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TRICARE SELF ASSESSMENT: Too many beneficiaries of the military direct-care health system still can't get timely appointments, or reach doctors after hours, or establish a close family-doctor relationship with a

single military physician or group. For these reasons and more, Army Maj. Gen. (Dr.) Elder Granger, deputy director of Tricare and a principal advisor within the Department of Defense on health policy and performance, gave the military health system an overall grade of "C plus or B minus" in an interview with Military Update. In the first half of their 45-minute phone interview, Granger reviewed steps being taken to improve health care and customer satisfaction. In the final half, he pressed to explain the overall grade he give the system, Granger expressed frustration over the hurdles many beneficiaries still must clear, particularly to use military treatment facilities versus Tricare's expanding network of civilian providers. In fiscal 2008, the number of civilian providers accepting Tricare patients grew by 115,000 to reach 1.1 million nationwide. Users of military hospital and clinics, he said, too often face telephone busy signals in trying to make appointments. He wants:

- More consistency in administrative support, from how phones are answered to how appointments are booked, from how providers are reached after hours to how health readiness is tracked and preventive care services are offered. "How do you get to your primary care provider after hours? That's a challenge we continue to work," Granger said. "That's why I'm being honest about this C+ or B-." "There is uneven support online in the system, and improvements needed with electronic records, Granger said.

- More emphasis on disease prevention and measuring performance among health providers. How does a patient reach a military physician after hours? "Well, it varies," Granger explained. "Some places will say 'Go to the emergency room.' Some will say, 'Call this number.' Some will say 'Call the hospital and get the administrative officer of the day.' It's not a consistent process. Yet our policy says we must take care of you 7-24-365. That's why I'm being a little hard on us because we've got to get that under control.

Every year more beneficiaries migrate from base hospitals and clinics to networks of civilian physicians under contract to Tricare. The migration is seen in enrollments figures for Tricare Prime, the managed care option. Since OCT 03, the number of enrollees with civilian doctors has doubled, from 600,000 to 1.2 million while enrollees in military direct care have fallen by roughly 300,000 to stand below 3 million. Patient workloads show a sharper drop. The number of inpatients in military hospitals in 2008 was 30,000 below the 2003 total, even as the beneficiary population grew, yet the number of military beneficiaries with stays in civilian hospitals rose by 80,000. Walk-in visits to military facilities in 2008 were a million down from the 30 million reported in 2003. Meanwhile, military patient visits to civilian contract doctor climbed from 24 million in '03 to nearly 40 million in '08. Various reasons are cited for the shift: base closures; downsizing ("right-sizing") of Air Force facilities; wartime deployments of medical staff; overall growth in number of beneficiaries; a priority for wounded warrior care in military facilities.

Granger suggested that more light also must be shed on how beneficiaries judge the performance of their health care system. "If you look at the VA, they are very transparent about their quality. "We have to be more transparent about our quality and outcomes," he said. As deputy director of the Tricare Management Activity in Falls Church, Va., Granger, 55, leads a staff of 1800 in planning, budgeting and executing an \$18 billion-a-year defense health program. He is responsible for ensuring access to quality healthcare for 9.2 million beneficiaries. Granger said his

boss, Dr. S. Ward Casscells, assistant secretary of defense for health affairs, also has been pushing for greater transparency. President Bush has too, signing an AUG 06 executive order promoting quality and efficiency in federal health care programs through greater use of information technology and greater transparency on care quality and price. Every year the Department of Defense conducts a Health Care Survey of DoD Beneficiaries, asking more than 200,000 users to report on the quality of their experience in the military health system. The results haven't received much public attention but Granger's staff noted the website where they are posted as <http://tricare.mil/survey/hcsurvey/2008/html/index.htm>. [Source: Stars & Stripes Tom Philpott article 27 Dec 08 ++]

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**NATIONAL VETERANS BUSINESS DEVELOPMENT CORP:** A nonprofit organization that Congress set up to help veterans start and expand small businesses was criticized in a recent Senate report for spending federal dollars on expensive dinners, luxury hotels, first-class travel and high salaries. Since 2001, the organization, the National Veterans Business Development Corporation, has received \$17 million from the federal government to operate walk-in small-business centers for veterans, according to the report, which was released this month. Of that amount, only 15 percent a year on average was spent running the centers, the report said. The percentage fell to 9 percent in the 2008 fiscal year, threatening centers in Massachusetts, Michigan and Missouri, the report said. In addition to the centers, the Veterans Corporation has given grants to the Jewish Vocational Service Centers in Boston and Chicago and programs for service-disabled veterans in San Diego and Syracuse to offer similar assistance. The report took the group to task for its other spending. Besides the hotel stays, meals and salaries, money was spent on programs that were not part of the group's original mandate, the report said, including a youth essay contest and the promotion of a film on a disabled veteran.

The Veterans Corporation's board chairman, Jeffrey W. Gault, said by telephone that the organization's expenses "were very reasonable," but declined to comment further. Two senators who investigated the organization — John F. Kerry (D-MA) and Olympia J. Snowe (R-ME) called for the money to be given instead to the Small Business Administration, which has an Office of Veterans Business Development. Mr. Kerry is chairman of the Senate Committee on Small Business and Entrepreneurship, and Ms. Snowe is the ranking minority member. In a letter to the two senators dated 22 DEC, Mr. Gault said the Veterans Corporation spent nearly \$1.7 million on program expenses in the 2007 fiscal year, the latest full-year figures available, which is about 74.4 percent of its total budget. A group that sets out standards for charitable accountability, the BBB Wise Giving Alliance, has recommended that at least 65 percent of a charity's total expenses be spent on program activities. The Senate committee did not comment on Mr. Gault's assertion, but in its report, investigators criticized the reliability of the Veterans Corporation's accounting because no separate external audit had been done since 2006. Audits are required for nonprofits giving away more than \$500,000 a year in federal money, but the Veterans Corporation maintains that it is not required to have an audit.

David K. Rehbein, the American Legion's national commander, said the report showed the Veterans Corporation "has failed miserably in meeting its obligation to the entire veterans' community and should be held

accountable.”The Veterans of Foreign Wars called for a halt to the group’s federal financing. Congress set up the separate entity nearly a decade ago to help veterans as the economy shifted toward services and technology and away from manufacturing. The Veterans Entrepreneurship and Small Business Development Act of 1999 authorized a national network of business resource centers where veterans could learn the skills, one on one, required to open and maintain small businesses. But, in 2006, the Veterans Corporation decided that it wanted to provide small-business assistance through other existing organizations, and began reducing funds for the centers. For the 2008 fiscal year, the \$180,000 budget of the Northeast Veterans Business Resource Center in Boston was cut to zero, its director, Louis J. Celli, said. The other two centers, in St. Louis and in Flint, Mich., each received only about half of their previous \$140,000 grants.

Veterans began complaining that they were not getting help they needed, said Joseph Sharpe, deputy director of economics for the 2.7 million-member American Legion. “They were running the three centers into bankruptcy,” Mr. Sharpe said of the Veterans Corporation, which was found wanting in two previous investigations, in 2003 and 2004, by the GAO. The Senate underscored those findings, concluding that the organization had been “troublingly irresponsible in its use of taxpayer dollars.” Its top two executives — including the former president Walter Blackwell who resigned this year — received compensation far higher than a typical charity’s average compensation, according to the 25-page report. In the 2007 fiscal year, Mr. Blackwell was paid \$187,394, some \$42,000 more than the average for nonprofits, according to the federal report, citing Charity Navigator, a nonprofit organization that evaluates how charities spend their money. The combined compensation for Mr. Blackwell and his vice president, John Madigan, was \$338,172, or more than 22 percent of the nonprofit’s Congressional appropriation for the 2007 fiscal year, according to the Senate inquiry.

The report also found that executives dined at expensive restaurants, including Bobby Van’s Steakhouse in Washington — where the group is based. More than \$5,000 was spent on two meals there — with no business justification listed — according to the Senate committee’s findings. It blamed the organization’s board for lack of oversight. Mr. Madigan, who is acting president, said the nonprofit had made strides in meeting its objectives, which are not only to help veterans start businesses but also to become bonded, to obtain loans and government contracts and to enroll in business courses. The Senate committee said its report also found that the nonprofit had never achieved the Congressionally mandated goal of becoming self-supporting. In fiscal year 2007, it spent \$240,000 on fund-raising, but collected only \$64,000 from donors, the report found. The investigation, Mr. Kerry said, “made me angry as someone who has worn the uniform of my country.” The Veterans Corporation is currently operating on a Congressional extension of federal financing, which will expire in March 2009. [Source: New York Times Elizabeth Olson article 29 Dec 08 ++]

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VET HOME - CA: Located in the heart of scenic Napa Valley, the Veterans Home of California-Yountville (VHC-Yountville) is a community of and for veterans. Some 1,100 veterans (both men and women) live at the home. Founded in 1884, VHC-Yountville is the largest veterans home in the United States. It provides residential accommodations and a wealth of recreational, social,

and therapeutic activities for independent living, including: a 1,200 seat theater, 9-hole golf course, 35,000 volume library, creative arts center, swimming pool and fitness center, resident-operated television station, baseball stadium, RV park, bowling lanes, auto hobby shop, a base exchange store, chapel and coffee shop. The home also offers Residential Care (assisted living) capacity and three levels of inpatient health care: Intermediate Care, Skilled Nursing Care, and General Acute Care. General acute care is provided at Queen of the Valley Hospital in Napa, St. Helena Hospital in St. Helena, and the U.S. Department of Veterans Affairs Medical Center in San Francisco. Veterans desiring to be considered for membership must be residents of California, age 62 or older (or younger if disabled), and have served honorably. For admission call 1-800-404-8387 or write to: Veterans Home of California, Attn: Admissions, 180 California Drive, P.O. Box 1200, Yountville, CA 94599

California's Pooled Money Investment Board voted last week to freeze \$3.8 billion in financing for nearly 2,000 infrastructure projects across the state, including projects at the Veterans Home of California at Yountville. J.P. Tremblay, deputy secretary for the Department of Veterans Affairs in California, said, "We're just waiting right now to see what happens. The home is counting on about \$4 million from the state for the current \$10.6 million renovation of its member services building and additional safety projects. The delay could cause numerous complications, including contract issues and potential tax problems for the delayed bond sale. It could also trigger the repayment of \$3 million in federal funds and the loss of an additional \$6.6 from the federal. [Source: The Napa Valley Register Jones article 30 Dec 08 ++]

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VETERAN'S FEDERAL EMPLOYMENT UPDATE 05: Thirty percent of employees of the Department of Veterans Affairs (VA) are veterans - the second highest ranking among cabinet departments after the Department of Defense -- and nearly 8 % of VA employees are service-connected disabled veterans. But the VA intends to increase the number of disabled veterans who obtain employment in its workforce. "I am proud of this effort," said Secretary of Veterans Affairs Dr. James B. Peake. "VA knows the true quality of our men and women, and we should be a leader in employing them." Peake said all severely injured veterans of the wars in Iraq and Afghanistan will be contacted by VA's Veterans Employment Coordination Service to determine their interest in -- and qualifications for -- VA jobs. So far, that office has identified 2,300 severely injured veterans of those wars, of whom 600 expressed interest in VA employment.

The coordination service was established a year ago to recruit veterans into VA, especially those seriously injured in the current wars. It has nine regional coordinators working with local facility human resources offices across the country not only to reach out to potential job candidates but to ensure that local managers know about special authorities available to hire veterans. For example, qualified disabled veterans rated by the Defense Department or VA as having a 30% or more service-connected disability can be hired non-competitively. "Our team is spreading the message that VA is hiring, and we want to hire disabled veterans," said Dennis O. May, director of VA's Veterans Employment Coordination Service. VA coordinators participate in military career fairs and transition briefings, and partner with veterans organizations, the Department of Labor's Veterans

Employment and Training Service, as well as VA's Vocational Rehabilitation and Employment Service, the Marine Corps' Wounded Warrior Regiment and the Army's Warrior Transition Units. [Source: VA News Release 30 Dec 08 ++]

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VETERANS' PREFERENCE UPDATE 05: The Defense Department violated the rights of a veteran who was seeking an entry-level, civilian auditing job when it decided to hire two nonveteran candidates instead, a federal court has ruled. In a 24 DEC decision, the U.S. Court of Appeals for the Federal Circuit found that an Office of Personnel Management authority that allowed Defense to bypass traditional competitive hiring procedures for entry-level positions was invalid because the regulation conflicted with statutory requirements. Congress required that OPM give permission to DoD to pass over a veteran or other preferred candidate for a job, but in this case Defense made that decision on its own when it passed over veteran Stephen Gingery for a job at the Defense Contract Audit Agency. Defense used a special authority to hire candidates through the Federal Career Intern Program, which under OPM's regulation allowed the department to decide whether to give preference to the veteran. In exercising this hiring authority, the department denied Gingery, who has a 30% or greater disability, his preference rights, Judge Kimberly Moore wrote in the decision.

The court reversed a previous decision by the Merit Systems Protection Board to uphold the Defense hiring decision under the intern program and sent the case back to the board for further action. Although Gingery had also questioned the legality of the intern program as a whole, saying it violated requirements that exceptions to competitive service be necessary for conditions of good administration, the court decided not to rule on this issue. "Because we conclude that OPM's pass-over regulation is invalid and that Mr. Gingery's veterans' preference rights were violated, we need not reach the broader questions of the FCIP's validity," Moore wrote. The intern program allows agencies to shorten hiring times and target recruitment to particular applicants by allowing managers to fill jobs without public notice or competition. The program's authorities allow the interns to be converted to permanent employees after a two-year probationary period. In contrast, traditional competitive hiring procedures, which would have favored Gingery, require agencies to post vacancies nationally and to hire from a list of highly qualified candidates.

The National Treasury Employees Union, which filed a brief in support of Gingery during the case, said it was pleased the court ruled in Gingery's favor, but was disappointed the court took no action with regard to the intern program. NTEU president Colleen Kelley has criticized the program on grounds that it enables federal hiring managers to skirt traditional competitive hiring methods. One judge on the three-judge panel that heard the case said the court should have settled questions regarding the intern program. The validity of the intern program and how it was implemented was central to the case and could have larger implications for Gingery's legal rights, Judge Pauline Newman said in a concurring opinion. [Source: NavyTimes Elise Castelli article 29 Dec 08 ++]

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BENEFITS UPGRADES 2008: We've reached the end of another year that the Times considers a successful one for our military retirement community.

Accomplishments include improvements in our Survivor Benefit Program — in terms of scraping a large payment cut when a beneficiary reaches a certain age — and “paid-up” premiums for some older retirees. Another landmark was the new law reducing the age at which some reservist retirees can begin drawing retirement checks. Some say this doesn’t go far enough, but it’s a start, and now that it’s on the books, there is a foundation to build on. We’ve also continued to convince Congress not to allow the Pentagon to raise Tricare fees and deductibles for working-age retirees under 65. And we’re getting a hefty increase in our cost-of-living allowance beginning in January, 5.8% — the biggest hike in many years. Thanks for these achievements go to all retirees and the many military advocacy groups who represent us on Capitol Hill. In 2009, we will face a continuing battle to maintain the benefits we have earned, propose new common-sense solutions and educate a new administration and Congress about the needs of the military retirement community. Here are some of the things we can think about in 2009:

- Figuring out a way to allow retirees to transfer their unused education benefits to family members under the new GI Bill program.
- Improving the VA home loan program to prevent foreclosures, especially for our disabled retirees. Some are totally disabled and cannot work to make up for today’s increased cost of living.
- We need to ensure our veterans and retirees have stable and affordable housing without the fear of foreclosure.
- Creating better access to our VA medical facilities, with the expansion of long-term care.
- Overhauling the VA appeal process for disabled retirees and veterans and finding a way to cut the huge backlog of claims. More inquiries were received this year about the still-cumbersome VA claims process than just about any other subject. This process really needs to be streamlined.
- Maintaining reasonable costs for our health care coverage. Most of us realize that costs under Tricare eventually will have to increase. The fees haven’t changed since the program was created in the mid-1990s. Regardless of what happens, retirees should demand to be kept informed of the facts so we have a full understanding of what’s going on. Tricare is commended for its efforts to get information to beneficiaries through its revamped Web portal.

[Source: NavyTimes Alex Keenan editorial 5 Jan 08 ++]

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VA MILEAGE REIMBURSEMENT UPDATE 07: Service-disabled and low-income veterans who are reimbursed for travel expenses while receiving care at Department of Veterans Affairs (VA) facilities will see an increase in their payments beginning 9 JAN 09. A recently passed law allows VA to cut the amount it must withhold from their mileage reimbursement. The deductible amount will be \$3 for each one-way trip and \$6 for each round trip -- with a calendar cap of \$18, or six one-way trips or three round trips, whichever comes first. The previous deductible was \$7.77 for a one-way trip, and \$15.54 for a round trip, with a calendar cap of \$46.62. "I'm pleased that we can help veterans living far from VA facilities to access the medical and counseling help they deserve, especially in the current economic climate," said Secretary of Veterans Affairs Dr. James B. Peake. "Together with the increased mileage rate approved last month, we can further reduce the financial hardship some veterans undergo to use our superior health care." In November, Peake announced VA's second increase in the mileage

reimbursement rate during 2008, from 28.5 cents to 41.5 cents a mile. Service-disabled and low-income veterans are eligible to be reimbursed by VA for the travel costs of receiving health care or counseling at VA facilities. Veterans traveling for Compensation and Pension examinations also qualify for mileage reimbursement. VA can waive deductibles if they cause financial hardship. [Source: VA News Release 29 Dec 08 ++]

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CONGRESSIONAL COLA 2009: Fortunately for members of Congress, their pay isn't tied to their approval ratings. Members of Congress are slated to receive a \$4,700 pay raise beginning in JAN 09, increasing their annual salaries to \$174,000. The increase for 535 House and Senate members would cost taxpayers more than \$2.5 million. That salary alone, which excludes all other outside income and spousal wages, ranks each lawmaker in the top six percent of American households. Congress automatically gets a pay raise each year, and has to introduce legislation to prevent the increase. Although legislation to halt the Congressional raise has been introduced, the most supported bill (H.R. 5087) has just 34 co-sponsors, far short of the 218 necessary for passage. "As lawmakers make a big show of forcing auto executives to accept just \$1 a year in salary, they are quietly raiding the vault for their own personal gain," said Daniel O'Connell, chairman of The Senior Citizens League (TSCl). "This money would be much better spent helping the millions of seniors who are living below the poverty line and struggling to keep their heat on this winter."

According to a Congressional Record Service dated 26 NOV 08, lawmakers will receive a 2.8% increase in pay next year, from \$169,300 to \$174,000. Meanwhile, a senior receiving average benefits will get a \$63 monthly increase to just \$1,153 per month next year, bringing their annual total to \$13,836. An estimated 12% of all seniors are living at or below the poverty line, and one-third of all beneficiaries depend on Social Security for 90% or more of their income. "It's outrageous that our elected officials continue to reward themselves with larger pay raises while they allow millions of seniors to go without basic necessities," said Shannon Benton, executive director of TSCl. "Given the precarious economic climate, it's particularly troubling that lawmakers are failing to set an example by sacrificing their own unnecessary raises." The Senior Citizens League supports three bills – H.R. 5087, H.R. 5091, and H.R. 6417 – which would prevent the pay raise from automatically going into effect. TSCl encourages its members to contact their Members of Congress and ask them to support those bills. [Source: TSCl Social Security and Medicare Advisor 29 Dec 08 ++]

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DOD PTSD LAWSUIT: Lawyers with Center City's Morgan Lewis & Bockius have filed a class-action suit against the Department of Defense, alleging that it illegally denied medical and disability benefits to Iraq and Afghanistan war veterans suffering from post-traumatic stress disorder. The lawsuit said the Army failed to follow its own rules when it denied the services and payments to the veterans. "Almost two million U.S. armed services personnel have been deployed around the world as part of the U.S. efforts to combat global terrorism," said the lawsuit, filed in the U.S. Court of Federal Claims in Washington. "Countless thousands of these service men and women have been exposed to traumatic events during combat, and many have returned

home with a variety of psychological and mental injuries." The lawsuit shines a light on the long-festering psychological and physical ailments of some returning veterans. It also illustrates a longstanding tradition among larger law firms in which they donate legal services to persons who cannot afford legal representation. Lawyers say they hope to burnish the reputation of their profession with these so called pro-bono representations, while also bolstering the legal system itself, which is, in the end, the source of their income.

The class-action lawsuit was filed on behalf of five Army veterans along with the National Veterans Legal Services Program, a nonprofit group that represents veterans and active service members in disputes with the government. The veterans allege that they each were discharged from duty after an Army review board concluded that they had suffered from post-traumatic stress disorder (PTSD) and thus could no longer serve. Yet, in violation of federal law, the suit contends, the veterans' disabilities were not rated severe enough to qualify them for both ongoing disability payments and medical coverage for themselves and their families. The Army has not seen the suit and, as a result, declined to comment on it, according to Lt. Colonel George Wright of the Public Affairs Office in Washington. According to Barton Stichman, co-director of the veterans legal services program, the veterans named in the lawsuit should qualify for between \$120 and \$660 a month in disability payments. James Kelley II, a Morgan Lewis labor and employment lawyer based in Washington who helped draft the complaint, said that class action, if it succeeds, could hike benefits for thousands of veterans who have been denied disability and medical benefits. Congress added language to a defense appropriation bill earlier this year that sought to require the Pentagon to pay the benefits, Kelley said. "The Army disregarded that," he said.

Each of the veterans named in the lawsuit saw combat action in either Iraq or Afghanistan and returned home with classic symptoms of (PTSD) - anxiety attacks, moment of paranoia, sleepless nights, nightmares and other maladies. One of the plaintiffs, Juan Perez, enlisted in the Army in May 2002 and was deployed to Iraq a year later. He was stationed near the border of Iraq and Syria. While there, he was exposed to multiple explosions from mortars, IEDs (Improvised Explosive Devices) or roadside bombs, and small-arms fire. He returned to the United States after completing a tour of duty. He was sent back to Iraq in April 2005 and again was involved in combat. For his service, he was given the Army Commendation Medal and the Combat Action Patch. When Perez returned to the United States, he was diagnosed with traumatic brain injury and PTSD. In APR 06 he was found unfit for continued military service because of the disorder, but the Army failed to sign off on disability payments for him, according to the lawsuit. "There is a pact our country has with people who serve our country in time of war," said Stichman. "And it is very disappointing when the Army does not comply with that." [Source: Philadelphia Inquirer Chris Mondics article 22 Dec 08 ++]

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**ARMY RESERVE EMPLOYER PARTNERSHIP:** Members of the U.S. Army Reserve might now have a better chance of being employed by businesses across the nation with the U.S. Army Reserve Employer Partnership program. Launched APR 08, it is designed to improve the relationship between employers and the U.S. Army Reserve. Not many employers are happy to see one of their workers take

off work to fulfill their duties as a Reservist. These employees could be gone for days or weeks for training. In the meantime, work isn't being done. That's how the employer sees the problem. In the past, this has kept employers from hiring those who are in the Army Reserve. Now, with the partnership program their viewpoint is changing. The program allows employers participating in the program to hire a qualified Army Reservist for the time that the employee (another Army Reservist) is away. For reservists, this program helps them expand their horizons in their career field. All Army Reservists are eligible to participate once they have successfully completed their initial entry training, earned the requisite certifications and are in good standing with the U.S. Army Reserve. Soldiers should contact ARCareers@usar.army.mil for more information.

Employers benefit from the partnership program as they garner Citizen Soldiers who are highly skilled, self-motivated with a penchant for leadership. Specifically, the Army Reserve's Soldier/employees receive background checks, medical screening and aptitude testing, saving potential Employers additional resources. These soldier/employees receive work-related training and educational opportunities in the Army Reserve, allowing for cost savings to the employer, who need not repeat the training. The Army Reserve is developing a web-based career management tool that will link Employer Partners seeking qualified candidates to fill key positions and reservists looking for new civilian career opportunities across the United States. The Army Reserve asks that interested partners be committed to identifying prospective job opportunities for Army Reserve Soldiers. Businesses and nonprofit organizations of all sizes can partner with the Army Reserve in this program. To investigate the tangible benefits of a joint venture companies should first contact Chief Warrant Officer Russell Rice at (703) 601-0929 or Sergeant Major Nelson Ildefonso at (703) 601-0898. They will work with business leaders to determine the next steps to solidify a partnership agreement that is tailored to your business.

There are many companies and private businesses that have become participants in this Partnership. Some of these are Boeing Corporation, Conoco Phillip, Continental Airlines, Dell Inc., Exxon Mobil, IBM, J.B. Hunt Transportation, K-Mart, Lockheed Martin, Marriott Corporation, The American Trucking Association, Con-way Freight, Crowley Auto Group, Dataline, Inova Health System, Quality Support, and ManTech International Corporation just to name a few. Wal-Mart was added to the list on 11 NOV. To view a complete list of businesses participating in the partnership go to [www.armyreserve.army.mil](http://www.armyreserve.army.mil) . [Source: The News Emily McIntosh article 3 Dec 08 ++]

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MOBILIZED RESERVE 23 DEC 08: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 23 DEC 08 in support of the partial mobilization. The net collective result is 1,422 fewer reservists mobilized than last reported in the Bulletin for 15 DEC 08. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. The total number currently on active duty in support of the partial mobilization of the Army National Guard and Army Reserve is 96,979; Navy Reserve, 5,914; Air National Guard and Air Force Reserve, 10,713; Marine Corps Reserve, 8,276; and the Coast Guard Reserve, 859. This brings the total National Guard and Reserve personnel who have been mobilized to

122,741 including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at <http://www.defenselink.mil/news/Dec2008/d20081223ngr.pdf> . [Source: DoD News Release 1039-08 24 Dec 08 ++]

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MEDICARE PART D UPDATE 31: According to a new report released by Avalere Health and the American Cancer Society Cancer Action Network (ACS CAN) it will be more difficult for cancer patients enrolled in Medicare Part D to obtain oral cancer drugs in 2009, because over the past three years, prescription drug plans have increased out-of pocket costs and imposed more restrictions on these medications. Drug plans categorize drugs into formulary tiers that determine the cost-sharing for enrollees. For 2009, most drug plans have placed commonly prescribed brand-name oral cancer drugs in specialty tiers that require higher cost-sharing, ranging from 26% to 35% of the drug's price. People with Medicare cannot appeal for lower cost sharing if a drug is placed in the specialty tier. Since 2006, drug plans have been slowly shifting oral cancer drugs into specialty tiers. For example, in 2006, 39% of drug plans put Gleevec, a brand-name medication used for the treatment of leukemia and other forms of cancer, in specialty tiers, compared to 84% of plans in 2009. In addition, drug plans are requiring more prior authorizations for these oral cancer drugs. In 2006, 35% to 43% of plans required prior authorizations for these brand-name drugs, whereas in 2009, 62% to 70% of plans will require prior authorizations, depending on the medication. Changes in formulary tiers and prior authorization policies may interrupt or reduce available treatments for people with Medicare if they are no longer able to afford a medication or access the medication due to new restrictions. [Source: Medicare Watch 23 Dec 08 ++]

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MEDICARE ENROLLMENT w/DISABILITY UPDATE 01: Eliminating the 24-month Medicare waiting period for individuals who qualify for Social Security Disability Insurance (SSDI) will cost the federal government \$113 billion over ten years, while reducing the wait for Medicare coverage to 12 months would cost \$65 billion, according to a new analysis of health policy options by the Congressional Budget Office (CBO). Another alternative would eliminate the waiting period for Medicare coverage for individuals who have no access to private insurance. Studies have found that about a fifth to a third of people in the two-year waiting period are uninsured, while others have private coverage through COBRA (Consolidated Omnibus Budget Reconciliation Act), or through a spouse's employer or retiree plan. Eliminating the waiting period for those without private insurance would increase federal spending by \$56 billion over 10 years. The final alternative would eliminate the 24-month waiting period only for people who have no access to private insurance or to Medicaid coverage. This option would add \$28 billion to federal spending. These last two options would create new administrative costs to verify that those individuals do indeed lack insurance. In separate cost projections included in the report, CBO estimated that taxpayers would save \$110 billion over ten years by requiring manufacturers of brand-name drugs to pay the federal government the same rebate paid to state Medicaid programs for drugs covered under the Medicare Part D drug benefit. CBO also estimated the cost of eliminating the Part D doughnut hole, the gap built into drug coverage, at \$134 billion over ten

years. [Source: Medicare Watch 23 Dec 08 ++]

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**SERVICEMEMBERS' CIVIL RELIEF ACT:** A National Guard soldier who lost his property overlooking the Paw Paw River in Michigan is at the center of a federal court case that could have a devastating effect on military personnel seeking protection under the Servicemembers' Civil Relief Act (SCRA). A Michigan federal judge has ruled the soldier does not have the legal right to sue his bank for foreclosing on his property while he was on active duty. "The SCRA affords certain rights to service members, but a private right of action is not among them," Judge Gordon J. Quist of U.S. District Court for the Western District of Michigan wrote in his 30 SEP ruling. The Justice Department's civil rights division is aware of the case and is reviewing it, said Grace Chung Becker, acting assistant attorney general for the division. "It's a pretty significant SCRA case," she said. The division has been investigating violations of the SCRA since that duty was transferred to it in 2006, and filed its first lawsuit against a towing and storage company in Norfolk VA 10 DEC, alleging the company violated a Navy lieutenant's rights under the SCRA by selling his towed car at auction without obtaining a court order.

Michigan National Guard Sgt. James Hurley bought his 2½-acre tract of land in 1996. When Hurley, a mechanic, was called to active duty in mid-2004 to train for deployment to Iraq, he and his family were under "severe financial stress" because he had to personally purchase numerous tools and items to take with him, according to his suit. The family was unable to keep up with payments on the home. Hurley alleges that while he was on active duty, the bank foreclosed and a sheriff's sale was held in which the bank bought the property, then sold it to another party. Hurley's wife and her two toddlers were evicted. "I was in Iraq and didn't find out too much until the end of my tour," Hurley said. "My wife kept it from me" for fear it would distract him from his job. According to court documents filed by attorneys for Deutsche Bank Trust Company Americas, the bank filed a counterclaim asking for \$51,642 in damages from Hurley, claiming the amount recovered in the sale was not enough to cover the cost of the amount owed to the bank on the mortgage. The defendants, which include Deutsche Bank, Saxon Mortgage Services and Orleans Associates, P.C., argued that the SCRA does not create an avenue for a "private cause of action" for violations of the SCRA. Hurley's attorney is working to appeal the ruling.

Retired Army Reserve Col. D. Ladd Pattillo, president of the Reserve Officers Association, said that the decision, if allowed to stand, would be "a devastating blow to our service members whose rights are supposed to be protected by the SCRA. If this decision stands, a creditor who violates rights under the SCRA cannot be sued for damages," he said. "Such a situation would make the SCRA a proverbial 'toothless tiger' — a right without a remedy. That makes no sense. "Hopefully this decision will be overturned quickly," he said. "Otherwise, ROA will seek remedy through Congress." John Odom, a Louisiana attorney and retired Air Force judge advocate, noted that this is just one case in one federal district court. Other federal courts are on the books clearly indicating that service members can sue under the SCRA. Still, the Michigan ruling may be picked up by creditors looking to cite it as a precedent, he said.

In his motion to have the decision reconsidered, Hurley's attorney,

Matthew Cooper, said Quist erred in citing a Texas federal district court opinion in which the judge later changed his ruling after reconsidering it. But Quist ruled 14 NOV that he would not reconsider his ruling, stating Cooper failed to show that it contained a "palpable defect." Army Col. Shawn Shumake, director of the office of legal policy for the undersecretary of defense for personnel and readiness, said he is aware of the potential problem. In June, before the ruling in the Hurley case was issued, Shumake discussed with congressional staff members the possibility of adding language to the SCRA to clarify that both the attorney general and individual service members have the right to sue under that law. "Exactly what I feared in June has come to pass," he said of the Hurley ruling. "We don't want to litigate these cases," he said. "We don't want to go into court at all. We want to win by letters and phone calls." He said most such problems are resolved by negotiations out of court with creditors and others. When negotiations don't work, he said, "You'd hope people wouldn't ignore the law, but it does happen." [Source: NavyTimes ROA President article 20 Dec 08 ++]

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GI BILL UPDATE 32: An estimated 526,000 veterans, active duty servicemembers, and reserve component personnel are expected to apply for benefits under the new Post-9/11 GI Bill program when the program begins 1 AUG 09. VA officials have promised that, unless the new Congress adds a new layer of complexity to improve the program, payments to qualified students and their colleges will begin as scheduled with the fall 2009 semester. Members of the House Veterans' Affairs Subcommittee on Economic Opportunity came away reassured by the testimony by VA officials 18 NOV during which they laid out in detail their near- and long-term strategy for bringing the Post-9/11 GI Bill to life. The near-term plan is to hire and train an additional 400 claim processors to handle the extra workload from the new GI Bill during the program's first year. Through fall 2010, the VA will screen and approve new GI Bill applications using the same manual method the department has used for years to pay claim under the Montgomery GI Bill (MGIB) and other veterans' education claims. "The veteran will apply online for benefits as [most] do now," said Keith M. Wilson, director of education service for the Veterans Benefits Administration. "We will determine eligibility with our existing staff and the additional staff we hire to process these claims, just as we do now."

Though benefit applications are filed online, the VA does not process that information using computers. Instead, claim processors review the information filed, verify eligibility, and calculate the payments. The turnaround time is an average of 19 days on an original claim and 10 days for a supplement claim. Those will remain the goals for the new GI Bill. By NOV 2010, however, the VA plans to have a fully automated claim processing system in place. It will be designed and built under an interagency agreement by the Navy's Space and Naval Warfare Systems Command. The command, known also as SPAWAR, has the information technology expertise the VA lacks to build its own automated claim processing system. Most early participants in the new GI Bill will be transferring in from the MGIB, seeking nearly to double the value of payments. To qualify for at least partial post-9/11 benefits, applicants must have served on active duty at least 90 aggregate days after 10 SEP 01. Full benefits will be available to individuals who served at least 36 total months on active duty after 10 SEP 01, assuming they haven't used MGIB. Also eligible for full post-9/11

benefits will be veterans who served at least 30 continuous days on active duty since 11 SEP 01, and were discharged due to service-connected disability.

Rep. Stephanie Herseth Sandlin (D-SD), who chairs the VA subcommittee, expressed satisfaction with the VA's plan to implement the new benefit after what was a rocky start for the department. Earlier this year, the VA announced it was accepting bids from private contractors for the processing of Post-9/11 GI Bill claims using industry-standard technologies and "minimal human intervention." As the VA narrowed its choice of contractors down to four companies, lawmakers joined with veterans' service organizations in criticizing the plan to have a private company, rather than the VA, process GI Bill benefits. Despite the VA assurances that the department would monitor processing closely and would not contract out "responsibility for actually administering" the new benefit, the political heat intensified. By early OCT, the VA had announced it would rely on its own workforce to set up the modern information technology programs needed to implement the new benefits. That left some lawmakers, including Rep. Bob Filner (D-CA), chair of the House Veterans' Affairs Committee, concerned that the VA now was in a race to field its own automated claim -processing system so new benefits could start on schedule. In an interview in late OCT, Filner said he was "a little bit worried we're not going to get this done on time. They spent months telling us the only way to go was to go outside with this contractual thing in the private sector; [the] VA could never do it. Now they say they are going to do what they told us they couldn't do."

When Wilson and other officials detailed their new two-part strategy, with SPAWAR involvement, before Herseth Sandlin's subcommittee in NOV 08, it eased a lot of concerns. "This is very reassuring," said Rep. John Boozman (R-AZ), ranking Republican on the panel. "It sounds like you guys have a very, very good plan, that we're on track." At one point during the hearing, Herseth Sandlin asked Wilson if any action by the new Congress to improve the GI Bill program — for example, adopting a Senate proposal to make the enhanced benefits retroactive to last AUG — might delay start-up of new program. Making such a significant change, Wilson said, "would be problematic for successful implementation of the program." [Source: MOAA Tom Philpot article 4 Dec 08 ++]

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GI BILL UPDATE 33: Retirement-eligible service mem-bers would be allowed to transfer unused GI Bill benefits to family members if they can complete at least four additional years of ser-vice before retiring, under a pre-liminary decision on the Post-9/11 GI Bill. The decision, which takes effect when the program launches 1 AUG 09 is both good and bad news for people nearing the end of a mili-tary career. It's good news for those with more than 20 years of service, who are rarely prime targets for reten-tion bonuses, because they won't automatically be excluded from one of the most significant up-grades in family benefits since the creation of the all-volunteer force in the early 1970s. The new GI Bill creates a way for career members to pay for the full college education of at least one person who could use benefits created by the new law, or divide the unused benefits among sever-al family members. Benefits will average about \$80,000 spread over 36 months, though amounts will vary by loca-tion. Basic benefits, if not divided among multiple people, would cover the full cost of tuition and fees for a four-year public college or university, plus a living stipend

based on rental housing costs near the campus and a \$1,000 annual book allowance. The bad news is that some retirement-eligible people won't qualify because high-year tenure rules will force them out in fewer than four years. And if they sign a commitment, begin sharing their benefits but fail to serve the full four years, they could be forced to repay the government for the used benefits.

High-year tenure points apply to enlisted members and officers, forcing involuntary retirement at specific times on people who are not moving up in rank and do not have critically needed skills. Pentagon spokeswoman Eileen Lainez said final decisions have not yet been made on how service members will be allowed to transfer benefits, and was unable to provide additional details. Defense and service sources, speaking on background because the policy is not finalized, said the result will closely follow the general criteria set in law that lets service members covered by the Post-9/11 GI Bill and who are still in the military in August share benefits with family members in return for a new four-year commitment. Under the law, a member must have six years of service and agree to serve at least four more years to share benefits with a spouse, and must have 10 years of service and agree to another four years to share benefits with children or multiple family members. Anyone with 20 years of service would meet the minimum service requirement, but the law allows the Pentagon to set other restrictions, to include freezing out retirement-eligible people. [Source: NavyTimes Rick Maze article 20 Dec 08 ++]

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GI BILL UPDATE 34: The Post 9/11 GI Bill will provide up to 100% of your tuition. In addition, the program provides a monthly housing stipend a stipend of up to \$1,000 a year for books and supplies. If you attend less than full-time you will receive a portion of the payment based on the number of units of study. The amount of tuition and stipends paid under the Post 9/11 GI Bill will vary depending on your state of residence, number of units taken, and amount of post 11 SEP 01 active-duty service. Here is a quick reference showing the percentage of total combined benefit eligibility based on the following periods of post 9/11 service:

100% - 36 or more total months  
100% - 30 or more consecutive days with Disability related Discharge.  
90% - 30 total months  
80% - 24 total months  
70% - 18 total months  
60% - 12 total months  
50% - six total months  
40% - 90 or more days

Under the new GI Bill you will be provided tuition up to the highest established charges for full-time undergraduate students charged by the public institution of higher education in the State in which you are enrolled. One of the added features of this tuition payment plan is that the tuition will be paid directly to the school, relieving you of the responsibility. This is similar to the process used for military tuition assistance. Based on 2008 in-state tuition rates, the anticipated annual tuition payment rate for 2009 will be just over \$6,000. The low being Wyoming at \$3,500 a year and Michigan which is the highest payment in-state tuition rate at \$13,000. [Source: Military.com 26 Dec 08 ++]

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INCOME TAX (State) UPDATE 02: States are generally free from federal control in deciding how to tax pensions, but some limits apply. State tax policy cannot discriminate against federal civil service pensions, according to the U.S. Supreme Court decision in *Davis v. Michigan* (1989), which ended the once common practice of more favorable state tax treatment for state pensions than for federal civil service pensions. In 1992 the U.S. Supreme Court further ruled, in *Barker v. Kansas*, that states cannot tax U.S. military pensions if they exempt state pensions from taxation. Over time these rulings have produced substantial conformity in the way each state taxes the three kinds of pensions, although differential treatment persists in Indiana and New Jersey.

There is no federal impediment to a different state tax policy for public and private pensions, and most states provide less favorable tax treatment for private pension income than for public pensions and Social Security retirement benefits. Retirement income exclusions can be criticized for violating the rule of horizontal equity, which is that taxpayers in similar economic circumstances should be treated similarly. Income exclusions designated for an age group violate horizontal equity by benefiting taxpayers on the basis of age instead of the amount of income. Some states partially address this criticism by limiting retirement income exclusions to lower-income taxpayers, thus indicating that their tax provisions are primarily designed to protect the low-income elderly. States that provide relatively high tax exclusions for all taxpayers in an age group presumably are also acting to attract retired people to the state, or to keep retired residents from moving to another state with a tax regimen more favorable to them.

Of the 50 states, seven – Alaska, Florida, Nevada, South Dakota, Texas, Washington and Wyoming – do not levy a personal income tax. New Hampshire and Tennessee collect income tax only on interest and dividend income. The District of Columbia and 41 states levy a broad-based personal income tax. Among the 41 states with a broad-based income tax, 36 offer exclusions for some amount of specifically identified type of state or federal pension income or both, a broad income exclusion or a tax credit targeted at the elderly. The District of Columbia provides a public pension exclusion. The five states that do not do so are California, Indiana, Nebraska, Rhode Island and Vermont. Some of those five states partially or fully exclude Social Security income from state taxation, and no state collects income taxes on Railroad Retirement income.

States take two broad approaches to excluding retirement income from taxation. Some states provide a specific amount of exclusion according to the type of retirement income. For example, Arizona allows the exclusion of \$2,500 of state or local government retirement income, federal pension income and military pension income; full exclusion for Social Security income; and no exclusion for private-sector pension income. This model was more prevalent in the past than now. It allowed states to provide a greater exclusion for state and local benefits than for federal civil service benefits, until *Davis v Michigan* prohibited that in 1989. Attaching income exclusions to retirement income according to its source is now relatively rare among the states (except with reference to private-sector pension or deferred compensation benefits), but it is the practice in the Connecticut

(starting in 2008), the District of Columbia, Indiana, New Jersey and North Dakota, as well as Arizona.

The more usual practice is for states to provide a retirement income exclusion that taxpayers over a specified age, usually 65, can apply to retirement income. Usually the exclusion is applicable to public sector benefits, Social Security and only some private sector benefits, but sometimes it is applicable to all income. In a number of states, Social Security is subject to a separate exclusion. Virginia, for example, has allowed an income exclusion of \$6,000 for taxpayers under 65 that is now being phased out and \$12,000 per taxpayer applicable to income from any source for people over 65 (subject to income limitations after 2004). In addition, Social Security income is fully exempt. Colorado has a different practice: it allows an exclusion of \$24,000 per tax return for filers over 65, regardless of the source of income, and includes Social Security benefits in the base on which the exclusion is determined. In addition to those in Colorado and Virginia, exclusions of this sort exist in Arkansas, Delaware, Georgia, Idaho, Iowa, Kentucky, Maine, Maryland, Minnesota, Missouri, Montana, New Jersey, New Mexico, North Carolina, Oklahoma, South Carolina, Utah and West Virginia. The amount of the exclusion varies from \$2,000 in West Virginia to \$36,414 in Kentucky. [Source: NCSL Ronald Snell and Bert Waisanen article Jul 07 [www.ncsl.org/programs/fiscal/pitaxret07.htm](http://www.ncsl.org/programs/fiscal/pitaxret07.htm) ++]

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**SOCIAL SECURITY TAXATION UPDATE 07:** Most states exclude Social Security retirement benefits from state income taxes. The District of Columbia and 26 states with income taxes provide a full exclusion for Social Security benefits – Alabama, Arizona, Arkansas, California, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Louisiana, Maine, Maryland, Massachusetts, Missouri, Mississippi, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Virginia, and West Virginia. The remaining 15 states with broad-based income taxes tax Social Security to some extent:

- Minnesota, Nebraska, North Dakota, Rhode Island and Vermont tax Social Security income to the extent it is taxed by the federal government.
  - Connecticut, Iowa, Kansas, Missouri, Montana and Wisconsin tax Social Security income above amounts of total income.
  - Iowa will phase out its Social Security tax levy from 2007 through 2014.
  - Missouri will phase out its Social Security tax levy by 2010, although the tax will continue above certain income levels.
  - Colorado, Kentucky, New Mexico and Utah require that federally untaxed Social Security benefits be added back to federal AGI to calculate the base against which their broad age-determined income exclusions apply.
- [Source: NCSL Ronald Snell and Bert Waisanen article Jul 07 [www.ncsl.org/programs/fiscal/pitaxret07.htm](http://www.ncsl.org/programs/fiscal/pitaxret07.htm) ++]

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**COLA 2010 UPDATE 01:** The 5.8% cost of living adjustment (COLA) retirees will see in their Jan. 2 paychecks will be the largest one since 1982. But the new fiscal year is a whole different story, as steeply falling prices have started off next year's COLA calculation in a deep hole. This month, the Bureau of Labor Statistics announced that the consumer price index dropped 2.3% in the month of November. That makes a whopping decline of 3.8%

for the first two months of FY2009 - the biggest two-month drop in more than 60 years. In case you're wondering: if inflation is negative for the year, there would be no COLA in 2010. Retired pay would not be reduced. [Source: MOAA Leg Up 19 Dec 08 ++]

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MEDICARE ADVANTAGE PLANS UPDATE 04: It costs taxpayers over \$3 for every \$1 in extra benefits provided by Medicare private fee-for-service plans, a fast-growing type of Medicare Advantage plan that does not restrict which doctors its enrollees can use. For Medicare PPOs, it costs taxpayers around \$2 for every \$1 worth of extra benefits. In Medicare HMOs, the savings that insurers generate from strictly limiting which providers enrollees can use, and limiting what they pay those providers, account for just 3% of the cost of extra benefits. Taxpayers pay for the rest. These numbers come from the Medicare Payment Advisory Commission (MedPAC) and demonstrate why it is so wasteful to try to deliver extra benefits by subsidizing private insurance companies that are less efficient than Original Medicare and that pocket part of the subsidies as profit. The real story is probably worse. MedPAC's numbers are based on the estimated value of extra benefits, such as dental coverage or reduced doctor copays, that Medicare Advantage plans have promised to provide for 2009. No one knows how much in extra benefits are actually delivered because the Bush administration stopped collecting that data when it took office. Research by the Government Accountability Office (GAO), however, shows that, in 2006, Medicare Advantage plans underestimated the value of medical services they would deliver by \$1.3 billion. That "mistake" wound up on the insurance companies' bottom lines as profits.

In a separate report, GAO found that in early 2007, once they were no longer locked into their plan, over 20% of enrollees quit their Medicare private fee-for-service plans. For other Medicare Advantage plans, one in ten quit when they got the chance. People who quit tended to be sicker than those who stayed, which may indicate something about the value of plans' extra benefits to people in poor health. A fairer, more efficient way to help people with Medicare who are struggling to pay their medical bills would be to expand access to Extra Help, which reduces copayments and provides coverage through the doughnut hole under the Part D drug benefit, and to increase enrollment in Medicare Savings Programs, which pay premiums and copayments for medical care. Both these programs help people with Medicare who have low incomes and limited savings. But there are many more—roughly 20 million people with Medicare live on less than \$20,000 per year—who need the help but have a little too much in savings or income to qualify for assistance. Next year, when Congress goes after the wasteful subsidies Medicare pays to insurance companies, it should expand access to Extra Help and Medicare Savings Programs and help more low-income older adults and people with disabilities afford the medical care they need. [Source: Weekly Medicare Consumer Advocacy 18 Dec 08 ++]

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VA DISABILITY COMPENSATION UPDATE 03: Every surviving spouse of a veteran receiving VA disability benefits at the time of his death, if the death was after 31 DEC 96, should call the VA. On 12 DEC 08, the headline War veteran widows wrongly denied help in an AP story told the sad tale of another benefits miscue at the Department of Veterans Affairs. In recent years VA has been plagued by negative headlines, from a stolen laptop with personal

information on millions of veterans to claims document shredding at a majority of VA regional offices around the nation. The War veteran widows headline was not exactly accurate. As Paul Harvey says, here's the rest of the story:

- Each year the Federal government pays compensation and pension to millions of disabled veterans. Compensation is paid for service connected disabilities (war service not required); pension goes to wartime veterans who are totally disabled and have a low income. Checks are direct deposited or mailed out each month for the preceding month.
- Under the law, both benefits end on the last day of the month in the month preceding the veterans death (e.g., if a veteran dies on 10 JUN, the benefit is terminated on 31 MAY). Since it may take days or weeks for VA to receive word of a veteran's death, and may take more time to process that information, benefit checks are often sent out after a veteran dies.
- In 1996 Congress changed the law to allow the surviving spouse (for the sake of simplicity, lets call them widows) to receive or keep the veterans benefit for the month of death. This change applies to the widows of all veterans, whether the veteran had wartime service or not.
- VAs implementation of the change in law was less than elegant: to make it easy on itself widows were required to contact the VA to claim that last check. Usually, that claim was in the form of an application for death benefits. Those who were awarded death benefits received either an amount equal to the last check or their new death benefit, whichever was greater.
- The problem, of course, was that many widows did not apply for death benefits or payment of the last check. As a consequence, a large number of widows failed to receive money to which they were entitled. To be fair, most of these checks were for \$100-200: real money but not usually crucial to making the mortgage. However, some were \$2,500 or more: serious money that could spell the difference between eating every day of the month and skipping meals or not paying bills.
- VA will begin issuing retroactive payments to eligible surviving spouses at the end of DEC 08. Payments will continue to be issued as additional unpaid beneficiaries are identified and VA is able to obtain current address information.

VA is in the process of identifying every veteran who died between 1996 and December 2008 and was receiving a compensation or pension check when he died. It is reviewing its computer records to see if the veteran was married at the time of death and working with Social Security to obtain current addresses for widows. VA promises to make press announcements, news releases and perform outreach to try and locate every widow who may be entitled to the veteran's last check. To date VA has identified nearly 11,000 surviving spouses of deceased veterans who will receive a lump-sum payment to correct an error in their VA benefits. Payments were to be released to these survivors on 29 DEC 09. The total value of the payments is about \$24 million. Also documented were more than 73,000 who had been previously paid.

VA promises to fix the computer program. And it has briefed the major veteran service organizations. VA says that it wants every surviving spouse of a veteran who died after 31 DEC 96, who is unsure whether they received the veterans last check either separately or as part of their award of death benefits, to call 1-800-749-8387 Mon thru Fri 07-1900 CST and speak with a counselor. The counselor will need information that identifies the veteran (either his Social Security number or his VA claim number). They will also

ask for the full name of the surviving spouse, a current address and a phone number. The VA counselor will forward that information to people who will research VA records to see if the last check was ever paid. If it was not paid, and the caller can be identified as the surviving spouse, then VA will issue a new check. Inquiries may also be submitted through the Internet at <http://www.vba.va.gov/survivorsbenefit.htm>. [Source: Assistant Director National Veterans Service Gerald Manar notice 18 Dec & VA News Release 24 Dec 08 ++]

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USFSPA & DIVORCE UPDATE 03: The federal government's crisis response and oversight capabilities have taken quite a beating lately. Its reaction, or lack thereof, to Hurricane Katrina confirmed for many that the federal government was asleep at the switch in the aftermath of a terrible natural disaster. More recently, the meltdown in the financial services sector has exposed severe weaknesses in the federal government's ability to recognize and act expeditiously to confront a major economic crisis. No wonder there is apprehension among many over the government's stepping in with a massive \$700 billion bailout, necessary though it might be. The government's belated and disjointed attempts to "fix" problems can result in unintended if not detrimental consequences. One such example is the Uniformed Services Former Spouses Protection Act (USFSPA). Enacted in 1982, the USFSPA permits state courts to include a military service member's retirement/retainer pay as common property in a divorce proceeding thereby making it subject to garnishment. The government's well intended purpose was to afford some security for ex-spouses, most of whom were women, after a divorce from the breadwinner.

As often is the case, however, when government intervenes, well intended does not necessarily mean well thought out. The USFSPA remedy served its purpose, but it did not anticipate the greater opportunities women would achieve through the years both within and outside the military. As the ranks of women in the armed services have swelled, more and more female soldiers, sailors, and airmen have experienced the consequences of the USFSPA by having their retirement/retainer pay garnished in a divorce settlement. A law that in large measure was supposed to protect women has been siphoning away an income source that many women, as well as men, expected to be there as promised in return for their service to their country. The USFSPA is demoralizing to many service men and women whose marriages have undergone the stresses and strains common to a life of sudden deployments and prolonged separations. Many find themselves fighting a "two-front war" -- one far from home in the defense of their country and another on the home front to protect a benefit they have worked hard to earn for years of dedicated service.

Some of the USFSPA provisions are puzzling and contribute to a perception that the government creates more problems than it solves. For example, a soldier's retirement/retainer pay is awarded to a former spouse, yet when the ex-spouse remarries, gets a job, or otherwise achieves financial security after the divorce, they still continue to receive the service member's pay. This skews the original intent of the law when the Act becomes a mechanism to gain a second or even third income source in addition to the ex-spouse's own salary and that of their new spouse. In these instances the law can facilitate the decision to divorce since it allows for a financially attractive alternative to keeping the marriage

intact. Another peculiar aspect of the USFSPA involves how garnished retirement/retainer to a former spouse is calculated. The amount is figured not on the length of the marriage (what seems logical) but generally on the service member's rank and time in grade at retirement. This means, for instance, that a service member, say, a first lieutenant, who divorces after a three-year marriage and retires 17 years later as a colonel will have retirement/retainer pay garnished at the level of his or her rank at retirement, not at the rank when the marriage ended nearly two decades earlier.

Compounding these frustrations are the uncertainty and inconsistency in the way the law is applied. When can a service member expect to stop making payments? Well, the law provides no sunset date so payments continue in perpetuity until the service member or former spouse dies. Uniform implementation is another problem. State divorce laws are as varied as the judgments rendered by state courts. Courts often award payments greater than what is allowed by the USFSPA because of a complete lack of federal oversight standards to ensure that state courts abide by the restrictions in the law. Government actions, whether focused on a natural catastrophe, an economic crisis, or the welfare of our men and women in uniform, sometimes prove to be shortsighted. Like the USFSPA, they can unintentionally end up hurting people. The USFSPA at the very least ought to be reexamined. Perhaps it needs to be scrapped altogether with an eye towards crafting a measure more in tune with the times -- something better conceived and fair to all which mitigates the monthly net increase of 364 veterans between APR and OCT 08 that had their retirement/retainer pay garnished for life. This represents just another example of government's good intentions gone awry. [Source: J.C. Watts, Jr. former US Representative OK statement 6 Dec 08 ++]

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VA FRAUD UPDATE 16: Two nurses' aides were arrested Monday at the Veterans Community Living Center, at University Avenue and Civic Center Boulevard in University City, where they are alleged to have stolen a total of \$2,000 from seven residents, some of whom are wheelchair-bound, said Dale Warman, spokesman for the Philadelphia Veterans Affairs Medical Center. Ginger Hendrickson, 46, of 49th Street near Parkside Avenue, in Parkside, and Laura Bell, 51, of 23rd Street near Washington Avenue, in Point Breeze, stole the cash and credit cards which they used to make hundreds of dollars in purchases in Philadelphia and Delaware, police said. The two began their spree in January last year and have been videotaped going in and out of the rooms of their victims, Warman said. He declined to comment further due to the ongoing investigation. "We don't want to jeopardize any court proceedings," he said. "The health and well-being of our patients is our number-one priority. We want to be the first to know when something isn't going right." The nursing home is a 240-bed facility that houses veterans who served as far back as World War II, said Warman. The aides face third-degree felony charges, including criminal conspiracy, theft, forgery and related offenses. [Source: Philadelphia Daily News Dafney Tales article 17 Dec 08 ++]

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110TH CONGRESS UPDATE 01: The 110th Congress spanned two years (as every Congress does) from JAN 07 until DEC 08. Some statistics compiled by GalleryWatch about its performance as it closes out its business and America

prepares for the 111th Congress are:

- House bills introduced: 7,303
  - Senate bills introduced: 3,717
  - Number of bills that became public law: 453 (4.1%)
  - Number of public laws that named post offices: 108
  - House days in session: 280
  - Senate days in session: 363
  - Member who introduced the most bills, House or Senate: Rep. Carolyn Maloney (D-NY)-88
  - Member with most speaking appearances on House floor: Rep. Ted Poe (R-TX)-215
  - Member with most speaking appearances on Senate floor: Sen. Harry Reid (D-NV)-299
  - House hours of debate: 1,449
  - Senate hours of debate: 1,713
  - House hours voting: 241 (average 12:58 minutes per vote)
  - Senate hours voting: 152 (average 20:32 minutes per vote)
  - House Armed Services Committee: Bills referred to committee: 536; Number of hearings held: 62; Bills passed out of committee: 6 (1.1%).
  - House Veterans Affairs Committee: Bills referred to committee: 344; Number of hearings held: 29; Bills passed out of committee: 38 (11%).
  - Senate Armed Services Committee: Bills referred to committee: 162; Number of hearings held: 60; Bills passed out of committee: 3 (1.9%).
  - Senate Veterans Affairs Committee: Bills referred to committee: 186; Number of hearings held: 51; Bills passed out of committee: 12 (6.5%).
- [Source: EANGUS Minuteman Update 18 Dec 08 ++]

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111TH CONGRESS: The 111th United States Congress will soon start. Its composition and duration are as follows:

- Duration: 3 JAN 09 – 3 JAN 11
- President of the Senate: Joe Biden (D)
- President pro tempore: Robert Byrd
- Speaker of the House: Nancy Pelosi (D)
- Members: 100 Senators, 435 Representatives plus 6 Non-voting members (A new delegate seat was created for the Northern Mariana Islands).
- Apportionment: The apportionment of seats in this House will be based on the 2000 U.S. Census
- Senate Majority: Democratic Party
- House Majority: Democratic Party
- Sessions 1st: 6 JAN 09 – TBD

[Source: Wikipedia encyclopedia Dec 08 ++]

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CONGRESSIONAL TERMINOLOGY UPDATE 02: A pro forma session is a daily meeting of the House or Senate during which no votes are held and no legislative business is conducted. The session "in form only" is held for purposes of meeting the 3-day rule in the Constitution. It requires each House to gain the permission of the other for recesses longer than 3 days (Article I Section 5). When the permission is not forthcoming, or not requested in time, the affected chamber convenes briefly with hardly anyone

in attendance [the opening prayer, routine announcements, and sometimes short non-legislative speeches are conducted], and then adjourns. Senators whose districts are close to Washington DC or those who will not be returning to their districts are used by Senate leadership to open and close the pro forma sessions. The main purpose of these pro forma sessions is to prevent the President from making any recess political appointments. By holding the pro forma sessions, the Senate is technically still in session and not in recess. Since they are technically still in session, the President must continue to nominate political appointees to the Senate for confirmation. However, none of the Senate committees are meeting, which means they are not holding any confirmation hearings. Pro forma sessions are an effective way to stop the nomination process. Pro Forma sessions are being held during the interval between the 110th & 111th Congressional sessions which will begin 6 JAN 09. [Source: EANGUS Minuteman Update 18 Dec 08 ++]

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NURSING HOMES UPDATE 07: The Centers for Medicare & Medicaid Services (CMS) has released quality ratings for each of the nation's 15,800 nursing homes that participate in Medicare or Medicaid. Facilities are assigned star ratings from a low of one star to a high of five stars based on health inspection surveys, staffing information and quality of care measures. The search system allows users to simply input their Zip Code to get star ratings of nursing homes in their area. This information has recently been updated, and can be accessed at this link: <http://www.disabilityinfo.gov/digov-public/public/DisplayPage.do?parentFolderId=138>. Before you make any decisions about long term care, get as much information as you can about where you might live and what help you may need. A nursing home may not be your only choice. Discharge planners and social workers in hospitals, nursing homes, and home health agencies can explain your options and help arrange your care. You or your family member may have other long-term care choices like community-based services, home care, or assisted living depending on your needs and resources. For more information on this refer to Alternatives to Nursing Homes at <http://www.medicare.gov/NHCompare/static/tabSI.asp?language=English&activeTab=3&subTab=3&version=default>. [Source: DisabilityInfo.gov 18 Dec 08 ++]

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DISABILITY EVALUATION SYSTEM DOD-VA UPDATE 01: The pilot for a new, jointly-developed DoD-VA disability evaluation system (DES), set to expand from five to 22 military bases by May 09, does much of what proponents hoped it would. It allows more injured or ill service members to win higher disability ratings, to see VA payments start faster and, through greater transparency in the process, to feel they have been treated more fairly by government. But there have been enough kinks and challenges uncovered by the pilot to persuade designers in the departments of Defense and Veterans Affairs not to expand so quickly that the program outpaces the additional staff that needs to be hired and trained, particularly at the largest military bases. Sam Retherford, director of officer and enlisted personnel management in DoD, has overseen phase-in of this landmark disability reform, starting in NOV 07 in the Washington D.C. area, including Walter Reed Army Medical Center and Bethesda Naval Medical Center. He said nearly 900 disabled service members have been through the improved DES. As many as 700

a month will process through the expanded pilot.

The centerpiece of the reformed DES, reflecting recommendations of last year's various wounded warrior studies, is the partnering of the two departments for diagnosing, rating and compensating disabled members. The aim is to end the wasteful, time-consuming and confusing practice of DoD and VA both conducting their own disability evaluations, one before and one after discharge or retirement. Under the pilot, VA conducts the single, comprehensive physical examination while members are on active duty, and prepares a single disability evaluation used by each department. The military service uses the findings to determine fitness for duty. Those members found unfit are separated or retired. But the service continues to base its decision and disability rating only on medical conditions that make the member unfit for duty. A rating for unfitting conditions of 20% or less qualifies for a lump sum severance payment. A rating of 30% or higher on those conditions qualifies a member for military disability retirement, which means a lifetime annuity, access to military health care and base stores and facilities. The VA simultaneously awards an overall rating based on all service-related conditions to set its compensation payment. The member then can choose, before leaving service, between the DoD or VA outcomes.

In a report to Congress on the pilot, DoD and VA officials in NOV said the "initial reviews...are favorable," citing improved "outcomes" on level of ratings, timeliness and the transparency of the process. Retherford said, "With VA doctors using VA protocols to evaluate and rate disabilities, pre-discharge rating have risen 10 to 20%. VA doctors are trained to document conditions more thoroughly with an eye toward long-term effect. Military doctors, by contrast, focus their evaluations on diagnosis and treatment. The pilot will expand to 17 bases outside the D.C. area over the next five months. They are: for Army, Fort Carson CO, Fort Drum NY, Fort Stewart GA, Fort Richardson AK, Fort Wainwright AK, Brooke Army Medical Center TX, and Fort Polk LA; for Navy: Naval Medical Center (NMC) San Diego and Camp Pendleton CA, NMC Bremerton WA, NMC Jacksonville FL, and Camp Lejeune NC; for Air Force: Vance Air Force Base OK, Nellis Air Force Base NV, MacDill Air Force Base FL, Elmendorf Air Force Base AK, and Travis Air Force Base CA. These bases will provide more diverse data to better judge the effect of the new DES."

The D.C. area processes a high number of severely wounded members leaving service from Walter Reed or Bethesda. The pilot imposes a heavy document workload on facilities and on Physical Evaluation Board Liaison Officers (PEBLOs) or case managers. But a consensus among all involved affirms "this is a good thing," Retherford said. Randy Reese, national service director for Disabled American Veterans, both praised and criticized the DES pilot. To have VA conduct physicals and awarding ratings for DoD is a marriage made in heaven, he said. "The results of the decisions are better. They are definitely more consistent and ratings awards before discharge have definitely improved. Also VA compensation begins immediately after discharge, eliminating a huge hassle and long waits for disabled veterans to receive first payments. The pilot doesn't address a need that disabled members have for advocacy counseling, either by trained JAG officers or by veteran organization representatives, from the start of the DES. The PEBLO will provide information but they are not an advocate." [Source: Stars and Stripes Tom Philpott, article 13 DEC 08 ++]

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**BURIAL IN ARLINGTON:** Arlington National Cemetery does not make prearrangements. However, upon the passing of the veteran or veteran's spouse, the surviving spouse or personal representative should contact a local funeral home to arrange for any desired services in the home town. While the surviving spouse or personal representative is at the funeral home, the funeral director should telephone the Interment Office at Arlington National Cemetery (703) 607-8585 to arrange for the interment service. Before scheduling the service, the cemetery staff will need to determine the eligibility of the deceased. Upon verification of eligibility, they will schedule the interment. You can assist in the process ahead of time by making sure you have the proper documentation and your survivor(s) know where to locate that information. The key document required is your DD-214 (discharge/separation from the military). The DD-214 generally provides all required information for verifying eligibility. The Web site [www.arlingtoncemetery.org](http://www.arlingtoncemetery.org) contains detailed information on the documentation required for verification of eligibility. Funeral honors available to eligible retirees, (regardless of interment at Arlington) consist of a minimum of two uniformed armed forces members (one from the service of the deceased), the folding and presentation of the American flag, and ceremonial bugle or a recording of "Taps" if a bugler is unavailable.

It is important to understand military funeral honors are not automatic. The next of kin must request the honors and the funeral director must contact DoD by calling (877) 645-4667. For information about Chaplain Services at the Cemetery, contact the following: Air Force Chaplain (703) 607-8954; Navy Chaplain (703) 607-8960; Army Chaplain (703) 607-8959. Funeral services are provided Mon thru Fri, except federal holidays, during the hours 9:00 a.m. through 3:00 p.m. Family and friends should arrive at the cemetery approximately one half hour prior to the scheduled service time and must provide their own transportation for funeral services at the Cemetery. They will be required to drive from the administration building or chapel to the gravesite. The cemetery is open year round (365 days) for visitation from 8:00 a.m. through 5:00 p.m. 1 OCT thru 31 MAR and 8:00 a.m. through 7:00 p.m. 1 APR thru 30 SEP.

Starting early next year, the Army will allow full military funeral honors at Arlington for all soldiers killed in action. Full military honors include a caisson, band, colors team and an escort platoon in addition to the standard honors of a firing party, bugler and chaplain. In the past, the caisson was available only for officers killed in action because of limited availability. The persons specified below are eligible for ground burial in Arlington National Cemetery. The last period of active duty of former members of the Armed Forces must have ended honorably. Interment may be casketed or cremated remains.

- Any active duty member of the Armed Forces (except those members serving on active duty for training only).
- Any veteran who is retired from active military service with the Armed Forces.
- Any veteran who is retired from the Reserves is eligible upon reaching age 60 and drawing retired pay; and who served a period of active duty (other than for training).
- Any former member of the Armed Forces separated honorably prior to 1 OCT 49 for medical reasons and who was rated at 30% or greater disabled

effective on the day of discharge.

- Any former member of the Armed Forces who has been awarded one of the following decorations: Medal of Honor; Distinguished Service Cross (Navy Cross or Air Force Cross); Distinguished Service Medal; Silver Star; Purple Heart.

- The President of the United States or any former President of the United States.

- Any former member of the Armed Forces who served on active duty (other than for training) and who held any of the following positions:

- a. An elective office of the U.S. Government

- b. Office of the Chief Justice of the United States or of an Associate Justice of the Supreme Court of the United States.

- c. An office listed, at the time the person held the position, in 5 USC 5312 or 5313 (Levels I and II of the Executive Schedule).

- d. The chief of a mission who was at any time during his/her tenure classified in Class I under the provisions of Section 411, Act of 13 AUG 46, 60 Stat. 1002, as amended (22 USC 866) or as listed in State Department memorandum dated 21 MAR 88.

- Any former prisoner of war who, while a prisoner of war, served honorably in the active military, naval, or air service, whose last period of military, naval or air service terminated honorably and who died on or after 30 NOV 93

- The spouse, widow or widower, minor child, or permanently dependent child, and certain unmarried adult children of any of the above eligible veterans.

- The surviving spouse, minor child, or permanently dependent child of any person already buried in ANC.

- The parents of a minor child, or permanently dependent child whose remains, based on the eligibility of a parent, are already buried in ANC.

- The widow or widower of:

- a. A member of the Armed Forces who was lost or buried at sea or officially determined to be missing in action.

- b. A member of the Armed Forces who is interred in a US military cemetery overseas that is maintained by the American Battle Monuments Commission.

- c. A member of the Armed Forces who is interred in Arlington National Cemetery as part of a group burial.

Note: A spouse divorced from the primary eligible, or widowed and remarried, is not eligible for interment.

Provided certain conditions are met, a former member of the Armed Forces may be buried in the same grave with a close relative who is already buried and is the primary eligible. [Source: MOAA News Exchange 17 Dec 08 ++]

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VA SECRETARY UPDATE 09: Nominating retired Army Gen. Eric Shinseki as secretary of veterans affairs is the latest bold move by President-elect Barack Obama to reassure troops and veterans that he intends to look out for their welfare. Like his decisions to keep Defense Secretary Robert Gates in that job and naming retired Marine Commandant Gen. James Jones as his national security adviser, Obama's nomination of the former Army chief of staff to lead VA has the potential to prove similarly inspired. Shinseki served for 38 years, despite losing part of a foot to a land mine in Vietnam. As a combat veteran and a disabled veteran, he has instant credibility as VA secretary. But in his years as Army chief of staff, Shinseki showed a quirk that could work against him at VA — he sometimes went into a defensive crouch when his views and decisions were criticized.

When he decided in 2000 that all soldiers would wear black berets, for example, his refusal to define his reasons for such a dramatic change and to make any effort to sell it to his troops led to a public relations fiasco that dragged out for many months. Shinseki resisted commenting to the media and even Congress; it took a subpoena to get him to Capitol Hill to discuss the issue. In 2003, his statement to lawmakers that “several hundred thousand troops” would be needed to occupy Iraq brought a humiliating public rebuke from former Defense Secretary Donald Rumsfeld, who wanted a much smaller force for that mission.

While hindsight has shown that Shinseki’s views were right on the mark, he refused to defend himself at the time and quietly retired a few months later. But a small vignette at the chief of staff’s annual holiday party in 2000 at his personal quarters on Fort Myer, Va., illuminates another side of Shinseki. During the party, attended by many top-level Pentagon officials and members of the media, Shinseki was introduced to the wife of an Army Times editor. In the ensuing small talk, she mentioned that her father also was a Vietnam veteran. Shinseki left his own party, bounded upstairs and returned with one of the commemorative coins that senior military leaders hand out on their official travels. He gave it to his guest and asked that she present it to her father, with thanks from the Army chief of staff for his wartime service. That tale highlights Shinseki’s deep bond with those who serve. But the job of VA secretary is a far cry from that of a general who issues orders with impunity and expects them to be followed without question or dissent.

VA receives heavy, constant scrutiny both from Congress and from the many advocacy groups for veterans and their families — and for good reason. In recent years, VA has endured a string of embarrassing problems, including badly underfunded budgets and a health care system still struggling to accommodate the swelling ranks of disabled veterans from the current wars. Personal data on millions of veterans has gone missing, documents to verify benefits claims have been trashed and a stubborn mountain of 400,000 backlogged benefits claims has resisted all efforts to reduce it. Shinseki can expect to take frequent flak on these and other issues. To effectively lead VA in confronting the challenges, he can’t go into bunker mode; he must publicly and forcefully make the case for getting VA the resources required to fully serve the needs of our veterans — and then work to build consensus to make it happen. If he does that, he has the opportunity to become a truly transformational leader at VA. [Source: ArmyTimes Editorial 17 Dec 08 ++]

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**NORTH CAROLINA VET TAX EXEMPTION UPDATE 01:** Under the North Carolina Modify Appropriations Act of 2007 a homestead exemption on property tax is allowed for disabled veterans and/or if deceased their unremarried spouses. The exemption allows the first \$45,000 of assessed value to be excluded from property taxes. To qualify the recipient must:

- Be a North Carolina resident
- Be honorably discharged
- Provide certification by the United States Department of Veterans Affairs or another federal agency that the veteran has a permanent total disability that is service-connected.
- Be the owner as of 1 JAN preceeding the taxable year for which the exclusion is allowed.
- Occupy the property as his permanent residence.

- Not be in receipt of any other property tax exclusion

An owner does not lose the benefit of this exclusion because of a temporary absence from his or her permanent residence for reasons of health or because of an extended absence while confined to a rest home or nursing home, so long as the residence is unoccupied or occupied by the owner's spouse or other dependent. A permanent residence owned and occupied by husband and wife as tenants by the entirety is entitled to the full benefit of this exclusion notwithstanding that only one of them meets the requirements. When one or more co-owners of a permanent residence qualify for the exclusion and none of the co-owners qualifies for the exclusion each co-owner is entitled to the full amount of the exclusion. The exclusion allowed to one co-owner may not exceed the co-owner's proportionate share of the valuation of the property, and the amount of the exclusion allowed to all the co-owners may not exceed the \$45,000 exclusion. Applications can be submitted starting 1 JAN 09. For additional info regarding tax rates by county and county addresss with phone numbers refer to [www.dor.state.nc.us/publications/property.html](http://www.dor.state.nc.us/publications/property.html) . [Source: NC 2007 House Bill 2436 pg 209 Dec 08 ++]

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VA INTERIM BENEFIT LAWSUIT UPDATE 01: A hearing was held 17 DEC in a lawsuit aimed at cutting the time that the Department of Veterans Affairs takes to process disability claims to no more than 90 days. Vietnam Veterans of America and Veterans of Modern Warfare filed the lawsuit against VA after learning the department took as long as a year to come up with disability benefits decisions, and as long as four years to rule on appeals of those decisions. The average time for an initial decision is about six months. VA has a benefits claims backlog of more than 400,000 cases. Rita Reese, principal deputy assistant VA secretary for management, told Congress in JAN 08 that the department would increase the number of fulltime case workers from 14,857 to 15,570, with a goal of reducing the disability claims backlog to 298,000 by the end of fiscal 2009, which would be a drop of 24%. The lawsuit asks for monetary relief for veterans if VA can't reduce its processing time. "Delayed disability benefit awards create an additional and, in many cases, unmanageable stress for an already suffering population," VVA and VMW officials said in a joint press release. "According to the VA, the suicide rate among individuals in the VA's care may be as high as 7.5 times the national average, and every night, more than 150,000 American veterans are homeless." They blamed those problems in part on benefit delays that could cause people who are unable to work to lose their homes, jobs and families.

U.S. District Judge Reggie Walton rejected veterans groups bid to force the Veterans Affairs Department to speed up handling of its disability claims, saying it was not the court's role to impose quicker deadlines. Walton said he was sympathetic to the plight of disabled veterans, many of whom he acknowledged might face unemployment and homelessness in a tightening economy. But he said that setting a blanket rule of 90 days for processing claims was a role for Congress and the VA secretary to decide. "It has to be appreciated that courts play a limited role," Walton told a courtroom filled with about two dozen veterans and their family members. "I am being asked here in a sense to run the VA and set in place a timeline that Congress has not. As much as I as an individual would like to see claims expeditiously concluded ... I just don't see how I could provide the

relief. If I did, I would be reversed in a heartbeat.”

Earlier in the hearing, Robert Cattanach, an attorney representing veterans, called the VA’s delays “egregious and unacceptable.” Noting that the backlogs have persisted for nearly a decade, he argued that the VA has no incentive or requirement to improve its practices without a clear deadline. “Give some help to these veterans who so desperately need it,” he pleaded. But government attorney Ron Wiltsie countered that the VA is working to reduce delays and has made some improvement. In recent months, the VA has added dozens of claims processors and now says it has whittled delays from 178 days to about 163 days. The VA should be allowed to continue its work without micromanagement and blanket judgments from a federal judge who has not reviewed the individual cases, Wiltsie said.

The hearing came as the VA is scrambling to upgrade government technology systems before new legislation providing for millions of dollars in new GI education benefits takes effect next August. On 13 DEC, the VA also said it was working to pay back millions of dollars in government benefits to surviving spouses of veterans who — due to computer glitches — were wrongfully denied disability checks during the month of their spouse’s death. President-elect Barack Obama has pledged to “fix the benefits bureaucracy” at VA. Earlier this month, he named retired Gen. Eric K. Shinseki, a former Army chief of staff, to be the next VA secretary. Julie Mock, president of the Washington, D.C.-based Veterans of Modern Warfare, said she and other veterans are tired of broken promises and months of delays. “It’s time the VA is held accountable,” she said. “We’re hopeful that President-elect Obama will make drastic changes.” [Source: NavyTimes Kelly Kennedy & AP articles Hope Yen 16 & 17 DEC 08 ++]

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**MEDICARE PHYSICALS:** Starting in 2009, you will be entitled to a one-time routine physical exam within the first 12 months of enrolling in Medicare Part B (in past years you had to take advantage of this benefit within the first six months of coverage). After you have your “Welcome to Medicare” physical, Original Medicare will not pay for any more routine physicals. However, a number of Medicare private health plans, sometimes called Medicare Advantage plans, cover annual routine physicals. These private health plans contract with Medicare and are paid a fixed amount to provide Medicare benefits. They are generally “managed care plans.” The most common types are Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), and Private Fee-For-Service (PFFS) plans. You may also see Medicare Advantage plans called Special Needs Plans (SNP), Provider Sponsored Organizations (PSO) and Medicare Medical Savings Accounts (MSAs). You still have Medicare if you join a Medicare private health plan. In most cases, you must still pay your Part B monthly premium (and your Part A premium, if you have one). The plan must provide all Part A and Part B services but can do so with different rules, costs and restrictions that can affect how and when you can get care. If they choose to do so, private plans can provide additional benefits that Original Medicare does not cover, such as general checkups, routine vision or dental care.

Different types of plans have different rules for how and where you can get coverage. However, even plans of the same type may have slightly different rules so you should always check with a plan directly to find out how coverage works. Private health plans often charge a premium in addition

to the Medicare Part B premium. They also generally charge a fixed amount called a "copayment" whenever you receive a service. You can join any Medicare private health plan if:

- You have Medicare Parts A and B; and
- You live in the health plan's service area; and
- You do not have End-Stage Renal Disease (ESRD). Note: If you have ESRD that requires dialysis, you can only join a "Special Needs Plan" that specifically accepts people with ESRD, if there is one in your area. SNPs are generally HMOs or PPOs designed for people with specific needs.

If you want Medicare drug coverage (Part D), you must generally choose a private health plan that has this drug coverage as part of its benefits package. If you join an MSA, a PFFS without drug coverage, or a Cost Plan, you can join a stand-alone drug plan known as a PDP. [Source: Medicare Rights Center 15 Dec 08 ++]

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NATIONWIDE HEALTH INFORMATION NETWORK (NHIN): The social security Administration has announced that it will be the first government agency to utilize the Nationwide Health Information Network (NHIN). Beginning in early 2009, Social Security will receive medical records for some disability applicants electronically through the NHIN gateway, which is expected to speed up the processing of disability claims. NHIN is being developed to provide a secure, nationwide, interoperable health information infrastructure that will connect providers, consumers, and others involved in supporting health and healthcare. This critical part of the national health IT agenda will enable health information to follow the consumer, be available for clinical decision making, and support appropriate use of healthcare information beyond direct patient care so as to improve health. The NHIN seeks to achieve these goals by:

- Developing capabilities for standards-based, secure data exchange nationwide.
- Improving the coordination of care information among hospitals, laboratories, physicians' offices, pharmacies, and other providers.
- Ensuring appropriate information is available at the time and place of care.
- Ensuring that consumers' health information is secure and confidential.
- Giving consumers new capabilities for managing and controlling their personal health records as well as providing access to their health information from EHRs and other sources.
- Reducing risks from medical errors and supporting the delivery of appropriate, evidence-based medical care.
- Lowering healthcare costs resulting from inefficiencies, medical errors, and incomplete patient information.
- Promoting a more effective marketplace, greater competition, and increased choice through accessibility to accurate information on healthcare costs, quality, and outcomes .

The Office of the National Coordinator (ONC) is advancing the NHIN as a 'network of networks,' which will connect diverse entities that need to exchange health information, such as state and regional health information exchanges (HIEs), integrated delivery systems, health plans that provide care, personally controlled health records, Federal agencies, and other

networks as well as the systems they, in turn, connect. [Source: DisabilityInfo.gov article 16 Dec 08 ++]

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**BURN PIT TOXIC EMISSIONS UPDATE 04:** In response to a question about the burn pit at Joint Air Base Balad, Gen. David Petraeus, the chief of U.S. Central Command, said the need for burn pits will continue, but the military is trying to minimize exposure to possible toxins. "Much effort has gone into locating/relocating pits in remote areas of the operating bases to minimize exposure, training personnel on proper operation, developing/circulating operating procedures and assessing burn pit operations to include corrective action," Petraeus wrote. After Military Times investigated possible chemicals and dioxins troops may have been exposed to in Afghanistan and Iraq from giant open-air pits that were burning everything from plastic bottles to used petroleum products, Sen. Russ Feingold (D-WI) wrote a letter to Petraeus asking if the burn pits were being investigated. Petraeus said thousands of air, water and soil samples have been tested. However, Military Times has learned that the Balad is the only base where the burn pit specifically has been checked. A military report found toxin levels in the plume at acceptable levels; however, data on testing for particulate matter in that plume has not yet been released.

More than 100 service members have contacted Military Times saying they became sick with asthma, sleep apnea, heart palpitations, bronchitis, and lymphoma or leukemia while at Balad. Disabled American Veterans is working to see if there are any trends in their illnesses, as well as to help people file claims with the Veterans Affairs Department. An initial report from the burn pit, which remains classified, showed high levels of cancer-causing dioxins; however, military officials say that was due to a computer error and that dioxin levels are actually within normal limits. A second unclassified report shows the toxin levels are safe, if the data on particulate matter is excluded. However, the second report also states that reliability is low due to the number of samples. "As part of the on-going occupational and environmental health surveillance program, a second comprehensive study of the air quality at Joint Base Balad was conducted and the results will be published soon and help guide recommendations for the frequency and extent of future air quality monitoring," Petraeus wrote. He also said service members have health monitoring data included in their medical records.

The Joint Staff and other agencies will "continue to collect air, water and soil samples for scientific analysis in an effort to monitor potential exposure levels to our personnel and local Iraqis," Petraeus wrote. He also said he expects 23 incinerators, in addition to the 17 now operating in Iraq, to be completed by DEC 09. In Afghanistan, treatment and disposal facilities are "in the process" of being designed. "Additionally, I am establishing an environmental program team ... to help identify and resolve environmental issues from operations in Afghanistan," Petraeus said. Feingold said he had hoped to see more. "I look forward to reviewing the results of the study of the air quality at Balad Air Base," Feingold said by e-mail. "But based on the preliminary briefings my staff has received, I remain concerned that service members may become sick as a result of exposure to fumes at Balad Air Base and potentially other bases in Iraq and Afghanistan." Feingold said he wonders about service members who spent more than 12 months, as well as Iraqis who spend years, breathing in the fumes.

"I will continue to work to ensure that the military does what it can to reduce exposures and ensure that any service member who becomes ill receives all necessary treatment," he said. [Source: NavyTimes Kelly Kennedy article 16 Dec 08 ++]

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TRICARE OVERSEAS FRAUD/ABUSE UPDATE 01: The system for providing health care to Department of Defense employees remains vulnerable to fraud overseas, years after a Philippines company swindled taxpayers out of \$100 million, a recent report warned. Pentagon officials say they are taking several steps to implement tighter controls over the program in the coming months and years. But a spokesman acknowledged this week that identifying and correcting problems in the Tricare program "is time consuming and complex" given its mission to provide benefits all over the globe. The 30 SEP report by the Department of Defense Office of Inspector General found lax controls in paying claims to overseas doctors and hospitals who treat active and non-active duty military personnel. Overlapping responsibilities for claims meant Department of Defense employees, military contractors and military bases accidentally made duplicate payments for the same services, auditors found. Auditors said they could not determine how many duplicate payments were made because records were poorly kept. However, they said their limited review identified 90 instances between 2004 and 2006 in which multiple organizations paid for the same health care benefits, totaling \$50,000 in overpayments. Each organization has no way of knowing whether a specific claim has already been paid and may calculate benefits differently, leading to overpayments, the report said.

The report found no evidence that fraudulent claims had been submitted but warned of a "substantial risk" that overseas patients, employees and providers could get away with ripping off the program if they tried. Similar weaknesses allowed widespread abuse by Health Visions Corp., a Philippines company that submitted fraudulent and inflated claims to bilk the U.S. government of by \$100 million between 1998 and 2004, the report noted. "Health care providers and patients could similarly exploit the weaknesses we identified in this report," it said. The most recent audit looked at the overseas component of the Supplemental Health Care Program, which covers services civilian doctors provide to certain active duty service members, reserve personnel, ROTC students and others. In response, the Pentagon said it would award a contract to have one company process and pay all overseas claims. That should eliminate duplicate payments when the changes go into effect as early as next year, officials said. Program spokesman Austin Camacho said each military service has had its own approach for paying overseas claims and replacing them with a single contract should be more efficient. "Paying claims within the continental U.S. is complicated," he said. "Doing the same overseas with multiple nations is even more so."

In the meantime, commanders at military treatment centers are now being given information on claims paid and must verify that no duplicate payments are being made. The Pentagon also will try to recoup the \$50,000 in overpayments identified by auditors. Federal prosecutors in Madison have spent years investigating overseas fraud in the Tricare program because Madison-based WPS Health Insurance is the subcontractor that pays most overseas claims. About three dozen U.S. military veterans and foreign workers have been charged. Most of the fraud has centered in the Philippines. In June, a former Health Visions executive was sentenced to

five years in prison for helping the company bilk \$100 million from the program. U.S. District Judge Barbara Crabb called the amount of the fraud "horrifying." She also has ordered the company to pay \$99.9 million in restitution and liquidate all of its assets including land, hospitals and office buildings, within 10 months. The proceeds will be used to pay restitution, although prosecutors acknowledge they will only likely recover a fraction of the full amount. Last month, Crabb dismissed charges against a Filipino doctor accused of submitting an estimated \$2 million in fraudulent claims to the Tricare program in 1999 and 2000. She ruled his constitutional right to a speedy trial had been violated because investigators waited four years to arrest him after his indictment. [Source: AirForceTimes Ryan J. Foley article 14 Dec 08 ++]

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VA EMERGENCY CARE UPDATE 02: At some time in your life, you may need emergency care. For veterans enrolled in the VA Health Care system when it is not possible for you to go to a VA medical center, you should go to the nearest hospital that has an emergency room. If you are in an ambulance, the paramedics will usually take you to the closest emergency room. A medical emergency is when you have an injury or illness that is so severe that without immediate treatment, the injury or illness threatens your health or life. Use your best judgment in deciding whether or not it is a medical emergency. If you believe it is call 911 or go to the nearest emergency room. You do not need to call the VA before you obtain emergency care. However, if you are admitted, your family, friends or hospital staff should contact the nearest VA medical center as soon as possible to provide information about your emergency room visit. If the doctor wants to admit you to the hospital, and it is not an emergency you must obtain approval from the VA. You, a friend, a family member, or someone from the non-VA hospital must call the closest VA medical center and speak to the patient transfer or patient administration representative. This must be done within 72 hours of your arrival at the emergency room. If a VA bed is available and if you can be safely transferred, you must be moved. If you refuse to be transferred, the VA will not pay for any further care.

VA will not pay for emergency care if you are in jail. Usually the jail has responsibility for providing you with medical care. VA will only pay for emergency care outside the US if your emergency is related to a service-connected condition. Contact the VA Health Administration Center at (877) 345-8179. You can find more information on the Foreign Medical Program at <http://www.va.gov/hac/hacmain.asp>. All claims should be filed with the nearest VA medical center as quickly as possible. Time limits usually apply. You may have to pay for a portion of your emergency care dependent on several factors which vary according to the care you received. Your local VA medical center's patient benefits counselor can explain these and other factors and their impact on your particular circumstance. You can also get answers to your questions on the Health Administration Center Internet website at <http://www.va.gov/hac/hacmain.asp> under Non-VA Care. [Source: <http://www.nonvacare.va.gov/emergencycare.asp> 16 Dec 08 ++]

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RESERVE RETIREMENT AGE UPDATE 14: Some members of the National Guard and Reserve can now retire after they have performed 20 or more years of creditable military service. The amount of retirement pay they receive is

based on a system of points earned for for Guard/Reserve and active duty service performed during their careers. To review this point system refer to <http://usmilitary.about.com/od/reserveretirementpay/a/reserveretire.htm>. Under previous law, members of the Guard and Reserves could not begin receiving their retired pay until age 60. Under a change implemented by the FY 2009 National Defense Authorization Act (NDAA), however, certain members may be able to start receiving their retired pay as early as age 50. The law does not change eligibility for military medical benefits, however. In order to receive military retiree medical benefits, the member must still wait until age 60. Under the new law, members of the National Guard and Reserves are able to reduce the age at which they are eligible to receive retirement pay by three months for each cumulative period of 90 days served on active duty in any fiscal year. Qualifying active-duty service performed after 28 JAN 08, the date on which the fiscaNDAA was enacted, is creditable. Also included is full-time National Guard duty served under a call to active service by a governor and authorized by the president or the secretary of Defense under 32 U.S.C. § 502(f) for purposes of responding to either a national emergency declared by the president or a national emergency supported by federal funds.

The law does not provide credit for time served on or before that date. Most active duty time qualifies, including training, operational support duties and attendance at military schools; however, some periods of active duty do not. Active duty time which does not qualify under the program includes:

- Weekend drills
- Annual 2 weeks training
- While in captive status
- For medical treatment, medical evaluation for disability, or medical studies
- As a member not assigned to, or participating satisfactorily in, units
- Full-Time Guard/Reserve programs, such as AGR, or TAR
- For disciplinary/courts-martial
- For muster duty

Only active duty time performed as a member of the Guard/Reserves count. In other words, if a member joined active duty for four years, then got out and joined the Guard or Reserves, the active duty time does not count toward earning early retirement (it does count when computing retirement points, however). Here's an example on how this works: A reservist performed five days of active-duty service on MPA orders in FEB 08. He then volunteered for active duty beginning 1 JUN and ending 30 NOV (leave, reconstitution and post-deployment/mobilization respite absence included, as applicable). The reservist performed a total of 127 days of active-duty service in fiscal 2008 and 61 days in fiscal 2009. Under this scenario, all of the active-duty time the reservist performed could be credited toward reduced retirement age eligibility because it was active-duty time performed under circumstances permitted under the new law (i.e., orders for voluntary service). However, because time credited must total 90 days or must be in multiples of 90 days in the aggregate during a fiscal year in order to correspondingly reduce his retirement age by three months, or multiples of three months, the reservist will be able to reduce his retirement age by three months for fiscal 2008. Had he performed 53 more days of active-duty service after 28 JAN and before going on active duty 1 JUN, he would have accumulated 180 total days for fiscal 2008 and thus would be able to reduce his retirement age by six months. Similarly, because the

reservist has so far served on active duty 61 days in fiscal 2009, he must perform an additional 29 days of active-duty service some time during the year in order to reduce his retirement age by an additional three months. [Source: About.com US Military Guide Rod Powers article 15 Dec 08 ++]

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**GUARD/RESERVE RETIREMENT PAY POINT SYSTEM:** If you are a member of the Active Reserves or or National Guard member, you must meet the following minimum requirements to be eligible for retired pay at age 60 (age 50 in some cases):

- Be at least 60 years of age (Note: Some reservists may qualify for retirement pay as early as age 50); and
- Have performed at least 20 years of qualifying service computed under Section 12732, Title 10, United States Code (See Qualifying Year below); and
- Have performed the last eight years of qualifying service while a member of the Active Reserve. (NOTE: If you completed your service requirement between 5 OCT 94 and 30 SEP 01, you need only have performed the last 6 years of qualifying service while a member of the active Reserve). (Added Note: Effective 1 OCT 02, and on, the eight year requirement was changed to six years); and
- Not be entitled, under any other provision of law, to retired pay from an armed force or retainer pay as a member of the Fleet Reserve or the Fleet Marine Corps Reserve; and
- Must apply for retired pay by submitting an application to the branch of service you were assigned to at time of your discharge or transfer to the Retired Reserve. For those serving in the Army National Guard or Army Reserve the address is Commander, AR-PERSCOM, ATTN; ARPC-ALQ, 9700 Page Ave, St Louis, MO 63132-5200.

**Qualifying Year** - As a Reserve/National Guard member, you must have 20 "qualifying" years of service to be eligible for retired pay at age 60. A "qualifying year" is one in which you earn a minimum of 50 retirement points. This subject is too board and complex to be explained effectively in this article. In very general terms, however, a soldier establishes a retirement year ending date by entering the Active Reserve. The date you enter the Active Reserve is your retirement year beginning date (RYB). As long as you have no break in service, your retirement year ending date (RYE) will be one year later. For example, a soldier who joins the Active Reserve on 2 JUL 86 would have a RYB 2 JUL 86 and a RYE of 1 JUL 87.

**60/75 Point Rule** - Guard/Reserve members may accumulate a total of 365 points per year (366 in a leap year) from inactive and active duty service (one point for each day of duty). However, for retired pay calculation purposes, members can't use more than 60 inactive points per year (for Reserve years ending before 23SEP 96) or 75 inactive points per year (for reserve years ending on or after 23 SEP 96). This is commonly referred to as the "60-or 75-point rule."

**Computation Of Retired Pay** - To determine how much retired pay you may be eligible to receive, the first step is to calculate the number of equivalent years of service. The formula for computing equivalent years of service for Reserve retired pay at age 60 is fairly simple: Total number of Creditable Retirement Points, divided by 360. The formula computes the number of equivalent years of service the soldier has completed (comparable to full time service). For example, 3,600 points equals 10 years. Military Personnel

will notify the Defense Finance & Accounting Service – Cleveland Center (DFAS-CL) of the number of years service you've earned.

Separating/discharging rather than transferring to the Retired Reserve will impact your retired pay and should be carefully considered. Guard and Reserve members who separate or are discharged before age 60 will be credited for basic pay purposes only with the years up until their discharge. Members who transfer to the Retired Reserve until age 60 will receive credit (for basic pay purposes only) for the years spent in the Retired Reserve. Depending on the date you initially entered military service, also called your DIEMS date, your monthly Reserve retired pay will be calculated under the "Final Basic Pay" or "High-3" formula as follows:

- DIEMS date before 8 September 1980 – "Final basic pay." Multiply your years of satisfactory (equivalent) service by 2.5%, up to a maximum of 75%. Multiply the result by the basic pay in effect on the date your retired pay starts.
- DIEMS date on or after 8 September 1980 – "High-3." Multiply your years of satisfactory (equivalent) service by 2.5%, up to a maximum of 75%. Multiply the result by the average of your highest 36 months of basic pay. The highest 36 months for a member who transfers to the Retired Reserve until age 60 will normally be the 36 months before they turn 60. Members who request a discharge from the Retired Reserve before 60, however, can only use the basic pay for the 36 months prior to their discharge. Think carefully before requesting a discharge from the Retired Reserve!

Cost Of Living Adjustments To Retired Pay - Your retired pay will be increased annually by a cost-of-living allowance (COLA) based on the change in the Consumer Price Index (CPI) from the third quarter of one calendar year to the third quarter of the next. COLAs are normally effective 1 December and payable the first working day in January.

20-Year Letter - For years the services had difficulty accurately establishing when a member of a reserve component had completed 20 qualifying years of service. Many soldiers stopped participating when they believed they had completed 20 qualifying years only to discover, much too late (at age 60), that they did not meet the requirements for retired pay. In 1966, PL 89-652 imposed a requirement on the Service Secretaries to notify members of the reserve components when they had completed sufficient years for retired pay purposes. A letter with the subject "Notification of Eligibility For Retired Pay at Age 60," commonly referred to as the 20-year letter, does this. You should receive this letter within one year of completing 20 qualifying years of service for retired pay purposes.

[Source: About.com US Military Guide Rod Powers article 15 Dec 08 ++]

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VA DIRECT DEPOSIT: Every month, 730,000 veterans or survivors look for their compensation, pension checks or educational assistance payments in their mailboxes. Nearly all receive them, but theft and mail delays cause problems for some veterans, which can be prevented by direct deposits. The Department of Veterans Affairs (VA) is urging those veterans and family members now receiving paper checks to join nearly 3.1 million others whose VA payments are safely deposited electronically. "VA is teaming up with the Treasury Department in a new campaign to protect government beneficiaries against the theft of funds and of their identities," said Secretary of Veterans Affairs Dr. James B. Peake. "Veterans earned -- and rely on -- the financial support we send them every month. I urge them to help VA ensure

they get those funds reliably and safely by signing up for direct deposit."

Peake cited several easy ways to sign up for direct deposit:

- Calling VA toll-free at (800) 333-1795.
- Enrolling online at [www.GoDirect.org](http://www.GoDirect.org).
- Contacting a VA regional benefits office or their financial institution.

Information about direct deposits will be included in VA's monthly compensation and pension envelopes throughout 2009. The VA Secretary urged veterans to remember that direct deposits relieve worry about mail delivery being delayed by severe weather or natural disasters. The deposits also eliminate trips to banks or credit unions to deposit checks, while providing immediate access to money at the same time each month. [Source: VA News Release 15 Dec 08 ++]

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**ALBINISM:** Albinism usually refers to a disorder in which a person's skin and hair are unusually pale because of a lack of melanin. Melanin is produced by a melanocyte, a type of cell found in the skin, the hair follicles, and parts of the eye. Producing melanin is a complex process requiring many steps and enzymes (proteins that help specific chemical reactions to take place). When any one of these enzymes is abnormal or missing, melanin production is impaired. These enzymes are genetically based, so albinism is transmitted genetically. Some forms of albinism are carried on recessive genes, while others are transmitted through the X chromosome.

While melanin's role in skin and hair color is well known, it also plays a significant role in the development of nerve pathways of the eyes, and albinism can result in a variety of vision problems. In a normal eye, the pigment absorbs light. When pigment is lacking, the light refracts (bounces around) within the eye, which increases the effects of the light. Albinism also can cause nearsightedness, farsightedness, and astigmatism. Nystagmus, a fast, repetitive, involuntary side-to-side eye movement, also is common. Strabismus, or "crossed eyes," can be part of the syndrome. Strabismus usually is treated with surgery to cut the muscles that hold the eye in place, so the eye can be centered. With most other causes of strabismus, surgery corrects both the appearance of the eye and the vision. In the case of albinism, however, the problem is neurological, so surgically repairing the muscles does not alter the misrouted nerve pathways, and the eyes are not able to work together to gain depth perception. Surgery is primarily cosmetic in this case.

While oculocutaneous (eye and skin) albinism includes white- or light-colored hair and lack of melanin in the eyes, not all albinism results in light-colored skin. People with ocular albinism can have several eye problems but normal skin and hair color. Another type of albinism, in which the variant of the enzyme that is needed to make melanin is most functional at cooler temperatures, results in white hair under the arms and on the head with darker hair on the arms and legs. Other types may cause abnormalities in blood clotting and vision, lung fibrosis, and bowel problems. There is no treatment to reverse melanin deficiency. Most people with albinism will have a normal lifespan, though those with a particular type, Hermansky-Pudlak syndrome, could die prematurely from lung or other problems. Aside from visual problems, long-term consequences of albinism include skin cancer, which can be treated if diagnosed in its early stages. Minimizing sun

exposure with protective clothing, sunscreen, sunglasses, etc. is important for people with albinism (as it is for everyone). [Source: MOAA Magazine Ask the Doctor Oct 05]

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HAVE YOU HEARD: Aphorism: A short, pointed sentence expressing a wise or clever observation or a general truth; adage

1. The nicest thing about the future is that it always starts tomorrow.
2. Money will buy a fine dog, but only kindness will make him wag his tail.
3. If you don't have a sense of humor, you probably don't have any sense at all.
4. Seat belts are not as confining as wheelchairs.
5. A good time to keep your mouth shut is when you're in deep water.
6. How come it takes so little time for a child who is afraid of the dark to become a teenager who wants to stay out all night?
7. Business conventions are important because they demonstrate how many people a company can operate without.
8. Why is it that at class reunions you feel younger than everyone else looks?
9. Scratch a cat and you will have a permanent job.
10. No one has more driving ambition than the boy who wants to buy a car.
11. There are no new sins; the old ones just get more publicity.
12. There are worse things than getting a call for a wrong number at 4 AM. - .....It could be a right number.
13. No one ever says "It's only a game." when their team is winning.
14. I've reached the age where the happy hour is a nap.
15. Be careful reading the fine print. There's no way you're going to like it.
16. The trouble with bucket seats is that not everybody has the same size bucket.
17. Do you realize that in about 40 years, we'll have thousands of old ladies running around with tattoos? (And rap music will be the Golden Oldies)
18. Money can't buy happiness -- but somehow it's more comfortable to cry in a Corvette than in a Yugo.
19. After 60, if you don't wake up aching in every joint, you are probably dead!
20. Always be yourself because the people that matter, don't mind. And the one's that do mind don't matter.

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VETERAN LEGISLATION STATUS 1 JAN 08: All bills introduced in the 110th Congress that were not passed into law in 2008 are now void. They can be reintroduced into the 111th Congress if their sponsors decide to do so as new bills with new bill numbers. Congress will convene the 111th Congress on 6 JAN 09.

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