Bank or credit card fees that may have gone unnoticed. How many times have you paid late fees or annual fees for credit cards you could get along without? Another form of money leak that can put a dent in your wallet or purse is "hidden" fees associated with your investments. If you buy mutual funds, you should pay close attention to management fees. They can range from as little as one-quarter to 2% or more of the fund's value. High management fees can seriously erode your overall investment return. If you're into the latest communication technology, you probably have regular phone service, wireless phone service and Internet service. Don't pay two or three different companies for your communications needs. Instead, look into the bundling services offered by most communication companies. Bundling all your communications needs with a single supplier can result in much lower overall costs.

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> Taken individually, good cash management techniques may seem inconsequential. However, when you blend them together and use them consistently, you'll become your own skilled money manager and make the most of your money. [Source: AARP Bulletin Today William J. Lynott article 6 Aug 08 ++]

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> **SOCIAL SECURITY DEBIT CARDS:** The U.S. government is offering Social Security recipients a new way to receive benefits: debit cards. The cards, which target the 4 million Social Security and Supplemental Security Income recipients without bank accounts, debuted this spring in four states-Texas, Arkansas, Louisiana, and Oklahoma-and are expected to be available nationwide by the end of the summer. Those who choose to sign up for the debit program will receive a MasterCard debit card, which will be reloaded each month with benefit payments and secured with a personal identification number (PIN). The card can be used at ATMs to withdraw cash and at retailers for purchases and to get cash back. Some usage fees are attached: Paper account statements will cost 75 cents; online bill-paying service will be 50 cents per bill. The first ATM withdrawal each month will be free; additional

withdrawals will cost 90 cents each, and some ATMs may assess their own usage fees. International ATM withdrawals will cost \$3 plus a 3 percent currency conversion fee. Judy Tillman, commissioner of the Financial Management Service at the Treasury Department, says the debit card is a faster and safer way to deliver funds than mailing paper checks. In a small pilot study conducted last year in Illinois, 85% of debit card users said they were satisfied. But consumer advocates warn that individuals must be vigilant in tracking debit card spending and fees. While debit cards carry some protection if lost or stolen, a consumer's maximum liability depends on how quickly a loss is reported. Debit cards "have a high risk of loss if stolen or abused," says Ed Mierzwinski, consumer program director at U.S. PIRG, a public interest research group in Washington. "But it's an improvement on getting a check and going to a check cashier and running out of money before the end of the month [because of deduction of cashier's fee], or getting mugged on the way out of a check cashier." [Source: AARP Michelle Diament article Jul 08 ++]

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> CRSC UPDATE 40: Former Airmen receiving military retired pay who served less than 20 years may now be eligible to receive Air Force Combat-Related Special Compensation (CSRC). This is part of a legislative initiative designed to restore a veteran's military retirement pay that has been reduced by Veterans' Affairs compensation of at least 10% when the veteran's disabilities are combat-related. The 2008 National Defense Authorization Act, signed into law 28 JAN, expanded eligibility requirements for the CRSC program to include Medical Chapter 61, Temporary Early Retirement Act (TERA) and Temporary Disabled Retirement List (TDRL) retirees. "Prior to this change, retirees had to have 20 years of active-duty service or be retired at age 60 from the Guard or Reserve," said Mr. Rick Castro, Air Force CRSC program manager. "If you didn't have 20 years you weren't eligible. However with the NDAA expansion, if you are medically retired, either permanently or temporarily and you have VA payments that reduce your retirement pay, you are eligible to apply for CRSC." For example, a DESERT STORM veteran who was injured and subsequently medically retired at 14 years of service, who received a 30% disability rating from the VA, should apply; it may be the key to receiving additional tax-free money to which the veteran is entitled.

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> "That said, let our experts make the call," Mr. Castro said. "That way if you do not qualify and something in the law or Department of Defense CRSC policy changes in the future that could affect the prior decision, like the 2008 NDAA, we will already have a claim and documentation, and can reassess a claim based on the new eligibility factors." In determining eligibility, if you can answer "yes" to the following questions and have not submitted your CRSC claim, you should do so:

> -- Am I receiving retired pay?

> -- Do I have a compensable VA disability of 10 percent or higher?

> -- Is my retired pay reduced by VA disability payments?

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> Although CRSC specifically addresses "combat-related" disabilities incurred from armed conflict, retirees who developed disabilities from other than combat may also be eligible. Disabilities caused by exposure to Agent Orange, combat training, aircrew duties, simulated war exercises, parachuting and munitions demolition potentially qualify for compensation under this program. The CRSC team needs copies of a retiree's Department of Defense Form 214 or retirement order, any VA rating decisions addressing the disabilities being claimed, and any other available documentation. Note that CRSC is different from automatic Concurrent Retirement and Disability Pay. CRDP is also designed to restore military retired pay that has been offset by VA compensation of 50% or more; however, there is no combat-related requirement for CRDP. For more information and claim forms, visit the AFPC Public Web site www.afpc.randolph.af.mil under "Former Airmen Information." You can also get more information through the 24-hour Air Force Contact Center at (800) 616-3775. [Source: AFPC Public Affairs Master Sgt. Kat Bailey article 12 Aug 08 ++]

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> HAVE YOU HEARD: Three gentlemen are riding on a train, not speaking but casually taking note of each other. Finally one of them breaks the silence. He folds back his Wall Street journal and says "Admiral, USN, Retired, married, two kids, both of them Doctors", and proudly sits down.

> The second guy folds back his Washington Post and says, "Admiral, USN, active duty, married, two kids, both of them Lawyers, and smugly sits back.

> The third guy rolls up his Sports Illustrated and says "Master Chief Petty Officer, USN, Retired,

> Never married, two kids, both of them Admirals"

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> VETERAN LEGISLATION STATUS 29 AUG 08: Congress is in recess 6 AUG to 4 SEP. Refer to the Bulletin's House & Senate attachments for or 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 also review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills,

amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d110/sponlst.html>. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting our representatives know of veteran's feelings on issues. At the end of some listed bills is a web link that can be used to do that. You can also reach his/her Washington via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to http://www.thecapitol.net/FAQ/cong_schedule.html for future times that you can access your representatives on their home turf. [Source: RAO Bulletin Attachment 29 Aug 08 ++]

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