

RAO BULLETIN

15 November 2009

Note: Anyone receiving this who does not want it request click on the automatic “Change address / Leave mailing list” tab at the bottom of the message containing this Bulletin attachment or hit reply and place the word "Remove" in the subject line!!!!!!!!!!!!!!

THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES

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- == Have You Heard ----- (Sublime Wisdom)

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FPO/APO MAIL DELIVERY POLICY Update 02: The state Department has given notice to 4,800 military retirees and their survivors living overseas who use APO and FPO addresses at U.S. embassies and consulates that their mailing privilege will cease 31 DEC 09. The Military Coalition (TMC), a consortium of nationally prominent military and veterans associations representing 5.5 million active, Guard, Reserve, retired and former members of the uniform services, plus their families and survivors, is asking you to urge the Secretary of State to rescind the State Department's policy initiative that will eliminate embassy mail privileges for American uniformed service retirees overseas by 31 DEC 09. This is a critical issue for our retirees living overseas and receiving their Tricare medications via the U.S. Postal system. To contact the State Department Secretary use:

- Mail: U.S. Department of State, 2201 C Street NW, Washington, DC 20520
- Tel: Main Switchboard: 202-647-4000
- Email: Website for emailing: www.state.gov

In the interim the Military Coalition sent to Secretary of State Hillary Clinton the following letter:

The Honorable Hillary Clinton
 Secretary of State
 U.S. Department of State
 2201 C Street NW
 Washington, DC 20520

Dear Madam Secretary,

The Military Coalition (TMC), a consortium of nationally prominent military and veterans associations representing 5.5 million active, Guard, Reserve, retired and former members of the uniform services, plus their families and survivors, is writing to urge you to rescind the State Department's policy initiative that will eliminate embassy mail privileges for American uniformed service retirees overseas by Dec. 31, 2009.

As you know, the State Department and the Department of Defense are in the process of shifting mail delivery to State Department facilities overseas from the traditional APO/FPO addresses to a new designation as Diplomatic Post Offices. This change will eliminate mail privileges to close to 4,800 military retirees, forcing them to use foreign mail systems that in some parts of the world can be slow, unreliable or expensive.

Further, timely mail delivery is of the utmost importance for those retirees who rely on the embassy mail privileges to receive their TRICARE Mail-Order Pharmacy prescriptions. They also receive their military retirement and Social Security checks via mail and could possibly become targets for theft and/or fraud.

It is our hope that possible alternatives can be realized before further implementation of this initiative so as to not penalize military retirees for choosing to live abroad. We thank you for your thoughtful consideration of this matter.

Sincerely,
The Military Coalition
[Source: AFSA eNewsletter & TREA Update 13 Nov 09 ++]

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VA LAWSUIT (RANDEN HARVEY) Update 01: The federal government has agreed to pay \$218,500 to settle a \$600,000 lawsuit over the fatal drug overdose of a young Michigan veteran who served as a U.S. Marine in Iraq. Randen Harvey died in 2006 at his father's home. His family had accused the Department of Veterans Affairs of failing to keep him in a hospital or commit him to a mental health facility. The 24-year-old Harvey served two tours in Iraq. He was honorably discharged as a lance corporal in NOV 05. Five months later, according to the lawsuit, he was diagnosed with post-traumatic stress disorder. Assistant U.S. Attorney Steven Croley said the government considered the settlement a 'reasonable resolution' given the cost of a trial. It admitted no liability. [Source: New York Times AP article 10 Nov 09 ++]

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VA FAMILY CAREGIVER ASSISTANCE: The Caregivers and Veterans Omnibus Health Services Act of 2009 (S.1963) was introduced by Sen. Daniel K. Akaka [D-HI], chairman of the Senate Veterans Affairs Committee, on 29 OCT 09. It would upon the joint application of an eligible veteran and a family member of such veteran (or other individual designated by such veteran), furnish to such family member (or designee) family caregiver assistance as part of home health services provided by the Veteran Affairs Department. The purpose of providing family caregiver assistance under the bill is to reduce the number of veterans who are receiving institutional care, or who are in need of institutional care, whose personal care service needs could be substantially satisfied with the provision of such services by a family member (or designee); and to provide eligible veterans with additional options so that they can choose the setting for the receipt of personal care services that best suits their needs. Those selected for participation in the program would be provided basic or additional instruction, preparation, and training as necessary with the goal of that individual becoming qualified and being approved by the VA as a personal care attendant for the veteran. Eligibility to participate in the program would extend to veterans (or member of the Armed Forces undergoing medical discharge from the Armed Forces) who:

- Have a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service on or after 11 SEP 01; and
- The Secretary determines, in consultation with the Secretary of Defense as necessary, is in need of personal care services because of an inability to perform one or more independent activities of daily living; a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or such other matters as the Secretary shall establish in consultation with the Secretary of Defense as appropriate.

The bill presently has no cosponsors and on 10 NOV Sen. Tom Coburn (R-OK) said he objected to the bill because its five-year, \$3.7 billion cost was not offset. Subsequently, Senate Democratic leaders reached a tentative

agreement with Sen. Coburn that averted the necessity of filing cloture on a veterans' health care omnibus measure and could lead to passage of the bill early next week. A spokesman for Sen. Akaka said the senator had not yet received the text of an amendment Coburn wishes to offer, but would take Coburn's word that one is coming and would put off seeking unanimous consent on the floor to bring up the bill (S.1963). Earlier in the day, Majority Leader Harry Reid (D-NV) said he would file for cloture on the omnibus measure if Republicans continued to block efforts to bring the bill up and pass it quickly." Approval of S.1963 would provide an array of vitally needed support services for family caregivers, such as respite care, financial compensation, vocational counseling, basic health care, relationship, marriage and family counseling and mental health care. [Source: Congressional Quarterly Oliveri article 11 Nov 09 ++]

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TRICARE USER FEE Update 43: Variations of a "Heads Up" chain e-mail message is being circulated on the internet claiming that Tricare is in jeopardy for retirees and that Tricare for Life deductibles and co-pays will increase up to \$6,301 the first year with future years being indexed to increase with inflation. For authenticity it cites a CBO report and implies that the Air Force Association and BG Bob Clement are in agreement with its content. This email and variations of it have been debunked by such groups as the The Retired Enlisted Association (TREA) and the Military Officers Association of America (MOAA) three separate times. The White House has also tried to combat the claim that efforts to overhaul health care include limiting or eliminating coverage for veterans. However, the RAO continues to receive inquiries asking what, if any truth there is to it. To answer the question, "Would health care overhaul efforts eliminate Tricare health coverage for members of the military and military retirees?", the answer is NO. This claim in the e-mail is false. Neither Congress nor President Obama has proposed legislation to that effect. The facts are:

- The nonpartisan Congressional Budget Office is responsible for a number of things, but drafting and proposing legislation are not among them. So contrary to what these widely forwarded e-mails claim, the CBO has not "drafted proposed legislation" that would reduce benefits for those who receive health care coverage through Tricare or Tricare for Life.
- What the CBO did in December of last year was present a list of 115 options to the House and Senate Committees on the Budget for "reducing (or, in some cases, increasing) federal spending on health care, altering federal health care programs, and making substantive changes to the nation's health insurance system." The CBO issues a list of such recommendations on federal spending to every Congress. The first volume of last year's list included Option No. 96, Introduce Minimum Out-of-Pocket Requirements Under Tricare For Life.
- Tricare is the health care program that provides coverage for active members of the military, retirees, their survivors and their dependents. In 2001, that coverage was extended to Medicare-eligible military retirees and their spouses and dependents through a program called Tricare for Life (TFL). The program provides supplemental Medicare coverage to Tricare beneficiaries who are enrolled in Medicare Parts A and B.
- According to the CBO, TFL pays "nearly all medical costs not covered by Medicare and requires few out-of-pocket fees." By limiting the amount of expenses covered by Tricare for Life (such as not paying the first \$525 of an enrollee's cost-sharing liabilities for calendar year 2011 and limiting coverage to 50 percent of the next \$4,725 in Medicare cost sharing), the federal government could save roughly \$14 billion and \$40 billion through 2014 and 2019, respectively, according to the CBO.

- The CBO report doesn't contain "a strong recommendation to eventually eliminate" the Tricare for Life program because "it is too expensive," as the e-mail claims. The CBO didn't advocate that Congress actually go through with any of the options it listed in its report. Instead, the agency emphasized that "in keeping with CBO's mandate to provide objective, impartial analysis, this report makes no recommendations." Accordingly, the report lists advantages and disadvantages for all of the options.

It's also false that health care overhaul bills in Congress would roll back coverage for those who benefit from the Tricare programs. The e-mail claims that "this is true" and says that it appears on pages 77, 172, 218 and 434. There's no reference to a particular bill, but a word search of the bills found that the word "Tricare" does appear on pages 77, 172, 218 and 434 of "America's Affordable Health Choices Act of 2009" (H.R.3200), which was introduced in the House in JUL 09. But nowhere on those pages, or anywhere else in the legislation, does it say that beneficiaries "would lose the Medicare for life benefit and would have to pay," or "would lose Tricare as a total care package." Some veterans' organizations, including the American Legion, wrote letters to House Speaker Nancy Pelosi in July voicing concern that the legislation could impact health care for veterans. But the House Committee on Energy and Commerce said that the bill wouldn't impact Tricare beneficiaries.

Furthermore, there are no proposed cuts to Tricare programs in the recently passed "Affordable Health Care for America Act of 2009" (H.R.3962), which combines three different House health care bills into one. And there is also no language in either the Senate Finance Committee or Senate Health, Education, Labor and Pensions Committee health care bills that discusses eliminating coverage under Tricare or Tricare for Life. In fact, section 1922 of the Senate Finance Committee bill specifically states that "...nothing in this Act shall be construed to prohibit, limit, or otherwise penalize eligible beneficiaries from receiving timely access to quality health care in any military medical treatment facility or under the Tricare program." The e-mail also claims that "a heavy assault has begun on Veterans'/Retirees' benefits to pay for other programs our President promised during the campaign. And it is a high priority of the Obama administration." But the president has said repeatedly that he actually wants to expand coverage for veterans — not limit it. The White House has also responded to claims that health care overhaul bills would jeopardize veterans' benefits, including Tricare and Tricare for Life, through its Reality Check Web site www.whitehouse.gov/realitycheck. [Source: www.FastCheck.org D'Angelo Gore article 10 Nov 09 ++]

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TriWest LUNG HEALTH SERVICE: TriWest Healthcare Alliance is offering a new lung health service to West Region TRICARE beneficiaries eligible for its Disease Management programs. Beneficiaries suffering from chronic obstructive pulmonary disease (COPD) can receive extra help through TriWest Healthcare Alliance, which manages the TRICARE military healthcare entitlement on behalf of the Department of Defense for 21 western States. Chronic obstructive pulmonary disease, or COPD, is a group of diseases that causes breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma. COPD is a leading cause of death, illness, and disability in the United States. Each year, more than 120,000 Americans die from it. Additionally, millions of hospital emergency room visits are due to people with COPD. In the United States, tobacco is a key factor in the development and spread of COPD, but asthma, exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play a role. In the developing world, indoor air quality is thought to play a larger role in the development and progression of COPD than it does in the United States. Avoiding tobacco smoke, home and workplace air pollutants, and respiratory infections are key to preventing the initial development of COPD.

Treatment of COPD requires a careful and thorough evaluation by a doctor. The most important part of treatment is avoiding tobacco smoke and removing other air pollutants from your home or workplace. Symptoms such as coughing or wheezing can be treated with medication. Respiratory infections may be treated with antibiotics, if

appropriate. Patients who have low blood oxygen levels in their blood are often given supplemental oxygen. The COPD program, launched by TriWest in September, is a no-cost entitlement for those who are eligible. Eligibility is determined by TRICARE and is based on claims history. Once a beneficiary is identified as eligible to participate in the program, DoD refers the beneficiary to TriWest, which in turn contact the beneficiary. The COPD Disease Management Program has a number of services to help beneficiaries manage their chronic lung diseases. The beneficiary can also access smoking cessation, exercise and nutrition help from their TriWest health coach. Beneficiaries can find additional resources on TriWest's Condition Management Pagen www.triwest.com/beneficiary/healthy_living/condition/copd.aspx, www.TRICARE.Mil, or at www.ucanquit2.org, an online smoking cessation resource developed by DoD for U.S. service members. [Source: NAUS Weekly Update 13 Nov 09 ++]

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VA CLAIMS BACKLOG Update 30: NAUS reported on the progress the Veterans Benefits Administration (VBA) is making on reducing the number of ratings claims they have. In FY 2009, which ended on 30 SEP, the VBA made decisions on over 977,000 claims and received more than 1,013,000 new claims. Starting FY 2010 VBA had approximately 416,000 claims in progress. As of 7 NOV 09, VBA has 466,173 cases pending, of which 163,907, or 36% were over 125 days old. This is significant as the stated goal for processing is 125 days. Currently the average processing time is down to 156 days from a high earlier in the year of 161 days. These figures are only for Compensation and Pension cases and do not cover education benefits. [Source: NAUS Weekly Update 13 Nov 09 ++]

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VA CLAIMS BACKLOG Update 31: Texas Gov. Rick Perry on 12 NOV announced his office will fund a team of veterans counselors tasked with helping the Department of Veterans Affairs reduce the growing backlog of benefits claims pending in Houston and statewide. "For entirely too many Texas veterans, awaiting a response from the Department of Veterans Affairs has not been, I think, a good use of their time," Perry said at a news conference inside American Legion Post 490 near Houston's Ellington Field. "It's taking too long. So what we're doing is working together to fix that." The governor acknowledged he has no jurisdiction over the VA, a federal agency. But "Texas can no longer sit on the sidelines, vainly hoping things get better," he said. The state's veterans are among the hardest hit by the VA's record claims backlog, which is approaching 1 million nationwide, Perry said. More than 39,000 applications are pending in Houston and Waco, the state's two VA regional offices. Perry said he's particularly disturbed by the fact that 41% of claims at the Houston VA Regional Office have been pending more than four months. "To veterans and their families, that could mean nearly half a year of untreated pain, unpaid bills and unresolved anxiety about the future," Perry said. "Our veterans have fought bravely in faraway lands. They should not have to come home and do battle with their own government's bureaucracy."

Perry said his office will provide a \$400,000 grant to the Texas Veterans Commission (TVC) to create a new Claims Processing Assistance Team. The grant will enable the commission to hire up to 12 veterans counselors to cut through red tape and reduce delays associated with VA paperwork, he said. The counselors will work with the VA, but remain commission employees. They will not be authorized to adjudicate claims. "Through this team, TVC counselors will streamline, and hopefully accelerate the claims process, by identifying applications that are complete and ready for expedited review by the VA, and obtaining missing evidence when necessary," Perry said. The VA appreciates the support from the governor's office, said Jessica Jacobsen, a VA spokeswoman. "VA has a long history working with the TVC and finds the support given from the individuals already onsite at our Houston and Waco VA Regional Offices invaluable," Jacobsen said in a statement

Korean War veteran R.J. Ritter, 73, is a member of the American Legion Post that hosted Perry's news conference said he hopes the governor's initiative will enable veterans to get the help they need in a more timely manner. "It's not fair for the veteran to come home and have to wait six to eight months for the kind of medical care and benefits he really needs to have," Ritter said. After nearly a decade of armed conflict and two wars, the VA is simply overwhelmed, said Edward Reyes, 54, a disabled Air Force veteran and service officer with the American Legion. "We honestly feel the VA is doing best they can to adjudicate claims, but I think that it's going to take some serious intervention to be able to cope with the excess workload they have," Reyes said. What the VA really needs is more claims processors, said Michael Lacey, a 38-year-old disabled Army veteran of Desert Storm and American Legion service officer. "The VA says it takes two years to train a new employee to process claims," Lacey said. "We've been in these conflicts for eight years and they haven't done anything about this." [Source: Houston Chronicle Lindsay Wise article 12 Nov 09 ++]

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VET JOBS Update 11: Representative Adam Smith (D-WA-09) on 6 NOV introduced H.R.4058, "Veterans to Work Pilot Program Act of 2009," which would require the Secretary of Defense to establish the Veterans to Work pilot program. The Act would be in effect from fiscal years 2011 through 2015, and would designate not less than 20 military construction projects in localities where veterans could be enrolled in qualified apprenticeship programs. The apprenticeship programs would be subject to agreements that would ensure, to the maximum extent feasible, apprentices are employed on that military construction project; and that, to the maximum extent feasible, apprentices shall be veterans. The bill has been referred to the House Committee on Armed Services. [Source: NGAUS Leg Up 13 Nov 09 ++]

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MEDICARE FRAUD Update 26:

- **Miami FL:** A Miami man arrested in June on charges he laundered money in a scheme to defraud Medicare was sentenced on 30 OCT to four years behind bars. Ihosvanny Anaya Martinez, 42, of Miami-Dade is alleged to have laundered more than \$1.2 million in proceeds through various bank accounts between 2006 and 2008. The scheme was operated through BJB Pharmacy, which submitted more than \$5.6 million in fraudulent claims for reimbursement to Medicare, mostly for durable medical equipment claims. Martinez, who was president of Marbe Distribution corp. and Padrino Services, withdrew more than half of that money – \$683,780– in cash through more than 200 transactions, according to a news release from the acting U.S. attorney's office. In addition to prison, Martinez also is subject to a money judgment of \$1,226,784.
- **Detroit MI:** Miami resident Daisy Martinez pleaded guilty to one count of conspiracy to defraud the Medicare program 30 OCT in U.S. District Court in Detroit. At her sentencing she faces a maximum penalty of 10 years in prison and a \$250,000 fine. In her guilty plea, she admitted that in MAR 06, she devised a scheme with co-conspirator Jose Rosario to open a clinic that purported to specialize in infusion and injection therapy services with the sole purpose to defraud Medicare. Martinez and her co-conspirators opened Sacred Hope Medical Center Inc. in Southfield, MI. They recruited various co-conspirators into their scheme, including an office manager to help run the clinic; a physician, purportedly to treat patients at the clinic; and recruiters/drivers who were in charge of bringing Medicare beneficiaries to the clinic. Martinez admitted in her guilty plea that during the time SHMC was open, it routinely billed the Medicare program for services that were medically unnecessary or were never provided and that patients were prescribed medications at the clinic based not on medical need, but on what medications were likely to generate Medicare reimbursements. Martinez, along with Rosario, admitted to helping falsify medical files

maintained by the clinic to make the treatments purportedly being given there appear legitimate, when in fact they were not. Medicare beneficiaries were not referred to Sacred Hope by their primary care physicians, or for any other legitimate medical purpose, but rather were recruited to come to the clinic through the payment of kickbacks. In exchange for those kickbacks, beneficiaries would visit the clinic and sign documents indicating that they had received the services billed to Medicare. Between MAR 06 and MAR 07 she and her co-conspirators caused the submission of approximately \$15,312,000 in false and fraudulent claims. Medicare paid approximately \$10,765,000 on those claims.

- **New Orleans LA:** Dr. Gregory Khoury, a resident of Oklahoma City, Oklahoma, was indicted 12 NOV by a federal grand jury in a 48-count indictment with over \$1 million in health care fraud. According to the indictment, between 1999, until about JUN 06 he defrauded Medicare, the Federal Employee Health Benefit Plan (FEHBP) and its associated health care benefit providers, Blue Cross and Blue Shield (BCBS), Tricare, and Travelers Insurance Company, who processed worker's compensation claims. Specifically, the indictment alleges Khoury fraudulently submitted claims to Medicare, FEHBP, BCBS, Tricare and Travelers for patients who were not physically present in his office. Part of the scheme was that his billing often represented that he was spending well over eight hours with one patient at a time. Instead, the indictment alleges that he discussed the absent patient's condition with a family member or other related or interested person. Additionally, according to the indictment, he also met with an interested person or family member instead of the patient and falsely billed Medicare, FEHBP, BCBS, Tricare and Travelers for services he claimed to have performed for the absent patient. At the same time, he falsely billed the insurers for services he claimed he performed for the person while he was speaking about the absent patient. It is charged that Khoury then submitted fraudulent claims as if those services had been rendered to the absent patient. As a result of the alleged fraud, he was paid approximately \$1,357,618.14 he was not entitled to receive. The U.S. reiterated that the indictment is merely a charge and that the guilt of the defendant must be proven beyond a reasonable doubt.

[Source: Fraud News Daily reports 1-15 Nov 09 ++]

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MEDICAID FRAUD Update 02:

- **Washington D.C.:** The head of a now-defunct D.C. medical supplies company has been indicted for health care fraud and is accused of falsely billing the government for hundreds of thousands of dollars for deluxe power scooters or high-end wheelchairs while giving Medicaid recipients cheaper wheelchairs or walkers. A federal grand jury indicted Donna Carney-Barry of Northwest Washington on five counts of health care fraud. She faces more than 20 years in prison. Carney-Barry was the head of Doors of Hope Medical Supplies, a short-lived company that sold canes, walkers, hospital beds and wheelchairs. It maintained offices on the first floor of the Greater Southeast Hospital in D.C. She is accused of billing the system by "upcoding," providing a patient a cheaper piece of equipment, then billing Medicaid for a higher-priced item. Prosecutors said from 2003 to 2005, Doors of Hope submitted about \$575,000 in Medicaid claims to the District of Columbia. More than half the claims were for power wheelchairs. Prosecutors said Carney-Barry turned in fraudulent claims that contained bogus diagnoses of the patients using the names of actual area doctors. The bills falsely claimed that a patient, for example, required a high-end electric wheelchair, such as the Jazzy 1420 power wheelchair for \$14,000 or the Cruiser Bariatric Powerbase Chair for \$11,000. Instead of ordering the high-end wheelchair, Carney-Barry would provide a walker or much cheaper piece of equipment, charging documents said.
- **Omnicare:** On 3 NOV Omnicare agreed to pay nearly \$100 million to settle a series of complaints with the Justice Department for paying and receiving kickbacks. According to the government, Omnicare allegedly

"solicited and received" kickbacks from health care giant Johnson & Johnson in exchange for "agreeing to recommend that physicians prescribe" the company's anti-psychotic drug Risperdal. And the government alleged Omnicare solicited and received \$8 million in kickbacks from drug manufacturer IVAX in exchange for Omnicare's agreement to purchase \$50 million in drugs from IVAX. "Omnicare is a company that has a lot of ethical problems," said Patrick Burns of the group Taxpayers Against Fraud. "This is not the first it has been nailed for fraud by the U.S. government. It is a repeat player in the fraud game." Omnicare allegedly also paid kickbacks, in one case shelling out \$50 million to two nursing home chains in order to keep the chain's pharmacy business worth hundreds of millions of dollars. As is typical in these cases, Omnicare denied any wrongdoing. But the company was willing to swallow a nearly \$100 million pill to make this headache go away. [Source: CBS News.com Armen Keteyian rticle 3 Nov 09]

- **Jackson MS:** A Jackson doctor is among five people to plead not guilty to conspiracy to defraud Medicare and Medicaid. Dr. Cassandra Thomas and four others were in U.S. District Court in Hattiesburg 4 OCT. A total of seven people are charged but two others had their arraignments delayed until 10 OCT. An indictment alleges Statewide Physical Medicine Group, Inc. billed Medicare and Medicaid for more than \$39 million dollars in services in Mississippi from 2000 to 2005. The government agencies paid out \$18 million dollars. All five were released on \$50,000 dollars unsecured bond.
- **Minneapolis-St. Paul MN:** The owner of a Brooklyn Park personal care firm and two workers were charged 4 NOV in federal court with fraudulently getting more than \$89,000 from Medicaid. The indictment is against Patrick Daniel Osei, the owner of Advance Home Health, as well as care assistants Crecida Marie Cade and Sabrina Marie Peterson. The three are accused of conspiring to defraud Medicaid through false claims to the state Department of Human Services for in-home personal care for two clients. Also, according to the indictment, they caused payments to Medicaid recipients in exchange for the firm billing for services that weren't provided. The fraud included claims for one client of 5,352 hours of care from OCT 07 to late SEP 09 when less than five hours were provided. Medicaid paid Advance \$84,497.54 for the claim. That client was allegedly paid \$800. Osei, 49, of Brooklyn Park, is charged with 15 counts of health care fraud and four counts of illegal remuneration, according to the U.S. attorney's office. Cade, 47, of Fridley, is charged with one count of conspiracy and six counts of health care fraud. Peterson, 38, of Minneapolis, is charged with one count of conspiracy and nine counts of health care fraud.

[Source: Fraud News Daily reports 1-15 Nov 09 ++]

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VETERAN STATISTICS Update 01: Following are the results of a number of public opinion surveys/polls related to how current day vets fair versus those from prior conflicts. The source Rasmussen Reports at www.rasmussenreports.com is an electronic publishing firm specializing in the collection, publication, and distribution of public opinion polling information:

- Twenty-eight percent (28%) of adults nationwide believe that veterans of today's conflicts in Iraq and Afghanistan face more challenges when they return home than veterans of the Vietnam War. However, the latest Rasmussen Reports national telephone survey finds that another 24% believe veterans of today's conflicts face fewer challenges when they arrive home compared to those who served in Vietnam. The plurality (42%) believes the challenges veterans from both eras have faced are about the same.
- Of those who have served in the military 27% say today's veterans have it worse, while nearly the same number (28%) say they face fewer challenges than those who fought in Vietnam.

- Polling during the summer of 2007 showed that 47% of voters believed the War in Iraq is similar to the War in Vietnam from the perspective of the United States, but another 44% disagreed and said the wars are not similar.
- Sixty-one percent (61%) of all adults now believe veterans should receive preferential treatment when applying for a home or a job, while 21% disagree. Another 18% are undecided.
- Sixty-seven percent (67%) of veterans say those who serve in the military should receive preferential treatment in these matters, compared to 60% of non-veterans.
- Slightly more Republicans than Democrats believe veterans should be given higher priority when it comes to applying for jobs and homes. Sixty-one percent (61%) of voters not affiliated with either party agree.
- In May 09, only 46% of Americans said military veterans should receive preferential treatment in hiring or promotion, while 29% disagreed.
- Sixty-three percent (63%) say National Guard members whose jobs were eliminated while they were on active duty should receive special preference in hiring for other jobs.
- Voter confidence in America's conduct in the War on Terror is at its lowest level in nearly three years. But 52% of voters support no firm timetable when it comes to bringing troops home from Afghanistan.

[Source: Rasmussen Reports Recent Polls 9 Nov 09 ++]

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TRICARE OTC DEMONSTRATION PROJECT Update 01: Tricare's over-the-counter (OTC) medication demonstration project has been extended by one year. The program allows Tricare beneficiaries to substitute over-the-counter (OTC) versions of certain prescription drugs. The program, which was scheduled to end 4 NOV 09 as Tricare's new pharmacy contract starts, will continue. However, it will now offer beneficiaries certain OTC medications for a \$3 copayment. The program previously did not require any copayment. "We have decided to modify this demonstration and extend it for another year before evaluating the success of offering OTC drugs through our pharmacy benefit program," said Public Health Service Rear Adm. Thomas McGinnis, chief of the Tricare Pharmaceutical Operations Directorate. "We hope beneficiaries will continue to use the program as the \$3 copay remains far below the average out-of-pocket price of approximately \$15 for these products if they were not covered by Tricare." Examples of OTC medications available through the program include the allergy medications cetirizine and loratadine, and heartburn medications (proton-pump inhibitors) Prilosec OTC and its generic form omeprazole. As before, beneficiaries cannot just walk into a pharmacy and get OTC medications for \$3. To use the program they still need a prescription from their health care provider for the OTC drug. For more information about the Tricare Pharmacy Program refer to www.tricare.mil/mybenefit/home/Prescriptions. [Source: Tricare Press Release 5 Nov 09 ++]

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VETERAN'S FEDERAL EMPLOYMENT Update 06: On 9 NOV President Obama signed an executive order designed to boost the number of veterans in the federal workforce. The directive creates Veterans Employment Program offices in federal agencies, to match veterans with job openings and help them navigate the application process. The offices also will give veterans guidance on how to adjust to civilian life after they are hired. "This initiative is about more than repaying our debt for their courageous service and selfless sacrifice," Obama said. "It's also about continuing to fill the ranks of federal employees with men and women who possess the skills, dedication and sense of duty that Americans deserve from their public servants. And few embody those qualities like our nation's veterans." In addition, the executive order establishes a Council on Veterans Employment, to be chaired by the secretaries of Labor and Veterans Affairs. It requires the Office of Personnel Management to develop a strategic plan in consultation with other agencies, such as the Defense, Homeland

Security, Labor and Veterans Affairs departments. The order comes as the number of military members re-entering civilian life is ballooning.

OPM Director John Berry has emphasized the hiring of veterans, saying government should take a more proactive role in recruiting former military members and preserve veterans preference during the selection process. "We are going to honor our veterans and increase their employment in our domestic agencies," Berry said during Government Executive's Excellence in Government conference in July. The percentage of veterans in the federal workforce has increased just slightly in recent years. According to the Office of Personnel Management's most recent report, it rose 0.5 points from 25% in fiscal 2003 to 25.5% in fiscal 2007. Veterans groups and some managers praised Obama's order. "The federal government is really no different than any business when it comes to hiring quality people," said Joe Davis, spokesman for Veterans of Foreign Wars. "They want educated, responsible and motivated people who are loyal to the company and to each other. With the boomer generation beginning to retire en masse, it just makes good business sense for the federal government to do whatever it can to recognize and recruit this talented pool of job-ready employees." Pat Niehaus, Federal Managers Association chapter president and labor relations officer at Travis Air Force Base in California, said having an agency contact could be valuable to veterans re-entering civilian life. "In so many agencies, [the hiring process] is so computerized," Niehaus said. "If they had someone to help, I think it would be very beneficial to them. The civilian world is significantly different from the military world." [Source: GovExec Today Alex M. Parker article 10 Nov 09 ++]

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TFL COST MATRIX: The 2009 Tricare For Life Cost Matrix has been updated to reflect the Tricare FY 2010 rates (changes are in blue). Note that during a fiscal year (1 OCT - 30 SEP), the most you will spend out-of-pocket for Tricare-covered services and supplies is your catastrophic cap (\$1,000 for active duty family members/\$3,000 for other than active duty family members). If you meet your fiscal year catastrophic cap, Tricare will pay the allowable amount in full for medically necessary covered services and supplies for the remainder of the fiscal year. A copy is included as a Bulletin attachment.. The matrix may also be found in the Source Documents tab of the Customer Service Community Web site <http://www.tricare.mil/customerservicecommunity>. [Source: TMA C&CS msg 30 Sep 09 ++]

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FPO/APO CHARITY POLICY: With the holiday mail season approaching, the Military Postal Service Agency is reminding organizations and troops that shipping anything that can be considered humanitarian aid to APO or FPO addresses violates Defense Department regulations. "We understand that there's a lot of caring in our service members," MPSA policy analyst Peter Graeve said. "Military mail is not the right avenue." In a recent news release, Army officials in Europe suggest those who want to send these sorts of materials should contact the International Red Cross or other charitable groups, rather than going through a service member. The Military Postal System "is funded by taxpayers for military mail delivered to authorized U.S. and allied recipients," said Keith Jones, postal operations chief for the Army's installation command in Europe. "Delivering parcels to nonauthorized recipients drains manpower and resources, and can delay delivery of parcels intended for our troops." Graeve said such efforts could backfire if, for example, a local provincial leader in Iraq has been negotiating for humanitarian aid through official channels and is unaware of the troops' efforts. "If one of those efforts goes the wrong way, and local leadership is embarrassed ... we're trying to eliminate that possibility," he said.

Army Chief Warrant Officer 5 Paul Holton got the message loud and clear, he said, when the Pentagon sent him a "cease and desist" letter about his efforts to help Iraqi children. "They said it was unlawful to get and receive items that weren't for yourself, and that it was unlawful to solicit," Holton said. The letter came during his tour in Iraq

with the Utah National Guard in 2003-04, after he had received thousands of boxes of toys and needed items at his APO address in Iraq, which he gave out to Iraqi children in hospitals, orphanages and elsewhere. When Holton was getting toys through his APO address in Iraq, military mail was his only option. "Since then, we've come up with other options," he said. He founded a nonprofit group, Operation Give, when he got back from Iraq in 2004. The group has shipped 75 40-foot containers overseas at \$6,000 each, sending everything from toys and school supplies to wheelchairs, tools and sewing machines. The group also pays to airlift humanitarian supplies to Afghanistan.

The Defense Department has written internal news stories and releases extolling troops' efforts to help local communities where they are deployed. A story in February on the Pentagon's Web site details the efforts of an Army major whose friends and co-workers in Illinois sent him boxes of toys for children in an Iraqi school. "We've seen some of the same stories," Graeve said. "We're trying to put the word out there's a right way and a wrong way." He said officials do not have a good sense of how much of this mail is in the system or whether it has been increasing. [Source: MarineCorpsTimes Karen Jowers article 9 Nov 09 ++]

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TEXAS VETERAN TUITION Update 01: The Hazlewood Act provides qualified veterans, spouses, and children with an education benefit of up to 150 hours of tuition and fee exemptions at state supported colleges or universities. Effective with the fall 2009 term/semester, in order to be eligible to receive a Hazlewood Act Exemption, a veteran must:

- Have been a Texas resident upon entry into the military, entered the service in the State of Texas, or declared Texas as his or her home of record;
- Have a military discharge of honorable or general, under honorable conditions;
- Served at least 181 days of active duty service (excluding training);
- Not be in default on an education loan made or guaranteed by the State of Texas and not in default on a federal loan if that default is the reason the student cannot use his or her federal veterans' benefits.

For Additional information and requirements refer to Hazlewood Act: Frequently Asked Questions at http://www.tvc.state.tx.us/BROCHURES/2009-Hazlewood_FAQ-Sept-2009.pdf. The awards are available only for use at a Texas public college or university. To access listings of Texas public colleges and universities, refer to the Texas Institutions of Higher Education site <http://collegeforalltexas.com/index.cfm?ObjectID=D57D0AC5-AB2D-EFB0-FC201080B528442A> and select any of the schools listed under the Texas Public Institutions. Note that the schools listed under Independent Institutions do NOT qualify for Hazlewood Exemptions. Effective 19 JUN 09 Senate Bill 93 of the 81st Texas Legislative authorized new provisions which remove certain residency restrictions, extend eligibility to spouses, and permit eligible veterans to assign their unused hours to their child. These new provisions are known as the "Hazelwood Legacy Act". To be eligible, the child must:

- Be a Texas resident,
- Be the biological child, stepchild, adopted child, or claimed as a dependent in the current or previous tax year,
- Be 25 years or younger on the first day of the semester or term for which the exemption is claimed (unless granted an extension due to a qualifying illness or debilitating condition), and
- Make satisfactory academic progress in a degree, certificate, or continuing education program as determined by the institution.
- If a child to whom hours have been delegated fails to use all of the assigned hours, a veteran may re-assign the unused hours that are available to another dependent child.

Eligible veterans, their children and spouses may receive an exemption from the payment of all tuition, dues, fees, and other required charges, including fees for correspondence courses, but excluding deposit fees, student

service fees, and any fees or charges for books, lodging, board, or clothing for up to 150 semester credit hours. Funds may be used to pay tuition for continuing education classes for which the college receives no state tax support only if the governing board has approved this benefit. To use Hazlewood benefits or to transfer unused benefits to an eligible child, applicants must complete an application/release form and turn it into your college's Financial Aid Office or Veterans Services Office. Forms are available on-line at "College for All Texans: Exemptions for Texas Veterans" <http://collegeforalltexans.com>. Forms that you will need to complete, as applicable to your situation are:

- HE-V App Packet for Veterans Who Have Never Used the Exemption
- HE-D App Packet for Eligible Children and Spouses Who Have Never Used the Exemption
- HE-P App Packet for Previous Exemption Recipients (Veterans, Children, and Spouses)
- TUHH App Packet for the Transfer of Unused Hours to Eligible Child
- HE-T App Packet for A Child Who Has Received Transferred Hours

Your application (and your child's form) must be accomplished by the following items:

- Veterans must provide proof (DD214) from the Department of Defense regarding their military service and nature of discharge.
- Both veterans and dependents must also provide proof of eligibility or ineligibility for GI/Montgomery benefits (Chapter 33/Post 911) by requesting an education benefits letter from the VA office in Muskogee, OK at (888)-442-4551 or www.gibill.va.gov.
- Most recent Federal income tax return as proof that your child is claimed as a dependent of yours.
- Dependents must provide proof from Dept of Defense or from Veterans Administration regarding parent's death or disability related to service.
- Both groups should contact their college financial aid office regarding their status on prior federal student loans made or guaranteed by the State of Texas. [Source: Texas Veterans Commission www.tvc.state.tx.us/Hazlewood.html Nov 09 ++]

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CALIFORNIA DVA AUDIT: A new audit report issued by California's Independent State Auditor Elaine Howle found that the California Department of Veterans Affairs isn't delivering services as well as it should to the two million veterans living in the state. The report by the California Bureau of State Audits revealed that although it has begun to increase its Outreach efforts and to coordinate with other entities, the CalVet Home Loan Program is not designed to address the housing needs of some veterans and the department needs to improve its strategic planning process. It recommends that the California Department of Veterans' Affairs develops measurable goals and objectives that are directly aligned with the needs of the veteran community, based on a formal assessment of veterans' needs. A summary of the audit report is available at www.bsa.ca.gov/reports/summary/2009-108. The full audit report is available at www.bsa.ca.gov/pdfs/reports/2009-108.pdf. Highlights of the audit were:

- The department sees its role as providing few direct services to address issues California's veterans face, such as homelessness and mental illness. Instead, it relies on other entities to provide such services and its Veterans Services division (Veterans Services) is responsible for collaborating with these different entities.
- The department has only recently shifted its attention from its primary focus on veterans homes, deciding that Veterans Services should take a more active role in informing veterans about available benefits and coordinating with other entities.
- One of the department's primary goals for Veterans Services is to increase veterans' participation in federal disability compensation and pension benefits (C&P benefits). However, its ability to meet this goal is hampered by various barriers, including veterans' lack of awareness of the benefits, the complexity of the claims process, and delays at the federal level in processing these claims.

- Both Veterans Services and the County Veterans Service Officer programs (CVSOs) assist veterans to obtain C&P benefits. However, better coordination with the CVSOs and the use of additional data may enhance Veterans Services' ability to increase veterans' participation in these benefits.
- The department did not formally assess veterans' needs or include key stakeholders such as the CVSOs in its strategic planning process, nor did it effectively measure its progress toward meeting the goals and objectives identified in its strategic plan.
- As of MAR 09 the CalVet Home Loan program served 12,500 veterans. However, the program is generally not designed to serve homeless veterans or veterans in need of multifamily or transitional housing.

[Source: Military.com Veterans Report 2 Nov 09 ++]

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PTSD Update 32: A groundbreaking verdict for accused veterans with Post-Traumatic Stress Disorder (PTSD) was decided recently in Canyon City, Ore. when former Soldier Jesse Bratcher, on trial for murder, was found guilty by reason of insanity. Bratcher, a veteran of Iraq who was rated 100% by the VA for PTSD killed the alleged rapist of his pregnant girlfriend. For more information on the case refer to www.nvf.org/blog/item/50 . It appears to be the first trial in the U.S. where a veteran's post-traumatic stress disorder (PTSD) was successfully considered to mitigate the circumstances of a crime. [Source: Military.com Veterans Report 2 Nov 09 ++]

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PTSD Update 33: The Veterans Affairs Department wants to develop a Web-based system for tracking and analyzing clinical data about the treatment that veterans receive for post traumatic stress disorder (PTSD). The VA has said previously that it has expanded care for the large number of soldiers returning from service in Iraq and Afghanistan who suffer from the condition. The department now wants to be able to assess its treatment and outcomes. VA published a request for proposals from vendors for the PTSD treatment monitoring tool on the Federal Business Opportunities Web site 28 OCT. The software will run alongside VA's VistA computerized patient record system and extract data on veterans' PTSD care, according to the notice. The system will then generate reports for VA healthcare program managers.

Once the system is deployed, the program manager will be able to view a set of patients grouped by their providers and the patients' summary of treatment. The system will let the program manager evaluate "how treatments are being applied across diverse clinics with convenience and efficiency," the notice said. The PTSD software will use historical and current patient and appointment data, prescription information and assessments from a separate mental health assistant software tool that is incorporated in the patient record system. The vendor will apply a Java program to transform and analyze the data. For instance, prescription information could be converted into average dose with a start and end date, according to the notice. VA said it will apply information privacy and security safeguards, including controlled access to the program. The contract will be for one year. Vendors must respond by 13 NOV. The notice is online. [Source: Government HealthIT Mary Mosquera article 4 Nov 09 ++]

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SELECTIVE SERVICE SYSTEM Update 06: With America deeply involved in two wars and with our troops spread all over the world, is it time to dust off the idea of a military draft? Soldiers, sailors, and airmen and women are being sent back time and again to Middle East danger zones, with an increasing number of suicides attributed to the stress of these constant rotations. All this is unfolding despite the existence of a massive list of possible replacements – the 14 million names collected and tracked by the U.S. Selective Service System

(SSS). Finding replacements through the Selective Service would mean reviving the draft, an idea that now sounds more like a distant echo of the 1960s than a real tool of U.S. policy. Yet taxpayers are paying \$24 million per year to keep the Selective Service System, and its 2000 draft boards around the country, at the ready in case of a draft. When billions and trillions of dollars are the stuff of daily headlines, \$24 million may not seem like much. But is there any reason for the continued existence of the Selective Service System?

President Richard Nixon formally ended the draft in 1972 at the height of the anti-war movement, but registration for a possible draft was reinstated in 1980 by President Jimmy Carter in response to the Soviet Union's 1979 incursion into Afghanistan. Nevertheless, since the Nixon era, the entire United States Armed Forces has been an All-Volunteer Force (AVF). The AVF, to all extents and purposes, is the U.S. military today, augmented only by members of the National Guard Units and from the reserves of the Army, Navy, Marines, and the Air Force. Except for draft registration, which is mandated by law, most Americans have a fleeting, at most, relationship with military service. By law, every male born after 1980 must register with the Selective Service System at the age of eighteen and remain "active" on the agency's list until the age of twenty-five. Avoiding registration is a crime, and those who don't send in their paperwork can end up in jail for up to five years and be subject to significant fines. A draft – in which anyone on the list can be called up for service – can be initiated by Congress and the President if deemed necessary. This means that the Selective Service System is a stand-by agency.

Headquartered in Arlington, Virginia, the Selective Service is essentially one large database consisting of 14 million names. The agency's operating structure is divided into three national regions: Region I (HQ: North Chicago, Illinois); Region II (HQ: Smyrna, Georgia); Region III (HQ: Denver, Colorado). The agency's master data management center is located in Palestine, Illinois. With a modest operating budget of \$24 million and 130 employees, the SSS is devoted, as Acting Director Ernest E. Garcia explains, to "identifying young men when they turn eighteen and registering them as mandated by federal law." Registrants stay on the list until they're 25 "in the event that conscription is authorized by the Congress and directed by the President of the United States." To handle the demands of a possible draft, the SSS has 10,000 draft board members who would roll into action if universal conscription were to be reinstated. According to Acting Director Garcia, at the heart of any possible draft is another word straight out of the 1960s – the lottery. Garcia notes that "we have that same system in place today – and ready – so that if and when" there is a military event requiring a draft "we're able to respond to the direction of the president of the United States." After a lottery, draftees would be vetted by draft boards, which assess draftees to decide who should receive deferments, postponements, or exemptions from military service based on federal guidelines. Those who do not receive deferments enter one of the armed services.

Oversight of the Selective Service is carried out by U.S. House of Representatives Subcommittee on Military Personnel. The subcommittee is chaired Rep. Susan Davis (D-CA), with Rep. Joe Wilson (R-SC) as the ranking member. Matt Daack, military legislative fellow to Rep. Wilson (R-S.C.), argues that the draft isn't needed because the All-Volunteer Force works. "The bottom line is that an all-volunteer force is an important key to the success of the military," he said. Daack, a major in the U.S. Air Force, says that AVF members "have chosen to sacrifice for our nation" and achieve "high unit morale and high unit effectiveness" because they have chosen to do so voluntarily. If so, why, still, is the United States spending millions of dollars to house the names of 14 million potential draftees? "You can note from history," said Daack, "that the federal government has chosen to institute a draft in the past, and I suspect that's why they keep the database – in case we find ourselves in the position where we have to institute a draft in the future." But according to Daack, "that's not something that the federal government would like to do or foresees doing in any conflict in the near future." Military conscription is such a nonstarter that even President Bush's first secretary of defense Donald Rumsfeld stated, during the height of the Iraq War, that a draft was not needed.

But a draft was never seriously considered, and according to Matt Daack, there isn't any likelihood that the SSS, under Congressional and presidential direction, would initiate one. Andrew J. Bacevich, professor of history and

international relations at Boston University and author, most recently, of *The Limits of Power: the End of American Exceptionalism* says, "There is zero political support for resuming conscription. That is the simple answer. The generals don't want it. The eighteen, nineteen year-olds don't want it. The parents of eighteen, nineteen year-olds don't want it. The Congress doesn't want it." Bacevich, a former Army officer who served in Vietnam and whose son died serving in Iraq, believes that the army's generals are entirely wedded to the AVF concept: When Nixon ended the draft, he did it over the objections of the Joint Chiefs of Staff. At that point in the early 1970s, the generals believed that without conscription they wouldn't be able to adequately man the force, but the experience of subsequent decades has ended up persuading the officer corps that the military's own interest is best served by relying on long-service volunteers. "The generals," Bacevich explained, think that "draftees would be more trouble than they are worth." Bacevich doesn't think there is a rational explanation for why registration continues and the \$24 million budget of the selective service system is just enough below the fiscal radar screen not to warrant scrutiny or debate. [Source: <http://understandinggov.org/2009/11/03/on-permanent-standby-the-selective-service-system/#more-5113> Norman Kelly article 3 Nov 09 ++]

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COLD WAR MEDAL Update 03: U.S. Senators Olympia J. Snowe (R-ME), Jim Webb (D-VA), Blanche Lincoln (D-AR), and Mary Landrieu (D-LA) on 5 NOV introduced the Cold War Service Medals Act of 2009 (S.2743), bipartisan legislation to authorize the secretaries of the military departments to award Cold War Service Medals to American veterans. To date, no medal exists to honor the men and women who served and defended the United States during the Cold War. Comments from the Senators who introduced the bill were:

- Senator Snowe: "From the end of World War II to dissolution of the Soviet Union in 1991, the Cold War veterans were in the vanguard of the Nation's defenses. Although long overdue, this legislation will honor and recognize the American patriots who for nearly half-a-century defended the Nation against the advance of communist ideology in the form of the Cold War Service Medal. The commitment, motivation, and fortitude of these brave service members was second to none and their actions should be recognized in a long-standing military custom befitting their patriotism and service."
- Senator Webb: "The millions of Americans who served in uniform in the armed forces during the Cold War, spanning more than four decades, were the living embodiment of our nation's strategy of deterrence. In their efforts to preserve peace, hundreds died during isolated armed confrontations when the Cold War flashed hot at remote locations around the world. This legislation will appropriately honor those who served in an effort that resulted in the largest single expansion in the number of democratically elected governments in world history."
- Senator Lincoln: "America's Cold War veterans deserve every honor we can bestow upon them for their hard work and dedication to keeping our nation safe. The Cold War Service Medal would allow military service members, veterans, and their families to receive the recognition and honor they rightfully deserve. I will continue to work with my colleagues to ensure our veterans receive the support and care they and their families need. It's the least we can do as a grateful nation."
- Senator Landrieu: "For 46 years, we were engaged in a worldwide battle against communism. During that time, there were countless heroes, who served in our nation's Armed Forces and played a critical role in America's triumph. These men and women, who sacrificed so much for so many, deserve to be awarded the Cold War Service Medal in recognized of their faithful service to their country and tireless defense of freedom around the world."

Specifically, the Cold War Service Medal Act of 2009 would allow the Defense Department to issue a Cold War Service Medal to any honorably discharged veteran who served on active duty for not less than two years or was deployed for thirty days or more during the period from 2 SEP 45 to 26 DEC 91. In the case of those veterans who

are now deceased, the medal could be issued to their family or representative, as determined by the Defense Department. The bill would also express the sense of Congress that the Secretary of Defense should expedite the design of the medal and expedite the establishment and implementation mechanisms to facilitate the issuance of the Cold War Service Medal. The award of the Cold War Service Medal is supported by the American Cold War Veterans, the American Legion, the Veterans of Foreign Wars, and other veterans' services organizations. [Source: Sen. Blanche Lincoln News release 5 Nov 09 ++]

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NPRC MILITARY RECORDS Update 03: The National Personnel Records Center responds to over 1.4 million requests annually for copies of military personnel and/or medical records. Their goal is to provide timely responses in an efficient manner, so that veterans and their families obtain the information needed to qualify for benefits and entitlements. Nearly half of all requesters seek only a copy of the separation document, which is the necessary document required for veteran benefits. However, about ten percent of the requests received ask for a copy of a file. Since the 1970s, the standard procedure for replying to requests for entire files has been to provide only copies of key documents and extracts of vital information, rather than a copy of every document in a personnel and/or medical file. This approach avoids costly delays in reviewing and copying some documents -- such as leave papers, identification card applications, and clothing issuances -- that are not normally needed for benefit claim purposes. As a result, NPRC is able to respond to more requesters, faster, and at less cost to the taxpayers. Exceptions to this procedure are files more than 62 years old, US Marine Corps files, all certified legal cases, and all requests from the Department of Veterans Affairs. In these instances, all documents are provided. This extract contains copies of all essential documents to certify entitlement to most rights and benefits associated with military service, to identify key events in a military career, and to identify significant events in health care. Personal data pertaining to third parties is redacted from the file, pursuant to Privacy Act provisions.

When only key documents and extracts are provided from the Official Military Personnel File and the Medical Record, the response package contains a copy of all separation documents and all of the following information if it is in the file:

- Military Services Dates
- Character of Service
- Promotions and Reductions
- Duty Stations and Assignments
- Foreign or Sea Service
- Military Schooling and Training
- Awards and Letters of Commendation
- Disciplinary Actions
- Lost Time
- Enlistments Contracts
- Entry and Separation Physical Exams
- Immunizations
- Dental Examinations
- Clinical Summaries/Cover Sheets

If, after receiving an extract of a file, a requester submits a follow-up request for additional information or documents, NPRC will automatically send copies of all the other documents in the file. Until recently this policy was not explained when responding to requesters. As of 28 SEP 09, all responses that contain file extracts include an explanation of the policy. If you have questions about this policy, they should be directed to: Tom Mills

Assistant Archivist for Regional Records Services. Thus, if a veteran/retiree needs or wants a COMPLETE copy of their military personnel record, they should submit a 2nd request which clearly states “This is a 2nd request for a complete copy – provide copies of ALL documents.” The purpose of a request should be “Benefits”. The best way to submit a request is online at: <https://vetrecs.archives.gov>. [Source: www.archives.gov/veterans/military-service-records/special-notice.html Nov 09 ++]

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TRDP Update 07: A Tricare retiree dental Program (TRDP) premium rate change took effect on 1 OCT 09 and will be effective through 30 SEP 10. Subsequent premium changes for the next two years will be effective 1 OCT 10 & 1 OCT 11. This annual premium adjustment is automatic and will be reflected in the allotment from your retired pay or, if you are billed directly, in your payment coupons or EFT (electronic funds transfer) debit applicable to your 1 OCT payment. Premium rates for the Enhanced TRDP vary depending on your location and zip code. For instance the new rates for 92571 (Perris CA) are single \$42.52, two persons \$82.52, and family (3 or more) \$137.58. New enrollees have to pay a onetime prepayment amount upon enrollment of double these figures. To find out the new premium rates for your region, use the online premium search at www.trdp.org/pro/premiumSrch.html. [Source: VFW Washington Weekly 6 Nov 09 ++]

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INDEPENDENT BUDGET FY 2011: The Independent Budget (IB) critical issues report for fiscal year 2011 is available on-line at http://www.independentbudget.org/2011/CI_2011.pdf. The critical issues report is designed to alert Congress VA and the Administration as to issues veterans organizations believe need special scrutiny and attention. The FY2011 IB will be released in FEB 2010 concurrent with the release of the President's proposed budget for VA. Co-authored by the VFW, AMVETS, Disabled American Veterans and Paralyzed Veterans of America, the IB is a comprehensive recommendation of what VA truly needs to provide healthcare, benefits and services to veterans. The following Critical Issues are addressed in this year's report:

- Sufficient, Timely, and Predictable Funding for VA Health Care
- The Continuing Challenge of Caring for War Veterans
- Claims Process Improvements Needed
- Human Resources Needs Continue to Challenge the Department of Veterans Affairs
- Seamless Transition from the DOD to VA
- Maintaining VA's Critical Infrastructure
- Education, Employment, and Training

[Source: VFW Washington Weekly 6 Nov 09 ++]

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LEGISLATION of INTEREST Update 12: Looking toward Veterans Day, the House of Representatives passed several bills 5 NOV that would help veterans throughout the country. They are:

- H.R.1168, as amended, the Veterans' Retraining Act of 2009, would provide a housing stipend to unemployed veterans enrolled in a Department of Labor job training program. The bill also would provide financial assistance to help newly-trained veterans relocate to geographic locations with a high demand for their acquired skills. H.R.1168 passed the house by a vote of 356-0.
- S.475 – to amend the Servicemembers Civil Relief Act to guarantee the equity of spouses of military personnel with regard to matters of residency, passed by voice vote;

- H. Res. 773 – Expressing the sense of the House of Representatives with respect to the United States Submarine Force, passed by voice vote;
- H. Res. 828 – To recognize October 24, 2009, the 20th chartered flight of World War II veterans through Louisiana HonorAir, as “Louisiana HonorAir Day,” and to honor the invaluable service and dedication of the World War II veterans to our Nation, passed by voice vote;
- H. Res. 461 – Honoring Sentinels of Freedom and commending the dedication, commitment, and extraordinary work of the organization, passed by voice vote;
- H.R.174 – to direct the Secretary of Veterans Affairs to establish a national cemetery for veterans in the southern Colorado region, passed by voice vote;
- H. Res. 89 – Supporting and encouraging greater support for Veterans Day each year, passed by voice vote;
- H. Res. 291 – - recognizing the crucial role of assistance dogs in helping wounded veterans live more independent lives, passed 351 to 0; and,
- S. 509– to authorize a major medical facility project at the Department of Veterans Affairs Medical Center, Walla Walla, Washington, passed 352-0.

[Source: TREA Washington update 6 Nov 09 ++]

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HEALTH CARE REFORM Update 15: Health insurance reform opponents continue to spread myths – now about the recently introduced Affordable Health Care for America Act, including saying that health insurance reform will undermine the health care that veterans and military families have now. But the facts continue to knock these myths down.

MYTH: *"Enactment of the House health insurance reform bill would undermine the health care that veterans and military families are receiving now."*

FACT: Veterans’ health care and Tricare for military families would not be impacted by passage of the Affordable Health Care for America Act. Nothing in the bill would affect, change, or undermine the health care that veterans enrolled in VA health care and military families enrolled in Tricare are currently receiving. --- Further language has been included in the Affordable Health Care for America Act that makes clear that the Department of Veterans Affairs and the Department of Defense retain full authority to operate the VA health care system and Tricare without interference from any new organizations, agencies, or commissions established by the legislation. In addition, specific language has been included to exempt Tricare from the requirements of the essential benefits package and other insurance requirements.

MYTH: *"Veterans and military families enrolled in VA health care and Tricare will be penalized for not having acceptable coverage – being forced to pay the penalty of 2.5% of adjusted income."*

FACT: The Affordable Health Care for American Act recognizes VA health care and Tricare as acceptable minimum coverage, so enrollees are already meeting the shared responsibility requirement and will face no fee or penalty. --- Specifically, the bill contains a section that states that 1) individuals enrolled in the veterans’ health care program; and 2) individuals and dependents enrolled in Tricare will be considered as having acceptable minimum coverage – meaning they have met the bill’s shared responsibility requirement for individuals to purchase insurance if they can afford it. In other words, individuals enrolled in VA health care or Tricare will never be subject to the bill’s 2.5% fee for those who choose not to purchase affordable health insurance.

MYTH: *"Enactment of the House health insurance reform bill would limit the choices that veterans, service members, and their dependents have for their health care."*

FACT: The Affordable Health Care for America Act contains provisions that explicitly allow veterans receiving VA health care or service members and their families receiving Tricare to also enroll in an insurance plan through the bill's Health Insurance Exchange. This would provide veterans and service members the opportunity to obtain additional coverage for themselves and their dependents if they desire. --- This had been a key concern of many veterans' organizations. For example, the Disabled American Veterans had written: "Any national health care reform legislation must make certain all veterans, including those enrolled in VA health care, remain eligible to enroll in any exchange-participating health benefits plan offered under [the bill] through the Health Insurance Exchange, or in any other public or cooperative health insurance program." This key objective of veterans' organizations is fully addressed in this bill.

MYTH: *"Enactment of the House health insurance reform bill would undermine the Tricare For Life program (health care for military retirees)."*

FACT: Just as the Affordable Health Care for America Act fully protects the current VA health care and Tricare systems, it also fully protects the Tricare For Life program. --- There is a chain e-mail currently going around the Internet that states that the efforts of the Obama Administration and Congressional Democrats on health insurance reform will result in undermining the benefits in the Tricare For Life program for military retirees. Once again, these charges are not true. (The Tricare For Life program was introduced in 2002 as a supplement to Medicare for military retirees. It covers many medical costs not covered by Medicare.) Just as the Affordable Health Care for America Act does nothing to affect the Tricare program, it also has no provisions that affect the Tricare For Life program. The health care benefits of military retirees are fully protected.

[Source: American Chronicle Daily Mythbuster 4 Nov 09 ++]

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LAYAWAY: As more families struggle in the tough economy, retailers are trying to make paying for holiday gifts more flexible by offering layaway options. Many businesses are shaking the dust off their layaway programs for today's beleaguered consumer. Kmart's layaway program saw double-digit increases in customers and sales in 2008 and, according to the company, the word "layaway" had more than double the interest among U.S. web searchers in AUG 09 than it had in AUG 08. According to The Record newspaper in New Jersey, consumers even used layaway to purchase school supplies and clothes—rather than just big-ticket items like TVs. "It is a sign of our rough economic times that consumers are turning to layaway to purchase the basics, rather than just luxury items," said Alison Southwick, BBB spokesperson. "For many families this holiday season, it's not just gifts and decorations that will be purchased on layaway, but also the basic items needed to get by in everyday life."

Buying items on layaway is different from putting them on a credit card because the buyer isn't charged interest on the purchase and can't take the item home until it is paid off. When purchasing items on layaway, the buyer must typically make a down payment of 10 to 20% and pay any service or plan fees for the store to hold the item for them. The customer then has typically 30 to 90 days to make periodic payments to pay off the balance. Once it is paid off, the customer can take the items home. As a complement to in-store layaway, some stores provide online layaway services for purchasing items through the retailer's Web site. Additionally, third-party businesses have sprung up for the purpose of setting up layaway plans online between customers and retailers that don't already have a layaway program. Customers make periodic payments to the third-party layaway service provider. Once the item is fully paid for, the business then buys the item from the retailer and ships it to the customer. With layaway experiencing a comeback, your Better Business Bureau offers the following guidance on how to use this old fashioned payment plan in lieu of credit cards. When buying items on layaway get everything in writing and make sure you are aware of or ask the the following questions:

- How much time do I have to pay off the item?
- When are the payments due?
- How much do I have to put down?
- Are there any storage or service plan fees?
- What happens if I miss a payment? Are there penalties? Does the item return to inventory?
- Can I get a refund or store credit if I no longer want the item after making a few payments?
- What happens if the item goes on sale after I've put it on layaway?
- Does the retailer or third-party layaway service have a good BBB rating? BBB provides BBB Reliability Reports on nearly four million businesses across North America. BBB Reliability Reports offer BBB's unbiased evaluation and include a rating and customer complaint history. Consumers can check out the reputation of online merchants and brick-and-mortar stores at www.bbb.org.

[Source: www.bbb.org 2 Nov 09 ++]

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VA HOMELESS VETS Update 12: At the VA National Summit Ending Homelessness Among Veterans on 3 NOV Secretary of Veterans Affairs Eric K. Shinseki unveiled the department's comprehensive plan to end homelessness among Veterans by marshalling the resources of government, business and the private sector. Shinseki said, "President Obama and I are personally committed to ending homelessness among Veterans within the next five years. Those who have served this nation as Veterans should never find themselves on the streets, living without care and without hope." Shinseki's comprehensive plan to end homelessness includes preventive measures like discharge planning for incarcerated Veterans re-entering society, supportive services for low-income Veterans and their families and a national referral center to link Veterans to local service providers. Additionally, the plan calls for expanded efforts for education, jobs, health care and housing. "Our plan enlarges the scope of VA's efforts to combat homelessness. In the past, VA focused largely on getting homeless Veterans off the streets. Our five-year plan aims also at preventing them from ever ending up homeless.", Shinseki said.

Other features of the plan outlined by the secretary include:

- The new Post-9/11 GI Bill provides a powerful option for qualified Veterans to pursue a fully funded degree program at a state college or university. It is a major component of the fight against Veteran homelessness.
- VA is collaborating with the Small Business Administration and the General Services Administration to certify Veteran-owned small businesses and service-disabled Veteran-owned small businesses for listing on the Federal Supply Register, which enhances their visibility and competitiveness - creating jobs for Veterans.
- VA will spend \$3.2 billion next year to prevent and reduce homelessness among Veterans. That includes \$2.7 billion on medical services and more than \$500 million on specific homeless programs.
- VA aggressively diagnoses and treats the unseen wounds of war that often lead to homelessness - severe isolation, dysfunctional behaviors, depression and substance abuse. Last week, VA and the Defense Department cosponsored a national summit on mental health that will help both agencies better coordinate mental health efforts.
- VA partners with more than 600 community organizations to provide transitional housing to 20,000 Veterans. It also works with 240 public housing authorities to provide permanent housing to homeless Veterans and their families under a partnership with the Department of Housing and Urban Development. The VA/HUD partnership will provide permanent housing to more than 20,000 Veterans and their families.

Over the duration of the conference it is expected that over 1,200 homeless service providers from federal and state agencies, the business community, and faith-based and community providers will attend and participate in the summit. "This is not a summit on homelessness among Veterans," added Shinseki "It's a summit on ending homelessness among Veterans." [Source: VA News Release 3 Sep 09 ++]

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HEART BYPASS SURGERY: For decades, bypass surgery, in which surgeons improve blood flow to the heart by sewing new blood vessels to get around blocked ones, was done the same way. The heart was stopped while blood was pumped through a heart-lung machine to do the heart's work. But doctors increasingly worried that the machine, the "pump," might sometimes lead to strokes or memory problems or personality changes. Some privately called patients with those difficulties "pumpheads." And so, in the last seven years, many surgeons began offering and patients increasingly demanded an alternative: off-pump surgery in which the machine was not used and doctors operated on a still-beating heart. Now, a large and rigorous study finds the old way is best.

In the study, published 5 NOV in the New England Journal of Medicine, 2,203 patients were randomly assigned to have their bypass surgery on pump or off. Because the study was sponsored by the Department of Veterans Affairs, the patients were mostly men. A year later, those who had had off-pump surgery had poorer outcomes. Fewer bypasses stayed open and patients were more likely to have needed a repeat operation or to have had a heart attack or to have died. They were no less likely to have had strokes or difficulty thinking. "This is a big one," said Dr. Eric Peterson, a Duke cardiologist who wrote an editorial accompanying the paper. "It's a good study and the fact that it did not find superiority was key," he added. Dr. Peterson added that he, like many cardiologists, expected off-pump procedures to be superior. Dr. Michael Lauer, director of cardiovascular sciences at the National Heart, Lung and Blood Institute, said he anticipated and hoped that the new study would dampen enthusiasm for off-pump surgery. "Bypass surgery is one of the most common operations in the world," Dr. Lauer said, "As many as 20% of bypasses in the U.S. are being done off pump. This affects a lot of people."

Dr. Frederick L. Grover, the principal investigator for the study and a heart surgeon at the University of Colorado at Denver and the Denver V.A., said his group was analyzing the costs of the two types of operations. He said if there was a difference, it was slight. Patients who had their surgery off pump had fewer blood transfusions but spent slightly longer in the operating room. There were no significant differences between the two groups of patients in the time they spent in intensive care after their surgery or how long they spent on a ventilator or how long they spent in the hospital. Some surgeons who made off-pump surgery their specialty said they were not going to change. The results do not apply to them, they say, because they have extraordinary expertise. But others less invested in the technique said they would be doing less off-pump surgery. And that includes Dr. Grover. About 20% of the 225,000 to 250,000 people who have bypass surgery each year have it off pump.

Off-pump surgery began to take off around 2002 when instrument makers began selling devices making the surgery seem feasible and animal studies indicated that heart-lung machines had the potential to cause problems. When they use a heart-lung machine, doctors clamp blood vessels closed, draining the heart of blood. They inject a near-freezing fluid into the heart. They redirect blood through tubes that can create tiny bubbles or small fragments of debris that might get into the brain. At first, it was not easy to do heart surgery without the pump. How, for example, do you hold part of a beating heart still while you work on it? Some surgeons improvised, using modified kitchen spoons and forks to hold the heart steady. And how do you sew blood vessels onto the back of the heart? Surgeons had to lift the heart to get to the back and then blood pressure would drop. Instrument makers soon provided special tools that made it easier to steady specific parts of the heart while surgeons worked. Some, like Dr. Aubrey C. Galloway, who is chairman of the department of cardiothoracic surgery at New York University Langone Medical Center, said he felt compelled to learn off-pump surgery and to do it primarily in high-risk patients. "There

was a lot of market pressure and momentum behind this off-pump stuff,” Dr. Galloway said. “A lot of surgeons were pressured to do it in everyone. Patients were coming in and saying, ‘I’m worried about cognitive dysfunction.’” Now, he said, “the idea that people should go somewhere to get off-pump surgery is pretty much killed by this publication.”

Dr. Nirav Patel, a heart surgeon at Lenox Hill Hospital in New York, said he does off-pump surgery in 95% of his patients and he is not going to change. He said that even with the new equipment, off-pump surgery was difficult and that it had taken 100 cases before he got really good at it. He estimated that he had now done more than 1,400 off-pump operations and questioned whether the surgeons in the study had the necessary expertise. “I am an off-pump surgeon,” Dr. Patel said. “I am a big proponent of it.” It may be, Dr. Lauer said, that surgeons like Dr. Patel are so expert at the procedure that their results are different from those reported in the study. But, he adds, “from a policy point of view, what we really care about is how well will the procedure work in the hands of a typical surgeon.” The study involved typical patients and typical surgeons. Very few surgeons, Dr. Lauer said, “have achieved exceedingly high levels of expertise.” And, he added, the study shows that for all the reasoning about why off pump is generally better, “just because something makes sense doesn’t necessarily make it so.” [Source: New York Times Gina Kolata article 4 Nov 09 ++]

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VA LAWSUIT - SPINE SURGERY: A 66-year old California man who is now confined to a wheelchair as a result of spinal surgery errors involving the use of Surgifoam at the Veterans Administration (VA) Medical Center in West Los Angeles, was awarded \$4.34 million in a medical malpractice lawsuit. U.S. District Court Judge Gary Allen Feess ruled in favor of the plaintiff, Alvin Johnson, in a complaint brought against the government over the actions of two VA surgeons, Antonio DeSalle and Donald Shields, who performed the OCT 05 spine surgery. According to the VA medical malpractice lawsuit, Johnson went to the VA medical center to have surgery on a ruptured disc in his back. During the surgery, the lawsuit alleges that DeSalle and Shields injected him with Surgifoam, which is used to absorb excess fluids in the area of the surgery. Some of the foam, which should have been removed, was left in Johnson’s back and expanded, pressing against his spinal cord. This resulted in permanent spinal damage that now requires Johnson to use a wheelchair. Judge Feess said in his verdict that DeSalle and Shields were told by another doctor who took an MRI of Johnson’s back that his spine was compressed. However, Judge Feess said, the two doctors took no action to correct the problem. The government was found liable for Johnson’s botched spine surgery, and he was awarded \$4.34 million in damages. According to a report by Courthouse News Service, Johnson now depends on others for daily care and only has limited control of his arms and legs. [Source: AboutLawsuits.com article 4 Nov 09 ++]

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TRICARE PHARMACY POLICY Update 04: The Tricare Management Activity is introducing significant new enhancements to beneficiaries as it combines its mail-order and retail pharmacy contracts into one new Tricare Pharmacy contract. The improvements to the Tricare Pharmacy program include the Specialty Medication Care Management program in the mail-order pharmacy; expansion of the Member Choice Center providing assistance to help beneficiaries switch their military treatment facility (MTF) prescriptions to mail-order; and one call center phone number: 1-877-363-1303. The Specialty Medication Care Management program is for beneficiaries using the mail-order pharmacy for their specialty medications. It is structured to improve their health through continuous health evaluation, ongoing monitoring, assessment of education needs, and management of medication use.

The Tricare Pharmacy Program provides outpatient prescription drugs to 9.5 million beneficiaries. Tricare selected Express Scripts, Inc. to provide beneficiaries with mail-order, retail and specialty pharmacy services. Express Scripts currently handles millions of prescriptions each year through mail-order and retail pharmacies. “The fact that Express Scripts won the new contract while holding its two predecessor contracts should assist with a seamless transition into the new program,” said Rear Adm. Thomas McGinnis, Tricare Management Activity chief pharmacy officer. “Tricare beneficiaries will be pleased to know that to receive the improved benefit they don’t have to do anything. No calls, no paperwork. Beneficiaries don’t have to re-enroll, all co-pays stay the same and the network remains essentially unchanged.” The decision to combine mail-order and retail contracts resulted from observations that commercial insurance companies were doing the same thing with positive results. Combined call centers and claims processing will help control Department of Defense pharmacy costs. “The Department of Defense provides a world-class pharmacy benefit through Tricare to all eligible uniformed service members, retirees, and family members, including beneficiaries age 65 and older,” McGinnis said. “As always, we try to control costs in order to sustain this great benefit.”

The Tricare Pharmacy Program is designed to provide the medications beneficiaries need in a safe, convenient and cost-effective manner. The program has three objectives:

- Provide a uniform, effective and efficient benefit. Tricare provides beneficiaries with four high-quality pharmacy options: MTF pharmacies; the mail-order pharmacy; the Tricare Retail Pharmacy network; and non-network retail pharmacies.
- Encourage mail-order pharmacy use. The mail-order pharmacy is the least expensive option when not using a MTF pharmacy. Beneficiaries receive up to a 90-day supply of maintenance medications delivered directly to their home. The mail-order pharmacy now offers a program providing enhanced education to promote safe use of specialty medications requiring special handling and administration; frequent dose changes; and possible benefits from additional clinical monitoring. The Member Choice Center is available at 1-877-363-1433 to help beneficiaries switch prescriptions to the convenient, cost-effective mail-order pharmacy.
- Promote patient safety. All prescriptions dispensed to beneficiaries through MTFs, the mail-order pharmacy and retail network pharmacies are rigorously checked for accuracy and potential drug interactions by referencing new prescriptions against a beneficiary’s prescription history.

The Tricare Retail Pharmacy network includes all major national chains, more than 100 regional chains and more than 20,000 independent community pharmacies. Beneficiaries who are concerned about their current pharmacy’s participation in the Tricare retail network should ask their pharmacist if they are in the Tricare network. For more information refer to www.tricare.mil/pharmacy or www.express-scripts.com/Tricare, or call 1-877-363-1303. [Source: TMA Karen James article 3 Nov 09 ++]

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CHARITY SOLICITATIONS: Most charities rely heavily on the goodwill of individual donors during the holiday season to fund their activities throughout the coming year. Last year, charity contributions totaled \$307.65 billion: 75% of this total came from individuals, according to the Giving USA Foundation. BBB Wise Giving Alliance advises donors to research a charity prior to giving and provides five questions to ask when vetting where to contribute this holiday season. “The holidays are all about giving, not only to friends and family, but also to those in need,” said H. Art Taylor, President & CEO, BBB Wise Giving Alliance, “When donating to a charity, give wisely by vetting the organization fully; this will ensure your dollar goes as far as it can to help those less fortunate.” BBB recommends asking the following questions before choosing to donate to a specific charity this holiday season. For more advice on giving over the holidays and to view reports on charities refer to www.bbb.org/charity:

- **Is this a charity I can trust?** Look at the appeal carefully; some charities' names sound the same. Don't be fooled by names that look impressive or that closely resemble the name of a well-known organization. Check with your appropriate state government authorities (this is usually a division of the state's office of the attorney general) to verify the charity is registered to solicit in your state. Also, visit the Web site of the BBB Wise Giving Alliance (www.bbb.org/charity) to find out whether a national charity meets the 20 BBB charity standards that address charity governance, finances, fund raising, donor privacy, and other accountability issues. For assistance with local charity appeals, contact the BBB serving your area (www.bbb.org).
- **How will the charity use my donation?** Ask questions about how your donation will be used. Beware of appeals that bring tears to your eyes but tell you little about what the charity is doing about the problem it describes so well. For example, if the charity says it's helping the homeless, do they explain how (shelter, food, medical care) and where this is taking place?
- **Watch out for statements such as "all proceeds will go to the charity."** This can mean that only the money left after expenses, such as the cost of written materials and fund raising efforts, will go to the charity. These expenses can be high, so check carefully.
- **Is my donation tax deductible?** If you want to take a charitable deduction for federal income tax purposes, make sure the organization is tax exempt as a charity under section 501(c)(3) of the Internal Revenue Code. A charity appeal will usually include a reference to this. To verify a charity's tax status, access an IRS database of organizations by viewing Publication 78 on the IRS website at www.irs.gov.
- **Can the charity actually use what I'm donating?** All charities welcome the receipt of monetary donations, but some also solicit in-kind donations such as clothing, food, and toys. If you're planning to donate items to a worthy cause, make sure you know the in-kind contributions your charity prefers. For example, a food bank may prefer food items that are not perishable such as canned goods, and a toy drive may be seeking new and not used toys.
- **Am I feeling pressured to give?** Don't succumb to pressure to give money on the spot, either immediately over the phone via credit card or by allowing a "runner" to pick up a contribution. Take the time to research the charity fully; the charity that needs your money today will welcome it just as much tomorrow.

[Source: Better Business Bureau Notice 2 Nov 09 ++]

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ENLISTMENT Update 03: The military has regulations that actually require you to provide adequate financial support for your dependents. Because of this, the military limits the number of dependents an applicant can have. Those who exceed the stated number of dependents require a waiver. Before a dependency waiver is granted for any of the services, the recruiting service will conduct a financial eligibility determination (i.e., they will look closely at your household bills and the income of your spouse). The requirements for each service are:

- Navy: A waiver for any applicant with more than one dependent (including the spouse).
- Marine Corps: A waiver is required if an applicant has any dependent under the age of 18.
- Air Force: The Air Force will do a financial eligibility determination if the member has any dependents at all.
- Army: A waiver if the applicant has two or more dependents (in addition to the spouse).
- Coast Guard: A waiver if there is more than one dependent (other than spouse), unless the applicant is enlisting in the grade of E-4 or above, when the limit is two dependents (other than spouse).

For enlistment purposes, a "dependent" is defined as:

- A spouse, to include a common law spouse if the state recognizes such; or

- Any natural child (legitimate or illegitimate) or child adopted by the applicant, if the child is under 18 years of age and unmarried, regardless of whether or not the applicant has custody of the child. The term natural child includes any illegitimate child when: the applicant claims the child as theirs, or the applicant's name is listed on the birth certificate as the parent, or a court order establishes paternity; or if any person makes an allegation of paternity that has not been finally adjudicated by a court; or
- A stepchild of the applicant who resides with the applicant if the stepchild is under 18 years of age; or
- Any parent or other person(s) who is/are, in fact, dependent on the applicant for more than one-half of their support.

In general, for enlistment purposes, an applicant is considered to be without a spouse (unmarried), if:

- Common law marriage has not been recognized by a civil court, or state law.
- Spouse incarcerated.
- Spouse deceased.
- Spouse has deserted the applicant.
- Spouse legally separated from the applicant. (For the Army, separation by "mutual consent" is sufficient.)
- Applicant or spouse has filed for divorce. (Note: If the divorce action is "contested," the service may deny enlistment until after the dispute is resolved in family court).

[Source: About.com: U.S. Military Rod Powers article 19 Sep 09 ++]

VA DISABILITY BENEFITS

Federal

1. Commissary - 100% rating other than a temporary IU & SC. 100% qualifies you for a commissary letter from VA to obtain a Military ID for admission.
2. DVA fee basis outpatient medical card - applicable for any compensable SC disability if the situation warrants. Issuance is up to the local VA medical center.
3. Dental treatment - IU & SC 100% qualifies for all dental services. Others less than 100% do qualify in some circumstances
4. CHAMPVA medical card for dependents - IU & SC 100% qualifies.
5. Rating of 30% or more qualifies for additional compensation for dependents.
6. Rating of 30% or more qualifies for Aid and Attendance allowance for disabled spouse.
7. Rating of 50% or more qualifies for Treatment for any condition other than the one you are receiving disability for.
8. Annual clothing allowance (prosthetic/wheelchair/skin condition) - any SC condition that requires it.
9. Special adaptive home modification allowance - dependent on the actual disability such as loss or loss of use of both lower extremities, blindness in both eyes, loss of one lower extremity plus some other condition that impacts on balance or propulsion.
10. HISA grant for home modification - depends on the type of disability. SC are eligible up to \$4100 and NSC veterans are eligible for up to \$1200.
11. Auto purchase allowance (one time) - type of SC disability matters more than %age. Loss or loss of use of one or both hands or feet qualifies. Loss of vision in both eyes to a certain degree.
12. Auto adaptive modification allowance - same as above plus SC ankylosis of one or both knees, one or both hips also qualifies.
13. Service-Disabled Veteran's Insurance (S-DVI) – 0% or more for any service connected disability. You have two years to apply from date rating was granted. An increase in an existing service-connected disability or the granting of individual unemployability of a previous rated condition does not entitle a veteran to this insurance.

14. Waiver of VA insurance premium - IU & SC 100% could qualify under certain conditions.
15. Home mortgage life insurance - must have a specially adapted house.
16. Vocational rehabilitation educational training for the veteran - a SC disability that causes an employment handicap to potentially qualify. 10% need serious employment handicap, 20%+ only need employment handicaps.
17. Withdrawal from SBP (after 5 or 10 years) - IU & SC 100% would qualify but with no futures.
18. DVA sponsored education for dependents - IU & SC 100% will qualify as long as there are no future VA examinations scheduled.
19. Civil service employment (veteran/spouse) 10-point preference.
20. Lifetime Golden access pass for federal parks - any rating as long as vet can show an ID card and paperwork identifying him as a disabled vet at the gate entrance to the park. The pass covers the fee for the vehicle and all parties therein.
21. Eligibility to compete for admission to military academies.
22. FPO/APO mail privileges for 100% rated if residing overseas.
23. Service-Related Death - up to \$2,000 toward burial expenses for deaths on or after September 11, 2001. VA will pay up to \$1,500 for deaths prior to September 10, 2001. If the veteran is buried in a VA national cemetery, some or all of the cost of transporting the deceased may be reimbursed.

State - Vets should check with their local VARO to see if any of the below state benefits are available to them:

1. Waiver of home disability insurance (CAL-Vet)
2. Property tax exemptions - In California call the LA County Tax Office (213) 974-3399 and ask for the "Veterans Exemption for Property Tax" and the forms to apply for the exemption.
3. DMV fee exemption and parking decal.
4. State EDC for dependents.
5. Waiver of registration fees at State colleges/universities (for vet/dependents).
6. State park permit.
7. Basic sport fishing license.

[Source: Various Nov 09]

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MIA DNA: There are 88,000 missing and unaccounted-for American servicemen from World War II and subsequent wars, yet many MIA families have not provided a family reference sample to assist in DNA identifications. Currently, 68% of Korean War families have provided samples, 66% of Vietnam War families and 63% of Cold War families. However, only 0.01% of WWII families have provided samples. The government identifies about 75 MIAs annually, but many more could be identified - and quicker - if reference samples were on file. Families should provide a blood sample to help establish a comprehensive family database. At http://www.dtic.mil/dpmo/family_support_info/possible_donors.htm can be found a chart of possible maternal donors. To provide a blood sample, families should contact the appropriate service casualty office for details.

Each Military Department maintains an office. The Department of State does the same for civilians. The officials in these offices serve as the primary liaisons for families concerning personnel recovery and accounting. Full-time civilians who have worked this issue for many years and are experienced and knowledgeable help answer family member questions. Military officials also assist and help explain the methods used to account for families' missing loved ones. Each office dedicates for family use the following addresses and telephone numbers:

- Air Force: USAF Missing Persons Branch, 550 C Street West, Suite 15, Randolph AFB, TX 78150-4716
Tel: 1 (800) 531-5501 <http://www.afpc.randolph.af.mil/library/airforcepowmias.asp>

- Army: Department of the Army, U.S. Army Human Resources Command, Attn: AHRC-PDC-R, 200 Stovall Street, Alexandria, VA 22332-0482 Tel: 1 (800) 892-2490
https://www.hrc.army.mil/site/active/TAGD/CMAOC/NavigationPages/nav_RFAD.htm
- Marine Corps: Headquarters U. S. Marine Corps, Manpower and Reserve Affairs (MRC), Personal and Family Readiness Division, 3280 Russell Road, Quantico, VA 22134-5103 Tel: 1 (800) 847-1597
<http://www.usmc.mil>
- Navy: Navy Personnel Command, Casualty Assistance Division, POW/MIA Branch (PERS-624), 5720 Integrity Drive, Millington, TN 38055-6210 Tel: 1 (800) 443-9298
<http://www.npc.navy.mil/CommandSupport/CasualtyAssistance/POW+MIA+BRANCH.htm>
- Department of State: Overseas Citizens Services, U.S. Department of State, 4th Floor, 2201 Pennsylvania Ave, NW, Washington, DC 20037 Tel: Phone: (202) 647-5470

[Source: Defense POW/Missing Personnel Office http://www.dtic.mil/dpmo/family_support_info/dna.htm Nov 09]

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SNAP: The USDA's Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, renders service to up to 28 million needy families every month. Food stamps have become a life blood for countless low-income families struggling to put food on the table. SNAP can provide you a specific amount for you to buy nutritious food from participating supermarkets. You will be given an Electronic Benefits (EBT) Transfer Card which will be pre-loaded with an amount specified by your state office to claim your SNAP benefits. The EBT Card is similar to an ATM or a debit card which can be used to purchase groceries at participating supermarkets. Eligible households may purchase food items such as fruits and vegetable; breads and cereals; meats, fish and poultry; and dairy products. SNAP cards may also be used to purchase plants and seeds that could produce food for the family. Restaurants in some parts of the country may also accept SNAP payment in exchange for low-cost meals to certain individuals like the homeless, elderly and disabled. SNAP cannot be used to purchase alcoholic beverages, tobacco products, vitamins and medicines, domestic supplies, pet foods and toiletries.

SNAP provides a specific budget allocation per eligible family. The food allowance will depend on the family's income and household size, plus other factors to determine what specific amount will be allocated to your family by your state. Each eligible family should fill out a State application form available in Local/State offices detailing the eligibility requirements. A complete listing of contact information plus eligibility requirements for every state can also be found at <http://familyfinancialhelpusa.com/category/food-stamps/>. You can access these listings by filling in your name, email address, city and state. SNAP benefactors who are able-bodied adults without dependents between 18 to 50 years of age may only receive benefits from SNAP for 3 months in a 36-month period if they do not work or participate in an employment or training program. In other cases, able-bodied individuals from 16 to 60 should be employed or participate in an employment or training program referred to them by their local office. Benefactors who do not comply with this agreement could be disqualified from the program.

The amount of monthly benefit is determined by the net income of a qualifying household. That amount will be multiplied by 0.3 (studies show that families spend 30% of their income on food), and the resulting amount will then be subtracted from the Maximum Monthly Allotment per family member to determine the SNAP family budget. For example: A two member eligible household with a net monthly income of \$1167 could receive \$367 monthly. Households have to meet the Food and Nutrition Services (FNS) income tests unless all members are currently receiving assistance from the TANF or SSI. Both net and gross income would be considered unless the household has an elderly or disabled member currently receiving disability benefits. A prescreening tool to help you determine your eligibility can be found at www.snap-step1.usda.gov/fns/. Note that this is not an application. At www.fns.usda.gov/fsp/contact_info/hotlines.htm can be found a list of telephone numbers to get information on

SNAP benefit questions in the States and areas of States listed. [Source: www.fns.usda.gov/fsp/Default.htm Nov 09 ++]

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STILL TASTY: Your Ultimate Shelf Life Guide located at <http://stilltasty.com> will allow you to save money, eat better, and help the environment. This site lists all kind of foods and how to keep them fresh longer as well as when to get rid of them. Available is a search engine where you can type in a food type and get answers to the following:

- Keep it or Toss it: How long will your favorite food or beverage stay safe and tasty? What's the best way to store it?
- Expiration Dates: Should you pay attention? Can you safely consume/use after date expiration?
- Defrosting: Best ways to defrost food safely.
- Fruit Ripening: The secret to keeping fruits fresh and tasty through storage and refrigeration.
- Sell-By Date: Can you safely consume/use after date expiration?

[Source: <http://stilltasty.com> Oct 09 ++]

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VA LIFE INSURANCE: The following life insurance policies are available to veterans through the Veterans Administration who can meet the appropriate criteria. For detailed information about all VA benefits and services, refer to www.va.gov:

- **SGLI:** Servicemembers' Group Life Insurance provides coverage up to \$400,000 for servicemembers. Coverage ends 120 days after discharge, but can be extended for up to two years if the member is totally disabled.
- **TSGLI:** Servicemembers' Group Life Insurance Traumatic Injury Protection is an automatic feature of SGLI that provides payments of up to \$100,000 for servicemembers who suffer losses such as amputations, blindness, and paraplegia, due to traumatic injuries.
- **VGLI:** Veterans Group Life Insurance allows servicemembers to convert their SGLI to lifetime renewable term coverage. VGLI must be applied for within one year and 120 days of discharge. If applied for within 120 days of discharge, there are no good health requirements.
- **S-DVI:** Service-Disabled Veterans Insurance provides up to \$10,000 of coverage for serviceconnected veterans. If totally disabled, they are eligible for an additional \$20,000. Veterans must apply within two years of being rated service connected for a new condition.
- **VMLI:** Veterans' Mortgage Life Insurance Provides coverage of up to \$90,000 for severely disabled Veterans and servicemembers who have received a specially adapted housing grant from VA.
- **NSLI:** National Service Life Insurance policy were available from 1940 to 1951 only. Premiums of this policy are capped at the age-70 rates. Once you turned 70, your premiums never increased. Since September 2000, a capped NSLI term policy will receive a termination dividend if the policy lapses, or if the policyholder voluntarily cancels their policy.

[Source: VA Pamphlet 21-00-1 JUL 09 ++]

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SBP DIC OFFSET Update 21: Repeal of the SBP/DIC widows tax was deleted by the 2010 NDAA Joint Committee. The SBP DIC Offset Elimination bill S.535 introduced 5 MAR 09 by Sen. Bill Nelson would repeal the SBP/DIC offset which impacts some 61,000 widows whose military spouse died of service connected

causes. According to the latest available data from the Dept of Defense Actuary on the Military Retirement System, these offset survivors receive an average of \$1145/month DIC which offsets their average \$892/month SBP. Unused SBP premiums, although paid by the disabled vet over many years, are returned to widows as a lump sum and incur a greater tax burden on the survivor because they then count as taxable income in the year it was refunded. Disabled retiree's/veteran's support is solicited to contact their senators and urge them to pass this bill and eliminate the offset. S.535 completes the cycle begun in 2004 with the repeal of the Social Security Offset, which was completely restored in April 2008. The bill has these additional provisions:

- Prohibits retroactive benefits.
- Prohibits recoupment of certain amounts previously refunded to SBP recipients.
- Repeals authority for optional annuity for dependent children.
- Restores eligibility for previously eligible spouses who elected to transfer their SBP to a surviving child or children.

A preformatted editable message accessible at [http://capwiz.com/usdr/issues/alert/?alertid=14275496&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=14275496&queueid=[capwiz:queue_id]) can be used to accomplish this. The message can be sent automatically to your senators as is or edited accordingly to fit your veteran status. At <http://capwiz.com/usdr/issues/alert/?alertid=12541746> similar action can be taken on the companion House bill H.R.775, the Military Surviving Spouses Equity Act, which currently has only 298 cosponsors. [Source: USDR Action Alert 2 Nov 09 ++]

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TSP Update 24: After several months of steady growth, eight of the 10 Thrift Savings Plan funds posted losses in October.

- The S Fund, which invests in small- and mid-size companies and tracks the Dow Jones Wilshire 4500 Index, had the steepest losses in October after posting the biggest gains in September. The fund's value declined 5.51%. Since the beginning of 2009, however, the S Fund's value is still up 21.83%, and its worth has risen 13.34% since this time last year.
- The I Fund, invested in overseas companies, fell 2.41%, the second-largest loss among the funds in October. The fund had posted substantial gains since January and during the last 12 months; it was up 24.27% since the first of the year and 24.8% since November 2008.
- The C Fund, which invests in common stocks of large companies on the Standard & Poor's 500 Index, dipped 1.86%. The fund's value increased 17.23% since January 2009, and 9.98% overall during the past 12 months.
- Both the F Fund, which invests in fixed-income bonds, and the G Fund (government securities), posted small October gains. The G Fund rose 2.26%, and is up 2.46 in 2009, and 3.02% since November 2008. The F Fund gained 0.51% last month and is up 6.29% this year, and 13.89% during the past 12 months.

All the life-cycle funds, which are designed to move participants from riskier to safer investment balances as they near retirement, suffered small losses in October. The L 2040 Fund dropped 2.15%; the L 2030 Fund declined 1.81%; the L 2020 Fund fell 1.39%; the L 2010 Fund dipped 0.38%; and the L Income Fund decreased 0.26%. All those funds have managed to gain value since the beginning of 2009. The L 2040 Fund is up 17.9% since January; the L 2030 Fund has gained 16.13%; the L 2020 Fund grew 13.96%; the L 2010 Fund climbed 7.69%; and the L Income Fund is up 6.58%. Those funds also have experienced a boost in value during the past 12 months. During this time, the L 2040 Fund increased 15.03%; the L 2030 Fund gained 13.95%; the L 2020 Fund rose 12.59%; the L 2010 Fund grew 7.74%; and the L Income Fund climbed 6.97%. [Source: GovExec.com Alyssa Rosenberg article 1 Oct 09 ++]

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TSP Update 25: Lawmakers and union representatives on 3 NOV questioned the proposed mutual fund window for the Thrift Savings Plan, claiming it could subject participants to unnecessary risk. "I find it hard to understand why such a change would be advantageous for federal employees," said Rep. Gerry Connolly (D-VA) during a congressional hearing. The 2009 Family Smoking Prevention and Tobacco Control Act includes a provision that could enable federal employees to invest their retirement money into mutual funds of their choice, in addition to the broad offerings currently available through the plan. Congress allowed, but did not mandate, that the TSP board create such an option; TSP administrators have said they haven't decided yet whether to implement it, and likely will wait until other upgrades are completed. If the TSP board decides to implement the change, they likely will face more questions, if the 3 NOV hearing is any indication. Reaction to the new option was mixed:

- The Employee Thrift Advisory Council, which includes several employee groups, is divided on the issue, as is the Federal Retirement Thrift Investment Board, the TSP's governing body.
- The American Federation of Government Employees opposes the idea. "We believe that in almost every case, federal employees who would choose to utilize this mutual fund window would lower their overall rate of return on their savings, not only by exposing themselves to unnecessary risk, but also by paying the large fees and load charges that mutual funds impose on investors," said J. David Cox, an AFGE representative, at the hearing.
- The National Treasury Employee Union expressed ambivalence. "In the abstract, the NTEU thinks it's a good idea," said union President Colleen Kelley, who also noted the risk to TSP enrollees. "NTEU's bottom line is what is in the best interest of our members."

TSP Executive Director Greg Long defended the mutual fund window option as a way to meet the demands of a small group of participants without changing the overall nature of the TSP. He noted that he had no plans to implement it until the ETAC and FRTIB agreed to the plan. "There are a small number of participants who will always say, 'We should have a gold fund, a real estate fund, a socially conscious fund.' There's an unending list of 'whatever' funds, fill in the blank," Long said. He noted the law requires anyone who uses the mutual fund option to pay for its implementation so no one else is subject to the fee. While skeptical, Rep. Stephen Lynch (D-MA), chairman of the House Oversight and Government Reform subcommittee on the federal workforce, said he hopes a compromise is possible -- for instance, limiting the type of mutual funds available to TSP enrollees. "I know some of this sounds paternalistic," Lynch said. "But it's not just participants moving out through the window, it's retirees being bombarded with marketing information that's more driven by profit." Lynch said he would move forward on another issue affecting the TSP: allowing participants to invest unused annual leave toward their account. President Barack Obama supported the move during a recent radio address; TSP attorneys have determined that a change in the law would be necessary to accomplish this. [Source: GOVExec.com Alex M. Parker article 3 Nov 09 ++]

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MEDICATION MEMORY AID: Have you ever taken a pill--vitamin or medication--and immediately forgotten that you took it? Forgetting if you took your pills is fairly common. If not, researchers at Washington University in St. Louis wouldn't have done a study about it. The study revealed that older adults who have to do something every day--like taking a pill, for example--often have no trouble remembering to do it. They just can't remember if they did it. Forgetting can lead to taking another pill--and the dangers of overmedication. In the study, "Repetition Errors in Habitual Prospective Memory: Elimination of Age Differences via Complex Actions or Appropriate Resource Allocation," Dr. Mark McDaniel and the team discovered that when older adults combined pill taking with physical movement--like patting their heads, or tapping the counter--it was easier for them to remember if they took the pill or not. Another thing you may try is to place your daily dose of pills in a dish. When the dish is empty you know you took them. [Source: About.com Senior Living 28 OCT 09 ++]

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MILITARY HISTORY ANNIVERSARIES:

- Nov 17 1913 - The first ship sails through the Panama Canal, which connects the Atlantic and Pacific oceans.
- Nov 19 1861 - Civil War: Julia Ward Howe writes "The Battle Hymn of the Republic" while visiting Union troops near Washington.
- Nov 19 1861 - Civil War: The Confederate raider Nashville captured and burned the Union clipper ship Harvey Birch in the Atlantic Ocean.
- Nov 19 1863 - Civil War: Lincoln delivers the "Gettysburg Address" at the dedication of the National Cemetery at the site of the Battle of Gettysburg
- Nov 20 1943 - WWII: U.S. Marines landed on Tarawa in the Gilbert Islands, one of the bloodiest campaigns waged by American forces against the Japanese in the Pacific.
- Nov 20 1950 - Korea: U.S. troops push to the Yalu River, within five miles of Manchuria.
- Nov 21 1864 - Civil War: From Georgia, Confederate General John B. Hood launches the Franklin-Nashville Campaign into Tennessee
- Nov 23 1863 - Civil War: Union forces win the Battle of Orchard Knob, Tennessee.
- Nov 23 1863 - Civil War: The Battle of Chattanooga in Tennessee, one of the most decisive battles of the War, begins.
- Nov 23 1941 U.S. troops move into Dutch Guiana, by agreement with the Netherlands Government in exile, to guard the bauxite mines to protect aluminum ore supplies from the mines in Surinam.
- Nov 23 1968 - Vietnam: Battle of Nui Chom Mountain. The 4th Bn, 31st Infantry, 196th Inf Bde fought and destroyed the 21st NVA Regiment on Nui Chom Mountain southwest of Da Nang in a fierce six day battle.
- Nov 23 1944 - WWII: American B-29s flying from Saipan bomb Tokyo.
- Nov 24 1979 - The United States admits that thousands of troops in Vietnam were exposed to the toxic Agent Orange.
- Nov 26 1941 - WWII: The Japanese fleet departs from the Kuril Islands en route to its attack on Pearl Harbor.
- Nov 27 1950 - Korea: China sent 200,000 troops across the border of Korea at Chosin Reservoir to attack U.N. forces..
- Nov 27 1950 East of the Choosing River, Chinese forces annihilate an American task force.
- Nov 28 1941 - WWII: The aircraft carrier USS Enterprise departs from Pearl Harbor to deliver F4F Wildcat fighters to Wake Island. This mission saves the carrier from destruction when the Japanese attack.
- Nov 30 1782 - American Revolution: The British sign a preliminary agreement in Paris, recognizing American independence
- Nov 30 1950 - Korea: President Truman declares that the United States will use the A-bomb to get peace.

[Source: Various Oct 09 ++]

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TAX BURDEN for IOWA RETIREES: Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden. Following are the taxes you can expect to pay if you retire in Iowa:

State Sales Tax: 6% (food and prescription drugs exempt); local option taxes can add up to another 2%.

Fuel & Cigarette Tax:

- **Gasoline Tax:** 22.0 cents/gallon
- **Diesel Fuel Tax:** 23.5 cents/gallon
- **Cigarette Tax:** \$1.36/pack of 20

Personal Income Taxes

Tax Rate Range: Low - 0.36%; High - 8.98%

Income Brackets: 9; Lowest - \$1,407; Highest - \$63,315

Personal Tax Credits: Single - \$40; Married filing jointly - \$80; Dependents - \$40; 65 years and older - \$20

Standard Deduction: (2008) Single - \$1,780; Married filing jointly - \$4,390

Medical/Dental Deduction: Federal amount

Federal Income Tax Deduction: Full

Retirement Income Taxes: If you receive a pension, annuity, self-employed retirement plan, deferred compensation, IRA or other retirement plan benefits, you may be eligible to exclude from Iowa income tax a portion of the retirement income that is taxable on your Federal return. The exclusion can be up to \$6,000 for individuals and up to \$12,000 for married taxpayers. For details refer to www.iowa.gov/tax/1040EI/Line/08Line21.html. Social Security benefits are not included. Iowa does not tax Social Security benefits in the same manner as the IRS. In calculating the taxable amount of Social Security, single persons can exclude \$25,000, married and filing jointly can exclude \$32,000. The state is implementing a gradual phase-out of the tax on Social Security income. For details refer to www.iowa.gov/tax/1040EI/Line/08Line13.html. For tax year 2008 the phase-out is 32%. To qualify for the exclusion you must be either age 55 or older on 31 DEC, disabled or a surviving spouse or a survivor having an insurable interest in an individual who would have qualified for the exclusion during the year. Out-of-state government pensions qualify for exemptions.

Retired Military Pay: Up to \$12,000 can be excluded for joint filers and up to \$6,000 for all other filing statuses for those 55 and older, disabled or surviving spouse of qualifying person.

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.

Property Taxes

Iowa has more than 2,000 taxing authorities. All property is assessed at 100% of market value. Most property is taxed by more than one taxing authority. The tax rate differs in each locality and is a composite of county, city, school district and special levies. A property tax credit is available to residents whose total household income is less than \$19,503 and are age 65 or older, totally disabled or are a surviving spouse (not remarried) and born before 1934. A homestead tax credit is given to residents who live in the state for at least six months of each year and actually live on the property 1 JUL. Once a person qualifies, the credit continues. The current credit is the first \$4,850 of the actual value. Property taxes may be suspended or reduced if the property owner receives Supplemental Security Income or lives in a nursing home and the Department of Human Services is paying part or all of the costs. The suspended taxes will have to be paid when a property is sold or transferred. For more details refer to www.iowa.gov/tax/educate/78573.html.

Inheritance and Estate Taxes

The Iowa inheritance tax ranges from 1% to 15% depending on the amount of the inheritance and the relationship of the recipient to the decedent. If all the property of the estate has a value of less than \$25,000, no tax is due. The surviving spouse's share, regardless of the amount, is not subject to tax. Currently annual gifts in the amount of \$12,000 or less are not taxable. For details refer to www.iowa.gov/tax/educate/78517.html. Iowa estate tax is not applicable for deaths on or after 1 JAN 05 due to changes in the IRS Code which replaced the state death tax credit with a state death tax deduction.

For further information, visit the Iowa Department of Revenue site www.iowa.gov/tax/index.html or call 515-281-3114. [Source: www.retirementliving.com Oct 09 ++]

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VETERAN LEGISLATION STATUS 13 NOV 09: For or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111th Congress refer to the Bulletin's Veteran Legislation attachment. 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. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-mail; signing a petition; or making a personal visit, Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting legislators know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> your legislator's phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to http://www.thecapitol.net/FAQ/cong_schedule.html for dates that you can access your legislators on their home turf. [Source: RAO Bulletin Attachment 30 Oct 09 ++]

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HAVE YOU HEARD: Sublime Wisdom

- If the enemy is in range, so are you. - Infantry Journal
- It is generally inadvisable to eject directly over the area you just bombed - US. Air Force Manual
- Whoever said the pen is mightier than the sword obviously never encountered automatic weapons - General Douglas MacArthur
- You, you, and you ... Panic. The rest of you, come with me - U.S. Marine Corp Gunnery Sgt.
- 'Tracers work both ways.' - U.S. Army Ordnance
- 'Five second fuses only last three seconds.' - Infantry Journal
- Any ship can be a minesweeper. Once.
- 'Never tell the Platoon Sergeant you have nothing to do' - Unknown Marine Recruit
- 'If you see a bomb technician running, try to keep up with him.' - USAF Ammo Troop
- 'Though I Fly Through the Valley of Death , I Shall Fear No Evil. For I am at 50,000 Feet and Climbing.'
- 'You've never been lost until you've been lost at Mach 3.' - Paul F. Crickmore (test pilot)

- 'The only time you have too much fuel is when you're on fire.'
- 'If the wings are traveling faster than the fuselage, it's probably a helicopter -- and therefore, unsafe.'
- 'When one engine fails on a twin-engine airplane you always have enough power left to get you to the scene of the crash.'
- 'Even with ammunition, the U.S. Air Force is just another expensive flying club.'
- 'What is the similarity between air traffic controllers and pilots? If a pilot screws up, the pilot dies; If ATC screws up, the pilot dies.'
- 'Never trade luck for skill.'
- The three most common expressions (or famous last words), in aviation are: 'Why is it doing that?' , 'Where are we?' , and ...'Oh S...!'
- 'Airspeed, altitude and brains. Two are always needed to successfully complete the flight.'
- 'Mankind has a perfect record in aviation; we have never left one up there!'
- 'Flying the airplane is more important than radioing your plight to a person on the ground incapable of understanding or doing anything about it.'
- 'The Piper Cub is the safest airplane in the world; it can just barely kill you.' - Attributed to Max Stanley (Northrop test pilot)
- Airman, maintain thy air speed, lest the earth rise up and smite you!
- There is no reason to fly through a thunderstorm in peacetime - Sign over the Squadron Ops. Desk at Davis-Monthan AFB, AZ, 1970
- If something hasn't broken on your helicopter, it's about to.
- You know that your landing gear is up and locked when it takes full power to taxi to the terminal.

[Source: Veterans' Corner w/Michael Isam 4 Nov 09 ++]

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