

RAO Bulletin 15 December 2008

== VA Disability Compensation [03] ----- (Widows Cheated)  
== Vet Legislative Advances ----- (2008)  
== Mobilized Reserve 10 DEC 08 ----- (3577 Increase)  
== NY Vet Property Tax Relief ----- (Tax Break Delays)  
== Tomb of the Unknowns [03] ----- (Army Declines Offer)  
== VA Appointments [04] ----- (Flaws Found)  
== VA Secretary [08] ----- (Eric K. Shinseki)  
== IRS FEIE Residency Test ----- (330 Days ++)  
== Recruiting Non-citizens [01] ----- (MAVNI Pilot Program)  
== TSGLI [02] ----- (Benefits Expand)  
== VA Secretary Annual Report ----- (Self Assessment)  
== Traumatic Brain Injury [05] ----- (Blast Exposure Database)  
== VA Benefits ----- (Informing Vets)  
== VA Clinic Openings [11] ----- (31 New Clinics)  
== Grace After Fire ----- (Women Vet Resource)  
== Medicaid Copay ----- (New Rules)  
== VA Claims Backlog [20] ----- (New York Office)  
== Veteran Web Links [02] ----- (Where to Look)  
== Military History Anniversaries ----- (Dec Summary)  
== Burn Pit Toxic Emissions [0]----- (Halliburton/KBR Sued)  
== HELOC Fraud ----- (Identity Theft)  
== Burn Pit Toxic Emissions [02] ----- (Akaka Wants Review)  
== Gulf War Syndrome [07] ----- (IOM to Review Report)  
== Vet Jobs [07] ----- (Helmets to Hardhats)  
== DoD PDBR [04] ----- (Review Process)  
== VA Compensation Rates (Disability) ----- (2009 Mo Pms)  
== VA DIC Rates 2009 ----- (Monthly Payments)  
== Cancer Vitamin Study ----- (C & E Ineffective)  
== Warmth & Health ----- (House Tips)  
== Military Museums & Memorials ----- (Websites)  
== Veteran Legislation Status 14 DEC 08 --- (Where we Stand)

VA DISABILITY COMPENSATION UPDATE 03: The Veterans Affairs Department has been wrongfully recovering money from widows of deceased veterans over the last 12 years by demanding reimbursement for final benefits checks in violation of federal law. Sen. Daniel K. Akaka, (D-HI), the chairman of the Senate Veterans' Affairs Committee, confronted the department last week about the problem, which has resulted in hundreds of thousands of senior citizens losing pension and disability money received during the month of their spouse's death. "This flawed practice has caused serious hardship for many widows," Akaka said. "I suspect that the improper procedures have harmed thousands of widows and widowers over the last 12 years." Congress granted veterans' spouses the right to keep their partner's last month's worth of benefits when it passed the Veterans' Benefits Improvements Act of 1996 (PL 104-275). The law instructed the department to treat disability and pension checks issued during the month of a veteran's death "as being payable to a surviving spouse." But the department never adjusted its systems to follow the law. As a result, the department has routinely either refused to send checks or taken active measures to retrieve money already sent, including collection actions. Akaka brought up the issue in a 5 DEC letter to Secretary James B. Peake, asking him to immediately take steps to identify all the spouses affected, pay them their missing benefits, and fix the system.

Akaka's press secretary, Jesse Broder Van Dyke, said there was no evidence officials intentionally withheld any money. "It was something that slipped through the cracks," he said. "They're using an automated system, so they needed to go and change the program, but they never did." Peake responded 11 DEC with a tentative action plan to fix the benefits problem over the coming months, saying "I agree that this problem must be fixed." A department spokesman did not immediately respond to requests for comment, but a committee aide said solving the problem likely would take some time, partly because the department does not keep track of all spouses. The aide estimated that up to 50,000 spouses could have been affected each year since the law was passed. Each spouse could be entitled to anywhere from a few hundred to a few thousand dollars, depending on their situation. Repayments could cost the government hundreds of millions dollars, the aide said. The department should have enough money in its budget to cover the costs, but "they might have to come back to Congress for some additional money," the staffer said. Akaka became aware of the problem last month when contacted by Ruby Maile Sasaoka, a Hawaii resident whose veteran husband died in 2007. After using her husband's final benefit check for funeral expenses, the Treasury department took an equal amount of money directly from her bank account without her knowledge. As a result, she unwittingly bounced checks and now faces credit issues. [Source: CQ TODAY Josh Rogin article 12 Dec 08 ++]

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VA DISABILITY & DIVORCE: United States Code, Title 38, Veteran's Benefits, is the governing document created by the U.S. Congress for the administration and protection of benefits, entitlements, and healthcare services earned by persons honorably discharged from the U.S. military, spouses, dependents, and widows of former military personnel. The Department of Veterans Affairs is the sole agency responsible for enforcement and interpretation of the contents of USC, Title 38. According to the Department of Justice, the ultimate responsibility for all actions taken/or not taken under USC, Title 38 falls squarely on the shoulders of the Secretary of the Department of Veterans Affairs. One of the primary functions of USC, Title 38 is to insure persons not eligible for veterans' benefits,

entitlements, compensation, and/or medical services are not granted access to such, and veterans receiving benefits, entitlements, compensation, and/or medical services are qualified and eligible to receive said benefits. In the case of veteran's disability compensation, these funds are paid solely to the disabled veteran for injuries incurred in the line of duty. Disability compensation is tax-exempt and not classified as 'income' by the IRS. VA disability compensation is also protected from seizure, attachment, garnishment, or levy under any legal process whatsoever.

USC, Title 38 reads, "Section 5301(a) - 1) Payments of benefits due or to become due under any law administered by the Secretary shall not be assignable except to the extent specifically authorized by law, and such payments made to, or on account of, a beneficiary shall be exempt from taxation, shall be exempt from the claim of creditors, and shall not be liable to attachment, levy, or seizure by or under any legal or equitable process whatever, either before or after receipt by the beneficiary.

[www.law.cornell.edu/uscode/html/uscode38/usc\\_sec\\_38\\_00005301----000-.html](http://www.law.cornell.edu/uscode/html/uscode38/usc_sec_38_00005301----000-.html)". In spite of this very focused and explicate language, every day in civil court rooms across the country disabled veterans are being forced to use their earned disability compensation as a divisible asset in a divorce settlement, or go to jail for contempt. In a blatant violation of USC, Title 38, most family court attorneys and civil court judges have wrongly concluded that the federal law does not apply to them or their court proceedings. Nothing could be farther from the truth. Contrary to the opinions of some, there is no gray area here. When the federal law states; 'under any legal or equitable process whatever, either before or after receipt by the beneficiary', that means exactly that. USC, Title 38 makes NO exception for civil court rulings. Operation Firing For Effect (OFFE) is currently monitoring over 40 cases nationwide where severely disabled veterans are being ordered to use their earned disability compensation to pay alimony or spousal support to a non-military able body ex-spouse. In a number of these cases the disabled veteran has spent months in jail for refusing to give up their disability compensation to a third party. Operation Firing For Effect (OFFE) is a veteran's advocacy group devoted to the improvement and protection of benefits and entitlements earned by our men and women in uniform.

Although USC, Title 38 is extremely clear about the protection of disability compensation, the Department of Veterans Affairs refuses to enforce the laws outlined in Title 38. This inaction by the VA leaves the veteran with no other recourse but to pay the court order or go to jail. OFFE is currently warning active duty personnel (man, or woman) of the waiting ambush they face if they should fall victim to an ugly divorce upon returning home. OFFE is recommending all military personnel consider filing a premarital/prenuptial agreement designed specifically to protect veterans' benefits from consideration as a divisible asset in a divorce. OFFE is also exploring the possibility of filing a class-action suit against the Department of Veterans Affairs for failure to enforce the federal statutes that protect veteran's benefits from third party awards. The Department of Veterans Affairs has an obligation to our veterans to protect their benefits and entitlements from abuse and theft. For more information on this issue, refer to <http://jerebeery.com/5301%20Club.htm> . To view a video on this subject refer to <http://www.youtube.com/watch?v=9FAjR-QbhPw> . [Source: OFFE Release 55 dtd 11 Dec 08 ++]

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VET LEGISLATIVE ADVANCES: The 2008 legislative year ended with a sense of disappointment when a flap over pork-barrel spending caused the Senate to abruptly drop consideration of numerous MOAA-endorsed amendments in the rush to finish the FY2009 Defense Authorization Act. Among those were amendments that would have expanded concurrent receipt, improved compensation for military widows, and improved Guard and reserve retirement credit, among others. While it's frustrating to see action deferred another year on those high-profile goals, it's also important to acknowledge that Congress did approve many other initiatives sought by The Military Coalition:

- Post-9/11 GI Bill: As of August 1, 2009, the new GI Bill will cover the full tuition at any state/public college or university, plus a stipend for books and housing. Additionally, eligible members willing to extend their current service for four or more years will be able to transfer the new benefits to a spouse and/or child(ren).
- Medicare/Tricare Physician Payments: Reversed a 10.6% cut in payments to doctors that would have threatened military beneficiaries' access to quality care, and substituted a 1.1% increase.
- Military Pay Raise: Won a 3.9% military pay raise for active duty, Guard, and Reserve troops (one-half percentage point higher than the defense budget request).
- Tricare Fees: Barred a Pentagon proposal to impose large health fee increases for retirees under 65 and retail pharmacy copays for all Tricare beneficiaries.
- Reserve Tricare Premiums. Won a major reduction in Tricare Reserve Select premiums for currently serving Guard/Reserve members and families, effective in JAN 09.
- Preventive Care Services: Authorized the Pentagon to waive copays and deductibles for certain preventive health services to encourage military beneficiaries to pursue healthy lifestyles.
- Tax Issues: Authorized disabled military retirees to file up to five years of amended income tax returns in the event of delays in award of a VA disability rating. Authorized survivors to deposit the \$100,000 military death gratuity into an IRA.
- Paternity Leave: Authorized 10 days of leave, in addition to regular leave, to allow military fathers to bond with a newborn child.
- In-state tuition: All states must now provide continuity of in-state tuition when military parents move (14 states did not at the beginning of 2008)

Also during 2008, we realized the fruits of past years' labor on several fronts:

- SBP age-62 annuity: As of April 1, 2008, all military survivors age 62 and older had their Survivor Benefit Plan annuities increased to equal 55% of the deceased member's covered retired pay. This was the final installment of a four-year phase-in that cumulatively raised SBP annuities by almost 60% for survivors age 62 and older. Before enactment of the MOAA-sponsored change, survivors received only 35% of covered retired pay.
- Paid-up SBP: Effective 1 OCT 0, military retirees who have attained age 70 and paid at least 30 years of SBP premiums have been awarded "paid-up SBP" status, so that premiums for SBP will no longer be deducted from their retired pay.
- Combat-Related Special Compensation (CRSC): Thousands of members

medically retired with less than 20 years of service due to combat- or operations-related injuries became eligible for CRSC.

- Special Survivor Indemnity Allowance: As of 1 OCT, survivors subject to deduction of VA survivor benefits from their SBP annuities began receiving a modest rebate of \$50 per month.
  - Concurrent Retirement Disability Pay (CRDP): Phased-in restoration of the retired pay deducted from military retirees' accounts due to their receipt of Veterans Affairs compensation (reflected on Retiree Account Statements as the "VA waiver") will be 84.88% in 2009.
- [Source: MOAA Leg Up 12 Dec 08 ++]

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DFAS 1099R FOR 2008 UPDATE 01: The Defense Finance and Accounting Service (DFAS) has posted the following schedule for issuing members' tax statements for the 2008 tax year. The first date indicates when statements will be accessible on line through myPay. The second date indicates when they will be mailed out to those who have not registered for on-line access.

- Retiree Annual Statement: Dec. 10 (myPay) or Dec. 16-22 (U.S. mail).
- Retiree 1099R: Dec. 22 (myPay) or Dec. 16-22 (U.S. mail).
- Annuitant Account Statement: Dec. 15 (myPay) or Dec. 22-24 (U.S. mail).
- Annuitant 1099R: Dec. 15 (myPay) or Dec. 22-24 (U.S. mail).
- VSI/SSB W-2: Jan. 2 (only available through U.S. mail).
- Active Duty Army, Navy, Air Force W-2: Jan. 22 (myPay) or Jan. 23-29 (U.S. mail).
- Reserve Army, Navy, Air Force W-2: Jan. 2 (myPay) or Jan. 5-8 (U.S. mail)

Retirees who don't have access to myPay and have requested a hardcopy of a Retired Account Statement and a 1099R will be sent a combined mailing in late December or early January. Annuitants will receive a combined mailing of both the Annuity Account Statement and the 1099R. If you don't receive your statement(s) by January 15, 2009, you have several options:

- Access the myPay system and adjust your account.
  - Request a 1099R through DFAS' Interactive Voice Response System (1-888-332-7366).
  - Contact DFAS Customer Service Center at 1-800-321-1080 Additional information can be found on the DFAS Web Site [www.dfas.mil](http://www.dfas.mil) .
- [Source: MOAA Leg Up 12 Dec 08 ++]

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MOBILIZED RESERVE 10 DEC 08: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 10 DEC 08 in support of the partial mobilization. The net collective result is 3,577 more reservists mobilized than last reported in the Bulletin for 1 DEC 08. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. The total number currently on active duty in support of the partial mobilization of the Army National Guard and Army Reserve is 97,824; Navy Reserve, 5,885; Air National Guard and Air Force Reserve, 11,080; Marine Corps Reserve, 8,536; and the Coast Guard Reserve, 858. This brings the total National Guard and Reserve personnel who have been mobilized

to 124,183 including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at <http://www.defenselink.mil/news/Dec2008/d20081209ngr.pdf> . [Source: DoD News Release 1006-08 10 Dec 08 ++]

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NEW YORK VET PROPERTY TAX RELIEF: Counties, towns and cities throughout the Capital Region are placing laws on the books providing a new property tax exemption authorized by the state back in 2007 in honor of Cold War veterans. But of all the veterans in Albany, Fulton, Montgomery, Schoharie, Schenectady and Saratoga counties, only 73 will see the benefit on their 2009 tax bills – and they are all in Montgomery County, according to officials in the various counties. Difficulties veterans experienced under the law's first provisions prompted revisions of the state law that carried into 2008, and some counties waited to pass their laws until the confusion was cleared up. Those that waited and passed a local law this year, or who do so in time for veterans to apply by 1 MAR 09, will be offering eligible veterans the benefit, which they'll see on their tax bills in 2010. Despite confusion at the state level, Montgomery County supervisors approved their law in time for veterans to get their applications into their assessors' offices by 1 MAR 08. The 73 Montgomery County veterans will be exempt from county taxes on 15% of their property's assessed value up to \$12,000, for properties assessed at full value. In the Montgomery County town of Charleston, for example, where property is assessed at full value, an eligible veteran with a home assessed at \$100,000 will pay county property taxes on \$88,000, for a savings of roughly \$160 under 2008 tax rates.

The benefit is greater if the eligible veteran has a disability, and the exemption is not allowed if the veterans already make use of other property tax exemptions offered to veterans. To be eligible, the property has to be a residence. State law approved in AUG 07 created the exemption to recognize thousands of veterans who served on active duty between 2 SEP 45 and 26 DEC 91, but were never recognized with such a credit. The state made the benefit optional, so counties, cities and towns must make their own local laws and extend the benefit if they choose. In Montgomery County, the discussion began in 2007. The county's Board of Supervisors passed the law and veterans began submitting applications to their assessors. Quirks in the law as originally written caused difficulties for some veterans. Many never got a "Cold War Recognition Certificate" required for eligibility, and some were injured prior to serving all of the 365 days in the military required to qualify, so they were left out as well, under early provisions. The initial law also called for veterans to reapply each year. That was changed to each 10 years, and the certificate and one-year service requirements were all eliminated by the state Legislature.

The changes in the law caused confusion and Montgomery County supervisors ultimately did the whole process all over again, said Minden Supervisor Thomas Quackenbush, a supporter of the law in 2007 when former County Veterans Service Agency Director William Mullarkey brought it to the county board's attention. "We could have very easily been in the same boat," said Quackenbush, who said the Minden Town Board just passed the law for town taxing purposes. He said Minden passed a law in time for veterans to obtain the benefit in 2009, but it was flawed due to discrepancies in the numbers and the town had to do it all over again. The property tax exemption for Cold War Veterans lasts 10 years, and veterans need to

fill out an application by the taxable status date in their municipality, which is typically in March. The city of Amsterdam's taxable status date is 1 DEC so those who haven't yet applied can do so for their 2011 tax bills in Amsterdam. State Division of Veterans Affairs Director William Kraus said that veterans should contact their local veterans' service agency to ensure they are receiving benefits they've earned on active duty. Veterans in need of help can get in touch with a counselor through the state Veterans Affairs toll-free number at 1-888-VETS-NYS. [Source: Schenectady Gazette Edward Munger article 10 Dec 08 ++]

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TOMB OF THE UNKNOWNNS UPDATE 03: Despite an economic crisis that has organizations from small-town mom-and-pop shops to local and national governments tightening their belts, the Department of the Army still refuses to accept a donation from a Glenwood Springs CO man that could save it millions of dollars. The donation in question is a 118,000-pound slab" of marble, valued at just over \$31,000, from "the Yule Quarry in Marble, Colo." Retired Glenwood car dealer John Haines has been trying to donate the marble since 2003. It "would replace the cracked Tomb of the Unknowns at Arlington National Cemetery, but procedure dictates that all government jobs must go through a pricey bidding process, thereby disqualifying Haines' donation. [Source: AP article 8 Dec 08 +]

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VA APPOINTMENTS UPDATE 04: U.S. Senator Daniel K. Akaka (D-HI), Chairman of the Veterans' Affairs Committee on 5 DEC responded to two new Office of Inspector General (IG) reports regarding unused appointments in VA and VA procedures for scheduling appointments and maintaining wait lists. Senator Akaka requested the reports as part of continuing oversight of these issues, and based on information received by the Committee. "The fact that we continue to see a trend of flawed or inefficient scheduling practices being used by VA is troubling. I have led the fight to provide full funding for VA but VA must be as efficient and accurate as possible in order to avoid waste and mismanagement, especially in these times of economic difficulty." said Akaka. According to information provided by IG, approximately 4.9 million appointments, 18% of all VHA appointments, were unused during Fiscal Year 2008. By implementing IG recommended procedures to fill appointments before they go unused, conservative estimates suggest that VHA could save at least \$76 million annually and \$380 million over five years. IG also reported that in the North Florida/South Georgia Veterans Health System, scheduling continues to be done inaccurately, resulting in distorted data being reported. By placing new patients in "non-count" clinics, statistics on how long veterans wait for their initial appointments can be skewed. VA's data collection does not track those placed in these clinics, which are typically used for routine procedures such as checking blood pressure. VA, Congress, and others rely on this data to make informed decisions about staffing and funding levels. [Source: Senator Akaka News Release 5 Dec 08 ++]

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HEART ATTACK UPDATE 02: New York City announced that it will require all ambulances to take cardiac arrest patients not to the nearest hospital, but to those hospitals that use specialized cooling equipment to lower the temperature in the brain, even if they're farther away. Starting 1 JAN ambulances will be re-

routed to hospitals offering this "cooling therapy." About one third of city hospitals currently have the technology and some are working to get cooling operations before the deadline. Typically, after someone suffers cardiac arrest, emergency technicians attempt to restore a pulse, and most patients head to the nearest emergency room in a coma. New York now joins eleven other cities, including Boston, Miami and Seattle, in re-directing cardiac arrest cases to hospitals offering cooling therapy – a technique that has been shown to reduce brain damage and deaths. We'll do everything we can in this city to make sure you survive," said New York City Mayor Michael Bloomberg. In the cooling process called therapeutic hypothermia, doctors lower the temperature in the body and, more importantly, in the brain from 98 degrees down to 90 degrees. While it's just an 8 degree difference, the cooler temperature helps reduce brain damage. "When you cool the brain, the brain cells go to sleep, go into a state of hibernation, where they don't work so hard," said Dr. Fink of New York-Presbyterian/Weill Cornell Medical Center. "They don't need to use oxygen anymore and it gives them a chance to rest and recover from their injury." Studies in the New England Journal of Medicine show that cooling therapy reduces serious brain damage by 50% and lowers death rates by 25%. Cooling therapy often works out to cost about \$1,000 per patient for a state-of-the-art cooling suit, but the treatment can be done using less expensive methods. "It's been over five years since the American Heart Association endorsed this treatment and it simply baffles me why more hospitals don't do it," said Dr. Michael Sayre of Ohio State University. "I think part of the reason why they don't do the treatment is because they think it's harder than it really is. Actually all you need is an ice machine and a cooling blanket." Thousands of lives could be saved, Sayre said, if more hospitals offered cooling therapy. With the country's largest city now pushing the therapy, researchers predict more cities will soon follow suit. [Source: ABC News 8 Dec 08 ++]

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VA SECRETARY UPDATE 08: President-elect Barack Obama has chosen retired Gen. Eric K. Shinseki to be the next Veterans Affairs secretary, turning to a former Army chief of staff once vilified by the Bush administration for questioning its Iraq war strategy. He will be the first Asian-American to hold the post of Veterans Affairs secretary, adding to the growing diversity of Obama's Cabinet. "I think that General Shinseki is exactly the right person who is going to be able to make sure that we honor our troops when they come home," Obama said in an interview with NBC's "Meet the Press". Shinseki's tenure as Army chief of staff from 1999 to 2003 was marked by constant tensions with Defense Secretary Donald Rumsfeld, which boiled over in 2003 when Shinseki testified to Congress that it might take several hundred thousand U.S. troops to control Iraq after the invasion. Rumsfeld and his deputy, Paul Wolfowitz, belittled the estimate as "wildly off the mark" and the general was marginalized and later retired from the Army. But Shinseki's words proved prophetic after President George W. Bush in early 2007 announced a "surge" of additional troops to Iraq after miscalculating the numbers needed to stem sectarian violence. Obama said he chose Shinseki for the VA post because he "was right" in predicting that the U.S. will need more troops in Iraq than Rumsfeld believed at the time.

Shinseki, 66, is slated to take the helm of the government's second largest agency, which was roundly criticized during the Bush administration for underestimating the amount of funding needed to treat thousands of injured

veterans returning from Iraq and Afghanistan. Thousands of veterans currently endure six-month waits for disability benefits, despite promises by current VA Secretary James Peake and his predecessor, Jim Nicholson, to reduce delays. The department also is scrambling to upgrade government technology systems before new legislation providing for millions of dollars in new GI benefits takes effect next August. Sen. Daniel Akaka, D-Hawaii, and chairman of the Senate Veterans Affairs Committee, praised Shinseki as a "great choice" who will make an excellent VA secretary. "I have great respect for General Shinseki's judgment and abilities," Akaka said in a statement. "I am confident that he will use his wisdom and experience to ensure that our veterans receive the respect and care they have earned in defense of our nation. President-elect Obama is selecting a team that reflects our nation's greatest strength, its diversity, and I applaud him." Veterans groups also cheered the decision. "General Shinseki has a record of courage and honesty, and is a bold choice to lead the VA into the future," said Paul Rieckhoff, executive director of the Iraq and Afghanistan Veterans of America. "He is a man that has always put patriotism ahead of politics, and is held in high regard by veterans of Iraq and Afghanistan."

Obama's choice of Shinseki, who grew up in Hawaii, is the latest indication that the president-elect is making good on his pledge to have a diverse Cabinet. In Obama's eight Cabinet announcements so far, white men are the minority with two nominations – Timothy Geithner at Treasury and Robert Gates at Defense. Three are women – Janet Napolitano at Homeland Security, Susan Rice as United Nations ambassador and Hillary Rodham Clinton at State. Eric Holder at the Justice Department is African American, while Bill Richardson at Commerce is Latino. Shinseki is a recipient of two Purple Hearts for life-threatening injuries in Vietnam. Upon leaving his post in June 2003, Shinseki in his farewell speech sternly warned against arrogance in leadership. "You must love those you lead before you can be an effective leader," he said. "You can certainly command without that sense of commitment, but you cannot lead without it. And without leadership, command is a hollow experience, a vacuum often filled with mistrust and arrogance." Shinseki also left with the warning: "Beware a 12-division strategy for a 10-division army." [Source: ArmyTimes Hope Yen AP article 8 Dec 08 ++]

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IRS FEIE RESIDENCY TEST: To take advantage of the Foreign Earned Income Exclusion (\$87,600 in 2008), an American expatriate must qualify for foreign residency. Under the bona fide residency test, he or she would need to be a foreign resident for one tax year. For most people, a tax year is a calendar year. In addition, though, an expat must show intention to be a foreign resident. Evidence of intent includes family presence, renting or buying a place of residence rather than staying in a hotel room, participating in community activities, maintaining a permanent foreign address, and opening charge accounts. While these criteria may appear extravagant, other criteria definitely kill qualifying: taking inconsistent positions toward foreign residency such as filing a statement with the foreign authorities that one is not a resident there nor held subject to income taxes. Qualifying under the physical presence test means staying in a foreign country for 330 days in any 12 month period. The time period is not attached to tax year. Nor must the days be consecutive. The 330 day period begins and ends with travel to or from the United States. Days traveling over international waters or in the U.S. do not count. Periodic trips home for vacation or business do not disqualify one from the bona fide test. But they reduce FEIE

under the physical presence test. Bona fide is jeopardized when at the end of the first tax year the expat returns stateside for Christmas holidays and then does not return to the foreign country. [Source: Barron's International Tax Service Nov/Dec 08 ++]

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RECRUITING NON-CITIZENS UPDATE 01: The Secretary of Defense has authorized the military services to recruit certain legal aliens under the Military Accessions Vital to National Interest (MAVNI) recruitment pilot program whose skills are considered to be vital to the national interest. Those holding critical skills – physicians, nurses, and certain experts in language with associated cultural backgrounds – would be eligible. To determine its value in enhancing military readiness, the limited pilot program will recruit up to 1,000 people, and will continue for a period of up to 12 months. Criteria for recruitment are:

- Applicant must be in one of the following categories at time of enlistment: Asylee, Refugee, Temporary Protected Status (TPS), or Nonimmigrant categories E, F, H, I, J, K, L, M, O, P, Q, R, S, T, TC, TD, TN, U, or V.
- Applicant must have been in valid status in one of those categories for at least two years immediately prior to the enlistment date, but it does not have to be the same category as the one held on the date of enlistment; and
- Applicant who may be eligible on the basis of a nonimmigrant category at time of enlistment must not have had any single absence from the United States of more than 90 days during the two year period immediately preceding the date of enlistment.

Applicants seeking enlistment as Health Care Professionals must:

- Fill medical specialties where the service has a shortfall.
- Meet all qualification criteria required for their medical specialty, and the criteria for foreign-trained DoD medical personnel recruited under other authorities.
- Demonstrate proficiency in English and a second language. Language proficiency in one of the following will be taken into consideration: Albanian, Amharic, Arabic, Azerbaijani, Bengali, Burmese, Cambodian-Khmer, Chinese, Czech, Hausa, Hindi, Hungarian, Igbo, Indonesian, Korean, Kurdish, Lao, Malay, Malayalam, Moro, Nepalese, Persian [Dari & Farsi], Polish, Punjabi, Pushtu (aka Pashto), Russian, Sindhi, Sinhalese, Somali, Swahili, Tamil, Turkish, Turkmen, Urdu, and Yoruba.
- Commit to at least 3 years of active duty, or six years in the Selected Reserve Enlisted Individuals with Special Language and Culture Backgrounds.
- Possess specific language and culture capabilities in a language critical to DoD.
- Enlist for at least 4 years of active duty
- Meet all existing enlistment eligibility criteria. (Services may add additional requirements)

The U.S. military services sign up about 8,000 foreign nationals annually and about 29,000 non-citizens serve in the U.S. military today. Non-citizen servicemembers normally possess a State Department-issued green card that authorizes them to live and work in the United States. The pilot program is designed to assist the Defense Department in maintaining its requirement of about 24,000 doctors, dentists and nurses for the military services. All nursing specialties are needed, as well as neural surgeons, family practitioners,

dermatologists and some other specialties. Past accession programs failed to attract enough medical practitioners and linguists so the department decided to focus on foreign nationals. Since there are tens of thousands of health professionals in the United States on a work visa who would be very interested in achieving green card status or, ultimately, citizenship, the pilot program was initiated. It provides successful applicants with a way to accelerate achievement of U.S. citizenship with the proviso that "they're willing to serve in our time of need to fulfill a vital national interest." Applicants are required to commit to specified periods of military service. Applicants also will undergo security screenings and meet the same high standards required for every other person entering the military today. [Source: AFPS Gerry J. Gilmore article 5 Dec 08 & [www.defenselink.mil/news/MAVNI-Fact-Sheet.pdf](http://www.defenselink.mil/news/MAVNI-Fact-Sheet.pdf) ++]

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TSGLI UPDATE 02: Traumatic Servicemembers' Group Life Insurance (TSGLI) is a congressionally mandated program that applies to members of all branches of service and all components – active, Guard or Reserve, who incur a traumatic, physical injury based on an external force of violence. More servicemembers may now qualify for TSGLI, because of newly expanded benefits resulting from a recent review by the Department of Veterans Affairs. TSGLI provides tax-free payments between \$25,000 and \$100,000 per traumatic event, which can be used to help with unseen expenses or provide a financial start on life after recovery. The TSGLI program began 1 DEC 05, as a non-option selection attached to Servicemembers' Group Life Insurance (SGLI). All servicemembers from that point forward who elected SGLI benefits pay \$1 towards this coverage each month. Servicemembers who incurred a qualifying traumatic injury from 7 OCT 01, through 30 NOV 05, while on orders outside the United States in support of Operation Iraqi Freedom and Operation Enduring Freedom, or serving in a Combat Zone Tax Exclusion area, are now also covered by TSGLI, regardless of whether they elected SGLI coverage or not. Expansion of Covered Losses effective on 26 NOV 08 includes:

- Loss of Sight - Loss of Sight lasting 120 days or more is considered as "permanent", qualifying the service member for the same payment rate as for permanent loss of sight (\$100,000 for both eyes, \$50,000 for one eye).
- Uniplegia - Uniplegia (complete and total paralysis of one limb) has been added to the schedule of losses with payment at \$50,000.
- Amputation of the Hand - The definition of amputation of the hand has been expanded to include loss of four fingers (on the same hand) or loss of thumb, with payment remaining at \$50,000 for one affected hand and \$100,000 for both hands.
- Amputation of the Foot - The definition of amputation of the foot has been expanded to include loss of all toes, with the payment remaining at \$50,000 for one affected foot and \$100,000 for both feet.
- Loss of Four Toes - A new category has been created for loss of four toes (on the same foot and not including the big toe) with payment at \$25,000 for one affected foot and \$50,000 for both feet.
- Loss of Big Toe - A new category has been created for the loss of the big toe, with payment at \$25,000 for one affected foot and \$50,000 for both feet.
- Limb Salvage - Coverage has been expanded to include limb salvage (multiple surgeries intended to save a limb rather than amputate) with payment equivalent to amputation.
- Burns - The burn standard, currently 3rd degree (full thickness) burns to at least 30% of face or body, has been expanded to include 2nd degree (partial

thickness) burns to at least 20% of the face or body.

- Hospitalization as a Proxy for ADL Loss - Continuous 15-day inpatient hospital care is deemed a proxy for the first ADL eligibility period for OTI (Other Traumatic Injury) and TBI (Traumatic Brain Injury) claims.
- Facial Reconstruction - Facial Reconstruction, required as a result of traumatic avulsion of the face or jaw that causes discontinuity defects, has been added to the schedule of losses, with payment levels of \$25,000 to \$75,000, depending upon the severity of the injury.

Servicemembers that have already submitted a claim in the past do not need to resubmit. The VA and TSGLI offices for each service will conduct a reachback of previously denied claims to see if they qualify for payment under the new guidance. Notifications will be sent to servicemembers if an additional award is due. To expedite the process, service members or veterans who believe they could qualify under the new program changes should contact their branch of service TSGLI office to ensure that:

- Their previous claim is being reviewed for a new eligibility determination.
- All the required information is of record; and
- Their current contact and banking information is up to date.

For more information, refer to: <http://www.vfw.org/index.cfm?fa=news.newsDtl&did=4849>. [Source: VFW Washington Weekly 5 Dec 08 ++]

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VA SECRETARY ANNUAL REPORT: The VA Secretary has forwarded his annual Performance and Accountability Report to the President/Congress on VA's self-assessment of their progress towards meeting its performance goals. In 2008, with approximately \$97 billion in obligations and approximately 250,000 employees, VA achieved numerous accomplishments that helped improve the quality of life for America's veterans and their families. Major accomplishments are summarized below

1. Medical Services: Workload has increased significantly over the past 8 years, rising from 3.8 million unique patients in 2000 to more than 5.5 million in 2008. In 2008, VA achieved the following key results to help meet the needs of veterans:
  - Patient Access: In 2006, 94% of primary care appointments were scheduled within 30 days of the patient's desired appointment date vs. 98.7% in 2008.
  - Quality of Health Care: VA attained scores of 84% and 88% for the Clinical Practice Guidelines and Prevention Index, respectively. These indices are nationally recognized industry standards used to measure quality of health care.
  - Rural Health: In rural areas where it is not feasible to establish a medical center or outpatient center, VA established the Rural Mobile Health Care Clinics pilot project to improve access to primary care and mental health services. The project has outfitted four new mobile health clinics to serve veterans in 24 predominately rural counties throughout Colorado, Nebraska, Wyoming, Maine, Washington, and West Virginia.
  - Suicide Hotline and Suicide Prevention: Suicide is the 11th most frequent cause of death in America. Vet Centers and VA Medical Centers are ready to help veterans at risk for suicide. VA continued to operate a national suicide prevention hotline to provide veterans in emotional crisis with free, 24/7 access to trained counselors. To operate the hotline, VA partners with the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration.

- **Traumatic Brain Injury:** VA has developed innovative treatment for combat veterans returning from Iraq and Afghanistan. Recent developments include developing a mandatory TBI training course for all VA health care professionals and instituting a program to screen all patients who served in the OEF/OIF combat theaters for TBI.
- **AW2 Advocates:** In 2006, VA began hosting Army Wounded Warrior (AW2) Advocates at key VA medical centers. Advocates work closely with Network Polytrauma Sites and OEF/OIF Teams to provide transition assistance and community support to injured/ill soldiers, veterans, and their families. By 31 DEC 08 AW2 Advocates will be in place at 59 VA medical centers.
- **Call Center:** In MAY 08, VA began contacting nearly 570,000 recent combat veterans to inform them of VA's medical services and other benefits. In the first phase, calls were made to approximately 15,500 veterans who were sick or injured while serving in Iraq or Afghanistan. VA offered to appoint a case manager to ensure that they receive appropriate care and know about their VA benefits. The second phase launched in June is targeting 550,000 OEF/OIF discharged veterans who had not contacted VA for services.
- **VA Nursing Academy:** VA's Nursing Academy established six new partnerships with the country's leading nursing schools. Through these partnerships, VA has increased the number of nursing students coming to VA facilities for clinical experiences and the number of baccalaureate degree nursing graduates who are making VA their first choice of employment after graduation.

2. **Benefits:** VA is providing compensation and pension benefits to nearly 3.8 million veterans and beneficiaries. In 2008, VA processed more than 899,800 claims for disability benefits. Despite greater workload, VA achieved a number of significant positive performance results in the benefits delivery area:

- **Increasing Workforce:** Hired nearly 2,000 additional employees to process compensation and pension claims to reduce the backlog and improve claims processing timeliness.
- **Benefits Adjustments:** Adjusted compensation benefits for more than 37,000 veterans entitled to CRSC & CRDP Pay.
- **Seamless Transition:** Received more than 47,000 pre-discharge claims in 2008 through its Benefits Delivery at Discharge (BDD) program and the newly introduced Quick Start program. Servicemembers who are within 60-180 days of discharge and who are available for examination prior to discharge can participate in the BDD program. Since VA rates disabilities while the servicemembers are still in military service, the BDD allows disability benefits to be awarded very soon after discharge. The Quick Start program was introduced so that servicemembers with fewer than 60 days to discharge or who do not meet the BDD criterion requiring availability for all examinations prior to discharge can submit a claim prior to discharge. In August, VA began processing all BDD claims in a paperless environment.
- **Quality:** Increased to 92% the national accuracy rate for authorization work for pension claims, compared to 91% in 2007.
- **Timeliness:** Processed insurance disbursements in an average of 1.6 workdays – significantly better than the industry average of 5.7 workdays.
- **Education:** Provided education benefits to approximately 539,000 students of which 20% of these received VA education benefits for the first time. The number of students receiving education benefits continues to climb, with claims increasing 10% over the 2007 level to approximately 1.6 million in 2008.

3. **Cemeteries:** VA honors the service and sacrifices of America's veterans through

the construction and maintenance of national cemeteries as national shrines. In 2008, VA maintained more than 2.9 million gravesites at 158 properties, including 125 national cemeteries and 33 other cemeterial installations. In this context, the

Department accomplished the following:

- Cemetery openings: VA funded four new State veterans cemeteries in Glennville GA; Anderson SC; Des Moines IA; and Williamstown KY, VA increasing to 84.2% the proportion of veterans served by a burial option within a reasonable distance (75 miles) of their residence -- up from 83.4% in 2007. Continued progress in establishing six new national cemeteries to serve veterans in the areas of Bakersfield CA; Birmingham AL; Columbia SC; Jacksonville & Sarasota FL; and Philadelphia PA as part of the Department's largest expansion of its system of national cemeteries since the Civil War era. These cemeteries are expected to begin operations in 2009 and will provide service to about 1 million veterans.
- Timeliness: Achieved a 93% threshold of the proportion of graves in national cemeteries marked within 60 days of interment, a compared to the 49% level of 2002.
- Quality: Ninety-eight percent of survey respondents rated national cemetery appearance as "excellent."

The report highlights additional accomplishments in the areas of OEF/OIF, Advisory Committee on Gulf War Veterans, VA/DoD Collaboration, Finance, Data Quality Data, and Security. To review the Secretary's letter and the report itself refer to [www.va.gov/budget/report/2008/SecLetter.pdf](http://www.va.gov/budget/report/2008/SecLetter.pdf) & [www.va.gov/budget/report/2008/index.htm](http://www.va.gov/budget/report/2008/index.htm) . [Source: NAUS Weekly Update 5 Dec 08 ++]

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TRAUMATIC BRAIN INJURY UPDATE 05: The National Guard is developing a method to track soldiers who have been exposed to blasts in Iraq or Afghanistan. The effort will allow soldiers who might develop problems years later to show how many times they were in the vicinity of a mortar round explosion, improvised explosive device detonation or other blast. "A lot of soldiers don't show symptoms right away," said Lt. Col. Maureen Weigl, project officer for the Army Guard program. However, she said, if they show symptoms down the road, there has not been a way to link them to exposure to blasts during their service in the war zones. "Documenting this information ensures quality of care if they develop symptoms," she said. "Having the documentation available to providers will give them the opportunity to treat the issues." Weigl said she was asked by Lt. Gen. Clyde Vaughn, Army Guard director, to visit Iraq and review the current method of recording soldiers who are exposed to a blast. If nothing was available, something was to be created. The database simply records the names of all personnel in the vicinity of a blast—even if they are not injured—and how close they were. Weigl said inclusion in the database should not be interpreted to suggest something is wrong with the soldier. "It merely just links you to a significant activity," she said. The new system debuted in OCT 098 and is now being briefed to surgeons and sergeant majors. It is possible the data included will help with the future research of traumatic brain injuries and their treatment. For the service member, it could help prove that problems suffered years later are related to his or her service, which could result in VA benefits that otherwise would go unclaimed. [Source: NGAUS Notes 5 Dec 08 ++]

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VA BENEFITS: Too many veterans are unaware of the benefits and services that are available to them. Many of those veterans have health issues and need medical care. Others may be eligible for benefits, but they don't know how to go about getting them. The sad fact is, there are millions of veterans who have little, or no, medical insurance and are paying for care that our Department of Veterans Affairs should be offering them for little or no cost. There are veterans in America today that are suffering from illnesses directly related to their service who are not aware there is help out there. Needless to say, this is a national disgrace. The VA has established a listing of "presumptive illnesses or disabilities" that provide a direct link to where and when a veteran served. The problem is getting that word out. For example, the majority of "in-country" Vietnam veterans who have survived prostate cancer, or have died, had no clue that it was related to their service. The reasons that information like this doesn't get to veterans are as varied as the cancers and other ailments that are now recognized by the VA. The bottom line is, the VA is doing a crappy job of informing veterans of their rights, even though they are required to do so by law!

Veterans dating back to World War II have been identified as being higher risk groups for all forms of leukemia (with the exception of chronic lymphocytic leukemia). Cancers of the thyroid, breast, pharynx, esophagus, stomach, small intestine, pancreas, bile ducts, gall bladder, salivary gland, urinary tract, brain, bone, lung, colon and ovaries are recognized as service-connected. Bronchiolo-alveola carcinoma, multiple myelomas, lymphomas, and primary liver cancer (with the exception of cirrhosis or hepatitis B is indicated) are also on the list. Veterans who served in the Southwest Asia Theater of Operations during the Gulf War have been showing signs of medically unexplained chronic multi-symptom illnesses defined by a cluster of signs or symptoms that have existed for six months or more. The signs are chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome, and any undiagnosed illness that the secretary of Veterans Affairs determines warrants a presumptive of service connection. All of the mentioned have at least a 10% rating. How many veterans are aware that within one year of their release from active duty, those chronic diseases (such as arthritis, diabetes, or hypertension) can be linked to their time in the military? How many veterans know that if they spent 90 days or more active duty, and were diagnosed with amyotrophic lateral sclerosis (ALS -- Lou Gehrig's disease), they may have it because of time they spent in the military?

When I hear the old refrain from the VA that they do not have the resources to inform our veterans of these options for treatment and help, my blood boils. There is absolutely no reason that the VA can't work more closely with the traditional media such as television, radio, and newspapers to get this important information out to the vast veteran population in our country. In this new age, all avenues should be explored to get the word out. The VA should work the Web to provide easy-access blogs that give medical updates, and a more friendly service approach than the traditional VA Web site which is like navigating through a maze. I support the good things the VA does, such as the recently implemented Veterans Suicide Hotline. For the record, that hotline was in response to the orders of the federal court to inform veterans of their options and to help them regardless of where they were in the country. Without information, veterans have no hope when they become ill and wonder where to turn. Getting information to them is a matter of life and death. Especially, if a veteran dies and his/her family are left paying crushing private medical bills that should have been handled by the VA.

Despite talk of caring for veterans, the VA is not walking the walk when it comes to informing them of their rights and medical benefits. VA clinics nationally need to step up and have handouts available (where they can be easily seen) for veterans whose lives may depend upon the knowledge in them. By not making more of an effort than it is to get this valuable information out to all veterans, the VA is failing in its mission to us. Men and women who have served their country honorably are now being dishonored by this lack of attention to something so vital. The theme of the 75th anniversary of the VA was to outreach to every living veteran to inform them of what services were available to them. Veterans are still waiting for that grand claim to come true. Let's not make them wait another 75 years before action is actually taken. For further information, contact the Humboldt County Veterans Service office at 445-7341, the VA at 1-800-827-1000 or the VA's Web page, [www.vba.va.gov/VBA/benefits/factsheets/serviceconnected/Presumpeg\\_0307.doc](http://www.vba.va.gov/VBA/benefits/factsheets/serviceconnected/Presumpeg_0307.doc). [Source: The Times Standard Carl Young "My Word" 4 Dec 08 ++]

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VA CLINIC OPENINGS UPDATE 11: Veterans will have easier access to health care under a Department of Veterans Affairs (VA) plan to open 31 new outpatient clinics in 16 states. Secretary of Veterans Affairs Dr. James B. Peake announced VA will establish new clinics in Alabama, Arkansas, California, Florida, Georgia, Hawaii, Illinois, Iowa, Maryland, Michigan, Minnesota, Mississippi, Missouri, North Carolina, Pennsylvania and Vermont. With 153 hospitals and about 745 community-based clinics, VA operates the largest integrated health care system in the country. VA's medical care budget of more than \$41 billion this year will provide health care to about 5.8 million people during nearly 600,000 hospitalizations and more than 62 million outpatient visits. "Community-based medicine is better medicine," said Dr. Michael Kussman, VA's Under Secretary for Health. "It makes preventative care easier for patients, helps health care professionals have closer relationships with their patients and permits easier follow-ups for patients with chronic health problems." The community-based outpatient clinics, or CBOCs, will become operational by late 2010, with some opening in 2009. Local VA officials will keep communities and their veterans informed of milestones in the creation of the new CBOCs. VA's Proposed Sites for New Outpatient Clinics are:

- Alabama - Monroe County (2010)
- Arkansas - Faulkner County (2010), Pope County (2010)
- California - Lake County (2010), Oakhurst (2010), Susanville (2010), Yuba County (2010)
- Florida - Brandon (2010), Clermont (2010)
- Georgia -- Blairsville (2010)
- Hawaii - Leeward (Honolulu, 2010)
- Illinois - Carbondale (2009), Harrisburg (2010), Sterling (2010)
- Iowa -- Decorah (2010)
- Maryland - Fort Meade (2010), Montgomery County (2010)
- Michigan - Bad Axe (2010), Cadillac (2010), Cheboygan (2010), Grayling (2010)
- Minnesota - Southern central border (2010), Southwest metro area (exact locations to be determined, 2010)
- Mississippi - Pike County (2010)
- Missouri - Excelsior Springs (2009), Sikeston (2009), Sedalia (2010)
- North Carolina - Edenton-Elizabeth City (2010), Goldsboro (2010)

Pennsylvania - Cranberry Township (2009)  
Vermont - Brattleboro (2010)  
[Source: VA News Release 4 Dec 08 ++]

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MEDICARE ADVANTAGE PLANS UPDATE 03: The Centers for Medicare & Medicaid Services (CMS) has now issued three successive sets of regulations on the commissions that Medicare private health plans pay their agents. The result: Major insurance companies will be paying \$500 or more for each new Medicare Advantage enrollee in 2009, followed by five years of renewal commissions worth at least \$250 per year. That means about half the average annual overpayment a Medicare Advantage plan receives per enrollee—the amount taxpayers pay in excess of what it would cost to provide care under Original Medicare—will be paid out to agents for each enrollment they secure. In 2008, the excess payment per enrollee is estimated at \$986. In the past two years, it has topped \$1,000. Taxpayers are paying more in subsidies to insurance companies (\$8.5 billion in 2008) so that insurance companies can pay agents commissions to enroll more people with Medicare in private plans that cost taxpayers more money. CMS' efforts to restrain agent commissions and regulate marketing practices are akin to trying to fix a broken pipe without first turning off the water. It doesn't work and you make a big mess.

Next year Congress needs to eliminate the excessive subsidies paid to Medicare Advantage plans. President-elect Barack Obama has already targeted these excess payments as waste that needs to be cut. Congress and the new administration also need to decide how much of the subsidies paid to insurance companies should go to marketing and how much should go to medical care. One way to address that question is to require companies to use a minimum percentage of the subsidies they receive for medical benefits. CMS can also set an overall cap on the amount that Medicare Advantage plans spend on marketing. Plans that have a poor record in improving health outcomes, for example, should not be devoting taxpayer dollars toward enticing more people into plans that provide lousy care. CMS needs to set minimum benefit standards for plans, including mandating that all plans provide a comprehensive out-of-pocket limit on medical expenses. Right now, agents can earn more commission selling plans that do not offer such protection, or that set a high limit and exclude key services, than for selling plans with a low, comprehensive out-of-pocket limit. That creates perverse incentives to sell low-quality plans, even for agents who want to do the right thing. [Source: Medicare Consumer Advocacy Update 4 Dec 08 ++]

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GRACE AFTER FIRE: Grace After Fire is a resource solely for women veterans to support their need to connect with each other and share yet remain anonymous. These women can reach out to others who have experienced the same concerns of re-entry, alcoholism, drug addiction or prescription addiction due to chronic pain, Post Traumatic Stress Disorder (PTSD), incidents of service time rape, depression, unwarranted anger, or Traumatic Brain Injury (TBI) due to war time trauma. Grace After Fire was created by women for women veterans returning home from service. It will be available in JAN 09. For more information, contact 1-877-490-5797 or visit their web site at <http://www.graceafterfire.org>. Grace After Fire is a sister-program to The Woman's Heart, whose mission is to provide innovative recovery support services and healthcare resources for all women in recovery from

addiction, anywhere, anytime. For more information about The Woman's Heart, refer their web site at <http://www.thewomansheart.org/page.php?39>. [Source: EANGUS Minuteman Update 4 Dec 08 ++]

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**MEDICAID COPAY:** A new federal rule gives states sweeping authority to charge premiums and higher co-payments for doctors' services, hospital care and prescription drugs provided to low-income people under Medicaid. The rule, published 2 DEC in the Federal Register, is expected to save money for the federal government and the states. But public health experts and even some federal officials predicted that many low-income people would delay or forgo care because of the higher charges. Under the rule, states can, in many cases, deny care or coverage to Medicaid beneficiaries who do not pay their premiums or their share of the cost for a particular item or service. Governors have sought this kind of discretion for a long time, saying they wanted Medicaid to look more like private health insurance. Under the rule, the administration estimated, Medicaid recipients will pay more than \$1.3 billion in co-payments over five years, and the federal government will save \$1.4 billion, while states will save \$1.1 billion. The savings would result not only from the collection of co-payments, but also from reduced use of services. The co-payments will help Medicaid recipients become "more educated and efficient health care consumers," the administration said.

The Congressional Budget Office has estimated that 13 million low-income people, about a fifth of Medicaid recipients, will face new or higher co-payments. Most of the savings result from "decreased use of services," it said. The rule allows states to establish a sliding scale for premiums and co-payments. The total of these charges, for all members of a family, cannot exceed 5% of the family's income. For Medicaid recipients with incomes at or below the poverty level (\$17,600 for a family of three), can be charged co-payments up to \$3.40 for a doctor's visit or other service. The maximum amount will be updated each year to reflect medical inflation. Medicaid recipients with incomes from 100 to 150% of the poverty level (\$17,600 to \$26,400 for a family of three), can generally be required to pay up to 10% of what the state pays for a service; like a doctor's visit. And for Medicaid recipients with incomes above that level, states can generally charge co-payments up to 20 % of what they pay. For a \$150 drug, the co-payment could be as much as \$30. Under the rule, states can use co-payments to promote the use of preferred brand-name drugs and to discourage the use of hospital emergency rooms for routine care. [Source: The New York Times Robert Pear article 26 Nov 08 ++]

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**VA CLAIMS BACKLOG UPDATE 20:** The New York office of Veterans Affairs is among the slowest in the nation to process new disability claims, with local veterans languishing six months or longer in one of three cases. "It is much higher than we would like," said Michael Walcoff, the VA's deputy undersecretary of benefits. "It is something we have been concerned about." Only the Detroit regional office, where 33.3% of claims take at least six months, processed claims slower than New York as of Nov. 15, according to VA data. New York, with 32.4% of claims taking that long, was tied with Pittsburgh for the nation's second slowest processing center. The national average is 21%. Walcoff said the agency is addressing the backlog at its Manhattan office by hiring about 30 veterans service

representatives over the past 18 months - a 16% staff increase. The VA became so concerned that employees had misplaced key documents such as marriage certificates and medical records that they offered amnesty to encourage their return. Some 700 documents were recovered anonymously, Walcoff said. The massive agency has already been pummeled by accusations that employees have lost, misplaced or shredded documents across the country. Three weeks ago, the agency decided to allow veterans who submitted claims between 14 APR 07, and 14 OCT 08 of this year to reopen claims in cases where they believe the agency had lost their documents.

Those dates correspond with a period in which VA inspectors found evidence that claims-related documents were being improperly shredded. Claims refiled by 17 NOV 09, would receive benefits that correspond to the original filing date. The irregularities in the New York office are only the latest in a string of embarrassing revelations about an agency that is expected to see a large increase in claims, as more than 1.6 million personnel who have served in Iraq and Afghanistan continue leaving the military. The VA ousted its New York regional director in October after a summerlong investigation found employees were affixing phony dates to claims to make it appear they were being processed on time. Investigators also turned up large quantities of unprocessed mail. Last month, two national veterans groups sued to force the VA to handle claims within 90 days, saying vets with physical or psychological troubles often don't get services for a year or more. "Once the paperwork is filed, the individual just waits and waits," said Francisco Muñiz III, an officer with the Nassau County chapter of Vietnam Veterans of America, one plaintiff. "For someone who has lost a limb or is disabled, these individuals have no recourse." Walcoff said he could not be certain that documents have not been improperly shredded at the New York office, which is responsible for the claims of some 800,000 veterans living in eastern New York State. But he said an October inspection did not show evidence of shredding in New York, and that the dating scandal did not reduce the retroactive benefits to which veterans were entitled. [Source: Newsday.com Martin C. Evans article 4 Dec 08 ++]

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VETERAN WEB LINKS UPDATE 02: Following are web-sites that provide information on Veterans benefits and how to file/ask for them. Accordingly, there are many sites that explain how to obtain books, military/medical records, information and how to appeal a denied claim with the VA. Nearly 100% of this information is without charge and available for all veterans, the only catch is you have to ask for it. You need to know what questions to ask so the right doors open for you -- and then be ready to have an advocate who is willing to work with and for you, stay in the process, and press for your rights and your best interests:

- Appeals [http://www.warms.vba.va.gov/admin21/m21\\_1/mr/part1/ch05.doc](http://www.warms.vba.va.gov/admin21/m21_1/mr/part1/ch05.doc)
- Board of Veteran's Appeals <http://www.va.gov/vbs/bva/>
- CARES Commission [www.va.gov/vbs/bva/](http://www.va.gov/vbs/bva/)
- CARES Draft National Plan <http://www.va.gov/caresdecision/page.cfm?pg=105>
- Center for Minority Veterans <http://www.va.gov/centerforminorityveterans/>
- Center for Women Veterans <http://www.va.gov/womenvet/>
- Center for Veterans Enterprise [www.vetbiz.gov/default2.htm](http://www.vetbiz.gov/default2.htm)
- Clarification on the changes in VA healthcare for Gulf War Veterans [www.gulfwarvets.com/ubb/Forum1/HTML/000016.html](http://www.gulfwarvets.com/ubb/Forum1/HTML/000016.html)
- Classified Records - American Gulf War Veterans Assn

[www.gulfwarvets.com/ubb/Forum18/HTML/000011.html](http://www.gulfwarvets.com/ubb/Forum18/HTML/000011.html)  
Compensation Rate Tables, 12-1-03 <http://www.vba.va.gov/bln/21/Rates/comp01.htm>  
Department of Veterans Affairs Home Page [www.va.gov/](http://www.va.gov/)  
Directory of Veterans Service Organizations <http://www.va.gov/vso/>  
Disability Examination Worksheets Index, Comp  
[www.vba.va.gov/bln/21/Benefits/exams/index.htm](http://www.vba.va.gov/bln/21/Benefits/exams/index.htm)  
Electronic Code of Federal Regulations [www.gpoaccess.gov/ecfr/](http://www.gpoaccess.gov/ecfr/)  
Environmental Agents <http://www.va.gov/vironagents/>  
Environmental Agents M10 [http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1002](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1002)  
Establishing Combat Veteran Eligibility  
[http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=315](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=315)  
Evaluation Protocol for Gulf War & Iraqi Freedom Veterans with Potential Exposure to Depleted Uranium (DU) <http://www.va.gov/gulfwar/docs/DUHandbook1303122304.DOC>  
Evaluation Protocol For Non-Gulf War Veterans With Potential Exposure To Depleted Uranium (Du) <http://www.va.gov/gulfwar/docs/DUHANDBOOKNONGW130340304.DOC>  
Fee Basis, Priority For Outpatient Medical Services & Inpatient Hospital Care  
[www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=206](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=206)  
Federal Benefits for Veterans and Dependents 2005 [www.va.gov/opa/vadocs/fedben.pdf](http://www.va.gov/opa/vadocs/fedben.pdf)  
Forms and Records Request [www.va.gov/vaforms/](http://www.va.gov/vaforms/)  
Geriatrics and Extended Care [www.va.gov/geriatricsshg/](http://www.va.gov/geriatricsshg/)  
Guideline for Chronic Pain and Fatigue MUS-CPG  
[www.oqp.med.va.gov/cpg/cpgn/mus/mus\\_base.htm](http://www.oqp.med.va.gov/cpg/cpgn/mus/mus_base.htm)  
Guide to Gulf War Veterans' Health [www.va.gov/gulfwar/docs/VHIGulfwar.pdf](http://www.va.gov/gulfwar/docs/VHIGulfwar.pdf)  
Gulf War Registry [www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1003](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1003)  
Gulf War Registry Referral Centers [www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1006](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1006)  
Gulf War Subject Index [www.va.gov/GulfWar/page.cfm?pg=7&template=main&letter=A](http://www.va.gov/GulfWar/page.cfm?pg=7&template=main&letter=A)  
Gulf War Veterans' Illnesses Q&As  
[www.va.gov/gulfwar/docs/GWIllnessesQandAsIB1041.pdf](http://www.va.gov/gulfwar/docs/GWIllnessesQandAsIB1041.pdf)  
Homeless Veterans [www.va.gov/homeless/](http://www.va.gov/homeless/)  
HSR&D Home [www.hsr.d.research.va.gov/](http://www.hsr.d.research.va.gov/)  
Ionizing Radiation [www.va.gov/irad/](http://www.va.gov/irad/)  
Iraqi Freedom/Enduring Freedom Veterans VBA [www.vba.va.gov/EFIF/](http://www.vba.va.gov/EFIF/)  
M10 for spouses and children [www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1007](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1007)  
M10 Part III Change 1 [www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1008](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1008)  
M21-1 Table of Contents [www.warms.vba.va.gov/M21\\_1.html](http://www.warms.vba.va.gov/M21_1.html)  
Mental Health Program Guidelines [www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1094](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1094)  
Mental Illness Research, Education and Clinical Centers [www.mirecc.med.va.gov/](http://www.mirecc.med.va.gov/)  
MS (Multiple Sclerosis) Centers of Excellence [www.va.gov/ms/about.asp](http://www.va.gov/ms/about.asp)  
My Health e Vet [www.myhealth.va.gov/](http://www.myhealth.va.gov/)  
NASDVA.COM È National Association of State Directors [www.nasdva.com/](http://www.nasdva.com/)  
National Center for Health Promotion and Disease Prevention [www.nchpdp.med.va.gov/postdeploymentlinks.asp](http://www.nchpdp.med.va.gov/postdeploymentlinks.asp)  
OMI (Office of Medical Inspector) [www.omi.cio.med.va.gov/](http://www.omi.cio.med.va.gov/)  
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[www.va.gov/resdev/prt/gulf\\_war\\_2002/GulfWarRpt02.pdf](http://www.va.gov/resdev/prt/gulf_war_2002/GulfWarRpt02.pdf)  
Phase I PGR [http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1004](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1004)

Phase II PGR [www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1005](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1005)  
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Project 112 (Including Project SHAD) [www.va.gov/shad/](http://www.va.gov/shad/)  
Prosthetics Eligibility [www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=337](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=337)  
Public Health and Environmental Hazards Home Page  
<http://www.vethealth.cio.med.va.gov/>  
Public Health/SARS [www.publichealth.va.gov/SARS/](http://www.publichealth.va.gov/SARS/)  
Publications: Manuals [www.va.gov/vhapublications/publications.cfm?Pub=4](http://www.va.gov/vhapublications/publications.cfm?Pub=4)  
Publications and Reports [www.va.gov/resdev/prt/pubs\\_individual.cfm?  
webpage=gulf\\_war.htm](http://www.va.gov/resdev/prt/pubs_individual.cfm?webpage=gulf_war.htm)  
Records Center and Vault Homepage [www.aac.va.gov/vault/default.html](http://www.aac.va.gov/vault/default.html)  
Records Center and Vault Site Map [www.aac.va.gov/vault/sitemap.html](http://www.aac.va.gov/vault/sitemap.html)  
Request For And Consent To Release Of Information From Claimant's Records  
[www.forms.va.gov/va/Internet/VARF/getformharness.asp?formName=3288-form.xft](http://www.forms.va.gov/va/Internet/VARF/getformharness.asp?formName=3288-form.xft)  
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[www.va.gov/rac-gwvi/docs/Minutes\\_April112002.doc](http://www.va.gov/rac-gwvi/docs/Minutes_April112002.doc)  
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Title 38 4.16 Total disability ratings for compensation based on unemployability of the individual. PART 4: schedule FOR RATING DISABILITIES Subpart A: General Policy in Rating [http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?  
c=ecfr&sid=1b7e1c80768900fe79b3126a180a3da6&rgn=div8&view=text&node=38:1.0.1.1.5.1.98.11&idno=38](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b7e1c80768900fe79b3126a180a3da6&rgn=div8&view=text&node=38:1.0.1.1.5.1.98.11&idno=38)  
Title 38 Index Parts 0-17 [http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?  
sid=5601440f9a028e2b353f1be27d4535d2&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv1\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=5601440f9a028e2b353f1be27d4535d2&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv1_02.tpl)  
Title 38 Part 18 [http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?  
sid=e7f228f056f66128a3cf40196efa0323&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv2\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=e7f228f056f66128a3cf40196efa0323&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv2_02.tpl)  
Title 38 Part 3: Adjudication Subpart A Pension, Compensation, and DIC Compensation [http://ecfr.gpoaccess.gov/cgi/t/text/textidx?  
c=ecfr;sid=0a5cc4e74c654c10874b651cc99ff1b4;rgn=div5;view=text;node=38%3A1.0.1.1.4;idno=38;cc=ecfr](http://ecfr.gpoaccess.gov/cgi/t/text/textidx?c=ecfr;sid=0a5cc4e74c654c10874b651cc99ff1b4;rgn=div5;view=text;node=38%3A1.0.1.1.4;idno=38;cc=ecfr)  
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type=simple;c=ecfr;cc=ecfr;sid=89bb312d6d613680e34d4df4625d7f3b;region=DIV1;q1=gulf%20war;rgn=div8;view=text;idno=38;node=38%3A1](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?type=simple;c=ecfr;cc=ecfr;sid=89bb312d6d613680e34d4df4625d7f3b;region=DIV1;q1=gulf%20war;rgn=div8;view=text;idno=38;node=38%3A1)  
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VA Fact Sheet [www.va.gov/opa/fact/gwfs.html](http://www.va.gov/opa/fact/gwfs.html)  
VA Health Care Eligibility [www.va.gov/healtheligibility/home/hecmain.asp](http://www.va.gov/healtheligibility/home/hecmain.asp)  
Veterans Legal and Benefits Information <http://valaw.org/>  
VA Life Insurance Handbook: Chap 3  
[www.insurance.va.gov/inForceGliSite/GLIhandbook/glibookletch3.htm#310](http://www.insurance.va.gov/inForceGliSite/GLIhandbook/glibookletch3.htm#310)  
VA Loan Lending Limits and Jumbo Loans [http://valoans.com/va\\_facts\\_limits.cfm](http://valoans.com/va_facts_limits.cfm)  
VA MS Research [www.va.gov/ms/about.asp](http://www.va.gov/ms/about.asp)  
VA National Hepatitis C Program [www.hepatitis.va.gov/](http://www.hepatitis.va.gov/)  
VA Office of Research and Development [www.va.gov/resdev/](http://www.va.gov/resdev/)  
VA WMD EMSHG [www.va.gov/emshg/](http://www.va.gov/emshg/)  
VA WRIISC-DC [www.va.gov/WRIISC-DC/](http://www.va.gov/WRIISC-DC/)

VAOIG Hotline Telephone Number and Address [www.va.gov/oig/hotline/hotline3.htm](http://www.va.gov/oig/hotline/hotline3.htm)  
Vet Center Eligibility - Readjustment Counseling Service  
[www.va.gov/rcs/Eligibility.htm](http://www.va.gov/rcs/Eligibility.htm)  
Veterans Benefits Administration Main Web Page [www.vba.va.gov/](http://www.vba.va.gov/)  
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VHA Programs - Clinical Programs & Initiatives  
[www.va.gov/health\\_benefits/page.cfm?pg=13](http://www.va.gov/health_benefits/page.cfm?pg=13)  
VHA Public Health Strategic Health Care Group Home Page [www.publichealth.va.gov/](http://www.publichealth.va.gov/)  
VHI Guide to Gulf War Veteran's Health  
[www.va.gov/vhi\\_ind\\_study/gulfwar/istudy/index.asp](http://www.va.gov/vhi_ind_study/gulfwar/istudy/index.asp)  
Vocational Rehabilitation [www.vba.va.gov/bln/vre/](http://www.vba.va.gov/bln/vre/)  
VONAPP online <http://vabenefits.vba.va.gov/vonapp/main.asp>  
WARMS - 38 CFR Book C [www.warms.vba.va.gov/bookc.html](http://www.warms.vba.va.gov/bookc.html)  
War-Related Illness and Injury Study Center - New Jersey [www.wri.med.va.gov/](http://www.wri.med.va.gov/)  
Welcome to the GI Bill Web Site [www.gibill.va.gov/](http://www.gibill.va.gov/)  
What VA Social Workers Do [www.va.gov/socialwork/page.cfm?pg=3](http://www.va.gov/socialwork/page.cfm?pg=3)  
WRIISC Patient Eligibility [www.illegion.org/val.html](http://www.illegion.org/val.html)  
[Source: Various Dec 08 ++]

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MILITARY HISTORY ANNIVERSARIES: Significant December Events in Military History are:

- 1775 - The first official American flag (not the Stars and Stripes) was raised for the first time over the Navy flagship Alfred.
  - 1778 - British troops under COL Archibald Campbell occupied Savannah GA (American Revolution).
  - 1812 - The US frigate Constitution defeats the British frigate Java (War of 1812).
  - 1814 - Treaty of Ghent (Belgium) signed, ending the War of 1812 between the United States and England.
  - 1846 - American troops occupied Ciudad Victoria in northeastern Mexico (Mexican War).
  - 1860 - South Carolina secedes from the Union and South Carolina troops seize the Federal arsenal in Charleston (Civil War).
  - 1898 - The Treaty of Paris was signed by American and Spanish representatives, ending the Spanish-American War.
  - 1921 - The first helium-filled balloon, a U.S. Navy dirigible, flew from Hampton Roads, VA to Washington, D.C.
  - 1941 - Japanese attack Pearl Harbor. The United States declared war on Germany, Japan and Italy (World War II).
  - 1944 - Battle of the Bulge began (World War II).
  - 1946 - The official end of World War II.
  - 1972 - The Paris Peace talks temporarily fail and President Nixon orders a resumption of full-scale bombing of targets in North Vietnam (Vietnam War).
  - 1989 - Operation Just Cause, the invasion of Panama, begins.
  - 1991 - The USSR went out of existence after 74 years.
  - 1992 - Operation Restore Hope – America's intervention in Somalia began.
- [Source: VetJobs Veteran Eagle Dec 08 ++]

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BURN PIT TOXIC EMISSIONS UPDATE 03: A Georgia man has filed a class-action

lawsuit against KBR and Halliburton, saying the contractors exposed everyone at Joint Base Balad in Iraq to unsafe water, food and hazardous fumes from the burn pit there. Joshua Eller, who worked as a civilian computer-aided drafting technician with the 332nd Air Expeditionary Wing, said military personnel, contractors and third-country nationals may have been sickened by contamination at the largest U.S. installation in Iraq, home to more than 30,000 service members, Defense Department civilians and contractor personnel. "Defendants promised the United States government that they would supply safe water for hygienic and recreational uses, safe food supplies and properly operate base incinerators to dispose of medical waste safely," according to the lawsuit, filed 26 NOV in U.S. District Court for the Southern District of Texas. "Defendants utterly failed to perform their promised duties." Eller filed his claim after he deployed in FEB 06 for 10 months. The lawsuit:

- States Eller developed skin lesions that subsequently spread, filled with fluid and burst. He said they went away, then reappeared, followed by blisters on his feet that made it painful for him to walk. He said they healed, but continue to return every three to four months. Then, Eller said he experienced vomiting, cramping and diarrhea, and continues to suffer severe abdominal pain. "Plaintiff witnessed the open air burn pit in operation at Balad Air Force Base."
- States on one occasion, Eller witnessed a wild dog running around base with a human arm in its mouth. The human arm had been dumped on the open air burn pit by KBR." He said he still has nightmares and has been diagnosed with adjustment disorder.
- States that KBR was required to comply with military standards for clean water, and monitor it. Eller accused KBR of not performing water quality tests and of not properly treating or chlorinating water, and said an audit by the Defense Department backs up his claim. A report from Wil Granger, KBR's water quality manager for Iraq, states that non-potable water used for showering was not disinfected. "This caused an unknown population to be exposed to potentially harmful water for an undetermined amount of time," according to the report. The report also stated the problems occurred all across Iraq and were not confined to Balad.
- Claims there was no formalized training for KBR employees in proper water operations, and the company maintained insufficient documentation about water safety. The suit notes that former KBR employees Ben Carter and Ken May testified at a congressional hearing in JAN 06 that KBR used contaminated water from the Euphrates and Tigris rivers. Carter testified that he found the water polluted with sewage and that KBR did not chlorinate it. The lawsuit states the swimming pools at Balad were also filled with unsafe water.
- Claims KBR served spoiled, expired and rotten food to the troops, as well as dishes that may have been contaminated with shrapnel "Defendants knowingly and intentionally supplied and served food that was well past its expiration date, in some cases over a year past its expiration date. Even when it was called to the attention of the KBR food service managers that the food was expired, KBR still served the food to U.S. forces." The food included chicken, beef, fish, eggs and dairy products, which caused cases of salmonella poisoning.
- Claims KBR prevented their employees from speaking with government auditors and hid employees from auditors by moving them from bases when an audit was scheduled. Any employees that spoke with auditors were sent to more dangerous locations in Iraq as punishment.
- Accuses KBR of shipping ice in mortuary trucks that "still had traces of body fluids and putrefied remains in them when they were loaded with ice. This ice

was served to U.S. forces.”

- Accuses KBR of failing to maintain a medical incinerator at Joint Base Balad, which has been confirmed by two surgeons in interviews with Military Times about the Balad burn pit. Instead, according to the lawsuit and the physicians, medical waste, such as needles, amputated body parts and bloody bandages were burned in the open-air pit. “Wild dogs in the area raided the burn pit and carried off human remains. The wild dogs could be seen roaming the base with body parts in their mouths, to the great distress of the U.S. forces.” According to military regulations, medical waste must be burned in an incinerator to prevent anyone from breathing hazardous fumes. “On at least one occasion, defendants were attempting to improperly dispose of medical waste at an open-air burn pit by backing a truck full of medical waste up to the pit and emptying the contents onto the fire,” the lawsuit states. “The truck caught fire. Defendants’ fraudulent actions were thereby discovered by the military.”
- Claims the contractors burned old lithium batteries in the pits, “causing noxious and unsafe blue smoke to drift over the base.”

Military Times has received more than 100 letters from troops saying they were sickened by fumes from the burn pits, which burned plastics, petroleum products, rubber, dining-facility waste and batteries. The lawsuit asks that the plaintiffs receive monetary compensation for physical injuries, emotional distress, fear of future disease, and need for continued medical treatment and involvement, and that KBR and Halliburton be stripped of all revenue and profits earned “from their pattern of constant misconduct and callous disregard to the welfare of Americans serving and working in Iraq.” Werner Ayers, LLP, of Houston, and Burk O’Neil LLC of Washington, D.C., are representing Eller. They are seeking to have the suit declared a class action. [Source: NavyTimes Kelly Kennedy article 3 Dec 08 ++]

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HELOC FRAUD: Have you checked your home equity line of credit lately? If not, you probably should. Even if you've never used a home equity line of credit (HELOC), it's a good idea to check your three credit reports (Equifax, Experian and TransUnion) to make sure identity thieves haven't opened one in your name. According to the FBI, canny con artists are increasingly draining the equity of unsuspecting homeowners by tapping into their home equity lines of credit. The more equity you have in your home, and the less vigilant you are about monitoring your finances, the greater the risk that thieves could drain the equity from your home -- or worse, sell it out from under you. In its annual mortgage fraud report, the FBI identified HELOC fraud as an "emerging scheme" that adds further insult to an already injured real estate and mortgage market. The report calls the current housing bust the "ideal climate" for HELOC fraud and other fast-buck mortgage schemes associated with builder bailouts, seller-assisted financing, short sales and foreclosure rescue. Identity thieves have traditionally targeted those with poor credit. In the past, by posing as homeowners, they could easily obtain subprime loans with little documentation. But now that the door to subprime lending has slammed shut, thieves have set their sights on those with good credit and substantial equity in their homes -- deep pools of cash that can be easily tapped via a HELOC.

The FBI says HELOC thieves typically use stolen identification to apply online for a line of credit in your name. Then they instruct the bank to wire the funds to their accounts, providing their own contact information in place of yours. That

way, the bank unwittingly contacts the thief to verify the electronic funds transfer. Although the FBI does not track the dollar amount lost each year to mortgage fraud, incidents reported by financial institutions jumped a whopping 31% (from 35,617 to 46,717) in fiscal 2007, over the previous year. Jay Foley, executive director of the San Diego-based Identity Theft Resource Center, echoes the FBI's findings that some HELOC fraud, especially schemes aimed at selling the home without the homeowner's knowledge or consent, originates from within the mortgage industry itself. "It depends on the depth of the scam," he says. "In the recent mortgage bust by the FBI, these are all people who actually work in the industry; this is what I could classify as an inside job. An outsider would have to find a less-than-scrupulous Realtor, a less-than-scrupulous mortgage broker, and probably have to come up with somebody to do the inspections and all the other things."

Now that anti-fraud software has shored up credit card accounts, HELOCs have become the next tempting target for theft. Thieves gain access to your home equity pool either through an existing HELOC or by opening one in your name at the bank of their choice. Ironically, you may have more trouble opening a HELOC than identity thieves, who can manipulate the loan documents to suit their purposes. Once accessed, a line of credit can be tapped as easily and directly as a debit card account. And don't expect the thief to stay under the limit on your account. "The HELOC thief won't stop at your line of credit; they'll go into overdraft big time, and each one of those overdrafts is going to bean you for a few dozen dollars and launch your interest rate sky-high," Foley says. Foley says seniors may be particularly at risk of HELOC fraud for four reasons:

- 1) They often own their home outright (translation: 100 percent equity).
- 2) They may not be as vigilant of their finances.
- 3) They may not be living in their home.
- 4) They may be more trusting and forthcoming with personal information when approached by a friendly official-sounding caller.

"If your place is worth \$300,000, I'm sure I could tempt a bank into loaning me \$100,000 against it without any problem," Foley says. In extreme cases, con artists could even sell your home out from under you. Here's how: One poses as the buyer, obtains a mortgage to purchase your home from a partner posing as you, the seller. Upon closing, they split the mortgage money and disappear. Victims of HELOC theft and mortgage-jacking typically are reimbursed by the lender when fraud is proven. However, the process can be lengthy, and often the identity theft doesn't stop there. While you can arrange for credit monitoring from the three credit bureaus and various vendors, it's often too little, too late, Foley says. "Between the time that line of credit is opened and you get the notice that it's open, it is entirely possible that that entire line of credit would be spent," he says. For additional assurance freeze your credit with each of the three credit reporting bureaus. This prevents them from releasing your credit report for anything (credit cards, auto loans, HELOCs, etc.) until you "thaw" your credit, thereby stopping mortgage fraud at its source. It's a somewhat lengthy process but can be well worth it if you have no plans to obtain credit in the near future. [Source: Consumer Affairs Jay MacDonald article 14 Nov 08 ++]

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GA VET HOME CLOSURE: On 1 AUG 08 Gov. Sonny Perdue sent a memo to the state Department of Veterans Services, which operated the Georgia War Veterans Home

domiciliary. It ordered the agency to devise plans to cut expenditures by 6, 8 and 10% for the rest of this fiscal year and the next. The department took a "real, real hard look" at its domiciliary care there, said Len Glass, the department's assistant commissioner for administration. The program, he said, cost the state \$2.7 million annually. By cutting it for the rest of this fiscal year (ending 30 JUN 09) the department would deduct \$1.7 million from its \$25 million budget. It would represent more than a 10% reduction for the next fiscal year, he said. Officials also looked at other numbers. The 81 residents, Glass said, represented far less than 1% of the state's total veteran population, estimated at 760,000. In late August, Glass came to the domiciliary and delivered the news: The men, who'd fought in World War II, Korea and Vietnam, had to find a new home by 30 NOV 08. The domiciliary located a couple of miles south of downtown occupied two floors of the X-shaped Pete Wheeler Building. Its foyer was a reminder that residents earned the right to be there. Glass display cases contained Nazi uniforms, medals and other paraphernalia that returning servicemen brought back to Georgia after World War II. Its walls featured patriotic signs, paintings and news clippings from decades ago. Residents had to be war veterans who had a medical problem but did not require nursing care. The domiciliary closing is proof that few programs are safe from state budget cuts in this cramped economy. [Source: The Atlanta Journal-Constitution Mark Davis article 30 Nov 08 ++]

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BURN PIT TOXIC EMISSIONS UPDATE 02: Sen. Daniel Akaka (D-HI), chairman of the Senate Veterans' Affairs Committee, has asked that the co-chairs of the Defense Department and Veterans Affairs Oversight Committee begin a review of environmental toxins – including those coming from burn pits – at bases in Iraq and Afghanistan. "Reports of possible exposure to smoke from burn pits in Iraq and Afghanistan have come to the committee's attention," Akaka wrote in a letter dated 1 DEC. "Concerns about such exposure would appear to be an ideal opportunity for focused efforts to track the location of service members in relation to the possible exposure sites." The letter was addressed to Gordon England, deputy defense secretary, and Gordon Mansfield, deputy VA secretary. "I would appreciate learning how DoD identifies and monitors locations where possible exposure to smoke from fire pits in Iraq and Afghanistan may have occurred, what steps DoD is taking to identify those service members who may have been exposed to such hazards, how information on exposures is transmitted to VA, and what policies and procedures VA has in place to ensure that relevant information is used to the adjudication of potential disability claims," Akaka wrote. In NOV, Sen. Russ Feingold (D-WI) asked Gen. David Petraeus for an investigation into whether troops are being exposed to harmful fumes from burn pits. [Source: AirForceTimes Kelly Kennedy article 1 Dec 08 ++]

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GULF WAR SYNDROME UPDATE 07: The DVA has sent the OCT 08 report from the VA Research Advisory Committee on Gulf War Veterans' Illnesses to the National Academy of Sciences' Institute of Medicine (IOM) for review and recommendations. The October report from the advisory committee identified potential causes for -- and asserted that research supports the existence of -- a multi-symptom condition resulting from service in the 1990 - 1991 Gulf War, which the committee identified as Gulf War Illness (GWI). Because VA has traditionally and by law relied upon IOM for independent and credible reviews of the science behind these particular

veterans' health issues, Secretary of Veterans Affairs Dr. James B. Peake has asked IOM to review the advisory committee's report before VA officially responds to the report's conclusions. "I appreciate the committee's work on this report, and I am eager to see the results of further independent study into their findings," Peake said. "Of course, VA will continue to provide the care and benefits our Gulf War veterans have earned through their service, as we have for more than a decade." VA has long recognized conditions, granted benefits and provided health care to Gulf War veterans suffering from a broad range of symptoms, even though these conditions have not been scientifically recognized as a specific disease or injury or GWI. Ground combat in the 1991 Persian Gulf War lasted just 100 hours, but it's meant 17 years of pain and anguish for hundreds of thousands of veterans.

Those who came home and complained of symptoms such as memory loss and joint pain are even sicker. As their lives unraveled and their health further deteriorated, many were told their problems were just in their head. The report noted a sad reality: Of the \$340 million in government funds spent to research the topic, little has focused on finding treatments. And, researchers said, the estimated 175000-210000 Gulf War veterans who are sick aren't getting any better. Many of those veterans are left wondering what's next for them. The panel, created by Congress, said at least \$60 million should be spent annually for research, but some veterans question whether the money will be made available during a time when the economy is struggling. The sad irony, said John Schwertfager, a veterans advocate in Ohio, is that many of the veterans who came home physically sick and were told wrongly that they suffered from a mental condition. Now, after years of chronic pain and personal, marital or professional struggles, they're grappling with real mental health problems. Paul Sullivan, a Gulf War veteran who helped lead the fight on Capitol Hill to get help for the veterans, said it wasn't very long after the war ended that more veterans started complaining of symptoms such as fatigue, rashes, respiratory problems, diarrhea, headaches, muscle and joint pain, and nausea. When veterans wrote members of Congress, the lawmakers typically responded by contacting Pentagon officials who in turn wrote back saying there were no reports of chemical exposure, Sullivan said. "They didn't tell Congress that they weren't looking," Sullivan said.

Cost was a factor. A 100% disabled veteran today is entitled to about \$30,000 annually, which could easily mean more than \$1 million in payments to veterans who live decades longer. Compounding the problem was the complexity of the symptoms and uncertainty over the causes. Were they caused by combat stress? Was it vaccinations? Was it pills given to protect soldiers from nerve agents? Was it exposure to oil well fires or chemical weapons? Or a combination of factors? Meanwhile, veterans like Jim Bunker, 49, an Army captain in the war who is today president of the National Gulf War Veterans Research Center in Kansas City, Kan., recalled getting the wrong type of treatment at the VA. "They were like it's all psychological, it's all in your head, here are some antidepressants," said Bunker, who has severe headaches and has trouble walking, among other problems. Since those early years, independent scientists have determined that the symptoms of the veterans do not constitute a single syndrome. They have pointed to pesticide, used to control insects, and pyridostigmine bromide pills, given to protect troops from nerve agents, as probable culprits for some of the symptoms. In 2001, after a government study determined that those who served in the Gulf War were nearly twice as likely to develop Lou Gehrig's disease as other military personnel, the VA said it would immediately offer disability and survivor benefits to veterans

with the disease who fought in the war. The veterans scored a legislative victory in 1998 with the passage of legislation that created the advisory panel that made the recent recommendations. In 2004, acting on its recommendations, then-VA Secretary Anthony Principi said that the agency would no longer pay for studies that seek to show stress is the primary cause. It's not immediately clear whether Peake will act on the most recent recommendations. Most likely, it will be up to the incoming administration of President-elect Barack Obama and the new Congress to decide what to do next. [Source: VA News Release & AP Kimberly Hefling articles 1 Dec 08 ++]

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VET JOBS UPDATE 07: Helmets to Hardhats is a national program that connects National Guard, Reserve and transitioning active-duty military members with quality career training and employment opportunities within the construction industry. The program is administered by the Center for Military Recruitment, Assessment, and Veterans Employment and headquartered in Washington, D.C. It was established as a nonprofit Section 501(c)(6) organization with a funding structure set out under Section 302(c)(9) of the Taft-Hartley Act for purposes provided for under Section 6(b) of the Labor-Management Cooperation Act. Direction for management of the center comes from a board of trustees comprised of equal numbers of employer and labor trustees. The program places quality men and women from the Armed Forces into promising building and construction careers. Eligibility varies based on the standards set by each individual career provider. In most cases, you must be at least 18 years of age, have an honorable discharge, have a high school diploma or equivalent, pass a drug test, conduct an interview and be physically fit to perform work. There are no upper age restrictions for applicants. Many employers list other types of careers for their construction company such as administrative, engineering and management positions. Interested personnel are encouraged to register at <http://recruiter.helmetstohardhats.org> . After completing the registration, you will be contacted by a Helmet to Hardhat representative concerning your request.

Most candidates will enter an apprenticeship program where they learn a trade through on-the-job training supplemented by classroom instruction at state-of-the-art training facilities. Typically, there is no charge for the training and you will be paid for the time you are working. The pay you receive from an employer can be supplemented by education benefits under the G.I. Bill, adding hundreds more dollars each month to your take home pay. An apprentice's pay increases periodically over the course of the job, and as the apprentice becomes more skilled. Many apprenticeship programs have arrangements allowing individuals to obtain college credit for classroom work. Upon graduation, you will become a journeyman -- a craftsperson recognized for his or her knowledge and ability in the selected trade. In some cases your military experience can give you credit towards journeyman status and allow you to enter an apprenticeship program at an advanced level or be classified as a journeyman immediately. Benefits of joining a certified apprenticeship program are:

- High pay, great medical insurance and some of the best pension plans in the nation.
- High quality training at well-resourced training centers that are recognized by Regional Education Certifying Councils and Boards.
- Use your Montgomery GI Bill or other veteran educational benefits.
- Earn while you learn. Receive on the job training and get top notch

classroom instruction.

[Source: [www.helmetstohardhats.org](http://www.helmetstohardhats.org) Dec 08 ++]

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DOD PDBR UPDATE 04: Following are answers to frequently asked questions regarding the Physical Disability Board of Review (PDBR) policy and review procedures:

- A PDBR review is made by the military services, upon request, to review certain separations for medical conditions where the rating was 20% or less and the member did not otherwise retire. The review will evaluate whether, under the applicable guidance in effect at the time, the rating awarded was fair and accurate.
- The rating of members as described above who were separated from service between 11 SEP 01 and 31 DEC 09 can request this review.
- The former service member, surviving spouse, next of kin or legal representative may request this review.
- At the present time, no time limit or cutoff date established for this review.
- Applications should be submitted to the Central Intake and Tracking Unit (CITU) located at Randolph AFB, TX on a form, DD Form 294, Application for Review of Physical Disability Separation from the Armed Forces of the United States (currently pending approval), or computer-generated equivalent.
- The applications may be mailed to :SAF/MRBR, 550-C Street West, Suite 41 Randolph AFB, TX 78150-4743. Due to the need for an original signature, applications may not, as of this date, be submitted electronically.
- Assuming the request to use this form before final OMB approval is granted, applications forms should be available for down load on or about 1 DEC. Applications will be accepted immediately thereafter.
- DoD has designated the Air Force as lead component for implementing the PDBR process. As such, the AF has overall responsibility for case tracking and reporting, although the actual case evaluation and adjudication is done in a joint adjudication unit with all Services (and components) represented. The Under Secretary of Defense for Personnel and Readiness retains overall responsibility for program implementation.
- An applicant may submit with the application statements, briefs, medical records, or affidavits in support of their application. Unless requested by the intake unit, the applicant does not need to send medical records that are already included among his or her service medical documents or the medical separation paperwork (informal board, formal board and appeal files and results).
- Under special circumstances, the PDBR can initiate a review but if this occurs, the PDBR will contact the former member, explain why the board believes a review is appropriate and ask for his/her consent. If consent is not given, there will be no review. If you do not consent to a board initiated review and then later change your mind you may subsequently request a board review.
- You cannot appear in person. The PDBR is a document review only with no provision for a personal appearance.
- Since this is an entirely new process, it is not possible to come up with an estimate at this time of how long a review will take.
- Access to DVA medical records is necessary for this review. Part of the review process is to consider the rating the DVA awarded the applicant for the unfitting condition(s) with particular attention to those awarded within 12 months of separation. If the applicant does not consent to a release of DVA records, the

service disability rating will be reviewed for fairness and accuracy but the comparison to the DVA rating will not be accomplished.

- Only individuals with a need to know will have access to information from the applicant's service and medical records. The case evaluation and consideration (so-called adjudication) will take place in a joint (all services and components represented) central adjudication unit in Crystal City, VA created especially to perform this mission.
- The PDBR cannot lower a service disability rating. By law, the PDBR makes a recommendation to the applicant's Service Secretary who makes the final decision. This responsibility may be delegated to, but to no lower than, the Directors of the Review Boards Agencies (Army and Air Force) and for the Navy, the Assistant Secretary of the Navy (Manpower and Reserve Affairs) or the Associate Counsel. These individuals are career members of the senior executive service (civilian general officer equivalents).
- The Central Intake and Tracking Unit (CITU) will notify the applicant of the final decision and the consequences if the rating is changed including the effect upon benefits. If the rating is changed, that unit will also notify the applicant's Service BCMR/BCNR who will be responsible for correcting the military records. The VA will also be notified where appropriate.
- The final letter to the applicant will provide a rationale for the decision.
- The military records will be corrected effective the date of the Secretary's decision (not retroactive). It should be noted, Board for Correction of Military (or Naval) Records (BCMR/BCNR) corrections are effective as of the date of the original action (here medical separation). This means that benefits arising from a PDBR will be prospective only whereas a BCMR/BCNR correction would give benefits retroactively.
- By law, the decision of the Secretary (or designee) is final. There are no provisions for appeal or reconsideration by the PDBR. On the other hand, previously denied BCMR/BCNR appeals may be reconsidered when relevant newly discovered evidence (not previously available) is presented.
- The governing instruction for the PDBR process is DODI 6040.44 available at <http://www.dtic.mil/whs/directives/corres/pdf/604044p.pdf>.
- Question about processing procedures should be submitted in writing to the intake unit at the SAF/MRBR, 550-C Street West, Suite 41 Randolph AFB, TX 78150-4743.

[Source: DoD Military Health System News 3 Nov 08 ++]

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VA 2009 COMPENSATION RATES (DISABILITY): This benefit program evaluates disability resulting from all types of diseases and injuries encountered as a result of military service. The degree of disability as determined by VA represents (as far as can practicably be determined) the average loss in wages resulting from such diseases and injuries and their complications in civil occupations. Generally, the degrees of disability specified are also designed to compensate for considerable loss of working time from exacerbations or illnesses. By law, payment of VA compensation and military disability severance pay for the same medical condition or disability is prohibited. VA compensation will be withheld on a monthly basis until the total amount of military severance pay has been recovered. As required by the Veterans' Compensation Cost-of-Living Adjustment Act of 2008 the DVA has given notice of adjustments in certain benefit rates. These adjustments effective 1 DEC 08 for 2009 affect the compensation

program as indicated below:

Veteran no dependents 10% \$123 20% \$243

\*\*\*\*\*

30% thru 100% Without Children

Veteran Alone \$376 \$541 \$770 \$974 \$1,228 \$1,427 \$1,604 \$2,673  
 Veteran with Spouse Only \$421 \$601 \$845 \$1064 \$1,333 \$1,547 \$1,739 \$2,823  
 Veteran with Spouse & One Parent \$457 \$649 \$905 \$1136 \$1,417 \$1,643 \$1,847 \$2,943  
 Veteran with Spouse and Two Parents \$493 \$697 \$965 \$1208 \$1,501 \$1,739 \$1,955  
 \$3,063  
 Veteran with One Parent \$412 \$589 \$830 \$1046 \$1,312 \$1,523 \$1,712 \$2,793  
 Veteran with Two Parents \$448 \$637 \$890 \$1118 \$1,312 \$1,396 \$1,619 \$1,820 \$2,913  
 Additional for A/A spouse (see footnote b) \$40 \$54 \$68 \$81 \$95 \$108 \$122 \$136

\*\*\*\*\*

30% thru 100% With Children

Veteran with Spouse & Child \$453 \$644 \$899 \$1129 \$1,409 \$1,634 \$1,837 \$2,932  
 Veteran with Child Only \$406 \$581 \$820 \$1034 \$1,298 \$1,507 \$1,694 \$2,774  
 Veteran with Spouse, One Parent and Child \$489 \$692 \$959 \$1201 \$1,493 \$1,730  
 \$1,945 \$3,052  
 Veteran with Spouse, Two Parents and Child \$525 \$740 \$1019 \$1,273 \$1,577 \$1,826  
 \$2,053 \$3,172  
 Veteran with One Parent and Child \$442 \$629 \$880 \$1106 \$1,382 \$1,603 \$1,802 \$2,894  
 Veteran with Two Parents and Child \$478 \$677 \$940 \$1178 \$1,466 \$1,699 \$1,910  
 \$3,014  
 Add for Each Additional Child Under Age 18 \$22 \$30 \$37 \$45 \$52 \$60 \$67 \$75  
 Each Additional Schoolchild Over Age 18 (see footnote a) \$72 \$96 \$120 \$144 \$168  
 \$192 \$216 \$240  
 Additional for A/A spouse (see footnote b) \$40 \$54 \$68 \$81 \$95 \$108 \$122 \$136

FOOTNOTES:

a. Rates for each school child are shown separately. They are not included with any other compensation rates. All other entries on this chart reflecting a rate for children show the rate payable for children under 18 or helpless. To find the amount payable to a 70% disabled veteran with a spouse and four children, one of whom is over 18 and attending school, take the 70% rate for a veteran with a spouse and 3 children, \$ 1,513, and add the rate for one school child, \$168. The total amount payable is \$1,681.

b. Where the veteran has a spouse who is determined to require A/A, add the figure shown as "additional for A/A spouse" to the amount shown for the proper dependency code. For example, veteran has A/A spouse and 2 minor children and is 70% disabled. Add \$95, additional for A/A spouse, to the rate for a 70% veteran with dependency code 12, \$1,461. The total amount payable is \$ 1,556.

[Source: <http://www.vba.va.gov/bln/21/rates/comp01.htm#BM01> Dec 08 ++]

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VA DIC RATES 2009: As required by the Veterans' Compensation Cost-of-Living Adjustment Act of 2009 the DVA has given notice of adjustments in certain benefit rates. These adjustments effective 1 DEC 08 affect the dependency and indemnity compensation (DIC) programs as indicated below:

Veteran's Death was on or After January 1, 1993: \$1154 per month. Additional Allowances are:

- a. Add \$246 if at the time of the veteran's death, the veteran was in receipt of or entitled to receive compensation for a service-connected disability rated totally disabling (including a rating based on individual unemployability) for a continuous period of at least 8 years immediately preceding death AND the surviving spouse was married to the veteran for those same 8 years. (38 U.S.C. 1311(a)(2))
  - b. Add the \$286 for each dependent child under age 18: \* (38 U.S.C. 1311(c))
  - c. If the surviving spouse is entitled to A&A, add \$286. (38 U.S.C. 1311(c))
  - d. If the surviving spouse is entitled to Housebound, add \$135 (38 U.S.C. 1311(d))
- \*DIC apportionment rates approved by the Under Secretary for Benefits under 38 CFR 3.461(b) will be the additional allowance received for each child.

\*\*\*\*\*

Veteran's Death was before January 1, 1993:

Enlisted Pay Grade Rates:

- E-1 thru E-6 \$1,154 (Add \$46 if veteran rated totally disabled 8 continuous years prior to death and surviving spouse was married to veteran those same 8 years).
- E-7 \$1,194 E-8 \$1,260 E-9 \$1,314 (Base rate is \$1,400 if vet rated totally disabled 8 continuous years prior to death and surviving spouse was married to vet those same 8 years).
- E-9 Veteran who served as Sgt Major of the Army or Marine Corps, Senior Enlisted Advisor of the Navy, Chief Master Sgt of the Air Force, or Master Chief Petty Officer of the Coast Guard \$1,419

Officer Pay Grade Rates:

- W-1; \$1,219 W-2; \$1,267 W-3, \$1,305; W-4 \$1,380; (Base rate for W-1 thru 4 is \$1,400 if vet rated totally disabled 8 continuous years prior to death and surviving spouse was married to vet those same 8 years.)
- O-1 \$1,219; O-2 \$1,260; O-3 \$1,347 (Base rate for O1 thru 3 is \$1,400 if vet rated totally disabled 8 continuous years prior to death and surviving spouse was married to vet those same 8 years.)
- O-4 \$1,427; O-5 \$1,571; O-6 \$1,771; O-7 \$1,912; O-8 \$2,100; O-9 \$2,246; O-10 \$2,463; O-10c \$2,643 veteran who served as Chairman of the Joint Chiefs of Staff, Chief of Staff of the Army or Air Force, Chief of Naval Operations, or Commandant of the Marine Corps.

Footnotes:

- a. Surviving spouse of Aviation Cadet or other service not covered by this table is paid the DIC rate for enlisted E-3 under 34.
- b. If surviving spouse entitled to A/A, add \$286; if entitled to HB, add \$135.
- c. Add \$286 for each child under 18.

Children's Rates: If the surviving spouse is also entitled to DIC the additional separate award for each child over 18 who is in school is \$243 and/or is helpless is \$488. If there is no surviving spouse the rate for each child numbering 1 thru 9 is: [1] \$488.00; [2] \$350.50; [3] \$305.00; [4] \$272.25; [5] \$252.60; [6] \$239.50; [7] \$230.14; [8] \$223.12; [9] \$217.66. Add \$174 for each additional child exceeding [9]. Add \$286 for each helpless child over 18.

[Source: <http://www.vba.va.gov/bln/21/rates/comp03.htm>Dec 08 ++]

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CANCER VITAMIN STUDY: Vitamin C or E pills do not help prevent cancer in men, concludes the same big study that last week found these supplements ineffective for warding off heart disease. The public has been whipsawed by good and bad news about vitamins, much of it from test-tube or animal studies and hyped manufacturer claims. Even when researchers compare people's diets and find that a vitamin seems to help, the benefit may not translate when that nutrient is obtained a different way, such as a pill. "Antioxidants, which include vitamin C and vitamin E, have been shown as a group to have potential benefit," but have not been tested individually for a long enough time to know, said Howard Sesso of Harvard-affiliated Brigham and Women's Hospital in Boston. The Physicians Health Study, which he helped lead, was designed to do that. It involved 14,641 male doctors, 50 or older, including 1,274 who had cancer when or before the study started in 1997. They were included so scientists could see whether the vitamins could prevent a second cancer. Participants were put into four groups and given vitamin E, vitamin C, both, or dummy pills. The dose of E was 400 international units every other day; C was 500 milligrams daily. After an average of eight years, there were 1,929 cases of cancer, including 1,013 cases of prostate cancer, which many had hoped vitamin E would prevent. However, rates of prostate cancer and of total cancer were similar among all four groups.

The study was funded by the National Institutes of Health and several vitamin makers. Results were being reported 16 NOV at an American Association for Cancer Research conference in Washington. "Well-conducted clinical trials such as this are rapidly closing the door on the hope that common vitamin supplements may protect against cancer," said Marji McCullough, nutrition chief at the American Cancer Society. "It's still possible that some benefit exists for subgroups that couldn't be measured, but the overall results are certainly discouraging. "The American Cancer Society recommends getting these and other nutrients by eating a mostly plant-based diet with a variety of vegetables, fruits and whole grains. A bonus is that this type of diet helps to prevent obesity, which increases the risk of several cancers." About 12% of Americans take supplements of C and E. The new study does not mean these vitamins have no value, just that they didn't prevent cancer in this group of doctors, who may be healthier than the general population, said Dr. Peter Shields, deputy director of Georgetown University's Lombardi Comprehensive Cancer Center. The best bet, he said, is to do things that are known to prevent the disease \_ eat right, maintain a healthy weight, and exercise. [Source: Washington Post AP Marilyn Marchione article 16 Nov 08 ++]

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WARMTH & HEALTH: As the cold weather rolls in, you may hear your windows rattle or feel a cold breeze through your back door, even when it is closed. These are sure signs of drafts stealing your heat and making it harder for you to stay warm. If your home is drafty or not well-insulated it could cost you hundreds of dollars a year as you attempt to stay warm. It may also affect your health. While sitting in a draft does not make you sick, you should take notice if you feel chilled. "Your normal body temperature can drop after prolonged exposure to cold drafts," says Andrea Tannenbaum, president of Dynamic-Living.com. "The elderly and those who have compromised immune systems need to protect themselves because a decrease in the body's natural temperature can lower resistance to germs. Stopping drafts

will not only keep your energy costs lower but will also help you stay warm and healthy. Exposure to drafts can lower your resistance to all viruses and make you feel stiff, uncomfortable and run-down." Here are a few tips that will help you handle drafts and stay warm at the same time.

1. Stay warm by plugging up drafty windows and doors with inexpensive insulation and draft stoppers:

- If you have older windows, they might not keep the heat in very well. Plastic sheeting can be affixed over the whole window to provide a layer of insulation without blocking the light. The plastic helps you stay warm by stopping drafts as well as the cold that just seeps through the window pane itself.
- If you can see daylight through the edges of your doors that means they leak. You can't cover doors with plastic sheeting, but a storm door will probably pay for itself within a few heating seasons. There are also inexpensive insulation kits for doors that have foam, magnets or fleece to seal the edges, and weather stripping to put along the bottom.
- Draft stoppers for the base of doors and windows can be found in colorful and playful designs. You can also make your own. Sew a fabric tube and fill it loosely with dried beans or popcorn kernels. Want to recycle? Cut the sleeve off an old shirt or fill pantyhose you aren't using anymore.
- If you have double hung windows, check each one to ensure it is fully closed on both the top and bottom. They sometimes slide down a little bit during the warmer months and will cause a draft if not closed properly.

2. How to deal with drafts you can't stop:

- Try rearranging your furniture to stay warm. If you feel a breeze on you while you sit in your favorite chair, consider rearranging the room to avoid drafts in the locations where you sit regularly.
- Ceramic space heaters are very cost effective for heating a small area and cost much less to run than trying to heat your entire home. For safety from accidents, make sure that your heater has a timer on it or remember to unplug it when you leave the room.
- Most of us use our ceiling fans only in summer, but try using the ceiling fan when the weather is cold too. Most styles have a reverse switch on them that will push down the warmer air that collects at the ceiling to help you stay warm.

3. Bundle up to stay warm:

- Wearing several thin layers of clothes will help you stay warm in cold weather. The warmth from your body will get trapped in the air pockets between the layers. Long underwear is particularly good for helping you stay warm and dry.
- Keep a throw blanket handy to cover your feet or shoulders, or use a fleece shawl across your lap or around your shoulders to help you stay warm. Fleece blankets and throws are particularly useful, because they are incredibly warm but lightweight and less bulky than most other fabrics.
- Wearing fleece slippers around the house can help keep your feet warm. Look for non-skid bottoms because they prevent slipping and possible falls.
- Heat from external sources can be helpful. If you use a heating pad for warmth, limit the length of time it's close to the skin to avoid a burn and always turn it off if you are sleepy. Some heating pads come with safety shut-off switches, which will turn off automatically after a set period of time. There are also wraps or pads that you can heat in the microwave. They provide temporary warmth and you don't need to remember to turn them off.

[Source: AARP Senior Living Sharon O'Brien article 18 Nov 08 ++]

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MILITARY MUSEUMS & MEMORIALS: To look for a military museum/memorials in the area where you live in or an area where you may be traveling to refer to the following:

- At [http://www.military.com/Resources/ResourceSubmittedFileView?file=museums\\_museum\\_guide.htm](http://www.military.com/Resources/ResourceSubmittedFileView?file=museums_museum_guide.htm) can be found a guide to assist you in locating a military-themed museum, monument or memorial. Where available, a web link, an address, and phone and fax numbers have been provided. The site allows you to select a search by theme (i.e WWII, Civil War, etc.) in state order or by state in alphabetical order.
- At [http://usmilitary.about.com/od/museums/Military\\_Museums.htm](http://usmilitary.about.com/od/museums/Military_Museums.htm) can be found a list of online museums.
- At [http://www.penfed.org/usawoa/woheritage/foundation\\_heritage\\_museum.htm](http://www.penfed.org/usawoa/woheritage/foundation_heritage_museum.htm) can be found a list of Foundations, Heritage, History & Military Museum Links [Source: Various Dec 08 ++]

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HAVE YOU HEARD: 'WELL,' snarled the tough old Navy Chief to the bewildered Seaman, 'I suppose after you get discharged from the Navy, you'll just be waiting for me to die so you can come and pee on my grave.' 'Not me, Chief!' the Seaman replied. 'Once I get out of the Navy, I'm never going to stand in line again!

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VETERAN LEGISLATION STATUS 14 DEC 08: All bills introduced in the 110th Congress that were not passed into law in 2008 are now void. They can be reintroduced into the 111th Congress if their sponsors decide to do so as new bills with new bill numbers. Congress will convene the 111th Congress on JAN 09.

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