

> RAO Bulletin Update  
> 1 March 2008

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

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> GI BILL UPDATE 18: On 28 FEB, Senator Jim Webb (D-VA) submitted his newly amended 21st Century GI Bill (S22 Veterans Educational Assistance Act of 2007) to the Senate. This bill would give a WWII like education benefit to veterans; meaning it would cover the education costs of any college a veteran was able to enter. Last year the unamended bill had 32 co-sponsors but was very expensive. As amended in this year's bill the federal government would pay the cost of a 4 year degree in a state university and 50% of the delta between that tuition and the tuition of institution the veteran enters. However, the institution must be willing to provide the remaining 50% of the delta. It also would allow cumulative entitlement for reservists serving multiple active duty tours. On the Senate floor it was supported by 4 veterans: Senator Webb member of both the Senate Armed Services and Veterans Affairs Committees, Senator John Warner (R-VA) ranking member of the Senate Armed Services Committee, Senator Frank Lautenberg (D-NJ) member of both the Senate Appropriations and Budget Committees and Senator Chuck Hagel (R-NE). [Source: TREA Washington Update 29 Feb 08 ++]

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> TRICARE USER FEE UPDATE 22: According to the HayGroup 2007 Benefits Prevalence Report raising military pharmacy copays by 100% to 400%, as recommended in the FY2009 Defense budget proposal would put military pharmacy benefits among the lower half of civilian plans, For generic drugs purchased in retail pharmacies, the defense budget proposes raising the beneficiary copay from \$3 to \$15. According to HayGroup, 83% of civilian employer plans charge less than that for generic drugs, with almost 20% charging \$5 or less. For brand-name drugs in retail stores, the Pentagon proposes raising the Tricare copay from \$9 to \$25. The HayGroup survey indicates that almost half of civilian employers (45%) charge less than that. For brand-name, non-formulary medications, the Tricare copay would rise from \$22 to \$45 -- more than 68% of civilian plans charge. In fact, many civilian plans are reducing or eliminating copays for generic drugs and medications used to treat chronic diseases like diabetes, because studies have found that higher copays actually deter many patients from taking medications that reduce the need for much higher-cost procedures later in life. The Tricare copays also would exceed those offered under many plans available to legislators and federal civilians. Most telling of all, Wal-Mart offers over 360 medications at a copayment of only \$4 to anyone who walks in the door. Perhaps the purpose of the Pentagon-proposed fee hikes is to push more beneficiaries to use Wal-Mart rather than their Tricare benefit. That would certainly save the Defense Department money. But it wouldn't make military people feel very good about their military health coverage.

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> Additionally, the Administration's FY2009 budget would deal heavy blows to Medicare and many older beneficiaries. Physician reimbursement cuts of almost 10% originally planned for JAN 08 will go into effect in JUL 08 unless Congress acts to reverse them, and the budget envisions further cuts in JAN 09. The new budget would repeal annual inflation adjustments to the income levels used to means-test Part B premiums. If enacted, that would push more people each year into paying significantly higher Part B premiums impacting on TFL users while at the same time reducing their access to medical care providers willing to accept Medicare payments. This year, the higher premiums apply to single seniors with incomes over \$82,000 (\$164,000 for a married couple) as opposed to \$80,000/\$160,000 last year. The budget

proposes freezing payment levels through FY2011 for inpatient care, skilled nursing facilities, hospice care, and ambulance services, and a freeze through FY2013 for home health agencies. [Source: MOAA Leg Up 15 Feb 08 ++]

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> TRICARE USER FEE UPDATE 23: The Senate Armed Services Committee has rejected a Pentagon proposal to increase health insurance costs without even seeing the details, but is now worried if there will be enough money in the 2009 defense budget to fully cover health care costs. Rejection of the proposal to Tricare Standard and Tricare Prime costs and to raise copayments for prescription drugs - something the Defense Department assumes will generate about \$1.2 billion in savings - was first disclosed in a 26 FEB letter from committee leaders to the Senate Budget Committee. About \$500 million of the savings would have come from charging higher fees for military retirees under the age of 65 and their families enrolled in Tricare. The remaining \$700 million in savings would have come from higher copayments for prescriptions filled at retail pharmacies, something that would affect active-duty family members, reservists and their families and retirees and their families There also would be a modest fee for older retirees covered by the Tricare for Life plan The letter, signed by committee chairman Sen. Carl Levin, D-Mich., and ranking Republican Sen. John McCain of Arizona, asks the budget committee to provide \$611.1 billion in new budget authority for the Defense Department for fiscal year 2009, which begins 1 OCT 08. This is the amount requested by the Bush administration, and includes \$70 billion in a so-called bridge fund that would partly cover the 2009 costs of continued military operations in Iraq and Afghanistan.

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> The budget committee, chaired by Sen. Kent Conrad (D-ND) is in the process of preparing a resolution spelling out revenue and spending guidelines. Levin and McCain did not ask the budget committee to increase the defense budget to make up for rejection of the \$1.2 billion in Tricare fees. But they said they are "concerned" about whether there is enough money because the Bush budget assumes not just the fee increases, but also the controversial transfer of \$1.3 billion from the national defense stockpile fund to cover health costs. There are a variety of ways Congress could cover those costs, including increasing the defense budget, diverting money for other defense programs or by using off-budget money from the war supplemental to pay for some health care costs. Pentagon officials are not giving up on their proposed fee increases for Tricare. David S.C. Chu, the under secretary of defense for personnel and readiness, told the armed services' personnel subcommittee on Wednesday that the Defense Department was willing to modify its proposal to get it passed.

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> The Defense Department has not submitted details, but Chu and other military officials said their proposal would be based on the recommendations made late last year by the Task Force on the Future of Military Health Care. In its report, the task force proposed some large increases. A 30-day supply of prescription drugs that now costs \$3 at a retail pharmacy would cost \$15, while brand-name drugs that are now \$9 would be \$25. For retirees in Tricare Prime, the military's managed care plan, family coverage than now costs \$460 a year would increase to \$900 to \$1,750 by 2011 under the plan that calls for phased increases. For retirees in Tricare Standard, who now pay no enrollment fee, the proposal would charge \$5 a month for enrollment and would change the current annual deductible of \$300 to between \$490-\$960 by

2011, again applying income-based charges. There also would be a \$10 increase in the annual enrollment fee for Tricare for Life, the military insurance plan for Medicare-eligible retirees. [Source: Air force times Rick Maze article 28 Feb 08 ++]

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> TENNESSEE VET HOME UPDATE 01: A lack of care at the Tennessee State Veterans Home in Murfreesboro has led to the early death and needless suffering of veterans in the facility's care, according to a new report by U.S. Department of Justice. The report, issued 8 FEB to Gov. Phil Bredesen by the Department of Justice's Civil Rights Division, describes "unconscionably poor health care" at the state's veterans nursing homes in Murfreesboro and Humboldt in West Tennessee. However, state officials have said the problems have been remedied at both facilities since the data for the report was collected last year. The report describes a disturbing list of problems, citing specific instances with patients not receiving food and water, a lack of proper pain medication, psychotropic drugs given to patients for the convenience of staff, a lack of care for chronic conditions, failure to address dangers of falls and failure to aid patients in rehabilitation. "At both TSVHs (Tennessee State Veterans Homes), residents have been, and continue to be, the victims of egregious neglect from the nursing homes' failure to provide for the most basic of human needs - food and water," the report states. "As a result, residents have suffered and, sometimes, have died needless and untimely deaths."

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> One case found to have maggots in a patient's open pressure sore. In another, a patient whose pain was so severe he threatened suicide was given Tylenol and there was no follow up to his mental state. In yet another, a man in need of hospice care did not receive it for five days while dying. "We found that many residents spend their last days and hours often suffering needless pain," the report stated. Lola Potter, a spokeswoman for the state of Tennessee, said the veterans administration is well aware of the problems.

> "Everything in the DOJ report has been addressed - every issue," she said. "We've made substantial changes in those homes." The investigation of the nursing homes, which took place over the last year, included on-site inspections of the facilities on April, May and July. Potter said that since the most recent inspection, the management of the nursing home has been replaced, including the administrator, nursing director and medical director - all of whom have stronger backgrounds than the previous management.

> She said the Murfreesboro home on Compton Road has made great strides improving care through reorganization and new training for staff. She said the staff members who deal with the residents are caring and giving individuals.

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> The state took over the management of the homes in 2005. Potter said that since then, the homes have been working to improve their quality of care. In JUL 07, the state contracted with Q Source, a nonprofit Medicare quality improvement organization for Tennessee, to perform a comprehensive quality assessment at each of the homes. Since their initial report was delivered in August, Q Source has continued to provide extensive and detailed analysis of healthcare improvements and needs in the homes, according to a statement from the state. "These things take time," Potter said. Potter added that no employees were disciplined as a result of the

problems outlined in the report. Twice last year the Murfreesboro home had its ability to admit new patient suspended because of concerns over patient care . The Justice Department report cited letters from the state of Tennessee detailing the steps taken to correct the measures. "The letters also set forth the state's disagreements with our findings," the report says. "It is troubling that the state would take issue with such basic, and serious, deficiencies that have resulted in grievous harm to the veterans of the TSVHs." The Department of Justice gave the state seven weeks to correct a slew of problems at the homes before filing suit to correct the issues. The TSVH Board operates three homes, which are all 140-bed facilities, in Murfreesboro, Humboldt and Knoxville. All operate at an average daily census of more than 100 residents. In 2005, the state decided to take over management of the homes after successive failures of private management companies, which were contracted to operate the facilities. [Source: The Daily News Journal Turner Hutchens article 28 Feb 08 ++]

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> IOWA VETERANS HOME UPDATE 02: Iowa has received a \$27 million federal grant to begin renovation and expansion of the Iowa Veterans Home in Marshalltown. Gov. Chet Culver said 28 FEB the funds from the U.S. Department of Veterans Affairs will cover expenses for the first phase of construction. There's also \$15 million coming from the state to help start the project. Among the additions to the facility will be a 132-bed nursing home and a 60-bed pavilion. Culver's 2009 budget includes \$20 million in state money for the final phases of construction. This facility is presently appealing a \$10,000 fine imposed by the Iowa Department of Inspections and Appeals. According to the inspections department, the Iowa Veterans Home had documented hundreds of medication errors at the facility in 2007. But because the facility has 700 residents, some of whom may receive a dozen medications daily, the overall error rate has remained well below the 5% limit imposed by federal officials. In a follow up inspection July state inspectors visited Home, reviewed its medication policies and practices, and declared that veterans there were in "immediate jeopardy." Within hours, the home changed its medication policies. [Source: AP article 28Feb 08 ++]

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> VA RATING SCHEDULES UPDATE 02: Medical experts, advocacy groups and VA Department officials say VA's disability rating schedule needs to be updated - continually - but they denied the system is so bad that it needs to be dumped completely. A 26 FEB hearing of the House Veterans' Affairs subcommittee on disability assistance and memorial affairs also focused on studies conducted over the past year that point toward needed improvements not only in the ratings schedule, but in VA's disability retirement system itself. Rep. John Hall (D-NY) chairman of the subcommittee, said VA needs to remove archaic criteria from the rating schedule; update psychiatric criteria to better reflect symptoms of troops diagnosed with post-traumatic stress disorder; find out why so many veterans with PTSD have been rated fully disabled; and update neurological criteria to include new research on traumatic brain injuries. "The VA needs the right tools to do the right thing," Hall said. VA argued that it is already doing the right thing and has been updating the rating schedule, though officials acknowledged they could do better. From 1990 through 2007, VA had updated 47% of the ratings schedule, but 35% of the codes had not been touched since 1945. However, VA said it updated the codes for TBI in JAN and is working on an update for

PTSD.

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> The Veterans' Disability Benefits Commission (VDBC) began looking at how service members' and veterans' disability cases were being handled long before FEB 07, when Military Times and the Washington Post featured stories highlighting problems in the system. Retired Vice Adm. Dennis McGinn, a member of the commission, said VA has made very limited progress since the group's report came out in OCT 07. "I believe the ratings schedule needs to be clarified so it has logic from the point of view of medicine and science. It has not progressed in the last five decades." The VDBC found that VA compensates veterans according to the schedule in a way that is generally adequate to offset average impairment and that the schedule does reasonably well. But there are specific areas where VA's system does not serve troops and veterans well, McGinn said, including those with PTSD, those severely disabled at a young age and those granted maximum benefits because a disability makes them unemployable. Veterans with PTSD, he noted, have much greater loss of employment and earnings than those with physical disabilities.

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> McGinn recommended separate criteria on the rating schedule for PTSD, as well as a way to compensate unemployable veterans for lost quality of life, not just their inability to work. So-called "individual unemployability" veterans may have formal VA disability ratings of less than 100%, but are still rated fully disabled because of their inability to work. The commission found that almost half of the 223,000 IU veterans have primary diagnoses of PTSD or other mental disorders. The problem is that if a veteran has physical disabilities that lead to a 100% disability rating, he can still work and keep his full compensation. But a veteran who has a 100 % disability for a mental disorder tries to work, he loses his compensation. This could inspire a veteran to avoid seeking out vocational rehabilitation or employment, and also implies something "suspect" about claiming PTSD - which only adds to the considerable stigma behind the disease, said Dean Kilpatrick, a member of the Committee on Veterans' Compensation for Posttraumatic Stress Disorder at the Institute of Medicine. McGinn also requested couples therapy as part of treatment for PTSD. That is important because responding to a veteran's anger with more anger can exacerbate the problem, while learning how to work with a spouse suffering PTSD can be part of a cure, he said. Also, many family members deal with their own mental health issues while living with someone with PTSD.

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> McGinn's group and Kilpatrick had different recommendations as far as follow-up evaluations for people with PTSD. Again, other disabilities are not re-examined, so an exam puts those with mental disabilities in a separate class. But McGinn's group sees follow-ups as a way to encourage vets to seek further treatment. Kilpatrick said the exam for PTSD is also key. Examiners need to be carefully trained in how to diagnose and rate PTSD, and the exam should take up to three hours, rather than the 20 minutes that the Institute of Medicine found is often the case with veterans. Sidney Weissman, a member of the American Psychiatric Association, said it is critical for VA to repeat and update the training so that the way veterans are rated is standardized - rather than veterans in Ohio, for example, receiving higher ratings for the same symptoms than veterans in Texas. Brad Mayes, director of VA's Compensation and Pension Service, said VA has a five-part plan for updating the schedule: A study to look into the matter, hiring and training staff, finishing revisions that are under way, creating

a review process, and looking at the possibility of quality-of-life compensation. "I think you're right on point, and we agree," Mayes told Hall. "There has to be an ongoing, systemic approach." [Source: Air Force Times Kelly Kennedy article 28 Feb 08 ++]

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> MOBILIZED RESERVE 27 FEB 08: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 27 FEB 08 in support of the partial mobilization. The net collective result is 786 more reservists mobilized than last reported in the Bulletin for 1 FEB 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 74,588; Navy Reserve, 5,328; Air National Guard and Air Force Reserve, 6,982; Marine Corps Reserve, 8,773; and the Coast Guard Reserve, 343. This brings the total National Guard and Reserve personnel who have been mobilized to 96,014, 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/Feb2008/d20080227ngr.pdf> . [Source: DoD News Release 27 Feb 08 ++]

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> CALIFORNIA TAXES: Veterans considering retirement in California should take into consideration the tax burden they will be undertaking as compared to where they presently reside. For further information, refer to the California Franchise Tax Board or the California State Board of Equalization websites.

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> . Sales Taxes (\* Does not include the local 1% option):  
> State Sales Tax: 6.25% (food and prescription drugs exempt. Tax varies according to locality. Can be as high as 8.75%)  
> Gasoline Tax: \* 44.4 cents/gallon  
> Diesel Fuel Tax: \* 45.0 cents/gallon  
> Cigarette Tax: 37 cents/pack of 20 plus an additional surcharge of 50 cents per pack, bringing the total to 87 cents.

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> . Personal Income Taxes:  
> Tax Rate Range: Low - 1.0 percent; High - 9.3 percent.  
> Income Brackets: \*\* Lowest - \$6,622; Highest - \$43,814 . (For joint returns, the taxes are twice the tax imposed on half the income.)  
> Number of Brackets: 6 brackets.  
> Tax Credits: Single - \$94; Married - \$188; Dependents - \$294; 65 years of age or older - \$94  
> Standard Deduction: Single - \$3,516; Married filing jointly - \$7,032  
> Medical/Dental Deduction: Same as Federal taxes.  
> Federal Income Tax Deduction: None.  
> Retirement Income Taxes: Social Security and Railroad Retirement benefits are exempt. There is a 2.5 percent tax on early distributions and qualified pensions. All private, local, state, and federal pensions are fully taxed.  
> Retired Military Pay: Follows federal tax rules.  
> Military Disability Retired Pay: Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most

military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.

> VA Disability Dependency and Indemnity Compensation: VA benefits are not taxable because they generally are for disabilities and are not subject to federal or state taxes.

> Military SBP/SSBP/RCSBP/RSFPP: Generally subject to state taxes for those states with income tax. Check with state department of revenue office.

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> . Property Taxes: Property is assessed at 100 percent of full cash value. The maximum amount of tax on real estate is limited to 1 percent of the full cash value. After taxes have been paid, homeowners 62 years of age and older who earn \$35,051 or less may file a claim for assistance on 96 percent of property taxes, up to \$34,000 of the assessed value of their homes. Call (800) 852-5711 or visit the California State Board of Equalization Web site <http://www.boe.ca.gov/proptaxes/proptax.htm> for details. Homestead exemptions are handled at the county level. Under the homestead program, the first \$7,000 of the full value of a homeowner's dwelling is exempt. The state has a property tax postponement program that allows eligible homeowners (seniors, blind, and disabled residents) to postpone payments of property taxes on their principal place of residence. Interest is charged on the postponed taxes. For more information refer to

[www.sco.ca.gov/col/taxinfo/ptp/faq/index.shtml](http://www.sco.ca.gov/col/taxinfo/ptp/faq/index.shtml) or call (800) 952-5661.

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> . Inheritance and Estate Taxes: There is no inheritance tax. There is a limited California estate tax related to federal estate tax collection.

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> State Tax Forms:

> California State Board of Equalization [www.boe.ca.gov](http://www.boe.ca.gov)

> California Franchise Tax Board [www.ftb.ca.gov](http://www.ftb.ca.gov)

> California Employment Development Department [www.edd.ca.gov](http://www.edd.ca.gov)

> [Source: MOAA 2008 Tax Guide Feb 08 ++]

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> FILIPINO VET INEQUITIES UPDATE 08: The Philippine Senate passed on third reading 6 FEB a bill granting Filipino born veterans who fought in WWII the right to receive benefits from both the Philippine and American governments. Senate Bill 142 filed by Sen. Richard Gordon will amend the old veteran's law that forfeits a pension from the Philippine government to those who receive a similar benefit from the U.S. Gordon said the bill will benefit more than half the estimated 16,000 surviving WWII veterans or their spouses living in the Philippines. He said the P5000 monthly allowance set by the bill would help the veterans live a more comfortably in the twilight of their years and the imminent enactment of his bill is timely with Washington inclined to pass similar legislation. Manila's special envoy on veterans' affairs, retired Army major general Delfin Lorenzana has expressed optimism the Filipino equity Bill which gives veterans in the Philippines \$200 to \$375 monthly, will finally become law as it will be endorsed on Capital Hill soon. Gordon said about 142,000 Filipinos fought during the war, 60 thousand of whom suffered through the infamous Death March in Bataan together with 10,000 Americans. [Source: LA's Ang Peryodiko Newspaper 9-15 Feb 08 ++]

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> IRS AUDIT: The most common form of audit from Internal Revenue Service (IRS) is by letter. A letter audit usually comes in duplicate. It informs

the taxpayer about the problem, a time limit to resolve the problem and a contact person for discussing the problem. The IRS can cause Americans, even those overseas, difficulties. It can penalize and charge interest against unpaid taxes, attach property for unpaid taxes, and impede re-entry into the US for unpaid taxes. So if you received a notice from IRS, deal immediately with it. Keep copies of whatever you send to the IRS. Gather records from copies that pertain to the notice. Respond promptly to the notice. Note the name of the auditor, badge number and subject matter of any conversation you have with an auditor (who may not be the one listed on the notice). If you ask a tax professional for help resolving an IRS notice, be sure to describe the problem, send a copy of the notice, provide Power of Attorney, and sign an Engagement Agreement. Most IRS notices are routine. A tax return has not been received or signed. A tax payment has been improperly credited. A math error has been made. So don't panic! [Source: The Tax Baron Report 20 Feb 08 ++]

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> ECONOMIC STIMULUS PACKAGE UPDATE 03: The Bush Administration recently signed new legislation - the Economic Stimulus Act of 2008 - into law that will give more than 130 million Americans as much as \$152 billion to redistribute back into the economy. The payment amounts will equal the amount of one's tax liability on their 2007 tax return up to \$600. That amount doubles for joint tax filers up to \$1,200. For taxpayers with little or no tax liability, but \$3,000 or more in qualifying income, they may be eligible to receive \$300 (for single filers) or \$600 (for joint filers). And, tax payers with children will receive an additional \$300 for each child. Taxpayers who make more than \$100,000 a year you will not receive a refund. However, not all Americans are eligible to receive the full \$600 rebate. Six things you can do to qualify for the tax rebate are:

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> 1.) File Your 2007 Income Tax Return - Not only may you have a tax refund coming your way, you may also qualify for a stimulus payment check.

> 2.) File Early - The IRS will send out checks through December, but why wait? Get it in early and you are likely to receive your stimulus payment earlier.

> 3.) E-file - Give yourself the convenience, speed and assurance that your income tax return is received.

> 4.) Zero Income, Zero Tax and Zero Payment. Make Sure You File - Certain qualifying individuals, including seniors, who meet this criteria and may not typically file an income tax return, will need to file, by filing a paper Form 1040A or Form 1040.

> 5.) Watch Out for Your Two IRS Notices - Most taxpayers will receive two notices from the IRS; one explaining the stimulus payment program and another confirming the recipients' eligibility, the amount and the approximate time table for the payment. Save the second notice to help in preparing your 2008 tax return next year.

> 6.) Vets Must File the Right Form - Veterans' benefits recipients must file Form 1040X to list non-taxable benefits, if they have already filed a 2007 return and received less than \$3,000 in qualifying income; or for those who are normally not required to file an income tax return, they must report their benefits of \$3,000 or more on Form 1040A or Form 1040, to establish their eligibility.

> [Source: Military.com Feb 08 ++]

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> VA VET CENTERS UPDATE 04: Secretary of Veterans Affairs Dr. James B. Peake today said 27 FEB an expansion by the Department of Veterans Affairs (VA) of its Vet Centers, which provide readjustment counseling and outreach services to returning combat veterans, is well ahead of schedule. In FEB 07, VA announced it would open 23 new centers during the next two years. Fifteen of those centers are already operational, and five others are seeing patients in temporary facilities while finalizing their leases. The other three facilities will begin operations later this year. When all are online VA will reach a record 232 Vet Centers by the end of the year. Peake said, "To support this expansion and augment the staff at 61 existing Vet Centers, this year we are channeling a 44% increase in funding to the Readjustment Counseling Service, which operates the Vet Centers -- nearly \$50 million more than last year's budget." Vet Centers provide counseling on employment, plus services on family issues, education and outreach, to combat veterans and their families. Vet Centers are staffed by small teams of professional counselors, outreach specialists and other specialists, many of whom are combat veterans themselves.

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> VA's Vet Centers have hired 100 combat veterans back from Iraq and Afghanistan as outreach specialists, often placing them near military processing stations, to brief servicemen and women leaving the military about VA benefits. These outreach specialists meet with returning veterans, work through family assistance centers and visit military installations to carry the message that VA will be there for the troops and family members after discharge. The community-based Vet Centers are a key component of VA's mental health program, providing veterans with mental health screening and post-traumatic stress disorder (PTSD) counseling, along with help for family members dealing with bereavement and loved ones with PTSD. The 15 new Vet Centers that are open in permanent locations are in Binghamton NY; Middletown NY; Watertown NY; Hyannis CT; DuBois PA; Gainesville FL; Melbourne FL; Macon GA; Manhattan KS; Escanaba MI; Saginaw MI; Grand Junction CO; Baton Rouge LA; Killeen TX; and Las Cruces NM. Five additional Vet Centers are providing services in temporary space while they finalize their leases: They are in Toledo OH; Ft. Myers FL; Montgomery AL; Everett WA; and Modesto CA. The final three locations where Vet Centers will open for clients later this year are in Berlin NH, Nassau County NY, and Fayetteville AR. [Source: VA News release 27 Feb 08 ++]

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> SENIORS BENEFIT CHECKUP: As a whole, Americans are blessed compared to people in many other countries. We are wealthy and have access to education and quality health care. Unfortunately, many older Americans have difficulty making ends meet. Some may be unable to pay for prescriptions or heating. For these seniors there is help. Programs at the federal, state and local level can provide assistance. So if you need help, visit BenefitsCheckUp at [www.benefitscheckup.org](http://www.benefitscheckup.org). First, you can apply for prescription drug coverage through Medicare if you have not already done so. Then, find more benefits programs that will help with utility bills, food, healthcare and other needs. You can also apply for these programs from the site. You will need to fill out a short form indicating in broad terms your current situation. You will not need to identify yourself or provide any location info other than your zip code and state of residence. Upon completion you will be provided a list of benefits you are eligible for that you are not already receiving. [Source: Tips-n-Topics 27 Feb 08 ++]

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> SOCIAL SECURITY TAXATION UPDATE 04: Financial advisors often recommend that Social Security recipients delay withdrawing money from their 401 (k), IRA, or other retirement accounts as long as possible. That way you can enjoy the tax free growth of your investments as long as possible. Nevertheless, there is no escaping the bruising effect of taxes on your Social Security. If Social Security is your major source of income, chances are your benefits aren't taxable. But if you receive other income from retirement accounts, rental property, or other investments you could owe taxes on 50% to 85% of your benefits. When the tax first became law in 1983 it was sold to the public on the basis that it only affected "high income" seniors. Yet every year increasing numbers of beneficiaries pay the tax because the federal government does not adjust the income levels annually, as is routinely done with income tax brackets. Today, even middle-income seniors could be subject to the tax. Up to 50% of Social Security benefits are taxable for individuals with incomes of \$25,000 to \$34,000, or couples with incomes of \$32,000 to \$44,000. Up to 85% of Social Security benefits are taxable for individuals with incomes of more than \$34,000 and couples with incomes of more than \$44,000. The tax does not apply to individuals with incomes less than \$25,000, or couples filing jointly with incomes of less than \$32,000. In addition to not adjusting the income levels, the IRS requires that you use a special formula in figuring your "provisional income" that includes supposedly "tax free" money, such as tax-free municipal bonds or proceeds from ROTH retirement accounts, that's not counted for other tax purposes. If you are working and receiving reduced benefits because you have not attained full retirement age, the added income not only could subject your benefits to taxation, but you could forfeit benefits should you earn more than the earnings limits. You could very possibly wind up losing money. If you have a financial advisor or tax consultant, it's probably worthwhile to get their help calculating your tax liability and to develop the best plan for you to take distributions from investment accounts. Or, to calculate your own tax liability refer to IRS Publication 915 <http://www.irs.gov/pub/irs-pdf/p915.pdf> or call the IRS at 1(800) 829-3676. [Source: TSCL The Social Security & Medicare Advisor Feb 08 ++]

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> COMBAT VETERAN HEALTH CARE UPDATE 02: Military veterans who served in combat since 11 NOV 98, including veterans of Iraq and Afghanistan, are now eligible for five years of no cost medical care for most conditions from the Department of Veterans Affairs (VA). This measure increases a two-year limit that has been in effect nearly a decade. "By their service and their sacrifice, America's newest combat veterans have earned this special eligibility period for VA's world-class health care," said Secretary of Veterans Affairs Dr. James B. Peake. The five-year deadline has no effect upon veterans with medical conditions related to their military service. Veterans may apply at any time after their discharge from the military -- even decades later -- for medical care for service-connected health problems. The new provision, part of the National Defense Authorization Act of 2008 signed by President Bush on 28 JAN 08, applies to care in a VA hospital, outpatient clinic or nursing home. It also extends VA dental benefits -- previously limited to 90 days after discharge for most veterans -- to 180 days. Combat veterans who were discharged between 11 NOV 98 and 16JAN 03, and who never took advantage of VA's health care system, have until 27 JAN 11 to qualify for free VA health care. The five-year

window is also open to activated Reservists and members of the National Guard, if they served in a theater of combat operations after 11 NOV 98 and were discharged under other than dishonorable conditions. Veterans who take advantage of this five-year window to receive VA health care can continue to receive care after five years, although they may have to pay copayments for medical problems unrelated to their military service. Copayments range from \$8 for a 30-day supply of prescription medicine to \$1,024 for the first 90 days of inpatient care each year. [Source: VA News Release 26 Feb 08 ++]

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> AGENT ORANGE STATESIDE USE: News Channel 5 investigative reporter Ben Hall says he has found the military used Agent Orange here in the United States -- and one veteran James Cripps who spent time in the late 60's as a game warden at Fort Gordon in Georgia says he has the health problems to prove it. He says he was ordered to spray a herbicide he believes was Agent Orange in the lakes around Fort Gordon to kill weeds. Agent Orange was a toxic herbicide used by the military to thin out the jungles of Vietnam. Soldiers sprayed millions of gallons, unaware how poisonous it was. News Channel 5 Investigates claims it has uncovered defense department documents that prove the military sprayed Agent Orange at Fort Gordon during the time Cripps was there. Documents detail more than 30 locations in the United States where Agent Orange was tested. The documents show helicopters sprayed at least 95 gallons of Agent Orange at Fort Gordon in 1967. Despite all the evidence, the VA will not approve James Cripps disability claim denying him medical care for the conditions he now suffers from. Donald Stephens, who is with the Disabled American Veterans and has helped hundreds of veterans prepare their VA medical claims said, "I would give it a ten" when asked how strong was Mr. Cripps claim. He says there's plenty of help for veterans exposed in Vietnam, but he believes Cripps claim would open the floodgates for veterans exposed in the United States. Meanwhile, Cripps is on multiple medications and struggling to pay his medical bills. And now the VA is garnishing his Social Security checks. [Source: WTVF Nashville TN Report 25 Feb 08 ++]

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> FALCON LOAN PROGRAM: Airmen in a financial pinch soon will be able to obtain an interest-free loan for up to \$500. The Air Force Aid Society's new Falcon Loan program begins 3 MAR at U.S. Air Force installations worldwide. The money is to be used for emergency needs such as basic living expenses, including rent, utilities, phone, gasoline and food; car repairs; emergency travel; or medical and dental expenses, according to Air Force officials. The Air Force is following the lead of the other services. The Navy-Marine Corps Relief Society began offering a \$300 quick loan last month. And about 18 months ago, Army Emergency Relief began testing an express loan process called the Commander Referral Loan. It's since been implemented worldwide, allowing soldiers to apply for a loan of \$1,000 or less. The streamlined application for the Falcon Loan requires no budget planning, supporting documentation or first sergeant or commander approval, according to an Air Force news release. Applicants can download an application from at <http://www.afas.org/docs/AFAS-Application-March2008.pdf> and take it along with an identification card and leave and earnings statement to a family readiness center for processing.

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> Air Force officials say the loans, which must be repaid in 10 months, are not free money. They hope that by relaxing the loan process,

they can encourage airmen to seek financial help through family readiness centers and steer airmen away from predatory lenders and high-interest credit card fees. Active-duty officers and enlisted are eligible for Falcon Loans, and spouses with a servicemember's power of attorney can obtain the loan when a servicemember is deployed. Some Air Force Reserve and National Guard members also are eligible. The Falcon Loan complements other assistance programs available through Air Force Aid Society and family readiness centers. The Air Force Aid Society is the official charity of the U.S. Air Force. The society relies on individual donations to fund its activities, as well as repayments of existing loans and investment fund income. For more information about the Falcon Loan, contact a family readiness center or visit the Air Force Aid Society Web site [www.afas.org](http://www.afas.org), [Source: Stars and Stripes article 21 Feb 08 ++]

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> BURIAL AT SEA UPDATE 02: The National Cemetery Administration cannot provide burial at sea. Burial at Sea is a means of final disposition of remains that is performed on United States Navy vessels. The committal ceremony is performed while the ship is deployed. Therefore, family members are not allowed to be present. The commanding officer of the ship assigned to perform the ceremony will notify the family of the date, time, and, longitude and latitude once the committal service has been completed. Individuals eligible for this program are:

> . Active duty members of the uniformed services

> . Retirees and veterans who were honorably discharged

> . U.S. civilian marine personnel of the Military Sealift Command; and

> . Dependent family members of active duty personnel, retirees, and veterans of the uniformed services

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> After the death of the individual for whom the request is being made, the Person Authorized to Direct Disposition (PADD) should print out and complete a Burial at Sea Request form available online at

<http://www.navy.mil/navydata/questions/bas-form.pdf>. Supporting documents which must accompany this request are:

> 1. A photocopy of the death certificate;

> 2. The burial transit permit or the cremation certificate; and

> 3. A copy of the DD Form 214, discharge certificate, or retirement order.

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> The Burial at Sea Request Form and the three supporting documents make up the Burial at Sea Request package. A Burial Flag is required for all committal services performed aboard United States Naval vessels, except family members, who are not authorized a burial flag. Following the services at sea, the flag that accompanied the cremains/remains will be returned to the PADD. If the PADD does not wish to send a burial flag for the service, a flag will be provided by the Navy for the committal service, but will not be sent to the PADD. (Note: For deceased veterans, a burial flag can be provided at no charge from the Veterans Administration).

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> Cremains must be in an urn or plastic/metal container to prevent spillage in shipping. The cremains, along with the completed Burial at Sea Request package, and the burial flag will be forwarded to the Burial at Sea Coordinator at the desired port of embarkation which can be viewed at <http://usmilitary.about.com/library/milinfo/blburialatsea.htm>. Prior to shipment, it is recommended that a phone call be made informing the coordinator of the pending request. It is also recommended that the cremains

package be sent via certified mail, return receipt requested. For intact remains specific guidelines are required for the preparation of casketed remains. All expenses incurred in this process are the responsibility of the PADD, who will select a funeral home in the area of the port of embarkation. After this selection has been made and notification has been provided to the coordinator, the casketed remains, the request form, supporting documents, and the burial flag are to be forwarded to the receiving funeral home. The coordinator will make the inspection and complete the checklist for the preparation of casketed remains. It is recommended those funeral homes responsible for preparing and shipping intact remains contact Navy Mortuary Affairs at the Military Medical Support Office in Great Lakes, Ill., to receive the preparation requirements. If you have any questions about the Burial at Sea program, contact the United States Navy Mortuary Affairs office at 1(888) 647-6676, and select option 4. [Source: ABOUT.com: U.S. Military Rod Powers article Feb 08 +]

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> VAMC MARTINSBURG MD: The Martinsburg Maryland Veterans Administration Medical Center has decided to discontinue allowing veterans who ride the DAV (disabled veterans) vans a meal on the day of their appointments. This policy has been in effect at the VAMC for approximately 18 years. Providing these veterans a meal was not technically an entitlement they rated. However, funding to support this program was not, nor did it come from VA authorized appropriations. Instead, funds were sourced for this through the Volunteer Funds Pool. Vic Ryan Jr., Lt. Col., USMC (Ret.) in a letter to U.S. Sen. Barbara Mikulski objecting to the change in policy noted that, "The majority of veterans who ride these vans do so as a last resort. Many of the veterans utilizing the van service are on extremely limited incomes, and they do not have the luxury of having their kids or grandkids/friends to drive them to these appointments. In fact, several of them do not have living relatives to assist them in their time of need." No comment has been received so far from the VA or the Senator's office. [Source: Cumberland Times-News article 23 Feb 08 ++]

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> VA CATEGORY 8 CARE UPDATE 04: Veterans' groups in New Hampshire and Maine want the federal government to ease tight restrictions preventing at least 5,000 New England veterans from getting health care benefits. Many of these people fall into a Department of Veterans Affairs category known as Priority 8, reserved for veterans never wounded in action and who earn more than \$28,429 annually. Veterans wounded in the Iraq, Afghanistan or past wars, or who earn less than the present income threshold, are entitled to health-care benefits, according to VA officials. Veterans who enrolled for VA care before the current rules took effect in 2003 are grandfathered. Changes, which were made by the Bush administration, have been driven by Department of Defense budget cuts. A state-level estimate of the number of Priority 8 veterans in Maine and New Hampshire wasn't immediately available from local and regional VA officials or the VA's Office of Policy and Planning in Washington, D.C. There are an estimated 1.8 million veterans nationwide who are both uninsured, including being without VA health care, according to a study by Harvard Medical School researchers this fall. It did not specify how many of those veterans fall into the VA's Priority 8 category. It examined data from two federal surveys from 1987 to 2004 and found the number of uninsured veterans rose from 9.9% in 2000 to 12.7% in 2004. The study also found the number of uninsured, working-age veterans increased by

nearly 300,000 between 2000 and 2004.

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> David Himmelstein, an associate professor of medicine at Harvard Medical School, one of the study's authors said, "Until 2003, veterans who earned incomes higher than the threshold and who did not suffer any war wounds could access affordable health care from the VA with \$50 co-pays. After the Bush administration made rule changes in 2003, those veterans were shut off. I think it says to the people who are considering military service is that the country honors the military service in words, not deeds. It also sends a message that veterans may not get the health-care benefits they thought they would.

> Sandra Wunschel, a spokeswoman for the VA New England Healthcare System in Bedford, Mass., which oversees the VA medical centers in all six New England states said, "There may be as many as 5,000 Priority 8 veterans in New England who are enrolled in the VA system. There also may be thousands of other veterans who would fall into the category if they enrolled. Many of the 5,000 veterans earn incomes well above the threshold and don't need health-care benefits as much as poorer veterans who earn less. Many Priority 8 vets want VA services so they can get affordable prescription drugs from VA doctors." Wunschel also believes some of the outcry is fueled by the misconceptions of older World War II or Korean and Vietnam war veterans, who may think they are entitled to free health care. "These are complicated issues, and in our effort to educate the public, they don't always hear the correct message," Wunschel said.

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> State and federal lawmakers also believe the VA needs to change its eligibility requirements to cover more veterans. State Sen. Joseph Kenney, R-Wakefield, chaired the N.H. Cares Veterans Legislative Task Force, which examined the VA health care system to identify areas that need improvement. The panel is to release its recommendations next month. Kenney, a Marine Corps reservist who served a tour in Iraq, said he'd like to see Priority 8 veterans have access to affordable VA benefits. Kenney said Priority 8 veterans could be permitted to enroll in the military's Tri-Care Select health insurance like national guardsmen and reservists. U.S. Sen. Daniel K. Akaka (D-HI) chairman of the Senate Committee on Veterans' Affairs, held a hearing on the issue on 13FEB. During the hearing, Veterans Affairs Secretary James Peake said he'd be willing to review the current policy. "I do believe that all veterans should have access to VA health care. The best way to accomplish that is by providing VA with the funding needed to be able to keep pace with demand," Akaka said in a statement. "Congress just provided VA with a \$6.7 billion increase in health care funding over fiscal year 2007, so the funds are available." [Source: Citizen of Laconia Robert M. Cook article 24 Feb 08 ++]

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> CONGRESSIONAL HEARINGS: It's a new season of budget hearings on Capitol Hill. The President's Fiscal 2009 budget was delivered to Congress two weeks ago, and now the Defense Secretary and Joint Chiefs Chairman are defending the expenses contained therein. Once they appear before the four major committees (House and Senate Armed Services & House and Senate Defense Appropriations), each Service Secretary and Chief of Staff will appear to defend their portion of the budget. Finally the reserve service chiefs, to include the Chief National Guard Bureau, will appear in front of the same four committees. The hearing process should last from now until April. If you want to listen in, go to the respective committee websites on either

[www.senate.gov](http://www.senate.gov) or [www.house.gov](http://www.house.gov), select the committee (Armed Services or Appropriations) then select Schedule or Hearings, and then look for the LISTEN LIVE link. On the date and time of the hearing, hopefully you'll be able to hear our military leaders talk about what is important and hear the line of questioning. As you listen, remember that the questions are sometimes big picture and sometimes very detailed to that member's district. For example, Mrs. Bordallo may want to ask the Navy Secretary and Chief Naval Operations about their plans for the Island of Guam, and may not ask about other items, because Guam is heavily affected by Navy operations. Hearings define the bills that will be produced by the lawmakers that will become the Defense Authorization and Defense Appropriations bills later this year for Fiscal 2009. A good website to bookmark for Senate hearings is <http://capitolhearings.org/> is. It is run by C-SPAN. [Source: EANGUS Minuteman Update 25 Feb 08 ++]

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> MISSING IN AMERICA PROJECT: Veterans expect to have honor and respect paid them as a result their service to our country. Unfortunately, many have never received a proper military burial and lie on a shelf in a mortuary or a storage facility at a crematorium. Recently volunteers discovered that an estimated 1000 cremated remains of veterans may be stored in a Oregon State hospital in rusted/dented cans. On the shelf were cremains for the time span of the 1890s to 1971. You can read about this at <http://tinyurl.com/2xrx9u>. More on the subject is covered in videos accessible on the internet at <http://www.ksdk.com/video/default.aspx?aid=67740&sid=138863&bw=hi&cat=70> and

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<http://s15.photobucket.com/albums/a388/ducpho/MIAP/?action=view&current=AVSEQ01.flv>. It is estimated that tens of thousands of veteran cremains exist nationwide as a result of the deceased having no family, families lack of awareness of the availability of burial honors, or the bereaved survivors were just unable to deal with their loss and have procrastinated doing anything. Many of these cremains have been abandoned.

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> In NOV 06 the Missing in America Project (MIAP) was established to address this situation and volunteers successfully interred 21 cremains of forgotten veterans, with full military honors and the dignity these fallen heroes so richly deserved to in the Idaho State Veterans cemetery. MIAP has spent the last year visiting funeral homes nationwide, asking to be let in to identify these veterans so they can get them properly buried in a national or state cemetery. It's a challenging task, considering not all the nation's 45,000 funeral homes are willingly opening their doors to show what's in their back rooms. In a year, MIAP has located, identified and interred 101 veterans with honors. There's much more to do. Thousands of America's war veterans are warehoused in back rooms, dusty basements and closets waiting for a proper burial. MIAP's goals are to locate, identify and inter the unclaimed cremated remains of American veterans through the joint efforts of private, state and federal organization and to provide honor and respect to those who have served this country by securing a final resting place for these forgotten heroes.

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> The initial focus of the MIA Project will be a nation-wide effort to locate, identify and inter the unclaimed remains of forgotten veterans. This task will be executed through the combined, cooperative efforts of members of the American Legion, other volunteer service and veteran organizations,

local Funeral Homes, State Funeral Commissions, State and National Veterans Administration Agencies, and the State and National Veterans Cemetery Administrations. Local, state and national laws must be followed in the identification, claiming process and proper interment of the unclaimed remains of forgotten veterans. In some states legislation has been introduced to make it easier to deal with existing administrative barriers which cause excessive delay in releasing abandoned veteran remains to veteran organizations. The second phase of the MIA Project will be the creation of a network of individuals working with local Funeral Homes, State, and National Agencies to ensure that, from now on, the cremated remains of any unclaimed veteran will be identified, claimed and interred in a timely manner. Volunteers are needed and individual or organization wanting to support this effort should contact Fred Salanti at [ducpho@miap.us](mailto:ducpho@miap.us) or Chuck Tyler at [chucktyler@miap.us](mailto:chucktyler@miap.us). For additional info refer to refer to <http://www.miap.us>. [Source: VCVT Michael Isam msg 23 Feb 08 ++]

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> VA BURIAL BENEFIT UPDATE 01: Often survivors are disappointed when they seek reimbursement of burial expenses for departed veterans. This is because retirees have not informed their loved ones what to do and how much to expect in the event of their demise. The following is the maximum benefits currently payable by the VA:

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> 1. VA will provide headstones or markers to memorialize veterans or mark the graves of veterans buried in national, state, or private cemeteries as well as those whose remains have not been recovered or identified. This includes those buried at sea, those remains donated to science, and those cremated and whose cremated remains were scattered without burying any portion of them. VA will also provide markers for eligible family members interred in a national or State Veteran's Cemetery. When interment is in a private cemetery, the cemetery may require, and charge for, a foundation for the marker and installation of the marker. Such costs must be paid from private funds.

> 2. VA may provide \$300 toward the burial expenses of retired veterans who are eligible for VA pension or compensation and for those who die in VA medical facilities. An additional \$150 gravesite or interment allowance may be paid if a retired veteran served during a war period and is not buried in a national cemetery or other Government cemetery.

> 3. If a retired veteran's death is deemed to be service-connected, VA will pay an amount not to exceed \$2,000 in lieu of the usual burial and gravesite allowance.

> 4. VA will provide an American flag, upon request, for covering the casket; and a memorial

> certificate, bearing the President's signature, expressing our Nation's grateful recognition of the deceased veteran's service.

> 5. In addition to VA burial benefits, the surviving spouse or eligible child of a retired Soldier may be eligible for a \$255 lump-sum death benefit from Social Security. Local Social Security Offices have details.

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> As determined by the VA, the phrase "entitled to receive" includes only those veterans who have been awarded VA compensation or pension or who have submitted an application [VA Form 21-526] that is pending at the time of the veteran's death that would have subsequently been approved. It does not apply automatically to military disability retirees. To qualify for payment, a military retiree must have applied for VA compensation and have

been determined to be entitled for the benefit. The fact that a retiree chose not to waive all or part of his retirement pay after being awarded VA compensation does not disqualify the proper claimant(s) from receiving the appropriate allowance. This change has no affect on payment of the burial allowance where death is adjudged subsequently by the VA to be service connected. For veterans [U.S. or USAFFE] who die in the Philippines to receive burial benefits the veteran had to be in receipt of VA benefits or entitled to receive VA benefits at the time of death. If the veteran died in the States and was a US citizen he did not have to be in receipt of VA benefits if his income and net worth were under the income limits set for NSC pension. The time limit for filing for burial benefits is two years after burial or other final disposition. Any person who was retired for disability should seriously consider filing a claim with the VA to establish eligibility for disability compensation so that ultimately payment for burial allowance may be made to survivors. VA Form 21-526 is used for filing for disability compensation and VA Form 21-534 is used when filing claims for burial compensation. Both may be obtained from the nearest VA office. RAO Baguio also can provide these forms and forward them to Manila if desired. For more information on VA burial benefits, contact any VA office 1(800) 827-1000 [1-800 1-888 5252 if outside Manila in the Philippines] or national cemetery; or refer to: <http://www.cem.va.gov/>. [Source: RAO Baguio Feb 08 ++]

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> RETIRED ARMY PIN: Retired Soldiers are authorized to wear the new Retired Army pin, which is the Army logo with the word "Retired" emblazoned above it. At the behest of the CSA Retiree Council, this pin replaced the small green Retired Army Lapel button. The Council asked for a larger pin that could be recognized from afar, worn on clothing other than a suit jacket, and that would show the continuing bond between the retired Soldier and the Army. A mass mail-out of the new pin to all retired Soldiers started 26 MAR 07 and continued for about 4 months. The pin can be purchased online for around \$4.00. [Source: RSO Handbook Section 1-7 Feb 08 ++]

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> RETIREE WEARING OF THE UNIFORM: Wearing a uniform after retirement is a privilege granted in recognition of faithful service to country. Retired Soldiers should exercise this privilege whenever possible and in such a manner as to reflect credit upon themselves and the United States Army. Soldiers who are advanced to a higher grade upon retirement may wear the insignia of such higher grade while participating in retirement ceremonies and thereafter. Retired Soldiers serving on active duty will wear the uniform and insignia prescribed for Soldiers in the active Army of corresponding grade and branch. Retired Soldiers not on active duty may wear either the uniform reflecting their grade and branch on the date of their retirement or the uniform for Soldiers in the active Army of corresponding grade and branch, when appropriate. The uniforms may not be mixed. The grade worn is that indicated on the retired grade/rank line of your retirement order. Retired Soldiers not on active duty are not authorized to wear shoulder sleeve insignia except as follows:

> (1) Junior ROTC instructors will wear the Cadet Command shoulder sleeve insignia on their left shoulder.

> (2) The shoulder sleeve insignia of a former wartime unit may be worn on the right shoulder by retired Soldiers who served in the unit.

> (3) The retired shoulder patch is worn on the left shoulder sleeve,

centered one-half inch from the top.

> Retired Soldiers not on active duty are not authorized to wear the Army uniform when they are instructors or are responsible for military discipline at an educational institution unless the educational institution is conducting courses of instruction approved by the Armed Forces. If there is any doubt about wearing the uniform to a function, the commander of the nearest Army installation should be contacted. Retired Soldiers in a foreign country should contact the American Embassy, the American Consulate, or a U. S. military authority. Wear of the Army uniform is prohibited for all retired Soldiers:

> (1) In connection with the promotion of any political or commercial interests or when engaged in off-duty civilian employment. Army Reserve technicians who are also Soldiers of the Ready Reserve may wear the Army uniform at their option while on duty in their civil service status.

> (2) When participating in public speeches, interviews, picket lines, marches, rallies, or public demonstrations, except as authorized by competent authority.

> (3) When wearing the uniform would bring discredit upon the Army.

> (4) When specifically prohibited by Army Regulations (AR). (Refer to AR 670-1, Wear and Appearance of Army Uniforms and Insignia;

[http://www.army.mil/usapa/epubs/pdf/r670\\_1.pdf.](http://www.army.mil/usapa/epubs/pdf/r670_1.pdf))

> [Source: RSO Handbook Section 3-8 Feb 08 ++]

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> RETIREE APPRECIATION DAYS UPDATE 01: Retiree Appreciation Days (RADs) and Military Retiree Seminars offer military retirees and their families a chance to learn current information about topics such as benefits, entitlements, health care, and special services available for them. RADs vary from installation to installation, but, in general, they provide an opportunity to renew acquaintances, listen to guest speakers, renew ID Cards, get medical checkups, and various other services. Some RADs include special events such as dinners or golf tournaments. For more information, contact the Retirement Services Officer (RSO) sponsoring the RAD or the event's point of contact below for specific details. The Army maintains a current listing of activities for 2008 at

<http://www.armyg1.army.mil/rso/docs/rads.pdf>. The current listing includes:

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> Fresno, CA	Mar 8	(559) 291-2774
> Schweinfurt, Germany	Apr 12	09721-96-7033
> Dover AFB, DE	Apr 12	(302) 677-4612
> Stuttgart, Germany	Apr 19	07031-15-2924
> Ft Jackson, SC	Apr 25-26	(803) 751-6715
> Ft Wainwright, AK	Apr 26	(907) 384-3500
> West Point, NY	Apr 26	(845) 938-4217
> McGuire AFB, NJ	Apr 26	(609) 754-2459
> Ft Lewis, WA	May 16	(253) 966-5884
> Ft Buchanan, PR	May 17	(787) 707-3842
> Vicenza, Italy	May 30	0444-71-7262
> Ft Ord, CA	Jun 7	(831) 242-6691
> Ft McPherson, GA	Jun 21	(404) 464-3219
> NAS Jacksonville, FL	July 12	(904) 542-2766 Ext. 126
> Orlando, FL	Aug 16	(912) 767-5013 (i.e. Ft Stewart)
> Camp Ripley, MN	Aug 23	(763) 441-2630
> Ft McCoy, WI	Sep 5	(608) 388-3716
> Carlisle Barracks, PA	Sep 6	(717) 245-5401

- > Ft Leonard Wood, MO Sep 12-13 (573) 596-0947
- > Ft Eustis, VA Sep 13 (757) 878-3648
- > Nellis AFB, NV Sep 27 (702) 652-9978
- > Selfridge, MI Sep 27 (586) 307-5580
- > Ft Myer, VA Oct 10 (703) 696-5948
- > Ft Monmouth, NJ Oct 11 (732) 532-3734
- > Ft Monroe, VA Oct 16 (757) 788-2093
- > Ft Meade, MD Oct 17 (301) 677-9603
- > Heidelberg, Germany Oct 18 06221-57-3347
- > Aberdeen Prv. Grd., MD Oct 18 (410) 306-2320
- > Ft Hood, TX Oct 24-25 (254) 287-5210
- > Rock Island, IL Oct 25 (563) 322-4823
- > Ft Campbell, KY Oct 25 (270) 798-5280
- > Andrews AFB, MD Oct 25 (301) 981-2726
- > Grafenwoehr, Germany Oct 25 09641-83-8540
- > Ft Knox, KY Oct 31-Nov 1 (502) 624-4315/6419
- > Ft Sam Houston, TX Nov 1 (210) 221-9004
- > Ft Leavenworth, KS Nov 1 (913)684-2425
- > Ft Benning, GA Nov 8 (706) 545-1805
- > Bolling AFB, DC Nov 8 (202) 767-5244
- > [Source: <http://www.armyg1.army.mil/rso/docs/rads.pdf>. 4 Feb 08 ++]

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> COLA 2009: In mid February, the Bureau of Labor Statistics announced the January 2008 monthly Consumer Price Index (CPI), which is the metric used to calculate the annual cost-of-living adjustment (COLA) for military retired pay, VA disability compensation, survivor annuities, and Social Security. The CPI jumped 0.5% over December's value. That puts cumulative inflation at 1.5% for the first four months of the fiscal year. If inflation kept that cumulative pace for the rest of the year, the 2009 COLA would be 4.5%. But history says that probably won't happen. Anyone desiring to track the monthly CPI fluctuations can refer to <http://www.moaa.org/colawatch> and view a graphic chart on the comparison between the 2008 and 2009 CPIs. [Source: MOAA Update 22 Feb 08 ++]

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> TRICARE UNIFORM FORMULARY UPDATE 24: On 13 FEB the Defense Department approved shifting several medications for cardiovascular disorders, enlarged prostate, and immune diseases to the third tier, or \$22 copay level.

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> . Chronic heart failure drugs Zebeta, Coreg, Toprol XL, and Lopressor will remain on the formulary at \$3 or \$9 copays.

> . Exforge, a combination drug for high blood pressure, will move to the third tier, effective April 16. The copay for Norvasc will move in the other direction, dropping from \$22 to \$9.

> . In addition, a new "prior authorization" requirement on prostate drugs will require beneficiaries to try Uroxatral before Hytrin, Cardura, or Flomax, effective April 16, unless they have had a prescription issued for one of the latter three medications within the last 180 days. This means those three medications will carry a \$22 copay unless TRICARE approves the doctor's request that there is a "medical necessity" to take one of them. MOAA and other beneficiary representatives have asked DoD to consider moving Flomax back to a \$9 copay.

> . The drugs Enbrel and Kineret, used to treat various forms of arthritis, psoriasis, Chron's disease, and ulcerative colitis, will move to the third

tier effective June 18th. Humira, Raptiva and Amevive remain available for the regular copays.

> . The contraceptive Lybrel, and ADHD medication Vyvnase will move to the third tier effective April 16.

> [Source: MOAA Leg Up 22 Feb 08 ++]

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> VA AGENT ORANGE CLAIMS UPDATE 03: The USS Ingersoll (DD 652) operated during the Vietnam Era as a Navy destroyer gunship conducting fire support missions along the coast of the Republic of Vietnam for military ground operations. In addition to coastal duty, the USS Ingersoll traveled up the Saigon River on 24 & 25 OCT 65, to fire on enemy bases. The Department of Veterans Affairs (VA) C&P Service has reviewed the ship's deck logs, located at the National Archives and Records Administration (NARA), and confirmed this service on the "inland waterways" of the Republic of Vietnam. As a result, the presumption of herbicide exposure, as described in 38 CFR 3.307(a)(6), can be extended to any crewmember who served aboard the vessel on these dates. Anyone who served on the Ingersoll on the dates in question and had previous claims for Agent Orange related conditions denied should reapply. VA regional offices are directed to extend the presumption of herbicide exposure to new claims involving a veteran who served aboard the USS Ingersoll during 24 & 25 OCT 65. Additionally, if regional offices are aware that any such claim was denied due to lack of evidence for herbicide exposure, they are directed to reevaluate the claim as soon as possible. Veterans names will be checked against the official crew manifest of those on board the ship during those dates. [Source: NAUS Weekly Update 22 Feb 08 ++]

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> CHCBP UPDATE 01: The Continued Health Care Benefits Program [CHCBP ] is offered for persons who are losing their eligibility for Tricare benefits.

These could be:

> . individuals separating (not retiring) from the military;

> . dependent children reaching the age of 21 and who are not full-time students,

> . dependent children who reach the age of 23 and were, or are, full-time students,

> . dependent children who marry,

> . divorced former spouse who does not meet the requirements to maintain benefits as an Un-Remarried Former Spouse.

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> The above may apply for temporary, transitional medical coverage under the CHCBP which can act as a bridge between your military health benefits and your new job's medical benefits. If you purchase this conversion health care plan, CHCBP may entitle you to coverage for preexisting conditions often not covered by a new employer's benefit plan. The CHCBP benefits are comparable to the Tricare Standard benefit, which covers a majority of medical conditions, uses existing Tricare providers and follows most of the rules and procedures of Tricare Standard. However, for some types of treatment, coverage can be limited. Prior to enrolling in CHCBP, interested beneficiaries are encouraged to contact a Tricare Service Center to ask specific questions regarding Tricare Standard coverage.

> Eligible beneficiaries must enroll in CHCBP within 60 days following the loss of entitlement to the Military Health System. To enroll, you will be required to submit:

> \* A completed CHCBP Enrollment Application form (DD Form 2837). PDF forms are available at <http://www.humana-military.com/chcbp/pdf/dd2837.pdf>

> \* Documentation as requested on the enrollment form, e.g., DD-214-Certificate of Release or Discharge from Active Duty; final divorce decree; DD1173-Uniformed Services ID Card. Additional information and documentation may be required to confirm an applicant's eligibility for CHCBP.

> \* A premium payment for the first 90-days of health coverage.

> The premium rates are \$933 per quarter for individuals and \$1,996 per quarter for families. Humana Military Healthcare Services, Inc. will bill you for subsequent quarterly premiums through your period of eligibility once you are enrolled. CHCBP coverage is limited to 18 months for separating Service Members and their families or 36 months for others who are eligible. In some cases unremarried former spouses may continue coverage beyond 36 months if they meet certain criteria. You may not elect the effective date of coverage under CHCBP. For all enrollees, CHCBP coverage must be effective on the day after you lose military benefits. For more information about CHCBP, refer to the CHCBP Web <http://www.humana-military.com/chcbp/main.htm> or call 1(800) 444-5445. You may also contact your regional contractor or a Beneficiary Counseling and Assistance Coordinator (BCAC) to discuss your eligibility for this program. [Source: NAUS Weekly Update 22 Feb 08 ++]

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> SBA VET ISSUES UPDATE 07: President Bush signed into law the Veterans Small Business Benefits Bill to expand certain small business benefits for veterans. The law (PL 110-186), will:

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> \* Increase the authorization of appropriations for the Small Business Administration's Office of Veteran Business Development;

> \* Create an Interagency Taskforce on Veteran Small Business to focus on increasing veterans' small business success, procurement and franchising opportunities, and access to capital;

> \* Make permanent the Advisory Committee on Veterans Business Affairs;

> \* Allow the SBA Administrator to offer loans up to \$50,000 without requiring collateral from a loan applicant;

> \* Improve the Military Reservist Economic Injury Disaster Loan program by providing a longer application deadline; creating a pre-deployment loan approval process; expanding outreach and technical assistance;

> \* Require a Government Accountability Office report on the needs of service-disabled veterans and a separate report on how to improve relations between employers and reservist employees;

> \* Create a loan participation program in which veterans can receive 7(a) loans while paying 50 percent of the fees;

> \* Require Veteran Business Outreach Centers to increase their participation in the Transition Assistance Program;

> \* Create a grant program to improve Small Business Development Centers' outreach to the veteran community; and

> \* Require the Office of Veterans Business Development to create and disseminate information aimed at informing women veterans about the resources available to them.

> [Source: NGAUS LRGIT 22 Feb 08 ++]

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> VA VETERAN SUPPORT: The Department of Veteran Affairs (DVA) provides veteran support through their efforts to achieve the following goals:

> - Restore the capability of veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families.

> - Ensure a smooth transition for veterans from active military service to civilian life.

> - Honor and serve veterans in life, and memorialize them in death for their sacrifices on behalf of the Nation.

> - Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation.

> - Deliver world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources.

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> In accomplishing this the DVA provide services to the nations extensive veteran community. As of FEB 08 here are about 23.8 million living veterans, 7.5% of whom are women. There are about 37 million dependents (spouses and dependent children) of living veterans and survivors of deceased veterans. Together they represent 20% of the US population. Most veterans living today served during times of war. The Vietnam Era veteran, about 7.9 million, is the largest segment of the veteran population. In 2007, the median age of all living veterans was 60 years old, 61 for men and 47 for women. Median ages by period of service: Gulf War, 37 years old; Vietnam War, 60; Korean War, 76; and WWII 84. Sixty percent (60%) of the nation's veterans live in urban areas. States with the largest veteran population are CA, FL, TX, PA, NY and OH, respectively. These six states account for about 36% of the total veteran population. Veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) statistics are:

> . 48% are Active Duty, 52% are Reserve/National Guard.

> . 88% are men, 12% are women.

> . 65% Army; 12% Air Force; 12% Navy; 12% Marine.

> . 34% were deployed multiple times.

> . 52%, largest age group is 20-29 years old.

> . 69% of those who filed disability claims received service-connected disability compensation award.

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

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> VA RURAL ACCESS UPDATE 03: Facing a barrage of complaints about veterans' health care in rural America, the incoming secretary of Veteran Affairs pledged 20 FEB 08 to address "systemic" issues that hobble the quality and accessibility of VA care. Secretary James Peake heard from a group of about 100 Montana veterans who described the Department of Veterans Affairs as a sometimes dysfunctional bureaucracy - and one particularly slow to address mental health issues. Veterans told him they face months-long waits for appointments, arbitrary rejections of claims and 500-mile trips to receive care. Those who spoke spanned generations, including veterans of World War II, Korea, Vietnam, the Gulf War and peacetime service. "We need more doctors. And it would be nice if we could keep them for a while," said Ernest LaFountain, who did three tours in Vietnam and now suffers from post-traumatic stress disorder. Peake, also a Vietnam combat veteran, took the helm of the scandal-battered VA in DEC 07. He said Wednesday he wanted to "reach out to rural America" and help those veterans not getting adequate care. "The notion that the VA is uncaring, if we have pockets of that we're going to find it and root it out," he said. Peake was appointed by President Bush in the wake of widespread reports of dismal care received by troops

returning from Iraq and Afghanistan - problems for which Bush later apologized. The secretary was in Montana at the invitation of Sen. Jon Tester, a Democratic member of the Veterans Affairs Committee.

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> The number of veterans under VA's care is expected to hit 5.8 million by 2009. Peake acknowledged giving that many people all the care they need is particularly difficult in rural areas such as Montana, where mental health and other services can sometimes be hundreds of miles from a veteran's home. In an illustration of how much of a burden distance can be, Jim Kerr of Billings, commander of Disabled American Veterans Chapter 10, said volunteers in eastern Montana logged a combined 418,000 miles last year transporting more than 7,100 veterans to medical appointments. In response to such problems, Peake announced the creation of a new health advisory committee to ensure VA is responsive to rural health concerns. He said more facilities are being built to serve to veterans, including a clinic that opened in Cut Bank last month and others planned in Havre and Lewistown MT. "We need to make mental health care more local," he said. He said he also wanted to increase the number of mental health counselors, in particular those who are themselves veterans and "have walked the walk." Tester said the changes Peake talked of need to happen quickly if VA hopes to better handle the incoming tide of veterans from Iraq and Afghanistan. "The significant issue coming out of Iraq is the PTSD issue, and I don't think we're ready for that right now," Tester said. "The VA system is an incredibly good health care system for those who get through the door," he said. "The problem is with those who can't get through the door." [Source: Associated Matthew Brown article 21 Feb 08 ++]

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> VA RURAL ACCESS UPDATE 04: Secretary of Veterans Affairs Dr. James B. Peake announced 20 FEB the creation of a special "Rural Health National Advisory Committee" to advise him and the senior leaders of the Department of Veterans Affairs (VA) about health care issues affecting veterans in rural areas. "In the last decade, VA has created outpatient clinics that bring health care closer to where veterans actually live," Peake said. "This advisory committee, working within the highest levels of VA, will ensure the Department remains responsive to the health care needs of rural veterans." While Peake said many of the details of the panel are still being formulated, the committee will consist of members familiar with rural health issues. The members will come from the federal, state and local sectors, academia and veterans service organizations. The advisory committee will provide guidance to Peake and to Dr. Michael J. Kussman, VA's Under Secretary for Health. The panel's first meeting is tentatively scheduled for this summer. VA has 25 similar advisory committees, each with between 10 and 15 members. Members are typically appointed to one-, two- or three-year terms to ensure continuity of operations. Following is the current status of the VA's Rural Health Initiative:

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> 1. Milestones already met include:

> . Establishment of telehealth training center for VA professionals in Lake City FL (January 2004).

> . Establishment of Rural Health in VA headquarters (February 2007).

> . First report to Congress on improving access to mental health and long-term health in rural areas (September 2007).

> . Increased mileage reimbursements for patients for first time in 30 years (February 2008)

> 2. Milestones in progress include:

> . Expanding current programs that provide: Services to Native American veterans, Mental health, and Long-term care.

> . Expanding existing telehealth programs and investigating new applications. VA patients in 30 states now use telehealth devices. Current technology permits patient care coordination among health care professionals, exchange of routine clinical data from home-bound patients, and continuity of care to mobile senior "snowbirds"

> 3. Projects under consideration include: Mobile health care vans, Transportation grants, Collaborating with non-VA facilities, and Patient education through "pod" casts.

> [Source: VA Press Release 20 Feb 08 ++]

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> STUDENT VETERANS OF AMERICA (SVA): Student veterans from approximately 20 universities representing 13 states from every region of the country came together on 11 & 12 JAN 08 in Chicago to found the non-profit organization [501 (c)3.] Student Veterans of America (SVA). Attending the conference were national representatives from the VFW, the American Legion, Vietnam Veterans of America, Veterans of Modern Wars, and the National Association of Veterans' Program Administrators. Also in attendance were the Wisconsin, Minnesota, and Illinois departments of veterans' affairs who offered their full support to the new organization. SDV's goal is to address issues facing student veterans. As part of its core mission, SVA is committed to placing student veterans' resource offices or coordinators on college campuses. Beginning with this grassroots effort, student veterans plan to advocate on and off campus, for much needed changes to current policies dealing with the education of veterans. and assist universities in providing adequate resources and programs for vets. SVA President Derek Blumke who served in the Air Force for six years and is in the Air National Guard stated in a recent interview, "The majority of campuses throughout the nation currently lack the infrastructure to support returning veterans. Veterans are incredibly intelligent and well rounded individuals. They simply need programs set up so when they arrive to campus they are welcomed with open arms". These resource offices will assist veterans in educating them on their benefits, providing them with the resources required to succeed in school, and in their transition from the service member to the student. Student Veterans of America is gaining national momentum, and will meet in Washington D.C. in JUN 08 to incorporate 30+ universities and further develop coordination between college and university campus's student veterans groups nationwide. They have established a communications link via <http://groups.google.com/group/StudentVeterans> for members and others to pass info and ask questions and are developing their website <http://www.studentveterans.org> . For more info about the convention or Student Veterans of America, contact John Mikelson (University of Iowa) at (319) 384-2020 or [john-mikelson@uiowa.edu](mailto:john-mikelson@uiowa.edu) . [Source: <http://www.gibill.va.gov/> Feb 08 ++]

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> GUN SALUTES:

> 1. Origin and significance of military gun salutes - The use of the gun salutes for military occasions is traced to early warriors who demonstrated their peaceful intentions by placing their weapons in a position that rendered them ineffective. The tradition of rendering a salute by cannon originated in the 14th Century in the British Navy. Since discharging the

cannon rendered it ineffective, by custom, warships fired seven-gun salutes while shore batteries, which had a greater supply of gunpowder and were able to fire three guns for every shot fired afloat, fired a 21 salute. In 1842 the U. S. established the Presidential salute at 21 guns while in 1890 it was established as the National salute. Today, the 21-gun salute is fired in honor of the President while guns salutes of less numbers are rendered to other military and civilian leaders based on their protocol rank (Ref: USA Fact Sheet, dtd 05/69).

> 2. Origin and significance of the military custom of firing rifle volleys at funerals - During the funeral rites of the Roman Army the casting of the earth THREE times upon the coffin constituted "the burial." It was customary among the Romans to call the dead THREE times by name, which ended the funeral ceremony. As friends and relatives of the deceased departed they said "Vale", or farewell, THREE times. Over time when firearms were introduced on the battlefield the custom of practice of firing volleys was established to halt the fighting to remove the dead from the battlefield. Once each army had cleared its dead it would fire THREE volleys to indicate that the dead had been cared for and that they were ready to go back to the fight. Today, when a squad of soldiers fires THREE volleys over a grave, they are, in accordance with this old Roman custom, bidding their dead comrade farewell. After the last rifle volley, the bugler then sounds TAPS. The fact that the firing party consists of seven riflemen, firing three volleys does not constitute a 21-gun salute. (Ref: Mil Customs dtd 1917).

> 3. 21 vs. 3 - Many confuse the 21-gun salute with the 3-volley salute. The 21-gun salute is used primarily as a greeting. It's fired during presidential arrivals and departures and when heads of state visit. Also, it's not limited to the United States -- many countries have similar ceremonies. The 3-volley salute, on the other hand, is performed during police and military funerals by the Honor Guard and is intended as a reminder. While the two salutes look (and sound) similar, the 21-gun salute is considered the higher honor.

> 4. 21 History - It's been said that 21 guns are fired because the digits in 1776 add up to 21 (1+7+7+6=21). Logical, but Snopes.com writes this is just an urban legend. The real story behind the honor is a bit more complicated. The United States Army explains the salute's history.

"Originally warships fired seven-gun salutes -- the number seven probably selected because of its astrological and Biblical significance." Land-based cannons had a higher capacity for gun powder and "were able to fire three guns for every shot fired afloat, hence the salute by shore batteries was 21 guns." Eventually, as gun powder improved, ships fired 21 guns, too. The habit of firing salutes became wasteful, with ships and shore batteries firing shots for hours on end. This was particularly expensive for ships, which had a limited space to store powder (which went bad quickly in the salt air). The British admiralty first dictated the policies now in place as a practical matter to save gunpowder. The rule was simple, for every volley fired by a ship in salute, a shore battery could return up to three shots. The regulations limited ships to a total of seven shots in salute, so the 21 gun-salute became the salute used to honor the only the most important dignitaries.

> 5. Salute Protocol - Today, the U.S. Navy Regulations proscribe that only those ships and stations designated by the Secretary of the Navy may fire gun salutes. A national salute of 21 guns is fired on: Washington's Birthday, Memorial Day, Independence Day, to honor the President of the United States, and to honor heads of foreign states. Additionally, ships may, with approval from the office of the Secretary of the Navy, provide gun

salutes for naval officers on significant occasions, using the following protocol: Admiral-17 guns, Vice Admiral-15 guns, a Rear Admiral (upper half)-13 guns, and Rear Admiral (lower half)-11 guns. All gun salutes are fired at five-second intervals. Gun salutes will always total an odd number.

> 6. Volley Protocol - The 3-volley salute is a salute performed at military and police funerals as part of the drill and ceremony of the Honor Guard. A rifle party, usually consisting of an odd number of firers, usually from 3 to 7 firearms. Usually the firearms are rifles for military, but at some police funerals, shotguns are used. The firing party is positioned such that, when they shoulder their arms for firing, the muzzles are pointed over the casket of the deceased who is being honored. If the service is being performed inside a church or chapel, or funeral home, the firing party fires from outside the building, typically positioned near the front entrance. On the command of the NCO-in-charge, the firing party fires their weapons in unison, for a total of three volleys. Because unbulleted blanks (which will not cycle the action of a semi-automatic rifle) are used, in the United States, M1 or M14 rifles are preferred over the current issue M16 rifle, because the charging handles of the M1/M14 are more easily operated in a dignified, ceremonial manner than on the M16.

> [Source: <http://www.hbtv.us/VA/> 20 Feb 08 ++]

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> PHILIPPINES U.S. TROOP PROTEST: Demonstrators calling for U.S. troops to withdraw from the Philippines protested the start of annual joint military exercises 18 FEB, with hundreds of American troops heading to southern islands where al-Qaida-linked militants operate. The two-week drills - called Balikatan, or "shoulder-to-shoulder" - bring together 6,000 U.S. and 2,000 Filipino troops at a time when Philippine forces are battling militants from the Abu Sayyaf and its allies from the Indonesia-based Jemaah Islamiyah terror network. About 30 protesters from the left-wing coalition Bayan burned a U.S. flag and chanted "U.S. troops out now!" outside the gate of the military headquarters in Manila, where U.S. Ambassador Kristie Kenney, Philippine Foreign Secretary Alberto Romulo and top military officials led the opening ceremony. Rallies also were held in at least four southern cities to demand U.S. troops leave because of alleged involvement in combat operations - prohibited by Philippine law - and human rights abuses, activists said. In Cagayan de Oro, police estimated the crowd at 1,000, including priests and nuns who joined lawmakers and Muslim activists. In the southern Philippines, where Muslim rebels have waged a decades-long separatist insurgency, U.S. troops will conduct medical missions and repair schools, officials said. The areas include Jolo island, an Abu Sayyaf stronghold, and central Mindanao, a base of the Moro Islamic Liberation Front, the country's biggest separatist group, now holding peace talks with the government. Tensions flared recently on Jolo after villagers accused the military of killing seven civilians and an off-duty soldier during operations to hunt down suspected terrorists. Rawina Wahid, whose husband was killed in the raid early this month, said she was tied up and put on a naval boat with several U.S. soldiers on board. President Gloria Macapagal Arroyo has ordered an investigation into the deaths. Last week, U.S. Embassy spokeswoman Rebecca Thompson denied American soldiers took part in any combat operations. Military chief Gen. Hermogenes Esperon said the emphasis of the exercises, which have been held since 1981, has shifted to humanitarian assistance, part of efforts to win over local Muslim populations. America's soft counterterrorism approach here has won praise in contrast to mounting criticism of U.S.-led incursions in Iraq and

Afghanistan. A manhunt continues on Jolo for Abu Sayyaf commanders and two top Indonesian militants wanted for alleged involvement in the 2002 nightclub bombings that killed 202 people on Indonesia's Bali island. The Abu Sayyaf, blacklisted by Washington as a terrorist organization, has been blamed for deadly bomb attacks, beheadings and high-profile kidnappings, including of Americans. [Source: By - Associated Press Teresa Cerojano article 20 Feb 08 ++]

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> **CARDIOVASCULAR DISEASE:** Cardiovascular disease is the single greatest cause of death in the United States each year. The most common heart disease in the United States is coronary heart disease, which is unfortunately often diagnosed after a heart attack has already occurred. In 2008, an estimated 770,000 Americans will have a coronary attack for the first time, and about 430,000 will have a recurrent attack. About every 26 seconds, an American will have a coronary event, and about one every minute will die from one. American Heart Month is a good time to learn how to recognize the signs of a heart attack. A person's chances of surviving a heart attack increase if emergency treatment is given to the victim as soon as possible. Some signs of a heart attack include:

> . Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts for more than a few minutes, or goes away and comes back. The discomfort can feel like pressure, squeezing, fullness, or pain.

> . Discomfort in other areas of the upper body. This can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.

> . Shortness of breath. This often comes along with chest discomfort. But it also can occur before chest discomfort.

> . Other symptoms. These may include breaking out in a cold sweat or feeling nauseated or lightheaded.

> If someone is having a heart attack, call 911. Better yet learn how to save a life by signing up for a local CPR class near you The American Heart Association offers a variety of CPR courses that will give you the confidence to help a friend or loved one experiencing cardiac arrest. From the 22-minute CPR Anytime kit for family and friends to a classroom-based CPR and AED course, there's a convenient way for everyone to learn CPR. Your actions can be lifesaving. At

<http://www.americanheart.org/presenter.jhtml?identifier=3011764> you can find a class location and map to it by typing in your zip code. Here you can also order an Adult/Child Light/Dark skin Anytime kit consisting of a personal, inflatable Manikin, a CPR Anytime Skills Practice DVD, a CPR for Family and Friends resource booklet, and other accessories for the program for \$29.95. [Source: Dear Marci Health tip 18 Feb 08 ++]

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> **WHOOPING COUGH UPDATE 01:** Doctors once hoped to control whooping cough, or pertussis, by vaccinating children only. But recently cases have soared among teens and adults who were vaccinated as children. "We now know that as we get older, we lose our protection," says Sandra Fryhofer, an internist in Atlanta and former president of the American College of Physicians. For adults, the illness is rarely dangerous, though the cough can cause vomiting and disrupt sleep. Some adults cough hard enough to crack ribs, break blood vessels or pass out, says Mark Dworkin, a researcher at the University of Illinois-Chicago. The most serious risk, though, is that sick adults will infect babies, who are not yet fully vaccinated. "This disease is a baby killer," Dworkin says. The CDC recommends teens and adults get one of two

new vaccines combining whooping cough, tetanus and diphtheria protection. Doctors for adults might not be recommending the vaccine because they don't know much about the disease, Dworkin says. Side effects (mostly sore arms) and cost (about \$40 a shot, usually covered by insurers) don't explain low usage, Fryhofer says. Just 2.1% of adults have had booster shots, which are recommended for those under age 65. In studies, the shots produced adequate immune responses 83% to 94% of the time. [Source: USA Today Kim Painter article 18Feb 08 ++]

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> SHINGLES UPDATE 06: Shingles is a painful condition caused by the same virus that causes chickenpox. It's recommended for adults over age 60, but just 1.9% have had it. The vaccine, tested by the VA and Merck in trials, "was approved in May 2006 for people 60 and up," but Merck "has sold a modest 2 million doses." Infectious disease specialist Michael N. Oxman of the VA San Diego Healthcare System said this may be so because doctors are not focused on vaccines, but internist Chester Good at the VA Medical Center in Pittsburgh argued that until more data comes in, "there's no rush" to get the vaccine. "Many people describe shingles pain as the worst pain they've ever endured," says Oxman. The pain starts as the varicella zoster virus re-emerges in someone who has had chickenpox. The virus travels down nerve cells to the skin, where it typically causes a one-sided rash on the face or trunk. Then chronic, often debilitating pain can develop. Most patients are over age 60. The lifetime risk of shingles for anyone who has had chickenpox is about 30%; once afflicted, up to 30% have pain lasting at least four to six months, says Kenneth Schmader of the American Geriatrics Society and a physician at the Durham VA Medical Center in North Carolina. The vaccine doesn't offer total protection, but it cuts the risk of shingles in half, reduces pain intensity and lowers the risk of lingering pain by two-thirds, Schmader says. The vaccine, priced around \$150 by the manufacturer, is covered by the part of Medicare that pays for prescriptions, not doctor visits. That means doctors are not automatically paid for shots given in their offices. Some send patients to pharmacies to get the shots or pick up prescription vials, adding steps that may reduce use, Oxman says. Others stock and give the vaccine, but require patients to pay upfront and seek their own reimbursement. Veterans enrolled in the VA medical system can request their primary care physicians for the shot and if approved receive it. I did and received it 26 FEB. [Source: USA Today Kim Painter article 18 Feb 08 ++]

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> PTSD UPDATE 17: The Veterans Affairs Department has dumped a policy requiring combat vets to verify in writing that they have witnessed or experienced a traumatic event before filing a claim for post-traumatic stress disorder, said the chairman of the Senate Veterans' Affairs Committee. In the past, a veteran has had to provide written verification - a statement from a commander or doctor, or testimony from co-workers - that he or she was involved in a traumatic situation in order to receive disability compensation for PTSD from VA. The Defense Department uses the same rules in evaluating PTSD for disability retirement pay. The rule also slows the process as veterans wait for yet more documentation before their claims may be processed. Sen. Daniel Akaka [D-HI] said he asked VA Secretary James Peake if the rule was necessary, and asked that it be removed. Peake agreed. In the future, veterans will be diagnosed with PTSD through a medical examination with no further proof necessary, Akaka said, adding that

he's been told that Peake has already informed VA regional offices of the decision. [Source: AirForceTimes Kelly Kennedy article 18 Feb 08 ++]

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> HIGHER EDUCATION ACT: The House recently passed H.R.3099: National Guard and Reserve Higher Education Fairness Act, which included an amendment to help servicemembers on active duty with student loans. The amendment would prevent interest on student loans from accruing while a servicemember or National Guard member is on active duty up to 60 months. An existing law already allows servicemembers on active duty to defer their student loan payments, but interest still accrues on the loan. According to Representative Susan Davis (D-CA) sponsor of the amendment, a servicemember could save between \$1,183 and \$1,479 over the course of a 12-15 month activation period. [Source: NGAUS Legislative Update 15 Feb 08 ++]

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> SBP LAWSUIT UPDATE 01: The US Court of Federal Claims has ruled in favor of three Survivor Benefit Plan (SBP) annuitants seeking a combined \$105,000 in accumulated back pay. The widows are suing the federal government (Sharp v. The United States) to restore their full SBP annuities and avoid any deduction of the VA's Dependency and Indemnity Compensation (DIC). On 11 FEB, Judge George W. Miller denied the Pentagon's motion to dismiss the suit and decided to let the case proceed. As a practical matter, he went a big step further, systematically refuting every argument in the Pentagon's motion. 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 they remarried. The plaintiffs in the case contend that a provision of the law should be interpreted as prohibiting the deduction of DIC from their SBP annuities. A DoD legal review of that provision at the time determined that it did not repeal the SBP offset provision. The judge's ruling on the motion made it pretty clear that he leans toward agreeing with the widows. But the battle is far from over. DoD has until 26 FEB to appeal the judge's ruling or proceed with the case. And no matter the final outcome, it will likely be appealed. Note that this case addresses only the three survivors pursuing the suit. It's not a class action case, and it's not certain whether a favorable decision would affect any other survivors. [Source: MOAA Leg Up 15 Feb 08 ++]

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> CRDP/CRSC CLAIM BACKLOG: The Pentagon's senior budget official has ordered the director of the Defense Finance and Accounting Service to clear up a major backlog of claims for two disability compensation programs aimed at military retirees. More than 39,000 claims are pending under the Concurrent Retirement and Disability Payments and Combat-Related Special Compensation programs, and retirees have criticized the delays in processing those claims virtually since the programs were created several years ago. Sen. Ron Wyden (D-OR) raised concerns about the backlog to Deputy Defense Secretary Gordon England at a hearing 12 FEB on the Pentagon's 2009 budget request. Pentagon Comptroller Tina Jonas, who oversees DFAS, said she recently became aware of the problem and acknowledged that Wyden's complaint was on target. "I asked the director of the Defense Finance and Accounting Service, Zack Gaddy, to triple the number of people on this effort, and he is doing so," Jonas said. "You're absolutely right - the backlog needs to be cleaned out. I told him that we'd like to have it done by April." A manpower

shortage had slowed the effort, Jonas said in a brief interview the following day after a separate House hearing on the 2009 defense budget plan.

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> At the Senate hearing, Wyden pressed Jonas to confirm that the backlog would be cleared up by April. Jonas said she has directed DFAS to get "the oldest claims done by April ... they're on track to try to get that done." Jonas offered to provide weekly progress reports, which Wyden said he would welcome.

> The Concurrent Retirement and Disability Payments program is phasing out a law enacted in the late 19th century that required disabled military retirees to forfeit a dollar of military retired pay for every dollar received in veterans disability compensation. The phase-out is occurring over a 10-year period that began in 2005 and will end in 2014. At that point, these disabled retirees will receive full military retired and VA disability payments, with no offset - in other words, full "concurrent receipt" of both. CRDP, which is taxable, covers retirees with service-connected disabilities rated at 50 to 90% by the Department of Veterans Affairs. When CRDP began, retirees rated 100% disabled also were under the 10-year offset phase-out schedule, but in 2005, Congress amended the program to give these most seriously disabled retirees full, immediate concurrent receipt.

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> Combat Related Special Compensation is a separate program under which a special, nontaxable payment replaces the entire retired pay offset for retirees with any VA-rated disability that is the direct result of combat or combatlike training. In effect, all retirees under CRSC have full concurrent receipt of military retired pay and VA disability compensation. Each program is expanding under the 2008 Defense Authorization Act. Eligibility for CRDP now extends to so-called "individual unemployability" retirees with service-connected disabilities. "IU" retirees have formal VA disability ratings of less than 100% but are nevertheless considered fully disabled because their medical conditions prevent them from holding a job. They will get full concurrent receipt of retired pay and VA disability payments retroactive to Dec. 31, 2004, and will no longer be subject to the 10-year phase-out of the offset in retired pay. However, Congress has delayed the effective date for this provision. Payments will not be made until 1 OCT of this year. CRSC also is expanding. Previously, retirees had to have at least 20 years of service to be eligible. Effective 1 JAN the program also covers those who are medically retired by the military with fewer than 20 years of service. They still must meet all other eligibility criteria, to include having disabilities that are the direct result of combat or combatlike training. The Pentagon maintains a Web page with information on both programs, as well as service contacts for filing claims. [Source: ArmyTimes William H. McMichael article 14 Feb 08 ++]

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> VETERAN LEGISLATION STATUS 29 FEB 08: The House and Senate recessed for Presidents Day 15 FEB and did not return until 25 FEB. This week, the House announced a change in its future schedule. The House has pushed up the start of summer recess, which will now begin after completion of business on 1 AUG 08. The House will be in recess for five weeks at that time and will make up the lost time with extra business days in September. For a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress refer to the Bulletin's House & Senate

attachments. By clicking on the bill number indicated you can access the actual legislative language of the bill and see if your representative has signed on as a cosponsor. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. A cosponsor is a member of Congress who has joined one or more other members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The member who introduces the bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can also review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d110/sponlst.html>. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting our representatives know of veteran's feelings on issues. At the end of some listed bills is a web link that can be used to do that. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making. [Source: RAO Bulletin Attachment 29 Feb 08 ++]

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> HAVE YOU HEARD: King Ozymandias of Assyria was running low on cash after years of war with the Hittites. His last great possession was the Star of the Euphrates, the most valuable diamond in the ancient world. Desperate, he went to Croesus, the pawnbroker, to ask for a loan. Croesus said, 'I'll give you 100,000 dinars for it.' 'But I paid a million dinars for it,' the King protested. 'Don't you know who I am? I am the king!' Croesus replied, '> 'When you wish to pawn a Star, makes no difference who you are.'

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> Lt. James "EMO" Tichacek, USN (Ret)  
> Director, Retiree Assistance Office, U.S. Embassy Warden & IRS VITA Baguio City RP

> PSC 517 Box RCB, FPO AP 96517

> Tel: (951) 238-1246 in U.S. or Cell: 0915-361-3503 in the Philippines.

> Email: [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net) Web:

[http://post\\_119\\_gulfport\\_ms.tripod.com/rao1.html](http://post_119_gulfport_ms.tripod.com/rao1.html)

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