

# RAO BULLETIN

## 1 August 2009

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**NDAA 2010 Update 01:** On 23 JUL the Senate passed the 2010 National Defense Authorization Act (NDAA) S.1390 by a vote of 87-7. The House passed their version (H.R.2647) last month. The House and Senate bills include a number of other bills submitted as amendments that will impact favorably on the veteran community if they are not struck down in the compromise committee. Some of these are:

- End the deduction of VA Dependency and Indemnity Compensation (DIC) from military Survivor Benefit Plan (SBP) annuities. (Senate only).
- Find other ways of cutting DoD health costs besides shifting costs to retirees.
- Extend eligibility for TRICARE Standard to gray area retirees.
- Enhance transitional dental care for members of the reserve components on active duty for more than 30 days in support of a contingency operation.
- Include service after 11 SEP 01 in determination of reduced eligibility age for receipt of non-regular service retired pay. (S.Amdt: 1661)
- Require DoD to improve access to mental health care for family members of members of the National Guard and Reserve who are deployed overseas. (S.Amdt: 1799)
- Phase out the disability offset for medically retired members regardless of length of service.
- Conduct a study on adding the National D-Day Monument in Bedford Virginia to the National Park System.
- Put service-disabled veteran-run businesses on equal footing in the competition for small business government contracting programs.
- Phase-in the extension of concurrent receipt to all medically retired service members regardless of years of service.
- Eliminate the 2013 COLA delay that Congress passed last year. (House only)
- Allow agency heads to waive the requirement for retirees who are rehired part time to take a cut in their annuity checks. (S.Amdt: 1390)

House and Senate leaders will be appointed to a conference committee to resolve more than a thousand differences between the House- and Senate-passed versions of the defense bill including difficult issues on procurement, detainees and more. In the past these difficult negotiations have usually dragged on into October or November or beyond. It's possible that Congress will have an incentive to expedite defense bill negotiations this year in order to

clear the legislative decks for action on national health reform. But that remains to be seen. [Source: Various 30 Jul 09 ++]

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**VA MEDICARE SUBVENTION Update 02:** Rep. Bob Filner (D-CA), chairman of the House Veterans Affairs Committee introduced legislation 28 JUL that would allow VA to bill Medicare for third-party reimbursements of eligible veterans for nonservice-connected medical conditions. Currently, VA is prohibited from billing Medicare for third-party reimbursements for the treatment of enrolled, Medicare-eligible veterans for medical conditions that are unrelated to their military service. Since the 1990s, The American Legion has strongly recommended Medicare reimbursements to supplement VA's health-care annual budget. Through congressional testimony and numerous interviews with the media, the Legion has promoted Medicare reimbursement as a new revenue stream for VA. James Koutz, chairman of the Legion's National Legislative Commission says, "The only criterion for access to VA health care should be honorable military service. Medicare is just an insurance payer, not a health-care provider." The measure, "Medicare Reimbursement Act of 2009" (H.R.3365), has been referred to three House committees for consideration.

The day before Filner introduced his Medicare reimbursement bill, the House passed three bills that, if approved by the Senate, would improve benefits and services to veterans provided by VA. The legislation seeks to expand necessary life insurance options for veterans and their families, improve medical services at VA hospitals and clinics around the country, streamline the process for nonprofit research and education corporations to participate in VA endeavors, and provide essential support and training to those caring for wounded veterans. The legislation passed was:

- **H.R. 2770, as amended - Veterans Nonprofit Research and Education Corporations Enhancement Act of 2009.** This bill would modify and update provisions of law relating to nonprofit research and education corporations, so they can better support VA research.
- **H.R. 3155, as amended - Caregiver Assistance and Resource Enhancement Act.** This bill would provide support services to family and non-family caregivers of veterans, including educational sessions and one-stop access to support services at a caregiver support Web site. It would also make counseling and mental health services available to family and non-family caregivers of veterans.
- **H.R. 3219** - To make certain improvements in the laws administered by the VA secretary relating to insurance and health care. This comprehensive bill would expand options for veterans and servicemembers to obtain life insurance policies that better fit their needs and the needs of their families. The bill also improves health services for veterans by increasing the participation of physician assistants at the Veterans Health Administration, prohibiting the collection of co-payments for certain veterans who are catastrophically disabled, establishing a Committee on Care of Veterans with Traumatic Brain Injury, waiving housing-loan fees for some disabled veterans, expanding nursing-home care for certain veterans, and allowing Medal of Honor recipients to receive a priority status for medical services.

[Source: American Legion Online 30 Jul 09 ++]

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**SSA COMPASSIONATE ALLOWANCES PROGRAM Update 02:** In OCT 08, Social Security launched Compassionate Allowances to expedite the processing of disability claims for applicants with medical conditions so severe that their conditions by definition meet Social Security's standards. The program allows SSA to quickly target the most obviously disabled individuals for allowances based on objective medical information that they can obtain quickly. Michael J. Astrue, Commissioner of Social Security has held four Compassionate Allowance public outreach hearings this year to evaluate additional conditions to add to the list. The

first three hearings were on rare diseases, cancers, and traumatic brain injury (TBI) and stroke. The fourth public outreach hearing took place in Chicago on 29 JUL. Commissioner Astrue was joined by Marie A. Bernard, M.D., Deputy Director of the National Institute on Aging, National Institutes of Health, and other Social Security officials. They heard testimony from some of the nation's leading experts on early-onset Alzheimer's disease and related dementias about possible methods for identifying and implementing Compassionate Allowances for people with early-onset Alzheimer's.

"This year, through Compassionate Allowances and our Quick Disability Determination process, over 100,000 Americans with severe disabilities will be approved for Social Security disability benefits in a matter of days rather than the months and years it can sometimes take," said Commissioner Astrue. "We are now looking to add more diseases and impairments to these expedited processes. With today's hearing, we are expanding our focus from specific rare diseases and cancers to look at subgroups of much broader conditions. Early-onset Alzheimer's disease is a rapidly progressive and debilitating disease of the brain that affects individuals between the ages of 50 and 65 and clearly deserves consideration. "With the aging of the baby-boomers, we are beginning to see more, younger working Americans diagnosed with this devastating disease," Commissioner Astrue said.

The initial list of Compassionate Allowance conditions was developed as a result of information received at previous public outreach hearings, public comment on an Advance Notice of Proposed Rulemaking, comments received from the Social Security and Disability Determination Service communities, and the counsel of medical and scientific experts. Consideration was given to which conditions most likely met SSA's current definition of disability. A modest 50 conditions were selected for the initiative's rollout. The list can be seen at <http://www.socialsecurity.gov/compassionateallowances/conditions.htm> and will expand over time. To learn more and to view a web cast of the 29 JUL hearing, refer to [www.socialsecurity.gov/compassionateallowances](http://www.socialsecurity.gov/compassionateallowances). [Source: Disability.gov Benefits News & Events Update 29 Jul 09 ++]

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**MOBILIZED RESERVE 28 JUL 09:** The Department of Defense announced the current number of reservists on active duty as of 28 JUL 09. The net collective result is 851 fewer reservists mobilized than last reported in the Bulletin for 15 JUL 09. At any given time, services may activate some units and individuals while deactivating others, making it possible for these figures to either increase or decrease. The total number currently on active duty from the Army National Guard and Army Reserve is 111,879; Navy Reserve, 6,685; Air National Guard and Air Force Reserve, 13,925; Marine Corps Reserve, 8,341; and the Coast Guard Reserve, 698. This brings the total National Guard and Reserve personnel who have been activated to 141,528, including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel who are currently activated can be found at <http://www.defenselink.mil/news/Jul2009/d20090728ngr.pdf>. [Source: DoD News Release No. 561-09 29 Jul 09 ++]

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**CAMP LEJEUNE TOXIC EXPOSURE Update 07:** North Carolina's senior U.S. senator introduced a bill 28 JUL calling for the Department of Veterans Affairs to provide health care to veterans and their relatives who were exposed to contaminated water at Camp Lejeune. Sen. Richard Burr's bill, "Caring for Camp Lejeune Veterans Act of 2009 (S.1518)," would grant care at a VA facility to any veteran or family member who was based at Camp Lejeune and suffers from adverse health effects. Burr's office did not specify what kind of health problems, only that they are connected to exposure to contaminated water. A Marine Corps spokesman, 1st Lt. Brian Block, said the service would study the bill before making a statement. "As far as pending legislation, it is something we'd be very interested in seeing because anything that impacts our former residents and Marines is very

important to us," he said. "Our first concern is taking care of our Marines and their family members." Department of Veterans Affairs spokeswoman Katie Roberts said the VA can't comment on pending legislation. Water was contaminated by dry cleaning solvents and other sources at the base's major family housing areas: Tarawa Terrace and Hadnot Point. It is impossible to know how many people would qualify, Burr's office said. Health officials believe as many as 1 million people may have been exposed to the toxins trichloroethylene (TCE) or perchloroethylene (PCE) before the wells were closed 22 years ago.

"Camp Lejeune veterans and their families deserve closure on this tragic situation," Burr said in a statement. He is a member of the Senate Armed Services Committee and is the ranking member of the Veterans Affairs Committee. Jerry Ensminger, a retired Marine master sergeant who lived at the base, applauded the bill. He said veterans from the base are being diagnosed with cancer and the VA is turning down their claim because it is not service connected. "At least this is a start. We haven't had that up to this point," said Ensminger, whose daughter was conceived at Camp Lejeune and died of childhood leukemia in 1985 at age 9. "This legislation is great for providing help to those who need it but it does not by any means exonerate the Department of the Navy and Marine Corps of their culpability on this issue." He would still like to see a hearing on the issue in front of the full Senate Armed Services Committee. It was not immediately clear how the care offered in Burr's bill would be funded. Burr's office said the bill will offer veterans and their families some relief while the problem is studied. "This is kind of a first step in providing the care these folks need," said David Ward, a Burr spokesman.

People who lived at the base have claimed everything from child leukemia to skin lesions and rashes. A report released earlier this month by the National Academy of Sciences said there are severe challenges in trying to connect the contaminants to any birth defects, cancer and many other ailments suffered by people who lived and worked on base. The 341-page report reviewed past studies of the base's water and called into question the value of further studies. Burr's office stressed that the National Research Council report is not the final word on the issue, and he looks forward to seeing the results of the ongoing study of water by the Agency for Toxic Substances and Disease Registry. Burr and Sen. Kay Hagan (D-NC) have also asked the Navy for details about gaps in information. Hagan plans to meet with Navy Secretary Ray Mabus in September, according to her office. Veterans who have not already done so should register on the official Camp Lejeune Historic Drinking Water Registry at <https://clnr.hqi.usmc.mil/clwater> if they believe there is a possibility they or their family were exposed to the toxins. [Source: AP article 28 Jul 09 ++]

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**SPACE "A" INFO Update 02:** Air Mobility Command (AMC) recently unveiled its first official, command-level AMC Travel Web site. Members of the military community planning to travel the AMC military travel system can now go to [www.amc.af.mil/amctravel/index.asp](http://www.amc.af.mil/amctravel/index.asp) for the latest in AMC travel information. The site, which officially went live 24 JUL, offers prospective space-available travelers a wealth of information, including an updated AMC passenger terminal contact list (complete with phone, e-mail and Web links). The site also includes more than a dozen travel documents, example letters and brochures. Every day around the world, hundreds of military and military-contracted commercial aircraft travel the world delivering troops and cargo. And each year, hundreds of thousands of military personnel, retirees, and their family members go along for the ride, courtesy of the AMC space-available travel program. Space-available flights, also known as "military hops," are a unique benefit to U.S. servicemembers, retirees and their families. Under the AMC travel program, unused seats on U.S. military and military-contracted aircraft are made available to non-duty passengers on a space-available basis (once space-required or official-duty passengers and cargo have been accommodated).

Tech. Sgt. Steve Katsonis of the AMC passenger policy branch said, "The site was created to provide our customers a wealth of AMC travel information, which can be counted on to contain the most accurate and up-to-date

travel information available. Our customers deserved a Web site where they can obtain travel information that is correct, up to date and validated by AMC. This Web site will give them that ... officials understand the massive amount of anxiety and stress felt by space-required and space-available travelers ... Our goal is that this site will answer any questions the passengers will have, therefore minimizing their stress before they leave their homes." In the past, prospective space-available passengers frequently turned to one of several AMC headquarters offices in search of travel information. Although headquarters personnel are trained to respond to these public queries, Katsonis anticipates the new Web site will provide all their information and more. Additionally, he said trained passenger service agents at AMC terminals worldwide are standing by to assist. People searching for up-to-the-minute AMC travel information are encouraged to contact their nearest AMC passenger terminal. A current listing is available on the new AMC Travel site. For a copy of this list refer to the Word attachment to this Bulletin.

Active-duty dependent travel policies have gone through a few significant changes during the past few years. Department of Defense officials now allow unaccompanied travel by dependents when the military spouse is deployed on contingency/exercise/deployment orders, also known as CED orders. When the deployment is for 120 days or more, unaccompanied travel is authorized in category IV; and for deployments of 366 days or more, unaccompanied travel is authorized in the bottom of category III. A list of categories is included in the web site. Space-available travel is a great benefit, but it can be a stressful experience without the proper planning. "AMC never guarantees travel, and passengers need to be prepared for their (space-available) trip to take more time than it would were they traveling commercial," the sergeant said. He added that not every base is equipped with facilities or lodging capable of handling passengers stranded by a broken or rerouted aircraft. "The most important thing to remember when traveling Space-A is be prepared to fly commercial if problems are encountered. The key to a stress-free trip is to have a plan. Have enough money for all contingencies, and be mentally prepared for disappointment when plans don't come together." Note: Another useful source on Space A travel is George Peppard's Space A message board at <http://www.pepperd.com>. [Source: AMC News Service Mark Diamond article 29 Jul 09 ++]

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**CREDIT CARD CHARGES Update 03:** The Senate Commerce Committee chairman issued a subpoena 29 JUL to compel the release of documents in an ongoing investigation into unauthorized credit card charges. Sen. John D. Rockefeller IV (D-WV) has asked three companies for documents related to online "discount clubs." But he only subpoenaed one of them — Vertrue, Inc. The companies offer cash back or coupon rewards to consumers who enroll in their rewards programs. The offers typically occur as pop-ups after the consumer has purchased something from another Web site, including from some large retailers such as Priceline.com, Fandango.com and Staples.com. These retailers receive a payment from the discount club each time a customer enrolls. The pop-up will ask for an e-mail address in order to opt into a rewards program, often in exchange for a fee outlined in fine print. Enrolling in the program then triggers an exchange of credit card information between the two businesses, without any action on the consumer's part.

Consumer advocates say those who enroll in these programs may not be aware that their credit card will in fact be charged to enroll, since they aren't asked to cough up a credit card number. Rockefeller has asked for documents related to this practice from "post transaction marketers" Vertrue, WebLoyalty and Affinon, but so far has only subpoenaed Vertrue. In a letter to Vertrue President Gary Johnson, Rockefeller said Vertrue has resisted providing information, including internal discussions about the volume of consumer complaints, discussions with their business partners about unauthorized credit card charges, and the names and contact information of complainants. "You have withheld this information over committee staff's repeated objections, in an apparent attempt to prevent committee staff from verifying and learning more about dissatisfied customers' experiences with your company,"

the letter read. Johnson must produce the documents by 18 AUG or he will be compelled to appear before the committee on that date for questioning. [Source: CQ Today Midday Update 28 Jul 09 ++]

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**GRANDPARENT SCAM:** A new scam targeting military families is a good reminder to us all to review the personal information we put on social networking sites. It's a sordid twist on a longtime scam that targets grandparents. This one specifically targets grandparents of troops deployed to Iraq, most often those who have posted online that their grandson or granddaughter is deployed in the war zone. Here's how it works: Scam artists gather enough information from social networking sites to contact these grandparents and pose as their grandchildren. They say they're coming home on leave from Iraq, hoping to surprise their parents, and they ask the grandparents to keep the impending visit a secret. A short time later, the imposter again contacts the grandparents to say the visit's been sidetracked by a broken-down car. The imposter asks the grandparents to wire a large sum of money for car repairs.

Bridget Patton, a spokeswoman for the FBI's Kansas City, Mo., field office, said the office has not had a huge number of reports of this scam but considers even one or two reports to be significant. "Losing \$3,000 or \$4,000 can devastate someone financially," she said. Her office issued an alert, which also went out through FBI headquarters, "because we're trying to be proactive in getting the word out," she said. The Internet Crime Complaint Center, or IC3, has received about a dozen reports of this military-related grandparent scam, said Brian Hale, a spokesman for FBI headquarters in Washington. It's against FBI policy to confirm or deny ongoing investigative activity. "But in the past, we have launched cyber investigations as a result of reports coming in to IC3," Hale said. IC3 is a partnership among the FBI, the National White Collar Crime Center and the Bureau of Justice Assistance. Hale said people who believe they may be victims of a scam, or are being lured into a scam, should report it to [www.ic3.gov](http://www.ic3.gov). Depending on the nature of the scam, and how widespread it is, FBI officials might refer it to state law enforcement officials or launch their own investigation. Officials also work with other federal law enforcement authorities, such as the military services' criminal investigative agencies. "A lot of people don't realize that they've put personal information on the Internet that could lead to identity theft or a scam," Patton said. "Even in screen names, they use the year they graduated, their school name or other information. "Be very, very careful of what information you put on those sites," she said. The FBI and the Better Business Bureau advise military family members to visit social networking sites where they have accounts to make sure that no exploitable information is available. "Even though their name is used, many people feel free to post large amounts of information about themselves, including pictures of their family, friends and pets, as well as their likes and dislikes," said Doug Broten, president of the Better Business Bureau in central California, in an alert to businesses in that area following the FBI alert. "They willingly share very personal data in the interests of Internet friendships."

The FBI also advises verifying the identity of anyone who contacts you by asking specific questions that only that person could answer — especially if the person contact ing you floats the idea of sending him money for any reason. Another option is to develop a specific code word or phrase to make sure the person contacting you is not an imposter. "People are conditioned to protecting themselves in their physical spaces, clutching their purses and their children when approached by a stranger," the FBI's Hale said. "Take the same precautions in cyberspace as you do in physical space." [Source: NavyTimes Karen Jowers article 27 Jul 09 ++]

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**TRAUMATIC BRAIN INJURY Update 09:** The House version of the 2010 defense authorization bill includes a provision ordering a review of military policies regarding the awarding of Purple Hearts to service members who suffer traumatic brain injuries. The provision, added to the bill at the urging of Rep. Bill

Pascrell Jr.(D-NJ) is aimed at coming up with a consistent policy across the services about whether concussions or brain injuries that do not require immediate medical attention rate a medal for combat injury. The review requested by Pascrell would try to determine what level of injury would qualify for an award, a difficult issue because an injury that may seem minor when it occurs could have long-term consequences. Pascrell says he hopes the final policy doesn't have absolute requirements — such as seeking medical attention right away — because that would exclude people who do not immediately recognize the harm caused from the blast they just survived in combat. [Source: NavyTimes Fast Track Pay & Benefits 27 Jul 09 ++]

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**VA THIRD PARTY INSURERS Update 04:** Requiring veterans receiving medical treatment from the Veterans Affairs Department to provide their Social Security number and pertinent information about other health coverage could shave \$109 million a year from the VA budget, according to the nonpartisan Congressional Budget Office. The Social Security number could help match the patient with Social Security and federal tax records to show whether a veteran meets or exceeds income thresholds for non-chargeable treatment if he does not have a service-connected medical issue, while insurance information would help bill a third party for care. The Senate Veterans' Affairs Committee has included the proposal in an omnibus veteran's health care bill that is expected to become law later this year. While some veterans may find the questions intrusive, lawmakers believe that ensuring VA is paying only for care it must provide will make certain that veterans who are entitled to non-chargeable treatment are able to receive it. [Source: NavyTimes Fast Track Pay & Benefits 27 Jul 09 ++]

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**MEDICARE RATES 2010:** Medicare costs are expected to continue to escalate in 2010, but seniors won't be getting any comparable increase in their annual cost-of-living adjustments (COLAs), government economists say. The Social Security Trustees recently forecast that there would be no COLA in 2010 and 2011 because of extremely low inflation. Due to a special "hold harmless" provision of law, the government estimates that about 30 million Medicare beneficiaries will have no change in their Medicare Part B premium, which is automatically deducted from most people's Social Security benefits. The little-known provision protects the Social Security benefits of most seniors when the Part B premium increases more than a person's COLA. If there is no COLA increase in 2010, then there is no Part B premium increase for beneficiaries protected by the hold harmless provision.

The hold harmless protection, however, does not cover about one-quarter of Part B enrollees, and does not apply at all to Part C Medicare Advantage or Part D plan premiums. The senior citizens League (TSCL) estimates that more than 6.8 million Social Security beneficiaries, about one in every seven, could see their Social Security checks (or direct deposits) reduced next year. If individuals have Medicare Advantage or drug plan premiums automatically deducted from their Social Security and the premium increases, then their benefits will be reduced to cover those rising costs. In addition millions of other seniors pay their plans directly. They would also have to pay a bigger portion of their Social Security to cover rising costs and would have less to live on. Medicare Trustees estimate that basic Part B premiums will rise by about \$7.80 per month in 2010 (from \$96.40 to \$104.20), and would jump to \$120.20 by 2011 for seniors subject to the increase. Nationwide Part D premiums climbed about 24% on average in 2009 for most beneficiaries, and have increased about 10% per year, on average, since 2006. [Source: TSCL Social Security and Medicare Advisor, Vol. 14, No. 6 dtd 27 Jul 09 ++]

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**DOD RETIREE EMPLOYMENT Update 01:** Lawmakers withdrew several federal workforce reforms from the Senate's 2010 Defense Authorization bill in the face of an angry filibuster from Sen. Tom Coburn (R-OK) but a provision to make it easier to rehire annuitants survived in the budget legislation. The Senate approved an amendment from Sen. Susan Collins (R-ME) to S. 1390, which would allow agency heads to waive the requirement for retirees who are rehired part time to take a cut in their annuity checks. The authorization bill passed 87-7. Under current Office of Personnel Management regulations, federal retirees can return to work for government part time, but in most cases their annuities are reduced by the amount they earn on the job, unless they receive a waiver from OPM. Agencies say this makes it harder to bring back experienced staff, especially if they're needed on short notice. The retiree language originally was part of a larger amendment from Sen. Daniel Akaka (D-HI) which included other federal personnel reforms, which management and labor groups supported. But in an unusual move, Coburn filibustered the amendment for an hour and a half, saying its price tag was too steep in a time of recession and high unemployment. After Akaka withdrew his amendment, Collins offered the chapter dealing with rehiring federal retirees as a separate amendment, which was approved by voice vote.

The bill now will go to a conference committee, where its fate is uncertain. The House version of the Defense authorization, which was passed in late June, does not include the language in Collins' amendment. Despite broad bipartisan support in the Senate, the American Federation of Government Employees and other federal labor unions have spoken out against changing the policy on rehiring annuitants, saying it would put current employees at a disadvantage and circumvent fair hiring practices. By contrast, advocates say the legislation would make it easier to hire talented workers quickly to deal with immediate challenges, such as administering billions of dollars in stimulus funding. In response to union concerns, the legislation includes several limitations on how long rehired annuitants could work for the government, such as a cap of 1,040 hours in a 12-month period. Also, the number of rehired retirees could not exceed 2.5% of an agency's workforce. The good news for budget hawks is the retiree legislation would not generate substantial personnel costs, according to a Congressional Budget Office study. CBO said the bill primarily would ease the "administrative burden" of obtaining waivers from OPM, but it probably wouldn't increase the number of retirees in the federal workforce. [Source: GOV.Exec.com Alex M. Parker article 24 Jul 09 ++]

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**FERES DOCTRINE Update 02:** The Carmelo Rodriguez Military Medical Accountability Act (S.1347), introduced by Sen. Charles Schumer (NY), would restore the protections of the civil justice system to the men and women of our armed forces. The motivation for the bill was the death of Marine Sgt. Carmelo Rodriguez. He served his country with honor for nearly a decade, including a tour of duty in Iraq, he lost his life not on the battlefield, but as a result of preventable medical negligence. Upon enlisting in the U.S. Marine Corps, Rodriguez received a routine medical exam. His doctors diagnosed a blotch on his buttock as melanoma but never told him, and the military never followed up. Over the next eight years, the melanoma continued to grow until, while serving in Iraq, Rodriguez had it examined again. This time, he was told that it was just a wart and that he should have it examined upon returning to the U.S. Tragically, by then, it was too late, and Rodriguez died 18 months later from skin cancer, holding the hand of his seven-year-old son. Despite this medical negligence no action can be taken by the survivors Rodriguez.

While most Americans could pursue justice through our courts, service members like Rodriguez and his family do not have this same right. A 1950 U.S. Supreme Court ruling in *Feres v. United States* prevents service members on active duty from holding the government accountable for non-combat related injuries. This decision strips countless military families of their right to seek redress through our civil justice system. "It is inexcusable that our service men and women, if injured by medical negligence, are denied the same protections that all other citizens enjoy," said Linda Lipsen, Senior VP of Public Affairs at the American Association for Justice. "This important legislation would restore these rights to these brave heroes, who risk their lives every day in service of our country."

Those who would like to see this injustice eliminated are urged to support legislation to rectify this situation. To do so you can go to [http://capwiz.com/usdr/issues/alert/?alertid=13791596&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/issues/alert/?alertid=13791596&queueid=[capwiz:queue_id]), enter your zip code and contact data, and send a preformatted message to your Senators urging they co-sponsor S. 1347 to restore the right of active duty service members to bring suit against the United States for improper medical care from the Department of Defense. For obvious reasons this legislation would not apply to any claim arising out of the combatant activities of the Armed Forces during the time of armed conflict. [Source: USDR Action alert 25 Jul 09 ++]

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**ECS 2009 Update 13:** The Internal Revenue Service is reminding qualifying retirees and veterans that it is not too late to file for an economic stimulus (ECS) payment and announced it will send a second set of information packets to 5.2 million people who may be eligible but who have not yet filed for their stimulus payment. The packages will contain everything needed by a person who normally does not have a filing requirement but who must file this year in order to receive an economic stimulus payment. There will be instructions, an example Form 1040A return showing the few lines that need to be completed, and a blank Form 1040A. The packages will be mailed over a three-week period starting 21 JUL. “All it takes is a few simple steps, and the payment can be on its way. It’s not too late to file, but the sooner people file, the faster they’ll receive their money,” said Doug Shulman, IRS Commissioner. The mailing is part of an IRS summer campaign to reach out to those people who have no requirement to file a tax return but who may be eligible for a stimulus payment of up to \$300 (\$600 for married filing jointly). For those eligible for a payment for themselves, there also is a \$300 per child payment for eligible children younger than 17.

The IRS has accounted for about 75% of the approximately 20 million Social Security and Veterans Affairs beneficiaries identified as being potential stimulus recipients. All but 5.2 million of those have either filed a return, filed a joint return or were not eligible for a stimulus payment (for example, they were claimed as a dependent on another’s return). To reach the remaining recipients, the IRS is working with national partners, members of Congress and state and local officials to ensure that assistance to eligible people is available. The agency also reminded people that it has more than 400 local Taxpayer Assistance Centers operating normal business hours Monday through Friday. These centers can provide assistance to retirees and veterans trying to receive their payments. A list of addresses and office hours can be found at [www.irs.gov/localcontacts/index.html](http://www.irs.gov/localcontacts/index.html).

Receiving the stimulus payment should have no impact on other federal benefits currently being received. The stimulus payment is not taxable. Absent any other filing requirements, filing a tax return to receive a stimulus payment does not mean that retirees and others will have to start filing tax returns again. As of 11 JUL, the IRS had issued 112.4 million payments totaling \$91.8 billion. Payments are based on 2007 tax returns being filed this year. People must file by 15 OCT in order to receive a payment in 2008. Those who do not file a tax return to obtain their stimulus payment this year may still receive their stimulus payments by filing a 2008 tax return next spring, but then their stimulus payment would be based on their 2008 qualifying income. [Source: IR-2008-91 Public Service Announcement 21 Jul 09 ++]

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**MINIMUM WAGE:** The federal minimum wage for covered nonexempt employees is \$7.25 per hour effective 24 Jul 09. The federal minimum wage provisions are contained in the Fair Labor Standards Act (FLSA). Many states also have minimum wage laws. In cases where an employee is subject to both the state and federal minimum wage laws, the employee is entitled to the higher of the two minimum wages. For instance California was \$7.50 as of 1 JAN 07 and increased to \$8 per hour on 1 JAN 08. For information on your state refer to

[www.dol.gov/esa/minwage/america.htm](http://www.dol.gov/esa/minwage/america.htm) . The FLSA does not provide wage payment or collection procedures for an employee's usual or promised wages or commissions in excess of those required by the FLSA. However, some states do have laws under which such claims (sometimes including fringe benefits) may be filed. The Department of Labor's Wage and Hour Division administers and enforces the federal minimum wage law. [Source: USA.gov 25 Jul 09 ++]

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**HEALTH CARE REFORM Update 02:** The absence of details surrounding healthcare reform legislation being considered by Congress has understandably left many military retirees and veterans concerned. Many of these plans are works in progress, and it is unclear how they will affect military beneficiaries and users of VA's healthcare system. Several lawmakers are working to ensure Tricare beneficiaries and veterans are not adversely affected by the reform effort. They include Rep. Joe Wilson (R-SC) who on 21 JUL successfully attached an amendment to the House version of the health reform bill (H.R.3200) which passed out of the Education and Labor Committee. According to Rep. Wilson, "The purpose of this amendment is to shield the men and women of our Armed Forces from onerous mandates and possible coverage deterioration as a result of this bill's complex new health care governing scheme. Specifically, I believe we must exempt Tricare from the "pay or play" employer mandate and other benefit mandates that would place an additional burden on this program that serves military personnel and their families."

Another representative maneuvering to protect military and healthcare benefits is Rep. Glenn Nye (D-VA), author of a letter to congressional leaders insisting that veterans and military healthcare benefits must not be taxed or reduced to help pay for health care reform. "We're not going to pay for healthcare reform on the backs of our troops and veterans," said Congressman Nye. Nye's bipartisan letter was signed by 40 Members of Congress. One danger lurking within each of the proposals is the potential for sharp cuts in Medicare Physician Reimbursements. Deep cuts in the physician reimbursement rates, would likely cause a number of doctors either to reduce the number of Medicare and Tricare patients or to refuse seeing them altogether. Should that happen, military retirees, particularly Tricare for Life beneficiaries could suddenly find access to care sharply curtailed. [Source: NAUS Weekly Update 24 Jul 09 ++]

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**HEALTH CARE REFORM Update 03:** Congress is wrestling with the enormously tricky puzzle of how to cut healthcare costs while extending health insurance coverage to tens of millions of uninsured Americans. Two options to finance the legislation could hold significant tax consequences for Medicare beneficiaries if written into law. The key proposal to raise revenues for healthcare reform at this writing appears to center on changing the tax exclusion for employer-provided health coverage. This could have widespread repercussions on older workers and retirees who have Medicare supplement coverage through employers. According to one major study, almost one-third of all Medicare beneficiaries receive supplemental Medicare benefits through employer-sponsored plans. Employer plans generally cover Medicare's out-of-pocket costs by paying some or all of the deductibles and co-payments, as well as filling in gaps in Medicare's standard package of benefits.

Congress is considering limiting the value of employer-provided health coverage that can be excluded from gross income on income tax returns. Under current law, employees and retirees are not taxed on the value of employer-provided health care. The amount paid by employers for employer-provided health benefits of employees is deductible. And unlike other forms of compensation, if an employer contributes to a plan providing health coverage for employees and their dependents, the contribution and all benefits for medical care under the plan are excludable

from the employee's income for income tax purposes, and excludable from the employees' wages for payroll tax purposes. There is no limit on the amount of employer-provide health coverage that's excludable. The new limits under consideration could be based on the value of the Medicare supplement or the income of the insured, or some combination of the two.

Congress is also considering proposals to raise the 7.5% Adjusted Gross Income threshold for deduction for medical expenses on income tax returns, or eliminate the deduction altogether. This would disproportionately affect seniors who tend to have lower incomes and thus would have greater difficulty qualifying for the deduction if the threshold were raised, and who have more medical expenses than younger taxpayers. Altogether these tax proposals are estimated to be worth \$51.3 billion in higher revenues. But the new tax proposal would hit senior taxpayers in yet a third way. The effect of limiting the exclusion for employer-provided insurance coverage would increase the amount of taxable income. For seniors, a higher taxable income would subject a bigger portion of their Social Security benefits to tax as well. The result is a triple-whammy tax on benefits that seniors have spent their careers working and paying for. As of this writing it remains unclear whether this approach to financing health care reform will be taken. Senate Finance Chairman Max Baucus (D-MT) said a preliminary report from the Congressional Budget Office shows that his draft health overhaul bill would cost less than \$900 billion over 10 years, cover 95% of Americans by 2015 and be fully offset. He said the CBO report is encouraging though it "does not include resolution of several key issues. [Source: TSCL Social Security and Medicare Advisor, Vol. 14, No. 6 dtd 27 Jul 09 ++]

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**HEALTH CARE REFORM Update 04:** The opponents of health reform will say anything to stop it, no matter how untrue. The latest falsehood alleges that the America's Affordable Health Choices Act of 2009 (HR 3200) would require older adults to obtain counseling "that will tell them how to end their life sooner," in the words of Betsy McCaughey, an employee of the conservative Hudson Institute. Representative Virginia Foxx (R- NC) went a step further, implying that the House Democrats' health reform bill would "put seniors in the position of being put to death by their government." These falsehoods are designed to scare older adults and gin up opposition to health reform. In fact, HR 3200 provides Medicare coverage for a consultation with a doctor—not a government official—in which the patient can express her preferences regarding end-of-life care. The patient is not required to have this consultation, and there is no mandate for the patient to complete an advance directive (such as a living will) or forego aggressive treatment of a life-threatening illness.

In fact, HR 3200 makes substantial improvements to Medicare. The bill would phase out the Part D "doughnut hole," the built-in gap in Medicare drug coverage that requires older adults and people with disabilities to pay the full price for their prescriptions while still paying the premiums for the drug plan. Although it would take until 2023 to fully close the doughnut hole, people with Medicare will benefit immediately as the gap is narrowed with each passing year. The enhanced coverage is paid for by securing lower prices for prescription drugs covered under Medicare Part D. In addition, brand-name drugs for people who are in the doughnut hole would be subject to a mandatory 50% discount. The real threat to the lives of older adults and people with disabilities comes when they cannot afford to buy the medicines they need to treat a serious illness. That is happening right now when people enter the doughnut hole. [Source: Weekly Medicare Consumer Advocacy Update 30 Jul 09 ++]

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**VA SAH Update 05:** As ordered reported by the House Committee on Veterans' Affairs on 15 JUL 09 the Congressional Budget Office provided their cost estimate for the Disabled Veterans Home Improvement and Structural Alteration Grant Increase Act of 2009 (H.R.1293). The legislation (if approved) would increase the

maximum grant amounts awarded to certain disabled veterans for Special Adaptive Housing (SAH). Those grants are used to improve access to homes and to essential sanitary facilities. CBO estimates that implementing the bill would cost \$20 million over the 2010-2014 period, assuming appropriation of the necessary amounts. Enacting the bill would not affect direct spending or revenues. Under current law, the Department of Veterans Affairs (VA) may award a maximum of \$4,100 to veterans with service-connected disabilities and \$1,200 to veterans with nonservice-connected disabilities. The bill would increase those maximum allowable amounts to \$6,800 and \$2,000, respectively. Based on data from VA on the number and dollar amounts of grants awarded over the 2003-2008 period, CBO estimates that under the bill almost 2,000 veterans with service-connected disabilities would receive an additional \$1,900 each year and almost 700 veterans with nonservice-connected disabilities would receive an additional \$760 each year, for an annual cost of \$4 million. H.R.1293 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments. [Source: CBO Cost estimate 22 Jul 09 ++]

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**SBP DIC OFFSET Update 19:** The Senate voted 21 JUL to repeal an offset in pay for surviving spouses who are eligible for both military and veterans' survivor payments — but this is no guarantee extra money is coming. Eliminating the offset in military survivors' benefits from the Defense Department for those also receiving dependency and indemnity compensation from the Veterans Affairs Department is the top priority of the 34-member Military Coalition, which has been urging Congress to act. So passage by voice vote of an amendment to the 2010 defense authorization bill that allows full payments of both benefits fulfills a push by the influential collection of military and veterans groups. Sen. Bill Nelson (D-FL) the long-time sponsor of so-called SBP/DIC legislation was the chief sponsor of the amendment to the 2010 National Defense Authorization Act S.1390. The amendment was approved by voice vote and without debate.

About 57,000 survivors, mostly widows, would be affected if the provision were to become law. For most, elimination of the offset would result in a more than \$1,100 increase in monthly benefits. The Senate has passed similar legislation before only to see it die in negotiations with the House of Representatives over questions of funding —estimated to be between \$6 billion and \$8 billion over 10 years. The House version of the NDAA does not include a repeal of the SBP/DIC offset. House Democratic leaders have been under intense pressure from military associations and from Republicans to do something about the SBP/DIC offset, leading supporters to hope that Nelson's amendment would force the House to try again. As in years past, the Senate did not set aside money to pay full SBP to DIC eligible surviving spouses. Lawmakers say they are handcuffed by a pay-as-you-go budget law that requires any new federal entitlements be paid for with a matching reduction in other mandatory spending or entitlement program. So, barring a legislative miracle, Nelson's amendment will be tossed out again when House-Senate conferees meet later this year to iron out differences in separate versions of the fiscal 2010 defense authorization bill.

In June, President Barack Obama signed into law a bill that included an extension through 2017 in a special allowance provided to survivors to partly make up for the offset. The allowance, currently \$60 a month, is scheduled to increase a little each year until it grows to \$310 in 2017, which still falls short of the \$1,100 reduction from the offset. Boosting the allowance is one of the options being considered as a less costly alternative to full elimination of the offset, according to congressional aides working on military personnel issues [Source: MarineCorpsTimes Rick Maze article 21 Jul 09 ++]

**SALUTING the FLAG Update 04:** Traditionally, members of the nation’s veterans service organizations have rendered the hand-salute during the national anthem and at events involving the national flag only while wearing their organization’s official head-gear. The National Defense Authorization Act of 2008 contained an amendment to allow un-uniformed servicemembers, military retirees, and veterans to render a hand salute during the hoisting, lowering, or passing of the U.S. flag. A later amendment further authorized hand-salutes during the national anthem by veterans and out-of-uniform military personnel. This was included in the Defense Authorization Act of 2009, which President Bush signed on 14 OCT 08. All other persons present should face the flag, or if applicable, remove their headdress with their right hand and hold it at the left shoulder, the hand being over the heart. Citizens of other countries present should stand at attention. All such conduct toward the flag in a moving column should be rendered at the moment the flag passes.

Regarding the Pledge of Allegiance another section of federal code that specifically relates to actions of those reciting the Pledge was not amended. The Pledge of Allegiance to the Flag (i.e. I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all), should be rendered by standing at attention facing the flag with the right hand over the heart. When not in uniform men should remove their headdress with their right hand and hold it at the left shoulder, the hand being over the heart. Persons in uniform should remain silent, face the flag, and render the military salute. It is the belief of some that commissioned Officers of the US military, when in uniform, should not render a salute, nor say the Pledge of Allegiance, but stand at attention with their hands at their sides until the Pledge is completed. The alleged reasoning behind this is that Commissioned officers of the US military are already pledged to a higher "authority" the Constitution, in their oath of office. I could find no credible reference to support this belief. The phrase "under God" was added to the pledge by a Congressional act approved on 14 JUN 54. [Source: Various Jul 09 ++]

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**PROSTATE CANCER Update 11:** British doctors have developed a third way to treat prostate cancer that takes a middle road between radical treatment and watchful waiting. The procedure, which uses ultrasound to “melt” tumors, is said to be just as effective as radiotherapy or surgery but has a lower risk of causing incontinence, impotence, diarrhea, bleeding, and other side effects. The new technique is called high-intensity focused ultrasound, and men treated with it can be released from the hospital within several hours instead of several days, which is typical with surgery. The technique kills cancer cells by heating them to temperatures from 176 degrees to 194 degrees, which researchers at University College Hospital say can be tolerated by surrounding healthy tissue and also by nerves involved in sexual function. In the initial group of 172 men who took part in the trial, 159 were free of cancer one year later. This rate of cure is virtually the same as the cure rate following surgery and radiotherapy for early prostate cancer. The big difference between the ultrasound technique, surgery, and radiotherapy according to the findings of the study lies in improvement in side effects.

Only one of the 172 ultrasound patients became incontinent, none had bowel problems, and impotence was at a much-reduced rate of 30 percent to 40 percent. The usual rate for incontinence following surgery and radiotherapy is between 5 percent and 20 percent, and the impotence rate is usually 50 percent. When men are treated with radiotherapy, they also can expect bleeding and diarrhea. Lead researcher Dr. Hashim Ahmed said, “Men are being diagnosed earlier with prostate cancer because of increasing awareness with many patients in their fifties and sixties now. It means we are treating them more successfully, but the side effects are a big issue. Having to wear pads because of incontinence is not very nice and neither is sexual dysfunction, as a lot of these patients are still sexually active.” The study suggests that high-intensity focused ultrasound some day might help treat men with early prostate cancer with fewer side effects. According to the most recent figures from the Centers for Disease Control, 185,895

men in the United States developed prostate cancer in 2005, and 28,905 died from it. Statistics show that one in six men will develop it at some point in their lifetime. [Source: Newswatch.com Health Alert 18 Jul 09 ++]

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**RESERVE PERSONNEL CUTS Update 01:** The Army National Guard is lowering the maximum enlistment age to 35 from 42, and eliminating medical and bad-conduct waivers – as well as enlistment and retention bonuses for soldiers not presently serving in Iraq or Afghanistan. The changes mark a shift in policy aimed at reducing Guard end strength to 358,200, from the current 362,493, by the end of the fiscal year on 30 SEP. Soldiers seeking discharges will have an easier time getting their wish. The discharge process has been streamlined. Also, soldiers who are not qualified at basic training within 12 months will face discharge. [Source: Armed Forces News 17 Jul 09 ++]

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**MEDICARE FRAUD Update 17:** A federal jury in Los Angeles convicted the owners and operators of a Los Angeles-area durable medical equipment company of Medicare fraud, Assistant Attorney General Lanny A. Breuer of the Criminal Division; U.S. Attorney for the Central District of California Thomas P. O'Brien; and Glenn R. Ferry, Special Agent-in-Charge for the Los Angeles Region of the Office of Inspector General for the Department of Health of Human Services announced 17 JUL. After a one-week trial in federal court in Los Angeles, the jury found Gevork Kartashyan, 45, guilty of conspiracy to commit health care fraud and health care fraud; and Eliza Shurabalyan, 42, guilty of health care fraud. U.S. District Judge Stephen V. Wilson of the Central District of Los Angeles scheduled sentencing for 5 OCT 09. Shubaralyan and Kartashyan owned and operated CHH Medical Supply, a durable medical equipment (DME) supply company. Between January 2005 and June 2008, Shubaralyan and Kartashyan, through CHH Medical Supply, billed Medicare \$949,859, and were paid \$597,750. Virtually all of these bills were for medically unnecessary power wheelchairs and wheelchair accessories.

At trial, elderly Medicare beneficiaries testified about how they were recruited and taken to Los Angeles-area medical clinics. At the clinics, the beneficiaries turned over their Medicare numbers and other personal identifying information. Some were promised vitamins, diabetic shoes, and other items that they never received. The clinics were in the business of generating fraudulent power wheelchair prescriptions that could be sold to DME company owners who would bill Medicare for the wheelchairs. Many of the beneficiaries did not know they were getting a wheelchair until it was delivered to them by CHH Medical Supply. All of the beneficiaries testified that they did not need or use the wheelchair. Five physicians testified that they never authorized or approved the power wheelchair prescriptions written under their names, often by physician's assistants. Three of these physicians testified that they never even worked at the clinics listed on phony prescription pads. A government witness, who recently pleaded guilty to health care fraud in connection with one of the clinics at issue in this case, testified that Kartashyan would regularly come into the office where he and others worked in order to pick up power wheelchair prescriptions that he had purchased. Upon delivery, Kartashyan would then generate phony forms stating that the beneficiaries' homes were appropriate for the use of a power wheelchair, even though no home assessment was done.

Shubaralyan, who was the listed owner of CHH Medical Supply, submitted all of the company's claims to Medicare. Power wheelchairs and accessories constituted over 98% of the company's billings to Medicare. In addition, Shubaralyan withdrew over \$195,000 in cash from the company's bank account in order to purchase the power wheelchair prescriptions. The case was prosecuted by Assistant Chief John S. (Jay) Darden and Trial Attorney Jonathan Baum of the Criminal Division's Fraud Section, with the investigative assistance of the FBI. The case was brought as part of the Medicare Fraud Strike Force. Federal Prosecutors have indicted 115 cases with 257 defendants in Miami, Los Angeles, and Detroit since the inception of strike force operations in March 2007.

Collectively, these defendants are alleged to have fraudulently billed the Medicare program for more than \$600 million. [Source: U.S. Department of Justice PRNewswire 17 Jul 09 ++]

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**VA WOMEN VET PROGRAMS Update 06:** Citing problems large and small, female veterans say they often feel that the Veterans Affairs Department is not for them. Two days of hearings before the Senate and House Veterans' Affairs committees revealed a host of hurdles for women seeking benefits and health care from VA. The testimony could be a sign that VA isn't ready for the flood of women seeking help — and that women aren't ready to trust VA. A report by the Government Accountability Office, the investigative arm of Congress, says that women often find that not all services are available at all sites, scarce child care makes it hard to keep appointments and privacy isn't always a priority. And out of 19 VA hospitals and outpatient clinics surveyed in the report, 17 had no sanitary napkins or tampons in their restrooms. Retired Army Capt. Dawn Halfaker of the Wounded Warrior Project, wounded in Iraq in 2004, said many female veterans are unaware VA has a women's health plan or that they are eligible for benefits. Some view VA as being for older veterans — the average male veteran is 61, while the average female vet is 48, and of the 102,000 women who served in Iraq and Afghanistan, almost all are younger than 40.

Former Marine Capt. Anuradha Bhagwati, executive director of the Service Women's Action Network, called VA treatment for women who have suffered sexual trauma "inconsistent at best." She said there is a shortage of female doctors and counselors, high turnover of residents and often a "poorly trained, apathetic and unprofessional medical staff." Getting disability compensation for sexual trauma also can be difficult because there are rarely official records to back up such claims, she said. VA health and benefits officials said they expect a 30% increase in the next five years in women seeking VA services. "We recognize more needs to be accomplished," said Dr. Lawrence Dayton, the VA's chief public health officer. Some of the problems faced by women in the VA health care system that were cited at the 16 JUL hearing were:

- Some gynecological exam tables in rooms with no privacy curtains face doors that open to waiting rooms or busy hallways.
- A female Iraq veteran in an inpatient psychiatric ward was forced to share a bathroom with male veterans, including one who was a Peeping Tom.
- A female veteran receiving an annual pap smear from a male gynecologist says she asked to have a female staff member present, at which point the doctor left the room and yelled down the hall, "We've got another one!"
- Clinic hours for women are often less than for men, with no evening or weekend hours convenient for those who work.
- On-site child care is rarely available, and some clinics refuse to treat women who bring children with them.

[Source: NavyTimes Rick Maze article 27 Jul 09 ++]

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**DD-214 SECURITY Update 01:** Simply claiming to be a Medal of Honor recipient is one thing. Claiming that status on a falsified government form is another. There's no way to know how often fakers use falsified forms to illicitly procure government benefits, preference for admission to schools or, as in a recent case in Florida, an undeserved state license plate emblazoned with "Medal of Honor." That individual has been indicted for violating a federal law, the Stolen Valor Act of 2005. But news reports and private sector military-honors watchdogs indicate the practice is still widespread — and that the means is often an altered or counterfeit DD214, the form distributed upon discharge from military service that contains a concise capsule of a service member's career. Many private watchdogs spend long hours hunting down those who for self-aggrandizement claim military service

and high decorations — to gain an edge in a political campaign, for instance. But fakers use false DD-214s, easily modified or created using a computer, to get benefits from the Veterans Affairs Department. In a 2007 case, investigators caught eight people who were receiving VA compensation for combat injuries — although none had served in combat and two had never served in the military. Their acts collectively cost VA \$1.4 million. VA's inspector general office investigated 96 cases of stolen valor fraud between 1 MAR 08 and 25 FEB 09 which resulted in 48 arrests, \$562,888 in recovered funds, and \$1.23 million in fines .

Such claims have gained publicity in recent years. That's largely because of the efforts of people such as Doug Sterner, a longtime private watchdog who now maintains the Military Times Hall of Valor database, and B.G. Burkett, author of "Stolen Valor: How the Vietnam Generation Was Robbed of Its Heroes and Its History." The Internet has brought about greater access to public records. Still, James O'Neill, VA's assistant inspector general for investigations, said he hasn't seen much of an increase in his office's fraud traffic since he began his work in 2004. "It's been fairly steady," he said, adding that the use of fraudulent DD-214s is common in such efforts and typically involves an altered or counterfeit document. Sen. Jim Webb (D-VA), a decorated Vietnam War veteran, wants a better system and has asked VA to look into the issue of misrepresentation of service. The problem could be easily solved, Sterner maintains, with a public database that any agency could access and, with a couple of keystrokes, check the legitimacy of a person's claim. In a 2004 National Personnel Records Center feasibility study, the agency concluded that every DD-214 issued since 1947 could be digitized at a cost of \$12 million, resulting in \$4 million of savings annually, Sterner said. The only missing piece would be the 18 million military records that were damaged or destroyed in a 1973 fire at the records center in St. Louis. But Sterner said that by digitizing the general orders filed in College Park, Md., much of the information lost in the fire could be recovered. "The two [sets of records] could work hand in glove and be very effective in establishing a database that would serve multiple purposes," he said. [Source: NavyTimes William H. McMichael article 27 Jul 09 ++]

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**CAR ALLOWANCE REBATE SYSTEM:** President Obama signed into law for transactions on and after 1 JUL 09 a program the National Highway Traffic Safety Administration (NHTSA) is calling the Car Allowance Rebate System (CARS). This is a federal program that helps you purchase a new, more fuel efficient vehicle when you trade in a less fuel efficient vehicle. For further info refer to [www.cars.gov](http://www.cars.gov). Following are some rules that apply to this program:

- The amount of the credit is \$3,500 or \$4,500, and generally depends on the type of vehicle you purchase and the difference in fuel economy between the purchased vehicle and the trade-in vehicle. You may trade in or buy a domestic or a foreign vehicle. Different requirements apply for work trucks.
- You do not need a voucher and you are not required to sign up or enroll in this program. Participating new car dealers will apply a credit, reducing the price you pay at the time of your purchase or lease, provided the vehicle you buy or lease and the vehicle you trade in meet the program requirements. The dealer will then obtain reimbursement from the government.
- The law requires dealers to be registered to participate in the program.
- Your trade-in vehicle must have been manufactured less than 25 years before the date you trade it in, have a "new" combined city/highway fuel economy of 18 miles per gallon or less, be in drivable condition, and be continuously insured and registered to the same owner for the full year preceding the trade-in.
- Under the program, you may purchase a new vehicle or lease a new vehicle up to 1 NOV 09, provided the lease period for the new vehicle is at least five years. The program does not apply to the purchase of used vehicles.
- The new vehicle's manufacturer's suggested retail price cannot exceed \$45,000. The new vehicle must also achieve minimum combined fuel economy levels. For passenger automobiles, the new vehicle must have a

combined fuel economy value of at least 22 miles per gallon. For category 1 trucks, the new vehicle must have a combined fuel economy value of at least 18 miles per gallon. For category 2 trucks, the new vehicle must have a combined fuel economy value of at least 15 miles per gallon. Category 3 trucks have no minimum fuel economy requirement; however, there are special requirements that apply to the purchase of category 3 vehicles.

- The law requires your trade-in vehicle to be destroyed. Therefore, the value you negotiate with the dealer for your trade-in vehicle is not likely to exceed its scrap value. The law requires the dealer to disclose to you an estimate of the scrap value of your trade-in vehicle.
- The entity crushing or shredding the vehicles in will be allowed to sell some parts of the vehicle prior to crushing or shredding it, but these parts cannot include the engine or the drive train.
- The program does not apply retroactively.
- The CARS Act expressly provides that the credit is not income for the consumer and thus is not taxable. However, the credit will be considered as income for the dealer.
- The CARS Act requires the dealer to use the credit under the program in addition to any rebates or discounts advertised by the dealer or offered by the new vehicle's manufacturer. The dealer may not use the credit to offset these rebates and discounts.
- Not more than one credit may be issued for single or joint registered owner of a single eligible trade-in vehicle and it can only be used one time.

[Source: www.usa.gov 20 Jul 09 ++]

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**VA FORECLOSED HOMES:** The Department of Veterans Affairs (VA) acquires properties as a result of foreclosures on VA-guaranteed and VA-financed loans. These acquired properties are marketed for sale through a property management services contract that was awarded to BAC Home Loan Servicing, LP. Properties are listed for sale at <http://va.reotrans.com> and through local Multi Listing Systems (MLS) by local listing agents. By clicking a state on the site's map the search will return every property in that state. When you have your list, select view to see price and details of the properties selected. You may then email questions directly to the listing agent that is managing the property. You may also contact the real estate broker of your choice to see the property.

The VA has re-opened Vendee Financing to purchasers of Vendee eligible VA REO Properties. Vendee financing offers very reasonable down payment requirements, with an interest rate established by the VA based on market conditions. Any prospective purchaser who requests VA financing to purchase a VA-owned property must have sufficient income to meet the loan payments, maintain the property and pay all taxes, insurance, utilities and other obligations, as well as be an acceptable credit risk. The purchaser must also have enough funds remaining for family support. Any purchaser can apply for Vendee Financing. You do not have to be a Veteran. Vendee financing is a loan product offered to help finance the purchase of VA REO Properties for either owner or non-owner occupied properties. It offers low interest rates, 2.25% VA funding fee, no pre-payment penalties, and no appraisal requirement for underwriting. Some of the guidelines for VA Vendee Financing are:

- Seller may contribute up to 6% of the contract sales price to pay for funding fee, closing costs, prepaid and other expenses.
- Vendee mortgages are assumable by qualification.
- Vendee Financing is not a credit score driven product.
- There are two available terms, a 15 and 30 year fixed rate.
- Owner Occupied Purchase can be financed with as little as 0% down. The loan amount may be increased up to 2% to finance closing costs, prepaids or other expenses. Funding fee may not be financed.
- Non-Owner Occupied Purchase can be financed with as little as 5% down. Investors may use 75% of anticipated rent based on appraiser's estimate to offset against the subject property monthly payment.

Investors must have experience managing rental properties to include anticipated rent on subject property in underwriting. There is no maximum number of investment properties one can acquire.

For additional info or for a no cost pre-qualification call (800) 816-4346 to speak with a qualified Vendee Representative. [Source: [www.homeloans.va.gov](http://www.homeloans.va.gov) Jul 09 ++]

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**FTC RITE AID RULING:** The Rite Aid Corporation has agreed to pay \$500,000 to settle FTC charges that it deceptively advertised that its "Germ Defense" tablets and lozenges could prevent, treat, or reduce the severity of colds and the flu. Rite Aid promoted the products by touting their similarity to "Airborne" products. Court documents state that Germ Defense products contained vitamins A, C, and E; minerals, including zinc; electrolytes; amino acids; and a proprietary blend of herbal extracts, including echinacea; and that a "PM" version promoted for nighttime use also included chamomile and valerian. The formulas purportedly replicated those marketed by Airborne Health, Inc., which settled similar charges in 2008. Under the settlement, Rite Aid is required to make refund forms available in its stores on October 1 and consumers will have until December 31 to submit refund requests for up to six packages of Germ Defense. The FTC has also charged Rite Aid's supplier, Improvita Health Products, Inc., with false and deceptive advertising on its Web site and in promotional materials supplied to Rite Aid. For additional info refer to [www.casewatch.org/ftc/news/2009/rite\\_aid.shtml](http://www.casewatch.org/ftc/news/2009/rite_aid.shtml). [Source: FTC News Release 17 Jul 09 ++]

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**VFW CLAIM ASSISTANCE:** The Veterans of Foreign Wars (VFW) of the U.S. is a nonprofit veterans' service organization composed of combat veterans and those who currently serve on active duty or in the Guard and Reserves. Founded in 1899 and chartered by Congress in 1936, the VFW is the nation's largest organization of war veterans and is one of its oldest veterans' organizations. With almost 2.2 million members located in nearly 7,900 VFW Posts worldwide, the VFW and its Auxiliaries are dedicated to "honor the dead by helping the living" through veterans service, legislative initiatives, youth scholarships, Buddy Poppy and national military service programs. The VFW and its Auxiliaries contribute more than 13 million hours annually in community service to the nation. The organization provides trained Veteran Service Officers (VSO's) to assist vets and their survivors with submission of VA claims and appeals at no cost. Those seeking assistance can locate their nearest VFW post at <http://emem.vfw.org/findpost.aspx> by entering their zip code and distance they are willing to travel.

Most every post has a volunteer VSO who is often a claimant's first contact in the claims process. Post VSO's are required to attend annual training sponsored by their respective Department Service Officer (DVSO). Costs associated with attending the training are normally borne by the sponsoring VFW Post and are not passed on to those seeking assistance. This Post VSO serves a vital but limited role in the claims process by disseminating VA "how to" information and claim form completion guidance such as ensuring blocks A through Z are answered. Completed claims are mailed directly to a DVSO who works in the nearest VA Regional Office (VARO). The Post VSO has no further role in the process. Should further information be required, the DVSO contacts the claimant directly. There are more than 900 VFW-accredited service officers serving veterans and their families throughout the U.S., the Philippines, Puerto Rico and Europe. These service officers fall largely into two groups: Individuals who work in a VARO, and county and state service officers who work in the field. In 2008, these service officers collectively helped almost 95,000 veterans to recoup more than \$1.2 billion in earned compensation and pension.

Only trained and certified VFW professionals work with veterans to ensure their claims are fully developed. They review VA rating decisions for accuracy and argue directly with VA adjudicators when their decisions are wrong. If an appeal is appropriate, they discuss issues with veterans, help develop required information, and represent them at hearings before Decision Review Officers (DSO's). If VA decisions remain negative, the VFW has a highly skilled staff at the Board of Veterans Appeals (BVA) in Washington to help ensure that veterans receive every benefit to which they are entitled under the law. New service officers who work in VARO's are required to attend a basic benefits boot camp that includes more than 40 hours of detailed training on VA benefits, the claims process, forms completion, the VA rating schedule, accreditation, ethics, and more. The VFW also provides 80 hours of continuing classroom education annually to those service officers. The training syllabus is updated continuously to ensure service officers receive the most current information and skills to go toe-to-toe with VA rating officials. Ninety percent of this training is conducted by some of the best (recently retired) VA rating specialists and DSO's available. There are lawyers who have created practices to represent veterans, after failed appeals, at the veterans court. Some are pro bono and some collect fees. However, they are too few in number to represent even a small fraction of the nearly 1 million individuals who have claims pending at the VA right now. The VFW along with a number of other Veterans' Service Organizations provide thousands of professional advocates to serve veterans and their families, and unlike most attorneys who want to be compensated for their work, service organizations do not charge. [Source: VFW Washington Office PAO msg. 13 Jul 09 ++]

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**VA HOSPITALS Update 04:** Veterans Affairs Department hospitals and clinics aren't always making sure women veterans have privacy when they bathe and receive exams, government auditors said 15 JUL. As thousands of women veterans return from Iraq and Afghanistan and enter the VA's health system, the Government Accountability Office (GAO) reported that no VA hospital or outpatient clinic under review is complying fully with federal privacy requirements. GAO investigators found that many VA facilities had gynecological tables that faced the door — including one door that opened to a waiting room. It also found instances where women had to walk through a waiting area to use the restroom, instead of it being next to an exam room as required by VA policy. [Source: Health Information Operations Weekly Update 17 Jul 09 ++]

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**TRICARE REGIONAL CONTRACTS:** The Department of Defense (DoD) has announced new contracts for third generation Tricare (T3) benefits, scheduled to begin immediately. The T3 contracts feature financial incentives to encourage exceptional customer service. These huge contracts are 3 of the 10 largest contracts granted by DoD. They run the civilian portion of Tricare within the United States with 3 regions (North, South and West). TriWest, the present contractor for the west region was awarded the contract again. However, there are new contractor is both the North and South regions. In the North Region Aetna Government Health Plans is replacing HealthNet; while in the South, United Health Military and Veterans Services is replacing Humana. The MCS contractors will assist the military health system in operating an integrated health care delivery system combining resources of the contractor and the military's direct medical care system to provide health, medical and administrative support services to eligible beneficiaries The work to be performed includes management of provider networks and referrals, medical management, enrollment, claims processing, customer service and access to data, among other requirements, while providing beneficiary satisfaction at the highest level possible through the delivery of world-class health care. The contracts were competitively procured via the Tricare Management Activity e-solicitation Web site with two offers received. Following are some of the details:

- **West:** TriWest Healthcare Alliance Corp., Phoenix, Ariz., is being awarded a cost-plus-fixed-fee contract to provide managed care support (MCS) to the Department of Defense Tricare program. The instant award

- **North:** Aetna Government Health Plans, Hartford, Conn., is being awarded a cost-plus-fixed-fee contract to provide managed care support (MCS) to the Department of Defense Tricare program. The instant award will comprise a base period plus one option period for \$2,840,302,541. The total potential contract value, including the 10-month base period (transition-in) and five one-year option periods for health care delivery, plus a transition-out period, is estimated at \$16,678,172,561. The North Region includes the District of Columbia and the states of Connecticut, Delaware, Illinois, Indiana, Iowa (Rock Island Arsenal area only); Kentucky (except the Fort Campbell area); Maine, Maryland, Massachusetts, Michigan, Missouri (St. Louis area only); New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, and Wisconsin.
- **South:** UnitedHealth Military & Veterans Services, Minnetonka, Minn., is being awarded a cost-plus-fixed-fee contract to provide managed care support (MCS) to the Department of Defense Tricare program. The instant award will comprise a base period plus one option period for \$3,729,016,358. The total potential contract value, including the 10-month base period (transition-in) and five one-year option periods for health care delivery, plus a transition-out period, is estimated at \$21,827,600,469. The South Region includes the states of Alabama, Arkansas, Florida, Georgia, Kentucky (the Fort Campbell area only), Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee, and Texas (excluding areas of Western Texas). The South Region contractor will be responsible for administering and complying with all Continued Health Care Benefit Program requirements in all geographic areas.

[Source: TREA Washington Weekly 17 Jul 09 ++]

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**TRICARE REGIONAL CONTRACTS Update 01:** With the awarding of new Tricare regional contracts and changing contractors the following answers to some questions users may have are provided:

- ***Will I have to do any paperwork?*** No, this should be seamless and all enrollment and claims data should be transferred to the new contractors without any action from the beneficiaries.
- ***Will I have to change doctors?*** Based on the experience of the last contract change a number of years ago, the vast majority of people shouldn't have to deal with that, but some may. The new contractors will set up their own networks of physicians. In the past, new contractors have made special efforts to recruit participation of those who were in the previous contractor's network.
- ***Who will I submit my claims to?*** If you use network providers, you won't have to worry about that, because the provider will file the claim. If you use a provider that doesn't accept Tricare-allowable charges as full payment and file your own claims, you'll probably have a new filing address starting next April. As soon as the new addresses are available, the new contractors will publicize them widely.
- ***Will the contact phone numbers change?*** Some of the numbers will more than likely change. As these new numbers go into affect beneficiaries will be notified.
- ***Will this affect where and how I get my medications?*** No. The pharmacy contractor isn't changing.

- **Will I stay in the same region?** For the most part the regions remain the same. There will be a couple changes on the border of the north and south regions in the Fort Campbell area. The new contractors will contact the affected individuals.
- **Will I be able to stay in Tricare Prime?** If you live near a Military Treatment Facility and Base Realignment and Closure (BRAC) site, the answer should be “yes” in most cases. But Prime will be discontinued in some other areas, so some number of beneficiaries will need to switch to Tricare Standard or Tricare Extra. The affected beneficiaries will be notified by the new contractors.
- **What does this mean in regard to the letters people just received about the 30-minute drive-time standards?** The drive-time notices have nothing to do with the new contracts. People who received those letters and want to continue being seen at the military facility still must complete the waiver process by October 1, 2009.
- **Will the enrollment fee, deductibles or co-pays change as a result of the new contracts?** No.
- **When and how will I receive information from the new contractor?** It’s too early to say.
- **I’m under TriWest – will anything change for me?** Some changes will be mandated by the new contract, so even beneficiaries in the West Region which has not changed its contractor may see some changes. Changes will be disseminated when before they go in effect.
- **Will this affect my special-needs child care?** The new contracts do not change the healthcare benefit.
- **I’m in Tricare for Life. Does this affect me?** No. TFL is covered by a separate contract.
- **I’m overseas, does this affect me?** Like TFL, the overseas contracts are separate. However, the current overseas contracts are being consolidated into one, and we should be hearing soon about an award.
- **I use the Continued Health Care Benefit Program, will this change?** The CHCBP for all geographic areas is administered by the Tricare South Region contractor. United Health Military & Veterans Services will assume this responsibility, and you should see no change other than different contact numbers once the new contractor has fully assumed operations.

[Source: MOAA Leg Up 17 Jul 09 ++]

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**HVAC Update 09:** The House Veterans’ Affairs Committee (HVAC) has approved several bills including the draft language of an omnibus bill that combines 9 bills. All these bills will now go before the full House for consideration. The omnibus bill included:

- H.R.1197 sponsored by Rep. Harry E. Mitchell's (D-AZ) which would place Medal of Honor recipients in the same priority as veterans who are former prisoners of war or recipients of the Purple Heart;
- H.R.1293 sponsored by Ranking member Steve Buyer (R-IN) which increases the amount of money veterans can receive for home improvements and structural alterations from home health services (\$6,800 for service connected disabled veterans and \$2,000 for non-service connected disabled veterans.
- H.R.1302 sponsored by Rep. Phil Hare's (D-IL) which would create a new position in the VA, Director of Physician Assistant Services;
- H.R.1546 sponsored by Rep. Jerry McNerney (D-CA) which would create a Committee on Care of Veterans with Traumatic Brain Injury.
- H.R.2270 also sponsored by Buyer that would authorize \$1000 a month payments to members of 28 groups who fought on behalf of the United States during World War II (examples the Flying Tigers and the Women Airforce Service Pilots); also from Rep. Buyer
- H.R.2379 also sponsored by Buyer which would allow veterans under the age of 60 to increase the amount they carry of VGLI by as much as \$25,000 every 5 years till they reach the present maximum of \$400,000;
- H.R.2770 sponsored by Chairman Bob Filner's (D-CA) which updates the law governing the VA's affiliated non-profit research and education corporations;

- H.R.3155 sponsored by Rep. Michael Michaud's (D-ME) which provides more training, support, medical care and a monthly stipend for veterans' caregivers.

On 16 JUL the Veteran Affairs Health Subcommittee approved several veterans' bills. All the bills will now go to the full Veteran Affairs Committee for their consideration. The bills were:

- H.R.1197 which would give Medal of Honor recipients that same priority status in the VA as Purple Heart recipients and Former Prisoners of War;
- H.R.1293 would increase the amount veterans could receive from the Home Improvement and Structural Alteration Grant Program (service connected vets could receive \$6,800 up from the present \$4,100 and non service connected vets could receive \$2,000 up from the present \$1,200);
- H.R.1302 would create a director of physician assistant services in the VA's office of the Undersecretary for Health;
- H.R.1335 which would bar the VA from charging seriously disabled veterans anything for their care in VA hospitals or nursing homes or for other critical medical services.
- H.R.1546 would direct the establishment of a VA Committee on Care of Veterans with TBI;
- H.R.2926 which would require the VA to provide medical care to Vietnam era and Persian Gulf War veterans who were exposed to herbicides;
- A draft bill that would make education sessions available for veterans caretakers.

On 16 JUL the Veteran Affairs Disability Assistance and Memorial Affairs approved several veterans' bills. All the bills will now go to the full Veteran Affairs Committee for their consideration. The bills were:

- H.R.2379 to provide certain veterans an opportunity to increase the amount of Veterans' Group Life Insurance.
- H.R.2774 to make permanent the extension of the duration of Servicemembers' Group Life Insurance coverage for totally disabled veterans.
- H.R.2968 to eliminate the required reduction in the amount of the accelerated death benefit payable to certain terminally-ill persons insured under Servicemembers' Group Life Insurance or Veterans' Group Life Insurance.

[Source: TREA Washington Weekly 17 Jul 09 ++]

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**ARLINGTON NATIONAL CEMETERY Update 05:** A criminal investigation and allegations of misplaced bodies and shoddy care have soiled the famous burial ground according to a Salon Media Group, Inc special investigation on Arlington. An Army investigation this year found that the de facto boss of the cemetery, Deputy Superintendent Thurman Higginbotham, made false statements to Army investigators as they probed what they later classified as wire fraud at Arlington — a female employee's computer had been tapped into without authorization, and she had been impersonated online. An internal Army memo and an interview with a former Army employee also suggest that high-level Army officials knew for months about problems at Arlington but failed to act. Three former public affairs officers have recently testified under oath about a hostile work environment at Arlington. One was fired after speaking out. The other two quit in disgust. Sadly, Arlington's internal problems have materialized on the grounds themselves. Despite nearly 10 years and countless dollars spent on computerizing its operations, the cemetery still relies mostly on paper burial records that in some cases do not match the headstones. "There are numerous examples of discrepancies that exist between burial maps, the physical location of headstones, and the burial records/grave cards," the cemetery admitted in a 2008 report to Congress. And in a relatively remote area of the cemetery, where 600 service members from Iraq and Afghanistan are laid to rest, personal mementos placed on graves are left out to rot in the rain for days, ruined by workers with power washers, or thrown into a trash bin.

The aesthetics of the cemetery are deceptive," says Gina Gray, an Army veteran of eight years who served in Iraq and who was the cemetery's public affairs officer in early 2008, before she was fired over a clash with her boss. "To the naked eye, it is a place of sacred beauty and a tribute to our nation's heroes," says Gray, who has been rehired as an Army contractor at Fort Belvoir, in Virginia. "But if you scratch below the surface, you will find that it's really just window dressing. They've put these pretty curtains up to hide the ugliness on the inside." At the center of the chaos is Higginbotham, Gray's former superior and a focus of the Army investigation. While cemetery Superintendent John Metzler is the titular head at Arlington, Higginbotham runs the show, say current and former employees. A tall and imposing man, Higginbotham has worked at the cemetery since 1965. He started as a security guard and worked his way up to deputy supervisor in 1990. In his current position, he has earned a reputation for running the cemetery with an iron fist. (Higginbotham declined to talk to Salon.)

One of Higginbotham's failures, say employees, has been his inability to rectify disturbing discrepancies between burial records and information on headstones. For years, Arlington has struggled to replace paper-and-pen burial records with a satellite-aided system of tracking grave locations. "My goal is to have all the gravesites available online to the public, so people can look up a grave from home and print out a map that will show exactly where the gravesite is," Higginbotham told Government Computer News in APR 06. Such systems are standard at other cemeteries, like the Spring Grove Cemetery in Cincinnati, Ohio, nearly identical to Arlington in age and size. Yet an effort begun in 2000 to set up a similar system at Arlington remains unrealized. In 2004 and 2005, Arlington conducted a pilot project to check burial records against headstone information on 300 graves. "The accuracy of interment records and maps that track reserved, obstructed, and occupied graves were proven to have errors," the project found, according to Arlington National Cemetery budget documents. "For example, gravesites that were marked as obstructed were actually available and information listed on grave cards and burial records were not consistent with the information on the actual headstone."

The problems continue today. In 2008, Arlington National Cemetery issued a progress report to Congress on the computerization project. "The current way of doing business is mostly manual, complex, redundant and inefficient," cemetery officials noted, acknowledging continuing discrepancies among burial maps, headstones and burial records. Gray says her conversations with groundskeepers suggest the discrepancies and confusion might not stop at the grave's edge. "They told me they've got people buried there that they don't know who they are, and then they've got the wrong headstones over the graves." She adds: "I told several Army officials — in one instance, a two-star general — but nothing was ever followed up on." Salon heard the same claims from current and former cemetery employees, who asked to remain anonymous. Arlington officials insist that there are no cases at Arlington where headstones do not match the remains beneath. "We are not aware of any situation like that," says cemetery spokeswoman Kaitlin Horst.

Gray, who was fired, has a gripe against the cemetery, to be sure. But her complaints against Higginbotham triggered an investigation that exposed criminal acts that question the Army's oversight of Arlington. In her sworn testimony in the fall, as part of her equal opportunity complaint, which is still pending, Gray stressed "an elitist mentality among cemetery officials." Kara McCarthy, who held Gray's job at the cemetery from early 2007 until March 2008, also testified. She said Higginbotham and other top officials at Arlington "could do whatever the hell they wanted and they did, because they had been getting away with it for years." McCarthy said she also left the cemetery after a year because of the "hostile work environment." During the Higginbotham investigation, a different kind of crime arose at Arlington. But this one had little to do with the law. In her sworn testimony, Gray criticized the cemetery for disposing of artifacts left in Section 60, where soldiers who fought in Iraq and Afghanistan are buried. "They throw away things that are left at the gravesites — cards, letters," Gray said. "They don't save anything. In a follow-up story, Salon.com notes that the US Department of Veterans Affairs, "which runs 130 cemeteries across the country, asks people not to leave items other than flowers on the graves. But when it does find

those items," the VA "collects and holds them for 30 days in case the family wants to claim them." [Source: Salon.com Mark Benjamin article 17 Jul 09 ++]

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**TRICARE MANAGEMENT ACTIVITY:** Bringing ideas and experience aplenty from the West Coast to the nation’s capital, Tricare Management Activity's new deputy director Navy Rear Adm. Christine Hunter quickly and easily summed up Tricare’s importance to America’s uniformed service members, retirees and their families. “When you join the military you’re promised a comprehensive health care benefit. We want to ensure it is available in all locations and over all the periods of life”, she said. Now that she is back in the Washington DC area, Hunter said she’s ready to get to work delivering on the promise of Tricare and improving beneficiaries’ health and overall satisfaction. She is also excited to take over the helm of Tricare and face the challenges of her new assignment. To that end, Hunter doesn’t see providing health care to 9.4 million people as a challenge to be surmounted; she sees it as an opportunity for innovation. “We have the chance to set the standard and lead the nation in comprehensive, high-quality health care with universal access,” Hunter said. “We can showcase our successes and learn from others.”

One of the many possibilities Hunter would like to explore to improve the Tricare experience is the “medical home” concept, emphasizing four primary health care pillars: accessibility, continuity, coordination and comprehensiveness. Medical home would give Tricare beneficiaries an enhanced relationship with their providers, ensuring access, continuity, preventive care delivery and disease management. “To implement this concept in our military treatment facilities,” Hunter explained, “we’ll need to provide the right mix of both military and civilian providers and support staff.” In a patient centered medical home, health care providers and patients work together to set attainable goals and manage the patient’s overall health. “If I’m your doctor, and you and I develop a partnership, you are far more likely to accept my advice to stop smoking, get a mammogram, or have a screening colonoscopy.”, Hunter said. With more than 30 years as a physician, Hunter speaks with authority about the importance of the patient-provider relationship. “I treasure what I call the ‘sacred space’ between physician and patient,” Hunter said. “We are allowed incredible access to an individual in some of life’s most private moments.” These moments – of happiness and joy, grief and sadness, confusion and indecision – are the times when a physician can have the greatest impact on a patient or family member’s life, she said. “We’re invited to help guide them on what can be a journey to rebuilding their lives, restoring hope or walking a difficult pathway that maybe doesn’t end in restored health, but is a journey every family must travel at some time,” Hunter said.

As a Naval officer, Hunter has also served as a leader in the military health system at all levels including hospital commander, fleet surgeon, chief of staff at the Navy Bureau of Medicine and Surgery and most recently, as commander of Navy Medicine West and Naval Medical Center San Diego. As such, she understands the importance of combining good business practices and quality clinical care in military medicine. She is very focused on defining and implementing best business practices with an eye on the future. Consequently, she is a proponent of more wide-spread use of electronic medical records; both within the military health system, and the nation as a whole. “President Obama has emphasized what an electronic medical record can bring in terms of continuity of health care,” Hunter said. “If your provider has access to longitudinal information about your health and information about health trends, then we can partner together to improve individual and group health.”“As our nation takes on health care reform in a major way, we in the Military Health System can share our lessons and learn from that debate,” Hunter said. “We can get involved with other national leaders, working together to forge the way ahead.” [Source: MHS TMA Kevin J. Dwyer article 10 Jul 09 ++]

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**VA CLAIMS PROCESSING Update 01:** Pittsburgh's congressional delegation is asking an outside agency to investigate how the Department of Veterans Affairs' regional office handles their veterans' benefits claims. In a letter to the Governmental Accountability Office, three congressmen and two senators say an investigation by the VA's Office of Inspector General was "incomplete at best." The inspector general report confirmed allegations that employees deliberately delayed processing some claims in order to obtain \$300 performance bonuses, but it didn't substantiate an allegation that the employees were following orders from their managers when they held up the claims. Rep. Tim Murphy (R-Upper St. Clair) said the Pittsburgh regional office is the fifth-worst of the 56 regional offices in the Veterans Benefits Administration. More than 27% of the 4,850 claims pending at the office are at least six months old. Given the office's poor performance, the news that some of the delays were deliberate has outraged the congressional delegation, he said. They want the GAO to tell them how to improve the office "so that this situation can't and won't happen again," he said. Rep. Jason Altmire (D-McCandless) said Congress has tried unsuccessfully several times to eliminate a national backlog in veterans' benefit claims. Hearing that some of the backlog in the Pittsburgh office has been deliberate just adds to lawmakers' frustration, he said. "It is simply unacceptable that veterans who put their lives on the line to protect their country are being forced to wait for months to receive the benefits they have earned," Altmire said. Rep. Mike Doyle (D-Swissvale) and Sens. Bob Casey (D-Scranton) and Arlen Specter, (D-Philadelphia) also signed onto the investigation request. [Source: TRIBUNE-REVIEW Brian Bowling article 5 Jun 09 ++]

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**GI Bill Update 53:** Many questions about the Post-9/11 GI Bill were answered in late June when decisions were made on two of the plan's most important features: transfer of benefits to family members and Yellow Ribbon agreements (see below) that raise the value of the benefit, particularly to attend private colleges. Here's a summary of how these features will operate, according to DoD and VA policymakers:

**1. Transferability**

- To be eligible to transfer benefits to a spouse or child, servicemembers must be on active duty or in the Selected Reserve on or after Aug. 1, 2009 — the date the new GI Bill takes effect. Servicemembers also must have at least six years in service (10 years to transfer benefits to children) and must commit to serve four more years from the date that a transfer of benefits is approved. (See below for exceptions to the four-year rule.)
- Servicemembers will execute transfers through a secure "Transferability of Educational Benefits" Web site, <https://www.dmdc.osd.mil/TEB/>. They can log in using a Common Access Card, a DoD Self-Service User ID, or a PIN for accessing online military pay accounts administered by the Defense Financing and Accounting Service.
- The electronic application will request information from a servicemember to confirm Post-9/11 GI Bill eligibility and verify dependency status of a family members to receive transferred benefits. Family members must be enrolled in the Defense Eligibility Enrollment Reporting System (DEERS). Applicants also will need to designate the number of months of benefit to be transferred and their allocation to family members, if more than one person is to receive educational assistance.
- Completed applications will be reviewed by a servicemember's branch of service. Once they are approved, new service obligation dates will be set.
- The effective date of transfer will be no earlier than Aug. 1, 2009, regardless of application date. Data from approved applications will be transmitted each evening to the VA. Family members then will apply through a VA Web site, [www.gibill.va.gov](http://www.gibill.va.gov), for certificates of eligibility to use the transferred education benefits. Spouses and children will be able to use the new GI Bill like any eligible veteran would.

- Servicemembers who have no family members planning to attend college this fall are being asked to delay visiting the transfer Web site until at least July 15 so that applications for fall students can be processed more rapidly.
- Servicemembers can change transfer choices at any time, whether reallocating benefits among eligible family members or revoking transfers to use benefits themselves. Unused GI Bill benefits always will remain the property of the servicemember who earned them.
- Congress designed the transfer feature with some incongruities. For example, any family member not approved for transfer before a servicemember retires or separates from service will be denied the opportunity, unless the servicemember later reenters service. Veterans who remarry or have more children after leaving service will be unable to transfer GI Bill benefits to these new family members. With this limitation in mind, officials are urging servicemembers to transfer at least one month of the GI Bill benefit to each family member before leaving service, to lock in the option to transfer benefits at some later date.
- Another transferability quirk affects spouses of servicemembers on active duty. Those given transferred benefits to attend college, including the most expensive private schools, will have tuition and fees fully covered. But benefits for veterans themselves, or benefits transferred to college-bound children, will be capped so as not to exceed tuition and fees charged by the most expensive public college or university in a state.
- Spouses of active duty servicemembers who use transferred benefits to attend public universities will have a more modest education package than other users of the new GI Bill including, again, children of active duty servicemembers and veterans who earned this education benefit. This is because active duty spouses will not be paid the plan's monthly living allowance, equal to the local Basic Allowance for Housing for a married E-5, nor will they get the new GI Bill's \$1,000-a-year stipend for books or supplies.
- Spouses of drilling reservists will qualify for both the living allowance and book stipend because reservists, unlike their active duty counterparts, are not paid a monthly housing allowance.

## **2. *Exceptions to the Four-Year Rule***

- There is a permanent exception to the additional service requirement for transfer of GI Bill benefits. It applies to servicemembers who have served at least 10 years and are barred by service policy or statute from completing a full four more years.
- Servicemembers facing high-year tenure or mandatory retirement rules still will be able to transfer benefits if they serve the maximum time allowed under law or policy.
- To preserve proper force structure and promotion opportunities, several temporary exceptions to the four-year rule also will apply to servicemembers eligible to retire from Aug. 1, 2009, to Aug. 1, 2012. A servicemember is considered retirement-eligible after completing 20 years of active duty service or 20 qualifying years of reserve service. Based on retirement eligibility dates, these servicemembers will only have to serve one to three additional years from the date benefits are approved for transfer.

## **3. *Yellow Ribbon Agreements.*** More on Yellow Ribbon colleges and their agreements can be found online at [www.gibill.va.gov/GI\\_Bill\\_Info/CH33/Yellow\\_ribbon.htm](http://www.gibill.va.gov/GI_Bill_Info/CH33/Yellow_ribbon.htm).

- A total of 1165 colleges and universities have signed Yellow Ribbon agreements with the VA for the 2009-10 academic year, making their undergraduate or graduate degree programs more affordable to at least some new GI Bill beneficiaries. That total includes roughly 750 private nonprofit schools, 250 private for-profit schools, and 165 public universities.
- For most users, the new GI Bill covers only tuition and fees up to amounts set for the most expensive public university in their state of residence. Students enrolled in private colleges or attending out-of-state public schools still might face huge out-of-pocket costs. The amounts not covered will vary greatly, too. Texas students, for example, will receive up to \$1,333 a credit hour plus \$12,130 a year to cover school

fees. California students, by contrast, will be reimbursed up to \$6,587 in yearly fees but receive no tuition coverage because tuition is free to in-state students at public colleges.

- Under the Yellow Ribbon program, schools are encouraged to waive up to 50 percent of the difference between their tuition and fees and those covered by the new GI Bill. The VA, in turn, will match in higher benefits what the college waived, adding value to the GI Bill for students attending private schools, out-of-state public universities, or state school graduate degree programs.
- The deadline to pen Yellow Ribbon deals for the 2009-10 academic year was June 15. Many schools, with endowments battered by investment losses the past year, decided they couldn't afford to waive costs too deeply for GI Bill users. Others elected to waive thousands of dollars in costs but only for small numbers of GI Bill students.
- The VA mandates that waivers be offered on a first-come, first-served basis. They cannot be offered, for example, only to students in select fields of study or only to students with the highest grades or test scores.

[Source: MOAA News Exchange Tom Philpott article 15 Jul 09 ++]

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**CHAPTER 61 DISABILITY PAY Update 05:** This information is based on the H.R.2990 proposed legislation at this point. Everything is subject to change until the draft is signed into law. Based on conversations with potentially affected military members, it helps to start with a few ground rules to make this program easier to understand:

- 1.) First, forget all you know about your Service pay and concurrent receipt AKA Concurrent Retirement and Disability Pay (CRDP). If you start with a clean slate it's easier to comprehend. The barracks lawyers are putting out misinformation.
- 2.) Next, you have to understand the definition of CRDP. This is critical. CRDP only restores Service pay based on your service time. That's all it has ever restored. It does not restore Service disability pay. The law prohibiting two disability checks is still in force.
- 3.) Third. Your Chapter 61 Service pay, for CRDP purposes, has two components. Part disability pay and part Service longevity pay; the part based on your years of service. The part based on your service time is figured like any retiree's retired pay; 2.5% times years of service.
- 4.) Fourth. Depending on your personal situation under this proposal you may already be getting what CRDP would provide you (in other words, you get nothing extra, no CRDP) or you may get something extra.

Based on the above and the proposed bill here are some examples of how it would impact vets:

**Example 1**

- Member with 3 years of service, Service disability rating of 60%, and VA rating of 80%.
- Service pay based on \$1800 base pay per month at retirement.
- 60% Service rating provides disability retirement of \$1080 (\$1800 x 60%).
- 80% VA rating pays \$1400 a month.
- Currently, member's entire Service pay docked due to VA comp at a greater amount.
- Under CRDP the member will receive retired pay for years served.
- 3 years multiplied by a 2.5 percent is 7.5%.
- 7.5% times the \$1800 base pay is \$135 a month in retired pay for years served.
- Member will get VA comp of \$1400 plus \$135 Service pay (CRDP).

**Example 2**

- Member with 10 years of service, 90% Service rating, and 90% VA rating.

- Base pay of \$6500.
- \$6500 base pay at 90% Service rating equals \$5850.
- VA comp at 90% \$1600.
- Member is receiving \$1600 from VA and \$4250 from Service (\$5850 – \$1600).
- Under CRDP there is no change—no CRDP payment since you already receive all of your Service longevity retired pay.
- 10 years of service times 2.5% equals 25% of base pay or \$1625; this is the only amount CRDP restores.
- You're receiving Service pay of \$4250 so the VA comp is only docking your Service disability pay and by law the CRDP proposal doesn't change that.

**Example 3**

- Member with 18 years' service, Service rating 50%, and VA rating 90%.
- Base pay \$4500 a month.
- 50% Service rating times base pay equals \$2250.
- VA comp at 90% is \$1600.
- Member receiving \$650 from Service (2250 – 1600) and \$1600 from VA.
- Under CRDP you have to calculate Service longevity retired pay of 18 years times 2.5% for 45% times \$4500 equals \$2025. CRDP ensures the member receives this amount due to his vested service time.
- Member is owed \$2025 from the Service (CRDP) AND \$1600 from the VA.
- Finally, please keep in mind, everyone with less than 90% VA rating will be phased in over time. You will see your CRDP later. See our MOAA Legislative Update for the proposed phase in schedule.

[Source: MOAA News Exchange 15 Jul 09 ++]

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**CANCER STATISTICS Update 01:** A recent study of Department of Defense and National Cancer Institute statistics shows that active-duty military personnel may have lower risks of developing certain kinds of cancer compared with the general public. These findings came to light after a group of researchers from the Military Health System and the National Institutes of Health compared cancer rates between members of the armed forces and the general U.S. population. "Cancer risk may be affected by multiple factors. It is known that certain behaviors or exposures such as tobacco smoking, alcohol consumption, poor diet, obesity, radiation, and certain chemicals are associated with cancer," said Dr. Kangmin Zhu, a scientist at the U.S. Military Cancer Institute and the Uniformed Services University of the Health Sciences who led the research project. "The military population may be different from the general population in its exposure to these factors and therefore cancer incidence rates may differ in the two groups," said Zhu.

Zhu's team sought to take a broad picture of the effects of cancer on military members by comparing the frequency of six kinds of cancer—lung, colorectal, prostate, breast, testicular and cervical—between military and civilian populations. The study focused on adults aged 20 to 59 years old who were diagnosed with one of the six cancers between 1990 and 2004. Data was taken from two databases: the Surveillance, Epidemiology and End Results (SEER) program of the National Cancer Institute, and the Defense Department's Automated Central Tumor Registry (ACTUR). The research team found that certain cancers – colorectal, lung and cervical – appeared less frequently in the military population than in the general population. They also found that breast cancer among women and prostate cancer among men are more common in the military than in the general population. Testicular cancer appeared to affect both military and civilian populations equally. Studies on cancer incidence in the U.S. Armed Forces are few and far between. Zhu's team identified only two previous cancer studies in the military, and both were limited in size and scope. In 1999, a team of researchers conducted a study on the incidence of testicular

cancer in the Defense Department. Then in 2006, another more general study was conducted, but only within Air Force personnel.

Although it is unclear why certain groups of military personnel demonstrated different rates, the research team offered some speculation in their article published last month in *Cancer Epidemiology, Biomarkers and Prevention*. According to their interpretation, differing cancer frequencies between military and civilian populations were most likely due to greater access to medical care and higher rates of cancer screening in the military. There also might be different levels of exposure to cancer risks such as smoking, alcohol use, and low physical activity. The differences between the two reporting systems could have also played a role in creating those disparities. All in all, Zhu said, his team plans to continue this kind of analysis after more data has been collected. Descriptive epidemiological studies, he says, may provide clues for further research as well as provide evidence to support existing hypotheses "Analysis of the frequency, distribution and pattern of various cancers can be the first step in understanding their etiology" said Zhu. "In the past, studies of cancer incidence rates in the U.S. military population have been very limited. One of the important research goals of the United States Military Cancer Institute, Uniformed Services University of the Health Sciences and its collaborator, the National Cancer Institute, is to understand cancer patterns in the military. We hoped that this descriptive study would provide basic information on cancer incidence in the military." [Source: DoD MHS Press Release David Loeb sack 15 Jul 09 ++]

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**MEDICARE FRAUD Update 17:** An Atlantic County New Jersey surgeon, his office manager and the treatment center he owned were indicted on charges they defrauded Medicare, Medicaid and private insurance carriers of more than \$8.5 million. Dr. Khashayar Salartash, 42, of Linwood; his office manager, Farah Iranipour Houtan, 51, of Egg Harbor Township; and the treatment center owned by Salartash, The Center for Lymphatic Disorders LLC, were variously charged in a state grand jury indictment returned 13 JUL with second-degree conspiracy, three counts of second-degree health care claims fraud, and two counts of third-degree Medicaid fraud. Salartash and Houtan were also charged with second-degree misconduct by a corporate official. The indictment alleges that between AUG 02 and JUN 07, Salartash and Houtan billed Medicare, Medicaid and private insurers for services that were not provided as claimed. "We charge that these defendants collected \$8.5 million through false billing, including nearly \$5 million from Medicare and half a million dollars from Medicaid," said Attorney General Anne Milgram. "It's outrageous that a doctor would fraudulently take millions of dollars from programs that pay for medical care for the elderly and those who can't afford health insurance. In addition, by defrauding private insurers, he contributed to the high cost of health insurance."

The Center for Lymphatic Disorders was opened by Salartash on Central Avenue in Egg Harbor Township in AUG 02 to treat patients with lymphedema, which is blockage of the lymph vessels that causes accumulation of fluid and swelling of the arms or legs, and occasionally other parts of the body. Before it closed in 2006, the center opened four additional offices in Atlantic City, Manahawkin, Haddon Heights, and Galloway Township. As a result of alleged fraudulent billing, the Center for Lymphatic Disorders was paid approximately \$8,564,622, including \$593,363 by Medicaid, \$4,703,935 by Medicare, and \$3,267,324 by private carriers. The defendants allegedly submitted claims as though Salartash had either personally provided services or directly supervised licensed personnel who rendered services. In fact, services were performed by a physical therapist, a licensed practical nurse or a massage therapist, with essentially no supervision. In addition, Salartash and Houtan allegedly billed for surgery when only physical therapy services were rendered. Salartash allegedly represented in some claims that services were performed in an outpatient hospital facility, when the procedures were performed in a doctor's office.

In order to support the claims, Salartash certified that the services provided were medically necessary, even though the services were provided for a time period far in excess of what is normal and customary for lymphedema

therapy. A normal course of treatment for lymphedema is four weeks, or in very complex cases, eight to 12 weeks. However, an auditor for the Medicaid program determined that most patients of the Center for Lymphatic Disorders were treated for between 18 months and nearly 3 years. Salartash and Houtan allegedly used inappropriate modifiers to billing codes to bill for multiple procedures within a short amount of time, and made written and verbal misrepresentations to Medicare, Medicaid and private insurance carriers in order to support claims for payment. [Source: Gloucester County Times article 14 Jul 09 ++]

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**UNCLAIMED FUNDS Update 01:** A list of the U.S. Security and Exchange commission (SEC) enforcement cases in which a Receiver, Disbursement Agent, or Claims Administrator has been appointed can be found at [www.sec.gov/divisions/enforce/claims.htm#BList](http://www.sec.gov/divisions/enforce/claims.htm#BList) . Clicking on an alphabetical listing of companies and financial institution you may have lost funds in will reveal if there is a case, its background, the latest action taken, and whether or not an order approving a distribution and authorizing disbursement of funds has been issued. Funds that are recovered and available for investors will be distributed according to an approved plan. If you're aware of violations of the securities laws, you can report them via the online complaint form. In addition to seeing whether a claims fund has been established, you may want to find out whether a private class action has been filed against the company you invested in. To do so, go to <http://securities.stanford.edu>. and select "Filings". If your broker-dealer has gone out of business, you can visit the website of the Securities Investor Protection Corporation [www.sipc.org](http://www.sipc.org) to find out whether your firm is the subject of liquidation proceedings and how you can obtain a claim form. [Source: [www.usa.gov/Citizen/Topics/Money\\_Owed.shtml](http://www.usa.gov/Citizen/Topics/Money_Owed.shtml) Jul 09 ++]

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**BURN PIT TOXIC EMISSIONS Update 10:** When epidemiologist Shira Kramer first saw data about some 400 service members who say they were sickened by open-air burn pits in Afghanistan and Iraq, she said she was shocked to see how well their symptoms matched up with symptoms associated with toxic exposure. "I was appalled but not surprised to learn that there were so many serious adverse health effects," she said. "We know open pit burning is very dangerous." Kramer, who has a doctorate in epidemiology and co-authored a textbook about it, was invited by lawyer Elizabeth Burke to research the burn pits to compile evidence for several class-action lawsuits against military contractor KBR. The military typically disposes of waste in burn pits during contingency operations, but KBR took over burn-pit operations for the largest of the pits at Joint Base Balad, Iraq. In a memo dated 20 DEC 06, Air Force Lt. Col. Darrin Curtis, former bioenvironmental flight commander at Balad, said the chemicals to which troops there may have been exposed include: dioxin, the same chemical that made Agent Orange so toxic; benzene, an aircraft fuel known to cause leukemia; arsenic; dichlorofluoromethane, or Freon; carbon monoxide; ethyl benzene; formaldehyde; hydrogen cyanide; nitrogen dioxide; sulfuric acid; and xylene.

Kramer said the mix of chemicals, and their combination with particulates such as ash and sand, may have made the problem worse. "You have a toxic brew that is ... much more dangerous than individual chemicals alone," she said. "The absorption onto particulate matter then allows these chemicals not only to deeply penetrate into the lungs, but also to have a dwell time in the lungs." Air Force officials say the burn pit at Balad has been cleaned up - the 90,000 water bottles a day that were being burned are now recycled, and hazardous materials are no longer making their way to the pit. But even if the pit burned only wood and paper, the troops would still be at risk, Kramer said, noting that burning wood produces dioxin. "Uncontrolled, open burning of any of these materials represents a hazard. The symptoms can be signs of acute respiratory problems and blood cancers... Troops stationed near burn pits who began coughing and spitting up black stuff - 'plume crud,' they call it - should have served as a warning to military officials. The acute effects are a tip-off that something quite troubling is going on... Military data showing that chronic obstructive pulmonary disease cases have risen by 12,000 a year since the wars in Iraq and Afghanistan

began are especially troubling. ..You would not expect to see COPD in a young, healthy population ... in this age range," she said. "It's extremely unusual and unexpected." [Source: NavyTimes Kelly Kennedy article 13 Jul 09 ++]

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**DEMENTIA Update 01:** Dementia can be a devastating illness for patients and their caregivers. Current research is focusing on the causes and manifestations of dementia, new medications and treatments, and education and support for caregivers. News from the various arenas of dementia research and expert advice includes:

- Ongoing studies hope to determine if Alzheimer's dementia can be predicted and diagnosed by scanning the optic nerve. The same laser technology now used in an ophthalmologist's office to monitor glaucoma is being used to visualize distinctive optic nerve shapes that occur in Alzheimer's disease patients.
- Studies at Harvard University in Cambridge, Mass., and the University of Pittsburgh show the drug memantine (Namenda) might play a valuable role in treating Alzheimer's dementia, especially when given in combination with other drugs such as Aricept and Exelon.
- The Alzheimer's Foundation Medical Advisory Board has published reversible risk factors for preventing dementia. Although these factors cannot overrule the role of age, genetics, and medical disease, they are avoidable risks that you have control over. The list includes:
  - a.) Being a couch potato: Inactivity impedes blood flow to vital organs and the brain, which is necessary to repair and replenish brain cells. So start exercising!
  - b.) Tipping the scale: Being overweight or obese alters insulin production in the body that can lead to brain inflammation. Obesity also increases the risk for diabetes, high cholesterol, and other medical conditions that are risk factors for dementia.
  - c.) Rising blood pressure: High blood pressure can damage blood vessels in the brain and other major organs. However, hypertension can be tricky to diagnose, as there usually are no symptoms until your blood pressure is very high. It is important to have your blood pressure monitored and promptly begin treatment if you're diagnosed with hypertension.
  - d.) Drinking alcohol: Prolonged and heavy consumption of alcohol causes a specific type of dementia known as alcohol-related dementia. Researchers also note that individuals with dementia who drink on a regular basis typically have a higher incidence of confusion, delirium, and behavior problems.
- The American Geriatrics Society has reported that 25 percent of dementia diagnoses are missed due to inadequate screening. The organization recommends memory screening for people age 65 or older and those younger than 65 who are at higher risk for dementia. Memory screening is a simple evaluation tool that assesses memory and other intellectual functions and indicates whether further testing is indicated.
- The Caregivers Coalition has posted a set of tips for dementia caregivers:
  - 1.) Prioritize. Learn to put aside rigid schedules and be flexible. Caregivers need to be able to adapt and go with the flow.
  - 2.) Don't assume your children are too busy to help you. Ask them for assistance, and let them make their own decisions.
  - 3.) Look for community resources. Many caregivers are not aware of the free and low-cost services available in their own communities. Take time to do a little research.
  - 4.) Be aware of your feelings. Your body and your mind will tell you when you need to take a break or get respite. Listen to the subtle signals, and recognize them before it is too late.

For more information on dementia and caregiving research, refer to the following Web sites:

- Alzheimer's Association [www.alz.org/index.asp](http://www.alz.org/index.asp)
- The American Geriatrics Society [www.americangeriatrics.org](http://www.americangeriatrics.org)

- The Rosalynn Carter Caregiver Institute [www.rosalynncarter.org](http://www.rosalynncarter.org)  
[Source: MOAA Nanette Lavoie-Vaughan article 17 Jun 09 ++]

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**CAPITOL FLAGS:** No record has been found for the earliest date the flag was flown over the east and west fronts of the U.S. Capitol. Early engravings and lithographs in the office of the Architect of the Capitol show flags flying on either side of the original low dome above the corridors connecting the areas now known as Statuary Hall and the Old Senate Chamber. After the addition of the new House and Senate wings in the 1850s, even before the great dome was completed in 1863, photographs of the period show flags flying over each new wing and the central east and west fronts. The custom of flying the flags 24 hours a day over the east and west fronts was begun during World War I. This was done in response to requests received from all over the country urging that the flag of the United States be flown continuously over the public buildings in Washington, DC. The east and west front flags, which are 8 x 12 feet, are replaced by new ones when they become worn and unfit for further use. Prior to machine-made flags, individuals were hired by the Congress to hand sew these flags. Presidential proclamations and laws authorize the display of the flag 24 hours a day at the following places:

- Fort McHenry National Monument and Historic Shrine, Baltimore, Maryland (Presidential Proclamation No. 2795, July 2, 1948).
- Flag House Square, Albemarle and Pratt Streets, Baltimore Maryland (Public Law 83-319, approved March 26, 1954).
- United States Marine Corp Memorial (Iwo Jima), Arlington, Virginia (Presidential Proclamation No. 3418, June 12, 1961).
- On the Green of the Town of Lexington, Massachusetts (Public Law 89-335, approved November 8, 1965).
- The White House, Washington, DC. (Presidential Proclamation No. 4000, September 4, 1970).
- Washington Monument, Washington, DC. (Presidential Proclamation No. 4064, July 6, 1971, effective July 4, 1971). Fifty flags of the United States are displayed at the Washington Monument continuously.
- United States Customs Ports of Entry which are continually open (Presidential Proclamation No. 413 1, May 5, 1972).
- Grounds of the National Memorial Arch in Valley Forge State Park, Valley Forge, Pennsylvania (Public Law 94-53, approved July 4, 1975).
- Many other places fly the flag at night as a patriotic gesture by custom.

Flags flown over the U.S. Capitol are available for purchase by the general public. All requests for flags must be made through your United States Senator's or Representative's offices. The Architect of the Capitol does not accept requests for Capitol flags. To place a flag request refer to the website for your Senator or Representative. Links to the U.S. Senate and the U.S. House Representatives can be found at . Many Members of Congress have directions and order forms available online. Complete the form and return with your payment to your Senator or Representative, who will forward your request to the Architect of the Capitol. If instructions for making flag requests are not online, contact your Senator or Representative for instructions. A certificate signed by the Architect of the Capitol accompanies each flag. Flags are available for purchase in sizes of 3' x 5' or 5' x 8' in fabrics of cotton and nylon. Depending on the size of the flag, the prices range from \$13.25 to \$22.55 (plus shipping and handling). For additional info on flag issues refer to [www.pueblo.gsa.gov/cic\\_text/misc/ourflag/titlepage.htm](http://www.pueblo.gsa.gov/cic_text/misc/ourflag/titlepage.htm). [Source: Federal Citizen Info Center FAQ [www.pueblo.gsa.gov](http://www.pueblo.gsa.gov) Jun 09 ++]

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

**State Sales Tax:** 5.75% (food, prescription and non-prescription drugs, residential utility services exempt)

**Fuel & Cigarette Tax:**

- **Gasoline Tax:** 20 cents/gallon
- **Diesel Fuel Tax:** 20 cents/gallon
- **Cigarette Tax:** \$2.00/pack of 20

**Personal Income Taxes:**

- **Tax Rate Range:** (2007) Low - 4.0%; High - 8.5%
- **Income Brackets:** Three. Lowest - \$10,000; Highest - \$40,000. *Note: Excludes Social Security income and maximum \$3,000 exclusion on military retired pay, pension income, or annuity income from DC or federal government.*
- **Personal Exemption:** Single - \$1,675; Married - \$1,675; Dependents - \$1,675
- **Standard Deduction:** Single - \$2,000; Married filing joint return - \$4,000
- **Medical/Dental Deduction:** Same as Federal taxes
- **Federal Income Tax Deduction:** None
- **Retirement Income Taxes:** Social Security is exempt. Taxpayers 62 and older can exclude \$3,000 of military, federal, and state/local pensions. All state government pensions are fully taxed.
- **Retired Military Pay:** Up to \$3,000 of military retirement pay excluded for individuals 62 or older, Survivor benefits are taxable.
- **Military Disability Retired Pay:** Retirees who entered the military before 24 SEP 75, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.
- **VA Disability Dependency and Indemnity Compensation:** VA benefits are not taxable because they generally are for disabilities and are not subject to federal or state taxes.
- **Military SBP/SSBP/RCSBP/RSFPP:** Generally subject to state taxes for those states with income tax. Check with state department of revenue office.

**Property Taxes**

- 1.) Property is assessed at 100% of market value. Taxes on owner-occupied real estate are \$0.85 per \$100 of assessed value. The first \$64,000 of assessed value (homestead deduction) is exempt from taxes. Several property tax relief programs are available to assist property owners and first time home buyers. These include a homestead deduction, tax credits for historic properties, senior citizen tax relief and property tax exemptions and deferrals. Homeowners 65 and older with household adjusted gross income of less than \$100,000 receive an additional exemption equal to 50% percent of their homestead deduction. For details refer to [http://otr.cfo.dc.gov/otr/cwp/view.a.1330.q.594366.otrNav\\_gid.1679.otrNav.%7C33280%7C.asp](http://otr.cfo.dc.gov/otr/cwp/view.a.1330.q.594366.otrNav_gid.1679.otrNav.%7C33280%7C.asp)
- 2.) The real property tax deduction has increased. As a result of changes made to Federal year law, non-itemizers (those who take the standard deduction) may now increase the standard deduction by up to \$500 (if single, head of household, married filing separately) and up to \$1,000 (if filing jointly) if they took the

real property tax deduction on their Federal tax return as an increase to the standard deduction. Call 202-727-1000 for more information.

***Inheritance and Estate Taxes*** - There is no inheritance tax and only a limited estate tax.

For further information, refer to the District of Columbia Office of the Chief Financial Officer site <http://cfo.washingtondc.gov/cfo/site/default.asp>. [Source: [www.retirementliving.com](http://www.retirementliving.com) Jul 09 ++]

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## **MILITARY HISTORY ANNIVERSARIES:**

- Jul 16 1779 - Revolutionary War: American troops capture Stony Point, N.Y.
- Jul 16 1945 - WWII: The United States detonates the first atomic bomb in a test at Alamogordo, N. M.
- Jul 17 1898 - Spanish-American War: U.S. troops take Santiago de Cuba.
- Jul 17 1966 - Vietnam: Ho Chi Minh orders a partial mobilization of to defend against American airstrikes.
- Jul 18 1915 - WWI: 2nd Battle of Isonzo begins & ends with loss of 280,000 men
- Jul 18 1942 - WWII: German Me-262, the first jet-propelled aircraft to fly in combat, makes its first flight.
- Jul 18 1971 - Vietnam: New Zealand and Australia announce they will pull their troops out of Vietnam.
- Jul 19 1942 - WWII: German U-boats are withdrawn from positions off the U.S. Atlantic coast due to American anti-submarine countermeasures.
- Jul 20 1917 - WWI: Draft lottery held; #258 is 1st drawn
- Jul 20 1944 - WWII: Adolf Hitler is wounded in an assassination attempt by German Army officers.
- Jul 20 1950 - Korean War: The U.S. Army's Task Force Smith is pushed back by superior forces.
- Jul 21 1861 - Civil War: In the first major battle of the War, Confederate forces defeat the Union Army along Bull Run near Manassas Junction, Virginia. The battle becomes known as Manassas by the Confederates, while the Union calls it Bull Run
- Jul 21 1944 - WWII: U.S. Army and Marine forces land on Guam in the Marianas.
- Jul 21 1954 - Vietnam: The French sign an armistice with the Viet Minh that ends the war but divides Vietnam into two countries.
- Jul 22 1775 - Revolutionary War: George Washington took command of the Continental Army.
- Jul 22 1814 - Five Indian tribes in Ohio make peace with the United States and declare war on Britain.
- Jul 22 1966 - Vietnam: B-52 bombers hit the DMZ between North and South Vietnam for the first time.
- Jul 22 1987 - Gulf War: US began escorting re-flagged Kuwaiti tankers in Persian Gulf
- Jul 23 1944 - WWII: US forces invade Japanese-held Tinian.
- Jul 23 1962 - The Geneva Conference on Laos forbids the United States to invade eastern Laos.
- Jul 24 1990 - Gulf War: U.S. warships in Persian Gulf placed on alert after Iraq masses nearly 30,000 troops near its border with Kuwait
- Jul 25 1944 - WWII: Allied forces begin the breakthrough of German lines in Normandy.
- Jul 25 1990 - Gulf War: U.S. Ambassador tells Iraq, US won't take sides in Iraq-Kuwait dispute.
- Jul 27 1861 - Civil War: Confederate troops occupy Fort Fillmore, New Mexico
- Jul 27 1944 - WWII: U.S. troops complete the liberation of Guam.
- Jul 27 1953 - Korea: Representatives of the United Nations, Korea and China sign an armistice at Panmunjon ending the war.
- Jul 27 1964 - Vietnam: President Lyndon Johnson sends an additional 5,000 advisers to South Vietnam.
- Jul 28 1914 - WWI: War begins when Austria-Hungary declared war on Serbia followed by Germany declaring war on France (3 AUG). On 4 AUG Germany invaded Belgium, Britain declared war on Germany, and President Woodrow Wilson declared policy of U.S. neutrality.

- Jul 28 1945 - A B-25 bomber crashes into the Empire State Building in New York City, killing 13 people.
- Jul 28 1965 - Vietnam: LBJ sends 50,000 more soldiers to Vietnam (total of 125,000)
- Jul 29 1915 - U.S. Marines land at Port-au-Prince to protect American interests in Haiti.
- Jul 29 1967 - Fire aboard carrier USS Forrestal in Gulf of Tonkin kills 134. \$100 million damage
- Jul 30 1942 - FDR signs bill creating women's Navy auxiliary agency (WAVES)
- Jul 30 1944 - US 30th division reaches suburbs of St-Lo Normandy
- Jul 30 1945 - WWII: After delivering parts of the first atomic bomb the U.S. cruiser Indianapolis is torpedoed/sinks, 880 die.
- Jul 31 1813 - Revolutionary War: British invade Plattsburgh NY
- Jul 31 1991 - Senate votes to allow women to fly combat aircraft

[Source: Various Jun 09 ++]

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**VETERAN LEGISLATION STATUS 29 JUL 09:** The next scheduled Congressional recess during which they will not be in session is 6 AUG through 4 SEP. This is referred to as the August recess which runs through Labor Day 3 SEP. For or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111<sup>th</sup> Congress refer to the Bulletin's Veteran Legislation attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-mail; signing a petition; or making a personal visit, Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting legislators know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> your legislator's phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to [http://www.thecapitol.net/FAQ/cong\\_schedule.html](http://www.thecapitol.net/FAQ/cong_schedule.html) for dates that you can access your legislators on their home turf. [Source: RAO Bulletin Attachment 29 Jul 09 ++]

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**HAVE YOU HEARD:** Puns for the educated?

- The roundest knight at King Arthur's round table was Sir Cumference . He acquired his size from too much pi.
- I thought I saw an eye doctor on an Alaskan island, but it turned out to be an optical Aleutian .
- She was only a whisky maker, but he loved her still.
- A rubber band pistol was confiscated from algebra class because it was a weapon of math disruption.
- The butcher backed into the meat grinder and got a little behind in his work.
- No matter how much you push the envelope, it'll still be stationery.
- A dog gave birth to puppies near the road and was cited for littering.
- A grenade thrown into a kitchen in France would result in Linoleum Blownapart.

- Two silk worms had a race. They ended up in a tie.
- Time flies like an arrow. Fruit flies like a banana.
- A hole has been found in the nudist camp wall. The police are looking into it.
- Atheism is a non-prophet organization.
- Two hats were hanging on a hat rack in the hallway. One hat said to the other, "You stay here; I'll go on a head."
- I wondered why the baseball kept getting bigger. Then it hit me.
- A sign on the lawn at a drug rehab center said: "Keep off the Grass."
- A small boy swallowed some coins and was taken to a hospital. When his grandmother telephoned to ask how he was, a nurse said, "No change yet."
- A chicken crossing the road is poultry in motion.
- The short fortune-teller who escaped from prison was a small medium at large.
- The man who survived mustard gas and pepper spray is now a seasoned veteran.
- A backward poet writes inverse.
- In democracy it's your vote that counts. In feudalism it's your count that votes.
- When cannibals ate a missionary, they got a taste of religion.
- Don't join dangerous cults: Practice safe sects!

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