

RAO BULLETIN 1 November 2009

- == Veterans Day Specials 2009 -- (*Complimentary & discounted*)
- == Colds vs. Flu ----- (*Symptoms*)
- == NDAA 2010 [04] ----- (*Public Law No: 111-84*)
- == Tricare Regional Contracts [03] ----- (*GAO upholds appeal*)
- == SBP Lawsuit [06] ----- (*DoD concedes*)
- == VA Claim Retroactive Payment ----- (*After death receipt*)
- == VA Mental Health Care [03] ----- (*Summit OCT 09*)
- == VA Pain Management ----- (*Male vs. female*)
- == VA Fraud Waste & Abuse [26] ----- (*Waco TX*)
- == Wisconsin Vet Homes [01] ----- (*Unauthorized expenditures*)
- == VA Burial Benefit [06] ----- (*H.R.761 Parental burial*)
- == VA Burial Benefit [07] ----- (*Hmong & Laotian Vets*)
- == Medicare Reimbursement Rates 2010 [01] ----- (*S.1776 Fails*)
- == VA Health Care Funding [22] ----- (*Obama signs bill*)
- == Bariatric Surgery [02] ----- (*Super obese death risk*)
- == Stop-loss Pay [01] ----- (*Applications being accepted*)
- == Vietnam Memorial Wall [04] ----- (*Repair work*)
- == PTSD [31] ----- (*Surgery risks*)
- == Vet Benefit Funding ----- (*Bitter budgets ahead*)
- == Personality Disorder Discharge [01] ----- (*Report requested*)
- == Vet Grave Locator [02] ----- (*What's available*)
- == Board of Veterans' Appeals [01] ----- (*Expansion*)
- == We Care for Veterans Program ----- (*Caregiver offer*)
- == Hugo Salutes Our Veterans ----- (*Canes for vets*)
- == Medicare Fraud [25] ----- (*Detroit \$2.8M*)
- == Medicare Fraud [26] ----- (*Los Angeles \$25M*)
- == Tricare Flu Shots ----- (*Referral/authorization waived*)
- == Texas Veteran Lottery ----- (*Starts 9 NOV*)
- == U.S. Savings Bonds [04] ----- (*Ownership lawsuit*)
- == Military Holiday Mailing ----- (*Deadlines 2009*)
- == DoD to VA Transition [11] ----- (*Far-sighted partnership*)
- == GI Bill [61] ----- (*Blame shared for delays*)
- == GI Bill [62] ----- (*Telephone outreach*)
- == GI Bill [63] ----- (*Contractor support*)
- == Data Breach Blue Cross/Shield ----- (*Stolen laptop*)
- == Manila VARO & OPC ----- (*Overview*)
- == Utah Property Tax Interpretation ----- (*Disabled vets irked*)
- == FPO Mail Delivery Policy [01] ----- (*Overseas retiree service*)
- == SBP DIC Offset [20] ----- (*\$14 Billion bribe*)
- == Tricare Overseas Program [02] ----- (*New contract*)
- == VA Lawsuit - Leishmaniasis ----- (*Plaintiffs lose*)
- == SSA Projections [01] ----- (*2010*)
- == USCG/NOAA Personnel Locator ----- (*Retiree*)
- == Disabled Retiree Back Tax [02] ----- (*USCG/NOAA refunds*)
- == Long Term Care FLTCIP [05] ----- (*Misleading promotion*)
- == VA Health Care Billing ----- (*Inappropriate charges*)
- == State of the VA ----- (*Shinseki HVAC Testimony*)
- == SSA COLA 2010 [02] ----- (*Obama wants \$250*)
- == SSA COLA 2010 [03] ----- (*\$250 Opposition*)
- == VA Vista [04] ----- (*Modernization needed*)
- == VA Fraud Waste & Abuse [26] ----- (*Waco TX*)
- == Camp Lejeune Toxic Water Exposure [08] ----- (*History*)
- == Vet Toxic Exposure Legislation [02] ----- (*S.1779*)
- == Vet Toxic Exposure Basra [01] ----- (*Exposees sought*)
- == Vet Toxic Exposure Vieques ----- (*Puerto Rico*)
- == Vet Toxic Exposure Atsuki ----- (*VA report to SVAC*)

RAO BULLETIN 1 November 2009

- == Enlistment [02] ----- (*Citizenship criteria*)
 - == Military History Anniversaries ----- (*Nov 1-15 Summary*)
 - == Tax Burden for Indiana Retirees ----- (*2009*)
 - == Veteran Legislation Status 30 Oct 09 ----- (*Where we stand*)
 - == Have You Heard ----- (*Last names only*)
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VETERANS DAY SPECIALS 2009: Following are some Veteran Day specials for 2009. In addition to this list many companies, restaurants, and recreational sites offer military discounts which are not well advertised. When making purchases it is always a good idea to first ask if a military discount is available for your veteran status:

- **NOV 01-26:** KNOTT'S BERRY FARM - Knott's Berry Farm pays tribute to past and present U.S. armed forces personnel during Veteran's Month with park admission at no charge for them and a guest 1-26 NOV 09 only. Up to six additional tickets can be purchased for only \$15 each. Military ID or DD214 required for discount. Not valid for the evening event - Halloween Haunt. For details refer to www.knotts.com/public/admission/prices/deals.cfm#.
- **NOV 06-11:** Lowes - Lowe's Companies, Inc. will offer all active, reserve, honorably discharged retired military personnel and their immediate family members a 10% discount on in-store U.S. purchases made during the Veterans Day holiday Nov. 6 thru 11. The discount is available on in-stock and special order purchases up to \$5,000. To qualify individuals must present a valid military ID or other proof of service. Excluded from the discount are sales via Lowes.co, previous sales, and purchases of services or gift cards. In addition to offering military discounts at specific times during the year Lowe's has extended benefits for its employees serving in the military and offers employment opportunities to military personnel after their military service has ended. www.mca-marines.org/leatherneck/lowes-veterans-day-discount.asp.
- **NOV 07:** Cosco - Herocare San Diego and Costco have partnered to offer a special shopping event in recognition of those who serve as heroes within the community. The event is being held Saturday 7 NOV from 1800 - 2000 at Costco store locations in Santee, San Marcos, Vista, Poway, Temecula, Carmel Mountain, Carlsbad, Rancho Del Ray, La Mesa, Chula Vista, Lake Elsinore, and SESD. The event is to recognize those who work, at any level, active or retired in the following industries: Military Schools, Colleges, Medical, Fire, Police, CHP, Sheriff, State, City, County or non-profit agencies. Employees and their families are invited to attend for pictures with Santa Claus, refreshments, food samplings and opportunity drawings. Some locations will feature entertainment from local schools, police cars and fire trucks.
- **NOV 08:** McCormick & Schmick's Seafood Restaurants is honoring veterans who have served in war and peace on Sunday, 8 NOV with a complimentary entree from a special menu upon presentation of proper authentication when you visit the restaurant. Acceptable ID includes VA card, VFW card, American Legion card, discharge papers, DD214, or other veteran's ID. For details refer to www.mccormickandschmicks.com/featured-promotion/Veterans-Appreciation-Day.aspx
- **NOV 11:** Applebees - Choose from five dinner entrees which will be provided at no charge at participating stores during business hours on Wednesday, 11 NOV to veterans who can identify themselves with an active/reserve/retired ID card or Veterans Organization Card (i.e., American Legion and VFW). For details refer to www.applebees.com/vetsDay/default.aspx.
- **NOV 16:** Golden Corral - The 2009 Military Appreciation Monday dinner will be held on Monday, 16 NOV from 1700 to 2100 in all Golden Corral Restaurants. The no cost "thank you" dinner is available to any person who has ever served in the United States Military. If you are a veteran, Retired, currently serving, in the National Guard or Reserves you are invited to participate in Golden Corral's Military Appreciation Monday dinner. Some form of ID indicating your service is required. For details refer to www.goldencorral.com/military.

Additional discounts are available to active duty and retirees at the following:

- **Home Depot Home Depot:** The Home Depot offers at participating stores all active duty personnel, reservists, retired military veterans, and their families a 10% discount off their purchases up to a maximum of \$50 or \$200 depending on the time of year.

RAO BULLETIN 1 November 2009

- **Sea World:** Military Members can receive up to 4 free tickets for themselves and their dependants (discounted tickets after your four free for those of you with many rugrats) each year.
- **Disney World:** Complimentary 5-day “Disney’s Armed Forces Salute” ticket which includes admission to all Disney World theme parks, including the water parks and DisneyQuest. Eligible military members can purchase discounted Disney tickets for their friends and family - adult or child 5-day “Disney’s Armed Forces Salute Companion” ticket for up to 5 people for \$99 per ticket (add \$25 for access to all parks). A limited number of discounted Disney Resort hotel tickets are available. Offer Expires 23 DEC 09.
- **San Diego Zoo/Wild Animal Park:** The zoo and wild animal park are free to active duty military all the time.
- **USS Midway Tour:** Tour the USS Midway (a great piece of WWII history) for free with your Military ID.
- **Deep Sea Fishing:** Deep sea fishing is available in San Diego and Oceanside and offer great rates for military members sometimes up to half off.
- **Restaurants/Stores/Shops:** Many restaurants, stores and shops offer military discounts in the San Diego area (large military population) you just need to ask for it many times.
- **ITT:** Information, ticket + Tours (ITT) offices on Camp Pendleton, Miramar, MCRD, and other bases offer great rates on tickets to many of the other attractions throughout the area. You can also get vouchers for hotels in Primm (48 mi from the strip) and Las Vegas Nevada through the ITT ticket offices.

[Source: Various OCT 09 ++]

COLDS vs. FLU: With flu season upon us, and with the increasing number of H1N1 flu cases being reported, more people are making the trip to the doctor. So how can you tell if it’s a cold, seasonal flu or H1N1? According to Fred Sutton, MD, executive vice president and chief medical officer, Harris County Hospital District Texas, “The flu is usually much worse than the common cold. Colds will generally last a few days, while the flu normally lasts much longer. Complications from colds are relatively minor, but seasonal flu and H1N1 can both lead to pneumonia and hospitalizations. If you have symptoms, it’s important to see your doctor.” The common cold and flu are both contagious viral infections. Because these two types of illnesses have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. Whether a person has typical seasonal flu or H1N1 flu, the symptoms are also similar. H1N1 is also associated with vomiting and diarrhea. There are multiple viruses and colds causing similar symptoms circulating during the fall and winter season. Here are some ways to decide the difference.

- **Fever:** Fever is rare with a cold whereas fever is usually present with the flu in up to 80% of all flu cases. A temperature of 100°F or higher for 3 to 4 days is associated with the flu.
- **Coughing:** A hacking, productive (mucus-producing) cough is often present with a cold whereas a non-productive (non-mucus producing) cough is usually present with the flu (sometimes referred to as dry cough).
- **Aches:** Slight body aches and pains can be part of a cold whereas severe aches and pains are common with the flu.
- **Stuffy Nose:** Stuffy nose is commonly present with a cold and typically resolves spontaneously within a week whereas stuffy nose is not commonly present with the flu.
- **Chills:** Chills are uncommon with a cold whereas 60% of people who have the flu experience chills.
- **Tiredness:** Tiredness is fairly mild with a cold whereas tiredness is moderate to severe with the flu.
- **Sneezing:** Sneezing is commonly present with a cold whereas sneezing is not common with the flu.
- **Sudden Symptoms:** Cold symptoms tend to develop over a few days whereas the flu has a rapid onset within 3-6 hours. The flu hits hard and includes sudden symptoms like high fever, aches and pains.
- **Headache:** A headache is fairly uncommon with a cold whereas a headache is very common with the flu, present in 80% of flu cases.
- **Sore Throat:** Sore throat is commonly present with a cold whereas sore throat is not commonly present with the flu.
- **Chest Discomfort:** Chest discomfort is mild to moderate with a cold whereas chest discomfort is often severe with the flu.

RAO BULLETIN 1 November 2009

[Source: Various Oct 09 ++]

NDAA 2010 Update 04: On 28 OCT the President signed the National Defense Authorization Act (NDAA) which authorizes \$550.2 billion for FY 2010 Department of Defense programs, and \$130 billion to support overseas military operations. Some highlights include:

- No proposed Tricare fee increases.
- A 3.4% pay raise for active duty, Guard and Reserve members.
- Authorizing premium-based Tricare coverage for "gray area" Reserve retirees who are under age 60.
- Authorizing special compensation on behalf of caregivers of severely wounded warriors while on active duty.
- Requiring a medical examination before administrative separations of members affected by traumatic brain injury or PTSD.
- Protecting absentee voting rights for military members and families.
- Expanding active-duty Tricare eligibility for activating Guard/Reserve members and their families.

The complete Conference Report of what Congress passed and signed into law can be found at <http://armedservices.house.gov>. A summary of what is contained in that report is provided in an attachment to this Bulletin. [Source: VFW Washington Weekly 30 Oct 09 ++]

TRICARE REGIONAL CONTRACTS Update 03: TRICARE South Region contractor Humana Military Healthcare Services and the Government Accountability Office (GAO) are reporting that the GAO has upheld Humana's protest of the Defense Department's award of the new South Region contract to UnitedHealth Military & Veterans Services. The current contract, covering 3 million beneficiaries, is set to expire as of 31 MAR 10. Details of the GAO determination have not yet been made public, but its upholding of the protest indicates the initial contract award to UnitedHealth didn't comply with laws and regulations governing the award. The obvious question for the South Region beneficiaries is, "What happens now?" We won't know that until GAO releases its full report. It's possible that GAO will recommend reopening the contract bid. In rare cases, it could recommend outright award of the contract to a losing bidder. The decision raises the prospect that the current Humana contract might be extended pending any possible contract rebid process. GAO can only recommend action, but DoD failure to comply with a GAO recommendation on such a high-profile contract would certainly invite congressional scrutiny. The GAO also is expected to issue a decision soon on Health Net Federal Services' protest of the Pentagon's award of the TRICARE North Region contract to Aetna, Inc. While the two protests are completely independent, the upholding of one of them at least raises some uncertainty whether the other might be upheld. More to come. [Source: MOAA Leg Up 30 Oct 09 ++]

SBP LAWSUIT Update 06: On 22 OCT the Defense Department announced it will not appeal the AUG 09 ruling of the U.S. Court of Appeals in the case of three widows who sued the government to keep both their VA survivor benefits and their military Survivor Benefit Plan annuities. At issue is a 2004 law that restored DIC payments to veterans' surviving spouses who remarry after their 57th birthday. Before the law change, survivors lost DIC upon remarriage at any age. In JUL 07 three widows filed a lawsuit claiming that the unique wording of the 2004 law entitled widows who remarry after age 57 to receive both Survivor Benefit Plan (SBP) annuities from DoD and VA Dependency and Indemnity Compensation (DIC), without any offset between the two. Defense Department lawyers argued that was a flawed interpretation, arguing that the 2004 law's language barring offset for any other "veteran's benefit" didn't apply to SBP, because SBP is a DoD benefit, not a VA benefit. After the U.S. Court of Federal Claims ruled in favor of the widows, the government filed an appeal. But the U.S. Court of Appeals issued a strong rejection of the government's appeal, and the Pentagon's decision not to appeal the case to the U.S. Supreme Court ends the discussion.

RAO BULLETIN 1 November 2009

The Defense Department has issued guidance to the services and Defense Finance and Accounting Service to identify all SBP annuitants who are eligible for DIC and who remarried after their 57th birthday. Qualifying survivors will be eligible to receive both payments in full, retroactive to 1 JAN 04 or the date of their remarriage, whichever is later. Payments will be reduced by the amount of any previous SBP premium refund and by the amount of any Special Survivor Indemnity Allowance payments the survivor may have received. Although the number of survivors affected is relatively small, this decision gives us yet another equity argument to change the law for all remaining SBP-DIC widows. It simply doesn't make sense to have two separate standards in the law, one that allows payment of full SBP and DIC for survivors who remarry after age 57 and another that forces a dollar-for-dollar offset between the two benefits for all others. [Source: MOAA Leg Up 30 Oct 09 ++]

VA CLAIM RETROACTIVE PAYMENT: Veterans who submit claims to the VA for disability compensation which are subsequently approved receive retroactive payment back to the date of claim submission. The amount of payment is based on the monthly compensation they are entitled to for the percentile rating they are awarded times the number of months since the claim submission. This is normally a lump sum check after which they start receiving monthly checks. However, if the veteran has died in the interim, federal law mandates the money be reclaimed by the government if the recipient has died. If the veteran has a wife or children, they could petition the VA to get that money returned to his estate. If the veteran is single the VA will reclaim the money from his estate depriving other relatives from benefiting from it and allowing the deceased veterans debts to go unpaid.

Case in point is Vietnam veteran Daniel Hoeck, a Purple Heart recipient, who died at age 62 when a burglar stabbed him to death. Before he was killed and at the urging of family, Hoeck sought medical help from the Department of Veterans Affairs in Baltimore and applied for benefits. About 18 months later, a lump sum retroactive payment finally came in the mail for him and monthly checks were soon to follow, but the problem was, Hoeck was dead. At the advice of an attorney, Hoeck's sister deposited the check of \$13,694 in an estate account for him at First Mariner Bank. Hoeck never married or had children, so Davidson was considered his legal and personal representative. While she didn't indicate she thought that monthly benefits should be sent to a deceased person, her issue was the retroactive lump sum payment, which would help cover her brother's debts. "They just never managed the affairs to get him the money," she said. The estate attorney Gina Shaffer said, "It was something that was owed to him prior to his death, and whether it was payable to him individually or his estate, it was owed,"

But Veterans Affairs officials saw the case very differently. Soon after learning from the family that Hoeck had been killed, they took the benefits check back, demanding First Mariner return the money to the U.S. Treasury Department. No notice was given to the family by the VA who learned of the action via a letter from the bank. After a local TV News team investigated the issue and made an inquiry to the VA, they agreed to pay Davidson more than \$2,700 to cover expenses related to Hoeck's death, but they made it clear that it was a one-time payout. Bernard Edelman of the Vietnam Veterans of America (VVA) group said that part of the blame goes to the 18 months Hoeck had to wait before the VA determined his benefit eligibility. Long waits can be common, but not if veterans get help from service representatives who can act as a veteran's advocate that organizations like the VVA offer. Veterans' submitting claims are encouraged to contact the VVA, DAV, VFW, American Legion, and other fraternal military organizations who have trained personnel to act in their behalf. They can ensure that claims are properly filled out with supporting documents to avoid unnecessary delays in processing. [Source: WBAL-TV 11 Baltimore report 26 Oct 09 ++]

VA MENTAL HEALTH CARE Update 03: The Department of Veterans Affairs (VA) and the Department of Defense (DoD) are hosting a first-of-its-kind national summit to address the mental health care needs of America's military personnel, families and Veterans, harnessing the programs, resources and expertise of both departments to deal with the aftermath of the battlefield. The summit, which opened 26 OCT at the Capital Hilton in Washington, D.C., invited mental health experts from both departments, Congress, the president's cabinet and more than 57 non-government organizations to discuss an innovative, wide-ranging public health model for enhancing mental health for returning service members, Veterans, and their families. Striking down the stigma

RAO BULLETIN 1 November 2009

associated with the mental health risks of service in a combat zone is among the priorities of the joint VA-DoD campaign on mental health for service members, Veterans and families.

Various studies show a large incidence of post-traumatic stress disorder occurs during the lifetime of many combat Veterans. A final report following the summit will summarize policies, programs and practices that show promise for enhancing the well-being and care for individual service members, Veterans, and their families. VA and DoD view mental health in returning service members and Veterans as a matter of public health and an opportunity to engage in a broad response throughout America. VA operates the largest mental health program in the nation. VA has bolstered its mental health capacity to serve combat Veterans by adding thousands of new professionals to its rolls in the last four years. The department also has established a suicide prevention hotline (1-800-273-TALK) and Web site available for online chat at www.suicidepreventionlifeline.org/Veterans. [Source: VA Press Release 26 Oct 09 ++]

VA PAIN MANAGEMENT: In the first study to look at sex-specific pain prevalence in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans, researchers from the VA Connecticut Healthcare System and the Yale University School of Medicine found women Veterans had a lower prevalence of pain than male counterparts returning from the conflicts. Approximately 60% of OEF/OIF Veterans were assessed with pain during the study period. Full details of the study appear in the OCT 09 issue of Pain Medicine, a journal published by Wiley-Blackwell on behalf of the American Academy of Pain Medicine, the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists and the International Spine Intervention Society. Sally Haskell, M.D. and colleagues set out to evaluate the difference in the prevalence of overall pain, moderate-severe pain, and persistent pain between male and female Veterans. The study sample was derived from U.S. military personnel listed on the Veterans Administration (VA) OEF/OIF roster who were discharged between 1 OCT 01 and 30 NOV 07. Researchers limited the sample to 153,212 Veterans (18,481 female; 134,731 male) who had 1 year of observation after their last deployment.

Results indicate that for those Veterans evaluated for pain, 43.3% reported any pain, 63.2% of those with pain reported moderate-severe pain, and over 20% of those with pain scores recorded over 3 months time reported persistent pain. Researchers found no significant difference in the probability of pain assessment by sex. According to the study, female Veterans were less likely to report any pain (38.1% F vs. 44.0% M). In Veterans with any pain, researchers found female Veterans were more likely to report moderate-severe pain (68.0% vs. 62.6%) and less likely to report having persistent pain (18.0% vs. 21.2%) than male colleagues. "We were surprised by the lower pain prevalence in women Veterans which is contrary to studies conducted in civilian populations," noted Dr. Haskell. Past studies in civilian populations indicate women more commonly report specific pain syndromes including migraine headaches, oral-facial pain, fibromyalgia and abdominal pain. Women also report more severe and longer lasting pain than men.

Researchers hypothesize that the lower pain prevalence in women Veterans may reflect differences in exposure to combat trauma and injury between male and female soldiers. Though women do not serve in direct combat roles, they have supportive roles that may put them in harms way making it difficult to assess the true injury risk for female Veterans. Related studies also indicate women are more reluctant to seek VA treatment and report more barriers to seeking treatment which could result in lower rates of reported pain in female Veterans. In 2008 the Department of Defense listed 1.4 million active duty military personnel with 200,337 of those women. The number of women in armed service is expected to continue to increase. "As the VA plans care for the increasing numbers of female personnel a better understanding of the prevalence of pain, as well as sex-specific variations in the experience and treatment of pain, is important for policy makers and providers who seek to improve identification and management of diverse pain disorders," concluded Dr. Haskell "The VA national office of Women Veterans Health recognizes the pain management needs of women Veterans. This office is working with the VA national office of Pain Management to build a research program that informs both the development of clinical services for women with chronic pain conditions and the training needs of providers," says Pain Medicine Co-Guest Editor Robert Kerns, who is also a co-author of the paper. [Source: ScienceDaily (22 Oct 09 ++)]

RAO BULLETIN 1 November 2009

VA FRAUD WASTE & ABUSE Update 26: Jimmy Doyle Jenkins, of Waco, was sentenced to five years probation on 21 OCT after he admitted he misappropriated almost \$50,000 in veteran's benefits from the U.S. Government. Doyle was ordered to repay the \$49,520 in benefits he received but he told Federal District Judge Walter Smith he was unable to do so because his wife had taken all the money. Court documents indicate Karen Jane Jenkins was indicted by a federal grand jury for an aggravated felony assault causing serious bodily injury after she allegedly tried to poison her husband. She was to be arraigned 22 OCT on that charge in federal magistrate court. The case background summary states Jimmy Jenkins applied for and accepted veteran's benefits without disclosing other income that would have disqualified him from those payments. He admitted in court on Wednesday his wrongdoing and told the judge he would pay the funds back but his wife, Karen, had taken those funds from his bank account and he would now be unable to do so. The charging document for Karen Jenkins states while Jimmy Jenkins was a patient at an area VA hospital, she placed a "toxic chemical substance" in his drinking water in an effort to poison him. [Source: KWTX.com report 23 Oct 09 ++]

WISCONSIN VETERANS HOMES Update 01: A panel of state lawmakers has voted to go ahead with an audit of Wisconsin's Department of Veterans Affairs. The audit comes as the Department of Justice is investigating \$743,000 worth of spending by the agency that was not authorized by the legislature. Green Bay Republican Senator Robert Cowles says it's the legislature's duty to protect the integrity of the veterans' agency. He says something will have to be cut in the veterans' agency to meet the budget, they won't be able to come to the legislature and find more money. Cowles and others directed the state's audit bureau to focus on Wisconsin's veterans homes in King and Union Grove. The commandant of the King Home was recently replaced. [Source: Wisconsin Public Radio Shawn Johnson report 22 Oct 09 ++]

VA BURIAL BENEFIT Update 06: The Disability Assistance and Memorial Affairs Subcommittee of the House Veterans Affairs Committee voted 21 OCT in favor of legislation that would allow parents of certain deceased veterans to be buried with their loved ones in U.S. military cemeteries. The bill, the Corey Shea Act (H.R. 761), was introduced earlier this year by Congressman Barney Frank in response to a request made by Denise Anderson of Mansfield, whose son Army Specialist Corey Shea was killed in Mosul, Iraq during NOV 08. Congressman John Hall, chairman of the Disability Assistance and Memorial Affairs Subcommittee, moved the legislation forward quickly, holding a hearing 8 OCT, and putting the bill to a vote 21 OCT. The legislation passed the subcommittee by a unanimous vote. "I am grateful to Chairman Filner and Subcommittee Chairman Hall for moving this legislation quickly," said Frank. "I will work with leadership to help bring this bill to a vote on the House floor. This legislation is a testament to the devotion of Mrs. Anderson, whose personal commitment will help veterans' families across the country."

According to current law, only spouses or minor children of deceased veterans may be buried in the same plot as their loved ones in national military cemeteries, unless special permission is granted by the United States Department of Veterans Affairs. Shea lost his life at the age of 21, leaving behind no surviving spouse or minor children. The U.S. Department of Veterans Affairs denied the request of Shea's mother to be allowed to be buried with her son in Bourne national cemetery. Anderson asked Frank if he would help change the law to allow parents of deceased veterans to be interred with their adult children if the veteran has no living spouse or minor children. Earlier this month, Anderson traveled to Washington, D.C. to testify in favor of the bill before the Veterans Affairs Subcommittee. The bill passed by the subcommittee grants parents of deceased veterans the right to be buried with their children if the veteran has no living spouse or minor children. The legislation stipulates this does not cause any veteran to be displaced. The bill covers veterans who died in battle or in preparation for battle, and it includes either biological or adoptive parents. The legislation will next come before the full Veterans Committee for a vote and, if the bill passes, will move to the House floor. [Source: Mansfield News and Enterprise staff report 21 Oct 09 ++]

RAO BULLETIN 1 November 2009

VA BURIAL BENEFIT Update 07: Hmong and Laotian war veterans could secure treasured burial spots in U.S. national cemeteries under legislation now being drafted by California San Joaquin Valley lawmakers. Prompted by the natives of Laos who fought side by side with U.S. Special Forces and CIA officers during the Vietnam War, the region's House members are seeking support for the burial benefit. Supporters call this fair compensation for those who sacrificed much. "We helped the United States fight that war," said Wangyee Vang, president of the Fresno-based Lao Veterans of America. "We deserve to have this." In a letter circulating among congressional colleagues, Reps. Jim Costa, D-Fresno, George Radanovich, R-Mariposa, Devin Nunes, R-Visalia, Jerry McNerney, D-Pleasanton, and Dennis Cardoza, D-Merced, are rallying additional support for the Hmong burial bill. The bill will be introduced once more co-sponsors are gathered. "This bill is written narrowly enough so as not to grant these individuals full veterans status, just internment benefits in national cemeteries, which they so richly deserve," states the letter, initiated by Costa's office.

Traditionally, the Hmong have resided in the mountains of Laos. Beginning in the early 1960s, Vang and others were recruited by U.S. personnel to assist in a largely covert theater of the broader war in Southeast Asia. Tens of thousands of Hmong and Lao are estimated to have died. After the war, with Laos fallen into communist hands, many emigrated to this country. Presently, an estimated 130,000 Hmong and Lao live in California, with many in the San Joaquin Valley. Along with the lowland Lao, the Hmong have lobbied in recent years for various immigration and other benefits. Until now, though, they have not explicitly sought burial rights in U.S. national cemeteries. Politically, it is easier to ask for one benefit at a time rather than an outright declaration of veteran status. Steve Robertson, legislative affairs director for the American Legion, said 28 OCT that extending the burial benefits to Hmong and Lao veterans is "in the realm of possibility," though the veterans advocacy organization has not taken a formal position. "In general, we've been very, very supportive of assisting that group of veterans," Robertson said. Still, it's rare for anyone other than U.S. military veterans and their immediate family members to win burial rights in one of the 130 Veterans Administration national cemeteries.

The closest parallel to the Hmong's request came several years ago when Congress extended the cemetery benefits to Filipino soldiers and guerrilla fighters from World War II. A few other groups have likewise won national cemetery burial rights, including World War II merchant mariners and officers with the Public Health Service and the National Oceanic and Atmospheric Administration. The available burial areas overseen by the VA's National Cemetery Administration range from the 322-acre San Joaquin Valley National Cemetery in Santa Nella to the four-acre Sitka National Cemetery in Alaska. Separately, the Department of the Army oversees the world famous Arlington National Cemetery. Many facilities have been swamped with demand, particularly as veterans from the World War II and Korean War generation age. "We've got a lot of cemeteries that are already maxed out," Robertson noted. Verification of service is one potential hurdle, accentuated because of the covert nature of the war in Laos. Unlike U.S. military veterans, the Hmong were not provided a DD-214 form that attests to their service. Previous bills aiding the Hmong typically required proof such as affidavits signed by superior officers. The Hmong burial benefits bill will leave verification standards up to the Department of Veterans Affairs. [Source: McClatchy Newspapers Michael Doyle article 28 Oct 09 ++]

MEDICARE REIMBURSEMENT RATES 2010 Update 01: Despite a strong push from The Military Coalition (TMC), the American Medical Association (AMA) and others, the Senate failed to muster enough votes this week to repeal the flawed statutory formula that will impose a 21% cut in Medicare and Tricare payments to doctors this coming January unless the law is changed. Earlier this week on 20 OCT, Military Officers Association of America (MOAA) President VADM Norb Ryan Jr. (USN-Ret) was one of three major association leaders invited by Sen. Debbie Stabenow (D-MI) to speak at a press conference in the U.S. Capitol building to highlight the importance of passing Stabenow's bill to protect against repeated cuts in 2010 and subsequent years. Speaking at the press conference Ryan said, "The current flawed formula for Medicare doctor payments puts every military beneficiary at risk, because military Tricare payments are tied to Medicare's. Access to health care already is the single biggest problem for military beneficiaries of all ages. The 21% cut to Medicare and Tricare payments called for under current law would make that problem exponentially worse by causing large numbers of doctors to stop seeing elderly and military patients. The last thing troops in combat should have to worry about is whether their sick spouse or child can find a doctor to treat them." Ryan noted that MOAA members had

RAO BULLETIN 1 November 2009

generated more than 16,000 messages in the space of four days urging their legislators to support Stabenow's legislation.

Current law requires not only a 21% payment cut in 2010, but a cumulative 40% cut over the next six years. Stabenow said she introduced her bill "Medicare Physician Fairness Act" (S.1776) to get Congress "to rethink how we look at physician care and physician payments. She said Congress has acted to stop such cuts seven times in the past, but most have only been one-year fixes that necessitated reversing even bigger cuts the following year. "We need to stop the band-aid approach, be honest about [future budgets], and lay a foundation for real physician payment reform." Ryan signed MOAA letters to every senator on 20 OCT, urging them to vote for S. 1776, but the vote failed after several senators expressed concern about how to pay for the bill, which would cost \$250 billion over the next 10 years. After the failed vote, Senate leaders pledged to find a way to approve and fund at least a one-year fix before the end of December to ensure the 21% cut in Medicare and Tricare payments won't go into effect. The problem with this approach is that current law requires compounding annual cuts - forcing a 26% payment cut in JAN 2011 - so putting off a permanent fix only increases the cost of doing that later.

On 30 OCT House Democrats introduced H.R.3961, the Medicare Physician Payment Reform Act of 2009, which would repeal Medicare's ineffective Sustained Growth Rate (SGR) formula and replace it with a more reliable system. The SGR is used to determine physician reimbursement rates for doctors providing services in Medicare and TRICARE programs. First established in 1997 to constrain healthcare costs, the SGR sets spending caps for the entire Medicare program each year, and if overall spending exceeds that level (which it has, every year, since 2002), physician reimbursement rates are cut to bring expenditures in line with established targets. [Source: MOAA Leg Up 23 Oct 09 ++]

VA HEALTH CARE FUNDING Update 22: President Barack Obama signed the Veterans Health Care Budget Reform and Transparency Act in a ceremony at the White House. The new law requires advance funding for the VA health-care system. "We have made the biggest commitment to veterans with the largest percent increase in the VA budget in more than 30 years" Obama said. "So we're keeping our promise to make real progress for our vets." In short the president said VA advance funding "promotes accountability at the VA, it ensures oversight by Congress ... And it ensures that veterans health care will no longer be held hostage to the annual budget battles in Washington." The president made his remarks in the East Room of the White House joined by VA Secretary Eric Shinseki and Sen. Daniel Akaka, chairman of the Senate Veterans' Affairs Committee and the bill's sponsor. Representatives from veterans service organizations and members of Congress who played key roles in passing the legislation were part of the crowd that witnessed the signing. "No longer will VA and the veterans in its care have to suffer from the 'check's in the mail' syndrome", American Legion National Commander Clarence Hill said. "Now the VA will know a year in advance what resources will be available to it so plans can be made accordingly. Advance appropriations will go a long way toward minimizing compromises in the delivery of the high-quality VA health care our veterans expect and deserve."

Obama thanked several members of Congress for their efforts in getting the advance funding bill passed noting that it was an example of what Democrats and Republicans can do when they join forces to do right by our veterans. "Let me say that I take special pride in this legislation", Obama said. "Because as a senator, I was a proud co-sponsor of this legislation, I served on the Veterans' Affairs Committee, and in the campaign last year you all remember I had promised to pass it and today as president I'm fulfilling that promise." Obama told the audience that with the new legislation veterans medical care will be funded one year in advance. "For VA this means timely, sufficient, and predictable funding from year to year. Most of all for our veterans it will mean better access to doctors and nurses and the medical care that they need." Akaka introduced the VA advance funding bill in Congress on 12 FEB, guided it through committee hearings, and gathered 56 co-sponsors. On 13 OCT the Senate approved the legislation unanimously. [Source: American Legion Online Update 22 Oct 09 ++]

BARIATRIC SURGERY Update 02: Veterans classified as super obese and those with a higher chronic disease burden appear more likely to die within a year of having bariatric surgery, according to a report in the OCT issue of Archives of Surgery, one of the JAMA/Archives journals. Currently, 165,000 veterans who use Veterans Affairs (VA) medical facilities have class III obesity, defined as a body mass index (BMI) of 40 or greater, according to background information in the article. Evidence suggests bariatric surgery is one of the few interventions that can help morbidly obese individuals lose enough weight to significantly improve their health and quality of life. The risk of death associated with bariatric surgery is thought to be low, but most previous studies have involved younger women rather than the older male population that typically uses VA facilities. The number of bariatric procedures performed in approved VA medical facilities more than tripled between 2000 and 2006; however, the surgery is being performed on only approximately 0.1% of all veterans who meet BMI criteria. "Whether the volume of the VA bariatric surgery program should be expanded in the coming years largely depends on the impact such operations have on long-term health outcomes," the authors write.

David Arterburn, M.D., M.P.H., of Group Health Research Institute, Seattle, and colleagues examined patient factors associated with the risk of death among 856 veterans who underwent bariatric surgery in any of 12 VA bariatric centers from 2000 to 2006. The patients had an average BMI of 48.7 and an average age of 54 years; 73% were men. Overall, a total of 54 patients (6.3%) died during the follow-up period; 1.3% of the patients died 30 days after surgery, 2.1% died 90 days after surgery and 3.4% had died after one year. In statistical models performed by the researchers, the patients who were classified as super obese (having a BMI of 50 or higher; 36% of the sample) and those with a higher score on a measure of costs related to co-occurring diseases (8% of the sample) had an increased risk of death. Super obese patients (who accounted for 30 deaths) had 30-day, 90-day and one-year death rates of 2%, 3.6% and 5.2%, whereas those with a higher comorbidity (i.e. presence of one or more disorders/diseases in addition to a primary disease or disorder) cost score had rates of 1.5%, 5.8% and 10.1%.

Several possible explanations exist for the increased risk of death among the super obese, the authors note. Bariatric procedures are technically more difficult in these patients because of their abdominal fat; they may be at greater risk for wound complications and blood clotting; and they are likely to have more obesity-related illnesses. "The results of this study should inform discussions with patients with regard to the potential risks and benefits of bariatric surgery," the authors conclude. "These findings also suggest that the risks of bariatric surgery in patients with significant comorbidities, such as congestive heart failure, complicated diabetes and chronic obstructive pulmonary disease, should be carefully weighed against potential benefits in older male patients and those with super obesity." [Source: ScienceDaily Journal article 21 Oct 09 ++]

STOP-LOSS PAY Update 01: The Defense Department said 21 OCT that it would begin paying retroactive compensation to troops who were prevented from leaving the military under the contentious policy known as stop-loss. The new payments apply to about 185,000 troops who, in the years after SEP 01, were not allowed to retire or be discharged on time because of stop-loss, an involuntary extension of active service that officials said was necessary to ensure that there were enough officers, skilled personnel and combat enlisted men for two wars, in Iraq and Afghanistan. Secretary of Defense Robert M. Gates said in MAR 09 that the Pentagon would phase out stop-loss, a highly unpopular policy, by early 2011, when the last unit with stop-lossed troops is to return home. Under the new payment policy, which was mandated by Congress, the department will give each eligible service member or veteran \$500, which is in addition to regular pay, for every month served under stop-loss. Families of troops who died while on stop-loss are also eligible for compensation, of the same amount. There are now 5,200 troops still serving under stop-loss. They are already receiving \$500 a month in extra pay.

Paul Rieckhoff, executive director of Iraq and Afghanistan Veterans of America, said that the compensation was long overdue and that he hoped its cost would keep the Pentagon "from abusing this policy as often as it has done in the past." Samuel B. Retherford, director of officer and enlisted personnel management at the Pentagon, said in an interview with Armed Forces News Service, "We're doing everything we can to discontinue the use of this authority." Of the 185,000 troops at issue, the Army had a vast majority, 136,000 soldiers, who served an average of seven extra months, said Lt. Col. Les A. Melnyk, a Defense Department spokesman. The Air Force had the second-largest number, 39,000, followed by the Marine Corps, with 9,600. The Navy had the fewest cases of stop-loss, 250, but the extension of duty for those sailors averaged 15 months. Congress allocated \$534.4 million to the program in

RAO BULLETIN 1 November 2009

JUN 09, but the Defense Department may need about \$600 million to make all the payouts. Applicants have one year or until 21 Oct 2010 to apply for retroactive payment and must provide a servicemember's DD-214, a copy of their contract, and proof that the individual was stop-lossed. Current and former service personnel, as well as surviving spouses, can apply for the compensation. Each service branch has set up a Web site or e-mail addresses for military personnel or families to apply for the compensation as indicated:

- Army: www.stoplosspay.army.mil/Default.aspx
- Navy: NXAG_N132C@navy.mil
- Air Force: www.afpc.randolph.af.mil/stoploss/index.asp
- Marines: www.manpower.usmc.mil/stoploss

[Source: New York Times James Dao article 22 Oct 09 ++]

VIETNAM MEMORIAL WALL Update 04: Repair work was under way 21 OCT at the Vietnam Veterans Memorial on the National Mall as a private memorial fund took over landscaping and maintenance of 13 acres from the National Park Service. Over the next two weeks, workers are restoring the flagpole's bronze finish and its decorative base with five military branch insignias. They will also restore the bronze finish for five stands that hold directories that help people find names on famous V-shaped memorial wall, which draws millions of visitors each year. The Vietnam Veterans Memorial Fund, which built the memorial, also has repaired an irrigation system and is reseeding and sodding the grass. Last month, the group announced plans to pay for maintenance at the site because of scarce funding from the federal government. They plan to raise more than \$1 million to care for the memorial and grounds, including \$500,000 to buy replacement granite if sections of the wall need to be replaced in the future. "Everybody has the same goal: We want it to look good," said fund spokeswoman Lisa Gough. "We want it to shine." The memorial's bronze fixtures — including the flagpole and a statue of three soldiers — will be restored for the first time since they were installed more than 25 years ago, said James Cummings, who was part of the memorial's original architecture team the project. The fund is working to raise \$100,000 to restore the statue in the next year. The bronze is worn down and has turned green on the soldiers' noses and arms, Cummings said. The weather caused some of the damage, along with the hands of many visitors. "No one expected the memorial itself would have such an impact with the culture," said Cummings. "There's a plan now to take care of it." [Source: MarineCorpsTimes Brett Zongker article 21 Oct -09 ++]

PTSD Update 31: Veterans with post-traumatic stress disorder face an increased risk for dying after surgery, even if the surgery is performed years after they have completed their service, according to a U.S. study. Researchers analyzed data on 1,792 male veterans who had major non-cardiac, non-emergency surgeries between 1998 and 2008. Of that group, 129 (7.8%) had been diagnosed with post-traumatic stress disorder (PTSD) before their surgery. Men with PTSD were an average of seven years younger than those without PTSD -- 59 versus 66 years old -- but were much more likely to have cardiac risk factors, the study noted. One year after surgery, the death rate among men with PTSD was 25% higher than for those without PTSD -- 8.5% versus 6.8%. After the researchers adjusted for age and preexisting medical conditions -- including heart disease, high blood pressure, diabetes, high cholesterol, smoking and depression -- they found that veterans with PTSD were 2.2 times more likely to die within a year of surgery than those without PTSD.

The findings were scheduled to be presented at the annual meeting of the American Society of Anesthesiologists 17-21 OCT in New Orleans. "This study is the first of its kind, with groundbreaking findings," the study's lead author, Dr. Marek Brzezinski, of the San Francisco VA Medical Center and University of California, San Francisco, said in a news release from the society. "The magnitude of the detrimental effect of PTSD diagnosis on postoperative mortality is unexpectedly large -- greater than that of diabetes, which is an established risk factor for patients undergoing surgery." The results highlight "the need to consider potential treatments to help reduce risk in the veteran PTSD population," Brzezinski said. "The number of veterans returning from our current conflicts with PTSD who require surgical treatment is expected to increase in the future." PTSD affects 15 to 31% of Vietnam veterans and 20% of veterans returning from Iraq and Afghanistan, according to background information in the news release. For more info on PTSD refer to The U.S. National Institute of Mental Health site

RAO BULLETIN 1 November 2009

www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml. [Source: American Society of Anesthesiologists news release 17 Oct 09 ++]

VET BENEFIT FUNDING: MOAA's Director of Government Relations and co-chair of The Military Coalition Col. Steven P. Strobridge, USAF-Ret., wrote the following commentary in the MOAA News Exchange on anticipated future Budget Battles which will impact on veteran benefits. A good read on what to expect:

As I See It — Bitter Budget Winds Ahead

If you're going to be in the military personnel and compensation lobbying business for any length of time, you'd better be an optimistic person. By that, I mean you have to believe the U.S. system of government — as flawed as it usually is in the short term — eventually does the right thing. But in the short term, you can expect some serious disappointments and periods of very tough sledding. One particularly bitter disappointment this year was Congress' failure to provide any concurrent-receipt relief to severely disabled military retirees forced into medical retirement for noncombat injuries. Under current law, a 20-year retiree with a 10% combat-related disability gets to keep his or her retired pay and VA disability compensation for the combat-related injury. But someone forced into medical retirement with a 100% disabling noncombat injury has to fund his or her own VA disability compensation out of earned retired pay. When President Obama proposed a fix for that in the FY 2010 defense budget — the first president of either party ever to support a concurrent receipt plan — MOAA thought at long last this terrible inequity would be fixed. House Armed Services Committee Chair Ike Skelton (D-MO) put his personal prestige on the line to find budget offsets to fund the president's proposal and won the fix in the House. So we were shocked to learn last week it had been dropped from the final defense bill "for lack of sufficient budget offsets." What happened? The answer offers a bitter lesson in congressional budget politics and a sobering assessment of the budget environment the country faces for 2010 and beyond.

Under congressional budget rules, any proposed increase in mandatory spending — a category that includes military retired pay, survivor benefits, and Tricare For Life (TFL) — must be offset by an equal reduction in other mandatory spending or an equivalent increase in tax or other revenue. The savings have to fully offset the one-year, five-year, and 10-year costs of the initiative. And the congressional committee that proposes the plus-up has to come up with the offsetting savings within its own jurisdiction, get leadership approval to take it from some other committee's jurisdiction, or get congressional agreement to borrow the money/increase the deficit. According to MOAA's sources, the problem on this year's concurrent-receipt initiative was most of the savings identified were in the first year and came from jurisdiction other than the Armed Services committees'. House leaders had signed off on the deal, but at least one Senate committee with jurisdiction over the proposed offsets wouldn't agree, and efforts to identify alternative offsets failed. On an issue-specific level, using budget hardball rules to stymie relatively low-cost relief (\$160 million in 2010) for totally disabled military retirees is maddening when Congress regularly has waived the offset rules to approve trillions of dollars in stimulus packages, bailouts, and more (including — to be fair — tax cuts, the new GI Bill, and military home owner tax relief).

From a bigger-picture standpoint, this strenuous battle over a relatively tiny budget offset offers an ominous portent for the future. Dropping concurrent receipt is not something Hill leaders wanted to do or took lightly. After all, this was a personal initiative by a new Democratic president, and House and Senate leaders (already on record as endorsing concurrent receipt) wanted to support the president. If they couldn't come up with the necessary \$160 million, they had some reasons. And if I'm right on speculating about those reasons, it doesn't bode well for the next few years:

- First, and most obviously, the Armed Services committees don't have any offsets to offer. They're not going to cut TFL or survivor benefits to fund concurrent receipt.
- Second, Congress has much bigger fish to fry (e.g., national health care reform) that are consuming almost all possible budget offsets.
- Third, Congress' past approval of massive spending packages has driven the deficit to unprecedented levels that seem to be forcing tighter budget rules for "nonessential" issues.

RAO BULLETIN 1 November 2009

How bad is it? The 2009 deficit will be about \$1.4 trillion — with a “T.” That’s 10% of the value of total U.S. national output of goods and services — a truly staggering figure. Meanwhile, Congress faces huge challenges to extend health care coverage to all Americans, find a way to keep Medicare and Social Security from going broke with the coming retirement of the baby boomers, and fight two wars, while trying to continue national recovery from a massive economic and employment slump. In the words of an old Bob Dylan song, “You don’t have to be a weatherman to know which way the wind blows.” I remain an optimist for the long term. But the country — and the military, wars or no wars — faces some extremely trying budget years ahead. I don’t think the real magnitude of that has sunk in for most Americans yet. If you think we’ve had some tough budget battles in recent years, “You ain’t seen nothin’ yet.” [Source: MOAA News Exchange 21 Oct 09 ++]

PERSONALITY DISORDER DISCHARGE Update 01: In the Senate, Barack Obama fought for better mental-health care for troops returning from Iraq and Afghanistan. Now that he's president, some of his former colleagues want him to pick up the gauntlet once more and make sure troops are getting the benefits they deserve. "In 2007, we were partners in the fight against the military's misuse of personality disorder discharges", four senators Blanche Lincoln (D-AR), Charles Grassley (R-IA), Kit Bond (R-MO) and Sam Brownback (R-KS) wrote in an OCT letter asking Obama for a report to Congress on the current use of the discharges. "Today we urge you to renew your commitment to address this critical issue facing thousands of returning service members." Because the military views personality disorders as a pre-existing condition, many service members returning from the wars in Iraq and Afghanistan with mental health problems have been unable to receive health benefits. There have been questions, however, about how scrupulous the military has been in making sure that the personality disorder discharges were proper. A Pentagon spokeswoman said the department would have no immediate comment.

Obama was the junior Democratic senator from Illinois two years ago when he and other lawmakers asked the military to examine how it treated troops who came home with mental disorders. Failing to get a response from the Pentagon, several senators, including Bond, Obama and Democrat Claire McCaskill of Missouri, asked the Government Accountability Office to investigate. They were concerned about the rising number of troops who were returning from Iraq and Afghanistan suffering from post-traumatic stress disorder and other mental health conditions. Many were diagnosed with personality disorders. "In many instances, service members discharged with 'personality disorders' are forced to repay thousands of dollars to the federal government in re-enlistment bonuses they deserved while serving in hazardous combat conditions," the senators said in their letter this week to the president.

In a report last year, the GAO studied troops who'd been discharged with personality disorders from 2001 to 2007 and found that the Pentagon often failed to meet all the necessary criteria. Compliance, for instance, with mandatory counseling requirements ranged from 40% of the time to 99%. The Pentagon "does not have reasonable assurance that its key personality disorder-separation requirements have been followed," the GAO concluded. It said military officials "could not explain why these separations were approved." In the wake of the report, the military established a system to ensure that all the proper discharge steps were followed. Bond, Brownback, Lincoln and Grassley want Obama to make sure that they are. Paul Sullivan, the executive director of Veterans for Common Sense, a nonprofit activist group, said the Defense Department hadn't done a good job of ensuring that veterans with mental health disorders were being diagnosed correctly. "We urge them to fix the problem now and share the information with Congress and veterans groups," he said. [Source: McClatchy Newspapers David Goldstein article 20 Oct 09 ++]

VET GRAVE LOCATOR Update 02: The Nationwide Graveside Locator service is available on handheld devices with Internet capability. The service provides locations and driving directions to both national cemeteries and private burial grounds. "This innovative program continues VA's commitment to use the latest technology to provide veterans and their families with information they need," VA Secretary Eric Shinseki said. "It will simplify and enhance the experience of many who visit our national cemeteries." The VA introduced an Internet-based nationwide gravesite locator in 2004. It is linked to electronic burial records to help people find the cemeteries where their relatives are buried. For veterans and eligible family members buried in national cemeteries,

RAO BULLETIN 1 November 2009

or whose graves are marked with a government headstone, the location of the graves can be found on your personal computer and at national cemetery kiosks.

The Web site http://gravelocator.cem.va.gov/j2ee/servlet/NGL_v1 allows for searches by name and by cemetery, if the location is known. A search will provide a grave location, a link to a Google map and driving directions, and a link to the cemetery map if available. The locator includes burial records from many sources. These sources provide varied data; some searches may contain less information than others. Information on veterans buried in private cemeteries was collected for the purpose of furnishing government grave markers, and the locator does not have information available for burials prior to 1997. Erroneous information can be corrected, but there is no capability to add to the information contained in the existing record. If your search returns incorrect information about a veteran or family member buried in a national cemetery, contact the cemetery directly to discuss your findings. To report incorrect information about a veteran buried in a private cemetery go to <https://iris.va.gov/scripts/iris.cfg/php.exe/enduser/home.php> and submit an input. Names cannot be added to the listing if a government grave marker was not furnished for the grave, or if the existing government grave marker was furnished prior to 1997. For more complete information concerning individual records, we suggest you contact the cemetery or local officials. The VA adds about 1,000 new records to the database each day.

The American Battle Monuments Commission (www.abmc.gov) provides information on service members buried in overseas cemeteries. If you cannot locate the person you are searching for, provide the following information on each individual:

- Full name, including any alternate spellings
- Date and place of birth
- Date and place of death
- State from which the individual entered active duty
- Military service branch

Most requests take approximately four weeks for a reply. Be sure to include your return mailing address, phone number or Internet e-mail address with your request and send it to: U.S. Department of Veterans Affairs, National Cemetery Administration (41C1), Burial Location Request, 810 Vermont Ave., NW, Washington, DC 20420. [Source: Federal Computer week Alice Lipowicz article 19 Oct 09 ++]

BOARD OF VETERANS' APPEALS Update 01: Secretary of Veterans Affairs Eric K. Shinseki announced the addition of four new Veterans Law Judges to the Board of Veterans' Appeals (BVA), which will enable the board to increase the number of cases being decided. "Veterans have earned the right to prompt, exhaustive and professional review of their claims for benefits," Secretary Shinseki said. "This expansion of BVA will enable Veterans to receive more expeditious decisions on their appeals." BVA is an appeals body to which Veterans, their dependents or their survivors can go when they are not satisfied with decisions about claims for benefits administered by the Department of Veterans Affairs (VA). BVA reviews decisions on benefit claims made by local VA offices and issues decisions on appeals. The board currently has 60 Veterans Law Judges. These law judges are attorneys experienced in Veterans law and in reviewing benefit claims. They are the only ones who can issue BVA decisions. Staff attorneys, also trained in Veterans law, review the facts of each appeal and assist the board members.

In fiscal year 2008, the board decided 43,757 appeals and handled 48,804 cases in fiscal year 2009. Most of the cases involve claims for disability compensation and pensions. "We must foster a responsive approach when we consider Veterans," Shinseki said. "Reducing the backlog of benefits decisions and waiting times are essential to providing our Veterans and their families with the service they deserve." VA provides a pamphlet entitled, How Do I Appeal, to anyone who is not satisfied with the results of a benefits claim that was decided by a VA regional office, medical center or another local VA office. The pamphlet explains the steps involved in filing an appeal. For more information about BVA or to download a copy of VA Pamphlet 01-02-02A, April 2002 refer to www.va.gov/vbs/bva. [Source: VA Press release 21 Oct 09 ++]

RAO BULLETIN 1 November 2009

WE CARE FOR VETERANS PROGRAM: Homewatch CareGivers is offering up to 20 hours of free in-home care to a disabled or injured U.S. military veteran in honor of their service and sacrifice through the We Care for Veterans Program. They feel the best way to pitch in and show their support is by providing their services to those who have sacrificed so much for our nation. If eligible sign up at 1-800-777-9770 or contact your area location to apply. You can find a list of nationwide locations by entering your zip code at www.homewatchcaregivers.com/Blog.aspx# . Promotion Rules are:

- The offering is available only in participating Homewatch CareGivers locations.
- The promotion is available to one Disabled U.S. Military Veteran per participating location, issued on a first come, first serve basis.
- Applicants must live within the service area of a participating Homewatch CareGivers location.
- Care can be purposed for any use that falls within the parameters of Homewatch CareGivers existing service offering.
- The 20 hours of free care can be used in increments determined by the Homewatch location.
- Applicants must be signed up for the We Care for Veterans promotion by November 30th.

Homewatch CareGivers gives back to the community through its Veterans Outreach Program, which provides guidance and education about the Aid and Attendance Benefit to veterans as well as surviving spouses. Homewatch CareGivers make every effort to put potential claimants together with service offices from groups like Legion and Purple Heart who will represent the claimant before the VA for no charge. Contact your area location for more information. [Source: www.homewatchcaregivers.com 21 Oct 09 ++]

HUGO SALUTES OUR VETERANS: A national program will provide 25,000 canes at no charge to veterans of the United States Armed Forces in need of mobility assistance to honor them for their incredible contributions to our country. The program "Hugo Salutes Our Veterans" will be launched Veterans Day, 11 NOV 09 and will provide Hugo Folding Canes at all Sam's Club locations nationwide, while supplies last. Sam's Club Membership is not required. Proof of U.S. military service may be required in order to be eligible. AMG Medical Inc., headquartered in Alpharetta, Georgia, first launched the Veterans program in 2007, giving away 5,000 canes. The program was to honor the parents and relatives of its employees who served in the U.S. military and to give back to those who graciously gave so much to America. This year, with the backing of Sam's Club, Procter and Gamble, Novartis, Wyeth, Johnson & Johnson, US Nutrition, First Quality, Schiff Nutrition and AMG Medical, the program has been greatly expanded.

The Hugo Folding Cane to be given out on Veterans Day, which retails for about \$29.99, is a beautiful metallic blue with an ergonomic comfort grip handle, appropriate for both left and right handed users. Sturdy, functional and stylish, it has multiple height settings to comfortably meet the needs of most people. The Hugo Cane easily unfolds and locks into position for use. To store, the cane conveniently folds into four sections and also includes a handle safety strap for extra confidence. The cane can be viewed at www.hugosalutes.com.

Philip delBuey, Global President of AMG Medical Inc., said, "The Veterans have helped to secure the prosperity that many of us now enjoy. Were it not for the selfless service of our Vets, companies such as ours would probably not exist. All of us at AMG Medical want to celebrate our success with those who directly or indirectly made it possible. Our company mission is all about helping people stay active and connected to family, friends and the community." Christopher Scheer, Public Affairs Supervisor at the Department of Veterans Affairs said, "The Hugo Salutes our Veterans Program which is of an incredibly generous scale, is indicative of the appreciation and respect for our Veterans that both private citizens and corporations have. We deeply appreciate AMG Medical, Sam's Club and all the sponsors who support our Veterans." For additional information about The Hugo Salutes Our Veterans program, refer to www.hugosalutes.com. [Source: VVA msg 20 Oct 09 ++]

RAO BULLETIN 1 November 2009

MEDICARE FRAUD Update 25: Solomon Nathaniel of Sterling Heights, Mich., pleaded guilty 19 OCT in U.S. District Court in Detroit to participating in a conspiracy to defraud the Medicare program. In his guilty plea today, Nathaniel, 51, a licensed physical therapist, admitted that he worked as a contract therapist for Suresh Chand, a co-conspirator who pleaded guilty to similar charges on 29 SEP 09. Chand owned and controlled several companies operating in the Detroit area that purported to provide physical and occupational therapy services to Medicare beneficiaries. Nathaniel admitted that he, Chand and others created fictitious therapy files appearing to document physical and occupational therapy services provided to Medicare beneficiaries, when in fact no such services had been provided. According to court documents, the fictitious services reflected in the files were billed to Medicare through sham Medicare providers controlled by Chand and other co-conspirators.

According to plea documents, Chand acknowledged that in order to create the fictitious therapy files, he and his co-conspirators paid cash kickbacks and other inducements to Medicare beneficiaries in exchange for the beneficiaries' Medicare numbers and signatures on documents falsely indicating that they had received physical or occupational therapy. Nathaniel admitted that:

- He was among the licensed physical or occupational therapists from whom Chand obtained signatures on fictitious "progress notes" and other documents falsely indicating that the therapists had provided services to the Medicare beneficiaries.
- During the course of the scheme, he signed approximately 1,250 fictitious physical therapy files indicating that he had provided physical therapy services to Medicare beneficiaries, when in fact he had not.
- Between approximately DEC 03 and JUL 06 he falsified physical therapy files that supported claims to the Medicare program totaling approximately \$6,250,000. Medicare actually paid approximately \$2,875,000 on those claims.
- During his participation in the scheme, he was aware that Medicare was being billed for services he falsely represented he had performed.

The case was brought as part of the Medicare Fraud Strike Force. Since their inception in MAR 07, Strike Force operations in four districts have resulted in indictments of 310 individuals who collectively have falsely billed the Medicare program for more than \$680 million. In addition, HHS' Centers for Medicare and Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers. To learn more about the Health Care Fraud Prevention and Enforcement Action Team (HEAT), refer to www.stopmedicarefraud.gov. [Source: Reuters PRNewswire-USNewswire article 19 Oct 09 ++]

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MEDICARE FRAUD Update 26: Eighteen defendants, most of them residing in the Los Angeles area, have been charged in five indictments for allegedly participating in Medicare fraud schemes that resulted in approximately \$25 million in fraudulent bills to the Medicare program. Federal and state agents arrested five of the defendants on 21 OCT and seven others were taken into custody the prior week as the result of an investigation by the Medicare Fraud Strike Force that targeted fraudulent durable medical equipment (DME) providers. The cases involve DME company owners and marketers who are accused of engaging in a variety of schemes that defrauded the Medicare program through fraudulent bills which total approximately \$25.5 million. The five charging documents outline criminal schemes involving the fraudulent ordering of power wheelchairs, orthotics (devices designed to assist with orthopedic problems) and hospital beds. In addition to the arrests, federal agents today executed search warrants at four locations in Los Angeles County.

Michael Martinez, 30, of Long Beach, Calif., and six other defendants were charged with conspiracy to commit health care fraud and for making false statements to the government. Martinez allegedly recruited relatives and individuals linked to the Santa Ana-based Brook Street Gang to act as straw owners for four fraudulent DME companies. The six other defendants -- Angel Michel, 36, of San Diego; Guadalupe Alcaraz, 30, of Corona, Calif.; Theresa Padilla, 23, of Moreno Valley, Calif.; Pedro Franco, 28, of Torrance, Calif.; Ricardo Navarro, 49, of Corona; and Martin Padilla, 42, of Moreno Valley -- allegedly each received approximately \$5,000 from a Martinez associate to act as the nominal owners of the fraudulent DME companies. In this way, they could deceive Medicare by concealing the true identities of those who actually owned the companies. The indictment alleges that as part of

RAO BULLETIN 1 November 2009

the conspiracy, the fraudulent DME companies -- Mercy Medical Supplies Inc.; Chatsworth Medical Equipment Inc.; All Your Needs Healthcare Products Inc.; and Global Meridian Management Inc. -- submitted approximately \$11.2 million in fraudulent Medicare claims for medically unnecessary power wheelchairs and orthotic devices. If convicted on all counts in the indictment, Martinez faces a maximum statutory penalty of 75 years in federal prison, and the other six defendants each face maximum sentences of 15 years in prison.

The owners of four DME companies and two of their employees were arrested on 15 OCT after being indicted for allegedly submitting more than \$12 million in false claims to Medicare for power wheelchairs, orthotics and other medical equipment that the conspirators either did not supply, supplied to beneficiaries who did not need the equipment, or allegedly supplied to deceased beneficiaries. Christopher Iruke, 57, of Los Angeles, the owner of Pascon Medical Supply, and employee Darawn Vasquez, 25, of Inglewood, Calif., are alleged to have acquired fraudulent prescriptions and documents from individuals who recruited Medicare beneficiaries or were associated with fraudulent medical clinics. Iruke, Vasquez and Iruke's wife, Connie Ikpoh, 47, also of Los Angeles; as well as Jummal Joy Ibrahim, 54, of Las Vegas; and Asia Fowler, 38, of Pacoima, Calif.; who were the alleged owners of Horizon Medical Equipment and Supply Inc., Contempo Medical Equipment Inc., and Ladera Medical Equipment Inc., are alleged to have used the fraudulent prescriptions and documents Iruke and Vasquez acquired to submit approximately \$12.1 million in false claims to Medicare. The indictment charges a sixth defendant, Aura Marroquin, 28, of Los Angeles, with participating in the scheme. If convicted on the charges alleged in the indictment, the six defendants face maximum possible sentences ranging from 50 years to 180 years in federal prison. A trial in this case has been scheduled for November 24. [Source: DOJ release to PR Newswire 21 Oct 09 ++]

TRICARE FLU SHOTS: Tricare covers the following vaccines for the seasonal flu:

- Flu shot: an inactivated vaccine containing a killed virus and given with a needle. This form of the vaccine may be used in all age groups.
- Flu mist: nasal-spray flu vaccine made with live, weakened flu viruses. This form of the vaccine is limited for use in people who are between the ages of 2 and 49 years, and who are not pregnant at the time they receive the vaccination.

Tricare covers the Seasonal and H1N1 flu vaccines as long as the vaccine is obtained from a Tricare-authorized provider. Understand that pharmacists are not recognized by Tricare as authorized providers to administer immunizations. Certain people should get vaccinated each year because they are at high risk of serious flu-related complications or because they live with or care for high-risk persons. According to the Centers for Disease Control and Prevention (CDC), the following people should be vaccinated each year:

- All children aged six months to 18 years
- Adults aged 50 years and older
- Persons with underlying chronic medical conditions
- All women who are be pregnant during the influenza season
- Health care workers involved in direct patient care
- Child care and elderly care workers
- Persons at high risk of severe complications from influenza

The CDC has determined that the H1N1 virus is contagious and spreading from human to human. The vaccine is expected to be available in OCT/NOV 09 and beneficiaries are strongly encouraged to get vaccinated. To ensure Tricare Prime enrollees can receive the vaccine as quickly as possible, Tricare is suspending requirement for them to have a referral and authorization from their primary care manager allowing them to receive the H1N1 vaccine from any Tricare-authorized provider, including non-network providers. The requirement is suspended from 1 OCT 09 thru 30 APR 10. This will allow Tricare Prime enrollees to receive the H1N1 vaccine from any Tricare-authorized provider without being subject to point-of-service charges for visiting a non-network provider. Again, understand that pharmacists are not recognized by Tricare as authorized providers to administer immunizations. For more information about the seasonal and H1N1 flu and to learn about preventing the flu, refer to the Tricare Flu Resources Page www.tricare.mil/flu. [Source: Tricare Medical [http://tricare.mil/mybenefit/home/Medical?Covered Services](http://tricare.mil/mybenefit/home/Medical?Covered%20Services) 20 Oct 09 ++]

TEXAS VETERAN LOTTERY: The Texas Lottery Commission on 9 NOV (two days before Veterans Day) will start selling the first scratch-off ticket dedicated to a cause other than public education. The Veterans Cash scratch-off ticket is predicted to pour \$9 million a year into veterans' services when fully operational, and \$5 million through the end of next August. The tickets will cost \$2 each, with a top prize of \$20,000. Officials said the lottery commission has printed more than 8.1 million of the scratch-offs, comparable to other \$2 games. Sen. Leticia Van de Putte, D-San Antonio, and Rep. Chris Turner, D-Burleson, said 19 OCT the dedicated ticket, backed by veterans' groups and created under a new state law, was a tough sell. "I found out quickly that there's a reason we've had a lottery for nearly 20 years in Texas and no one has ever managed to pass a bill to create a dedicated game like this," said Turner. The lawmakers said they assured colleagues that, based on the experience of other states with similar games dedicated to veterans, the new approach would not siphon money from education. Backers said they expect that people who normally may not play the lottery will buy the vet tickets, as well as others. Veterans groups plan a push to let their members know about the new game. John Miterko of the Vietnam Veterans of America called it "veterans helping veterans." After the usual deduction for prizes and other costs, 23% of ticket proceeds will go to the Permanent Fund for Veterans' Assistance. The fund was created by the Legislature in 2007 to be funded by grants and gifts. The money will be used for such services as transportation to veterans' hospitals, counseling and housing for homeless veterans. [Source: Houston Chronicle Peggy Fikac article 19 OCT 09 ++]

U.S. SAVINGS BONDS Update 04: The federal government is facing a lawsuit over billions in unclaimed bonds that date back to the patriotic fundraising efforts of World War II, leading to a showdown between states who say they should be given the money and a Treasury Department that claims ownership. World War II sparked an unprecedented bond buying campaign, spurred on by one of the largest advertising campaigns ever seen — a drive wrapped in dutiful pleas from celebrities, politicians and cartoon characters alike. Most American families bought at least one bond at the time and many never cashed them in — thanks in part to a 40-year maturity in the bonds. And those same "Series E" war bonds continued to be sold by the federal government until 1980. More than \$16 billion worth of the bonds are unclaimed, either lost or forgotten about with the death of the original purchasers. The state attorneys general suing the Treasury Department charge that the federal government made no effort to find those people. They want the money given to the states, who have a legal system in place for finding the owners of unclaimed funds. "It's better for the millions of American who are the rightful owners to have it returned to the states, because the states will make a real effort to find them," said David Bishop, a partner at Kirby McInerney who is representing the states in the suit. "And if after searching for them they can't find them, the money can go to work in the communities where the bonds were purchased."

The Treasury Department counters that it indeed tries to find owners of the unclaimed bonds, and says it has a Web site (www.savingsbonds.gov/indiv/tools/tools_treasuryhunt.htm) where people can simply type in their Social Security number to see if they have one. And it points out that the money is not just laying around somewhere. "One of the misunderstandings out there is that there is a lot of cash sitting somewhere in a drawer. Money from savings bonds was used to run the daily operating expenses of the government," said Joyce Harris, with the Bureau of the Public Debt. "These are obligations of the federal government, not the states. There is no pot of gold out there just waiting for someone to grab it." The Treasury also points out that most of the unclaimed bonds are far more recent than the original World War II era bonds. And overall, 99% of people claim their bonds. And those who don't cash them often choose to do so for tax reasons, or perhaps out of a sense of patriotism, Harris said. "Quite frankly, people are aware of the bonds," she said. "A majority, when you contact them, are aware of the bonds."

It's not like the states will get the money free of obligation, about \$55 million in the case of Montana. The states would be obligated to pay bondholders no matter if it takes them decades or longer to show up. In the meantime, though, states usually earmark the interest earned on such unclaimed money for schools or other purposes. Steve Bullock, the attorney general for Montana, said states, not the federal government, have legally been granted the right to deal with unclaimed money. "First and foremost I think it is the right thing to do. I think it is money that should be with Montanans," Bullock said. "It's an important action to bring just to protect the state's interest. The

RAO BULLETIN 1 November 2009

complaint was first filed in Federal court in New Jersey in 2004 with New Jersey and North Carolina as the plaintiffs. Montana, Kentucky, Oklahoma and Missouri later joined the case. All states would benefit if the lawsuit is successful. The case will come down to constitutional arguments. Attorneys for the federal government are arguing the states don't have standing on what they see as a contract issue between the original purchasers and the Treasury Department. The states expect arguments in the case to be made later this year on a motion from the federal government to dismiss the case. [Source: Associated Press Writer Matt Gouras 18 Oct 09 ++]

MILITARY HOLIDAY MAILING: The 2009 Christmas holiday mailing deadlines for APO/FPO mail is as indicated below:

<u>Destination</u>	<u>Zip</u>	<u>Express</u>	<u>1st Class</u>	<u>Priority</u>	<u>PAL</u>	<u>SAM</u>	<u>Parcel Post</u>
APO/FPO AE 090-092		18 Dec	11 Dec	11 Dec	04 Dec	27 Nov	13 Nov
APO/FPO AE 093		N/A	04 Dec	04 Dec	01 Dec	20 Nov	13 Nov
APO/FPO AE 094-098		18 Dec	11 Dec	11 Dec	04 Dec	27 Nov	13 Nov
APO/FPO AA 340		18 Dec	11 Dec	11 Dec	04 Dec	27 Nov	13 Nov
APO/FPO AP 962-966		18 Dec	11 Dec	11 Dec	04 Dec	27 Nov	13 Nov

EMMS: Express Mail Military Service is available to selected military post offices. Check with your local Post Office to determine if this service is available to your APO/FPO of address.

PAL: PAL is a service that provides air transportation for parcels on a space-available basis. It is available for Parcel Post items not exceeding 30 pounds in weight or 60 inches in length and girth combined. The applicable PAL fee must be paid in addition to the regular surface rate of postage for each addressed piece sent by PAL service.

SAM: SAM parcels are paid at Parcel Post postage rate of postage with maximum weight and size limits of 15 pounds and 60 inches in length and girth combined. SAM parcels are first transported domestically by surface and then to overseas destinations by air on a space-available basis.

[Source: Military Postal Service Agency <http://hqdainet.army.mil/mpsa/xmas.htm> 19 Oct 09 ++]

DOD to VA TRANSITION Update 11: An innovative, far-sighted partnership between the Department of Veterans Affairs (VA) and the Department of Defense (DoD) will improve the health care system for Veterans and dramatically change the way health care is delivered to all Americans, according to Deputy Secretary of Veterans Affairs W. Scott Gould. "The future will see VA and DoD working even closer together," said Gould, "as we fulfill the President's requirement for a single Virtual Lifetime Electronic Record that will support Veterans from their day of induction to their day of interment." Gould spoke 15 OCT at the second annual DoD "Breakthrough Convention" devoted to improving business practices in the nation's largest government agency. Noting that VA's budget requirements are substantially affected by DoD's strategic decisions and operations, he reassured the audience that the President's proposed 2010 budget for VA addresses the issue and builds on increases Congress added to the Department's budget in the last two years. VA's 2010 budget request for \$113 billion would fund increased education benefits for post-9/11 Veterans, health care for some Veterans who were previously ineligible, more mental health and cognitive-injury services -- especially in rural areas -- and upgraded technology for data transmission and records. Gould said the long-term solution for correcting procedural delays that affect Veterans is to redesign business processes and improve information technology. VA's new strategic plan, he said, is focused on Veterans, with whom VA has an ongoing -- sometimes, life-long -- relationship. Employees have a natural desire to achieve client satisfaction, but their ability to act on the desire can be diminished by poor systems, policies or lack of training, Gould said. VA's second-ranking executive credited Secretary of Veterans Affairs Eric K. Shinseki with providing the leadership to create an organizational culture of performance on behalf of Veterans. [Source: Stars and Stripes Tom Philpott article 17 Oct 09 ++]

RAO BULLETIN 1 November 2009

GI BILL Update 61: Veterans Affairs Secretary Eric Shinseki got a bipartisan hug from the House Veterans Affairs Committee on 14 OCT as lawmakers accepted his plan to fix Post-9/11 GI Bill payment delays, and blamed their own rush to enact the complex education benefit last year for some of the challenges VA now faces. Many veterans using new GI Bill benefits for fall classes had not received their monthly living allowance or lump sum book stipend by early October. In response, Shinseki authorized emergency payments of up to \$3,000, supplied through VA's 57 regional offices or by registering for the payment online. Within two days of the 2 OCT start of emergency payments, 25,000 students either had received checks or expected them soon by mail. A number of complications caused the payment delays, Shinseki explained. One factor was VA officials underestimated the number of claim processors they needed by the 3 AUG start date. Early estimates were based on processing time under the Montgomery GI Bill program, he said. But processing Montgomery GI Bill payments involves two to three steps and takes an average of 15 minutes versus nine steps and more than an hour to process a Post-9/11 GI Bill application, Shinseki explained. Unlike Montgomery GI Bill benefits, Post-9/11 payments vary by school location and other unique factors.

Though processors get an assist from computers, they review applications manually. By mid-November, Shinseki said, an upgrade should speed the process enough to clear the current backlog and avoid payment delays in the spring semester. Another factor is that some colleges have been slow in sending certificates of enrollment for students using the GI Bill to the VA. VA needs the certificates before reimbursing schools for tuition and fees or paying living allowances and book stipends directly to students. Shinseki said he liked an idea, raised by Rep. Steve Buyer (R-IN) ranking member on the committee, to modify the law so that future payments to students are handled separately from school reimbursements. Committee leaders exchanged congratulations with Shinseki on working together on a bill the president will sign this month that allows Congress, starting next year, to fund VA health care budgets a year in advance, thus ending annual funding delays for VA facilities tied to politics. More kind words were exchanged with Shinseki over his cooperation on a 2010 VA budget that surpasses last year's budget by \$14.5 billion, and will exceed for a third straight year the "Independent Budget" proposed annually for VA by major veterans' service organizations. Both Rep. Bob Filner (D-CA) committee chairman, and Buyer praised Shinseki for integrity and candor in promptly revealing and addressing problems that have surfaced at VA since he took charge last February. "We think you're doing a great job," said Filner. "I know you were called a soldier's soldier when you were in the Army. And now I'm calling you a veteran's veteran."

Shinseki listed the major challenges and mistakes of recent months in his opening statement. Besides a rough start launching the new GI Bill, they include a rising backlog of veterans' benefit claims, lapses at several VA medical centers in disinfecting endoscopes and other reusable VA medical equipment; and a mailing to 1,800 veterans advising them erroneously that they had been diagnosed with ALS, or Lou Gehrig's disease. As if encouraging Shinseki to remain as secretary despite the challenges, lawmaker after lawmaker said Congress must share the blame for GI Bill payment delays that generated plenty of phone calls and e-mails to their offices from student veterans in financial binds. "Congress should accept some of the blame for creating such a complex and difficult benefit to administer," said Buyer. "I will acknowledge we created this challenge and the burden lies upon you to supervise and find a way to prevent the delays that are causing the financial difficulties." "The great thing about a good organization is when you don't get the assumptions right, you react," Shinseki said, explaining that it took only a week for program officials to put the emergency payment plan together.

He praised Veterans' Benefits Administration employees for working hard to implement the program as best they could with too small a staff and with computer technology that couldn't be upgraded in a timely way. "We do have some problems. It's not the VA's fault. You guys have been working very, very hard," said Rep. John Boozman, (R-AR). Rep. Vic Snyder (D-AR) recalled a conversation he had with Rep. Stephanie Herseth Sandlin, D-S.D., who chairs a subcommittee that oversees VA education benefits, on the House floor last year as the new GI Bill was passed. "She said to me, 'It's not ready yet. ... We've got some technical issues that we need to work out. It's going to cause problems when we try to implement it,'" Snyder recalled. "Of course, in the legislative process, sometimes you have to go when it's time to go and get the bill passed." [Source: Stars & Stripes Tom Philpott article 17 Oct 09 ++]

RAO BULLETIN 1 November 2009

GI BILL Update 62: Representatives of the Department of Veterans Affairs (VA) will be telephoning Veterans across the country to explain their education benefits under the new Post-9/11 GI Bill and ensure beneficiaries are able to receive payments due them. "The Post-9/11 GI Bill is one of our highest priorities," said Secretary of Veterans Affairs Eric K. Shinseki. "Instead of making people wait to hear from us, we're reaching out to Veterans, so they can get the money they need to stay in school." The Department is conducting this telephone outreach in response to the large numbers of Veterans who have applied for education benefits for the fall 2009 semester. The calls are scheduled to go to Veterans who have applied for benefits under the new educational assistance program. Those who registered for advanced payments will be called, too, to ensure they received their benefits. To protect the personal identity of Veterans, VA representatives making calls will not ask for any personal information, such as birthdates, bank account or social security numbers, but they may ask family members for information to contact Veterans who are away at school. "Our procedures and policies to provide advanced payments remain in effect," Shinseki said. "Meanwhile, we're completing the on-time development of our automated processing system that will ensure timely delivery of checks in the future." [VA News Release 19 Oct 09 ++]

GI BILL Update 63: On 28 OCT the Department of Veterans Affairs (VA) issued a solicitation for temporary contractor support to assist in processing the increased volume of education claims received since implementing the new Post-9/11 GI Bill. "This contract will assist VA in delivering education benefits to our Veterans as quickly as possible," said Under Secretary for Benefits Patrick W. Dunne. "Veterans are depending on VA to provide the benefits they earned through their service to our nation. We will do everything in our power to minimize delays for our Veteran-students." The Post-9/11 GI Bill, which went into effect on 1 AUG has generated an unprecedented number of new applications. When combined with the standard high volume of school enrollment claims in August and September (normally, the busiest months for education claims), the number of claims has exceeded anticipated levels. The contractor will provide its own work site and personnel to perform claims processing tasks. Contract staff will validate enrollment information provided by schools and provide recommendations on claim status to VA personnel, who will finalize claims decisions and generate payments (if applicable). All work will be reviewed and authorized by VA personnel. VA will provide training on security and claims processing procedures. The contract personnel will assist in handling the least complex cases, which allows for rapid implementation of this initiative. Information about the Post-9/11 GI Bill, as well as VA's other educational benefit programs, is available at VA's Web site www.gibill.va.gov or by calling 1-888-442-4551. [Source: VA News Release 21 OCT 09 ++]

DATA BREACH BLUE CROSS/SHIELD: A computer belonging to an employee of the Blue Cross Blue Shield Association got filched from a vandalized car in August, the Chicago Tribune reports. On the laptop: personal info on hundreds of thousands of doctors and their practices, including, in some cases, such details as Social Security numbers and ID numbers used by insurers to pay docs. Nearly all practicing docs in the country, or about 800,000, have been warned about the breach. A spokesman for the insurance group told the Tribune the info shouldn't have been transferred to the employee's personal computer and wouldn't say what happened to the worker. So far, there haven't been any reports of identity theft or fraud as a result of the theft. Still, the association is offering credit monitoring services to people whose Social Security numbers were exposed. Unfortunately, this is just the latest instance of a wayward PC potentially compromising confidential data. A laptop stolen from the trunk of an National Institutes of Health scientist's car last year carried confidential information on 2,500 patients in a clinical study. And earlier this year, another laptop theft put at risk confidential information for than 14,000 patients of Moses Cone Health System in North Carolina. [Source: NPR Health Blog Scott Hensley article 15 Oct 09 ++]

MANILA VARO & OPC: The VA Regional Office (VARO) & Outpatient Clinic (OPC), Manila is the only VA activity located in a foreign country. A VA office has been in operation in the Philippines continuously since the U.S. Veterans Bureau was opened in 1922 (except during the Japanese occupation of WW II), and it is an

RAO BULLETIN 1 November 2009

integral part of the United States mission to the Republic of the Philippines. The VARO is located within the U.S. Embassy Compound at 1131 Roxas Blvd., Ermita, 0930 Manila, PI 96440 Tel: 632-528-2500 or Fax: 632-523-1224. Callers within the Philippines but outside of Manila can use [1-800-1-888-5252](tel:1-800-1-888-5252) without any long distance charges. It is currently staffed by 8 Americans and 137 Filipinos. The Regional Office administers compensation, pension, Vocational Rehabilitation and Employment and education benefits to 18,600 beneficiaries. Monthly disbursement is approximately \$17.5 million to 16,600 beneficiaries. VA also administers the U.S. Social Security Administration (SSA) in the Philippines. About \$8 million is disbursed monthly to 18,400 SSA beneficiaries. Effective 2 JAN 09 the Department of Veterans Affairs Manila Regional Office (VA) implemented an appointment system for all visitors to their public contact section. They will no longer entertain walk-in visitors; all visitors will be required to have an appointment before they are admitted to the Embassy.

The VA OPC, Manila is a part of the VA Sierra Pacific Network (VISN 21), which also includes facilities throughout the Pacific Islands, northern California, and northern Nevada. The VA OPC, Manila consists of a stand alone ambulatory care leased facility, which is located about 2 miles south of the U.S. Embassy, where the VARO is located. The OPC offers health care services to eligible persons throughout the Philippines. The OPC provides ambulatory care to service-connected U.S. military veterans for their service-connected and non service-connected disabilities and conducts compensation and pension examinations for eligibility purposes. The criteria for care in the Philippines are different than what a veteran may receive in the United States. Veterans residing in the Philippines, veterans planning to travel to the Philippines, and VA Health Care providers should contact the Clinic Manager concerning specific eligibility criteria. Health care services are provided at the OPC by primary care staff physicians utilizing the primary care concept and by contracted specialist consultants. Most specialties are available in house or by contract Outpatient services which include general medicine; internal medicine with subspecialties in cardiology, pulmonary, renal and nephrology; psychiatry and mental health; neurology; dermatology; ENT; audiology; and orthopedics. Ancillary services include nursing, radiology, social work, pharmacy, laboratory, prosthetics and a number of other professional and support services. Inpatient care and fee basis services are limited to treatment of service-connected conditions. The OPC is located at 2201 Roxas Blvd., Pasay City, PI 1300 Tel: 632-833-4566 or Fax 632-831-4454. Callers outside Manila but within the Philippines can reach the OPC via 1-800-1-888-8782. It is staffed by 2 Americans and 82 Filipinos.

All e-mail inquiries for the Manila VA Regional Office and the Manila VA Clinic can be sent via VA's main inquiry website at: <https://iris.va.gov>. Use the "Ask a Question" section to ask questions or submit compliments, and suggestions. It provides answers to 368 frequently asked questions. If the information you are seeking is not there you have the option of filling out an IRIS Customer Entry form which contains a section for you to type in your question. All inquiries should be responded to within five business days. If you are experiencing a medical emergency or in need of immediate crisis counseling, go to your nearest medical facility Emergency Room or call 911. This web site is not intended to provide medical diagnosis or emergency care. [Source: <http://www2.va.gov/directory/guide/facility.asp?ID=682> Sep 09 ++] **Note:** **Corrected phone number for calling the VARO from outside Manila.**

UTAH PROPERTY TAX INTERPRETATION: Thousands of disabled military veterans are being asked to prove their U.S. citizenship to qualify for a property-tax break in Salt Lake County UT, a side effect of a new stricter state immigration law that is generating criticism. According to the county, disabled veterans aren't exempt from the law passed earlier this year by the Utah Legislature that requires governments to verify that those receiving a "public benefit" are living in the country legally. The treasurer's office has sent notices to more than 3,500 wounded or ill veterans requiring them to attest to their citizenship or provide paperwork proving their legal status to qualify for the tax break. County Treasurer Larry Richardson argues he simply followed the law. The district attorney's office advised him that property-tax relief — even for disabled vets — is a public benefit. "It was clear that those receiving benefits needed to prove residency," District Attorney Lohra Miller said. "As ridiculous as the result might be, that was the intent. It was not ambiguous."

Terry Schow, executive director of the Utah Department of Veteran Affairs, said he knows of no other Utah counties taking such an approach to the new law. Rep. Mike Noel, R-Kanab, calls it a gross misinterpretation of the law, which he co-sponsored. The intent, he says, was to ensure that undocumented immigrants aren't accessing

RAO BULLETIN 1 November 2009

public benefits such as food stamps, not to pile paperwork on veterans. "That is absolutely appalling," Noel said. "What in the world were they thinking?" But the trouble, county officials say, is the law leaves room for interpretation. County Council Chairman Joe Hatch characterized the \$3,300 mass mailing as an "enormous waste of government dollars" that placed an undue burden on veterans. So far, officials have found no disabled vets in the county who are in the U.S. unlawfully. The military doesn't recruit people who aren't citizens or legal residents. [Source: ArmyTimes AP article 17 Oct 09 ++]

FPO MAIL DELIVERY POLICY Update 01: The flow of mail - including prescription drugs sent through the Tricare Mail-Order Pharmacy program - is about to slam to a halt for about 4,800 military retirees and their survivors living overseas who use APO and FPO addresses at U.S. embassies and consulates. Neither State Department nor Defense Department officials would confirm a date when mail will stop, but other sources said the effective date at the moment is 31 DEC. The change will not affect others with APO or FPO mail privileges on overseas military installations, including about 20,000 military retirees who have such addresses because of some other connection to the military community - having a Defense Department civilian job, or being married to an active-duty member assigned overseas, for example. Nor will it affect Defense Department personnel, both military and civilian officially assigned to embassies and consulates.

The change will limit affected retirees to using foreign mail systems that in some parts of the world can be slow, unreliable or expensive. "Eliminating embassy mail privileges for American military retirees overseas was a poor decision on a number of levels," said Joe Davis, a spokesman for Veterans of Foreign Wars. "Not only will the U.S. government have to pay higher postage rates, they will no longer be able to guarantee delivery once it enters a foreign postal system." Some retirees who have received APO/FPO mail through embassies and consulates are particularly concerned about the effect on Tricare Mail-Order Pharmacy prescriptions. "Congress needs to get involved immediately," Davis said. Tricare will continue to process prescriptions through 1 DEC to allow time for delivery before the mail service ends, said spokeswoman Bonnie Powell. Tricare will begin sending out letters to affected retirees in the next few weeks to let them know of the change and their prescription options, she said.

The core issue is a change in mail delivery responsibility for embassies and consulates, said a government official who spoke on the condition of anonymity. For about two years, officials from the State Department and Pentagon have been working to shift mail delivery to State Department facilities overseas from the traditional APO/FPO addresses to a new designation to be known as DPO, for Diplomatic Post Offices. Under the current system, the Defense Department covers the cost of getting APO/FPO mail from the U.S. port of embarkation to overseas locations, which is the most expensive part of the process. The State Department covers similar costs for diplomatic mail. The sender - whether Tricare, the Defense Finance and Accounting Service, the Veterans Affairs Department, or a relative or friend of a retiree - pays only regular domestic rates to get the mail to the postal facility at the U.S. port of embarkation where APO/FPO mail is processed for overseas delivery. As part of the initiative to separate State Department and military mail, State has said it cannot be responsible for the costs of mail going to military retirees at embassies and consulates. Although no firm cost estimates are available, sources said the cost is considerable. State Department retirees living in overseas areas have never been authorized to receive APO/FPO mail, nor will they be authorized to receive DPO mail, the source said.

Complicating the issue further, the Defense Department, by law, cannot pay the State Department for delivery of military retiree mail, the source said. Defense and service officials reportedly are considering whether to pursue legislation that would allow the Defense Department to pay for military retiree mail to embassies and consulates, but cost is part of that decision. The source said there has been "significant emotional discussion" about the fact that if retirees and their survivors are not notified in time to make alternate plans for getting their medications through Tricare, their health and even lives could be in jeopardy. The source said this only applies to post offices that will be converted to DPOs, and they will not be converted before this issue has been resolved.

The largest number of affected retirees are in Panama. Retired Air Force Master Sgt. Jose Claudio, commander of the Latin America/Caribbean chapter of the VFW, said about 900 military retirees are registered with the U.S. Consulate in Panama for mail purposes. "It's a mess for a lot of people living in Panama, especially the widows," Claudio said. "This will have a big impact on the veterans, widows and children," said retired Air Force Chief

RAO BULLETIN 1 November 2009

Master Sgt. Floyd Skoubo, who handles Tricare issues for the VFW in Panama. Many retirees also get Social Security, military retirement and disability benefit checks through embassy and consulate post offices, Skoubo said. Using local foreign mail, those checks would become lucrative targets for theft, he said. In addition, he said, veterans living abroad must also file U.S. tax returns, and mail in their payments for taxes. "These could also be lost in local postal offices and mail forwarders," he said. [Source: ArmyTimes Karen Jowers article 17 Oct 09 ++]

Editors Note: Conversion of existing State Department Embassy and Consulate mail handling facilities to Diplomatic Post Offices (DPO) is indicated as the criteria under which retirees will lose FPO service. In this era of tightening budgets the state Department obviously wants to reduce their mail handling expense. In the Philippines we have our own FPO zip (96517) funded by DoD whereas the Embassy uses a DPO zip 96515 for their mail. Because of this the State Department is not directly involved with handling or issuing retiree mail nor would they be as long as the zip 96517 remains active. Word from the Philippine FPO Postal Officer is that this change does not affect us at this time as he has not been told to close zip 96517. He has been recording volume data for our location and reporting it to D.C. in recent months. Bottom line it is not anticipated we will lose our service in the Philippines. Official word has been promulgated to retirees in Portugal that their FPO service will terminated 31 DEC 09.

SBP DIC OFFSET Update 20: The President has requested authorization for a one time stimulus payment of \$250 to seniors in lieu of Social Security COLA. The National Association of Uniformed Services (NAUS) and many others consider this proposal to be a bribe. A "cash for clunker seniors" is another limited-benefit waste of taxpayer money. Consider the arithmetic: \$250 divided by 365 days per year is \$0.69 per day. That might buy a plain cup of coffee! Assuming the average Social Security Payment is \$1000 per month that \$250 represents 2.1% of the annual total of \$12,000. Approximately 57 million seniors and disabled veterans would qualify for this payment. That \$250 for 57 million people represents an outlay of \$14 billion. Where is that money coming from? A more appropriate use of the \$14 billion should be considered. One such use is correcting the injustice to our veterans and widows on SBP and CRDP. Included in the initial 2010 National Defense Authorization Act (NDAA) but rejected because offsetting funds could not be located were:

- **SBP/DIC Widows** – Eligible widows were again excluded from the benefit their spouses had paid for. They suffer loss SBP due to offset by VA DIC. 61,000 widow's SBP benefit offset by \$1000 per month DIC comes to \$732 Million annually ... that \$14 Billion would restore SBP+DIC for 19 years.
- **Full Restoration of Concurrent Receipt** -- 500,000 disabled military retirees were again excluded from restoration of their retired pay as offset by VA disability compensation because they have less than 50% service connected disability or were retired for medical disability with less than 20 years of service. Full restoration of concurrent disability retirement pay to this group is \$1.3 billion per year ... that \$14 Billion would carry that program for 10 years.
- Alternatively, \$14 billion would carry the combination of SBP/DIC and Full Concurrent Receipt for 7 years!

Thus, looking at these numbers, the Congress and the Administration have again deprived our veterans and widows from their earned and purchased benefits ... we could have restored both SBC/DIC widows and the 500,000 disabled military retirees with that \$14 billion that President Obama wants to squander. If Congress could not find funds for our disabled veterans and their widows, where are they going to find funds for the President's proposal? NAUS has provided an Action Alert preformatted editable message for you to let your legislators know how you feel on this issue. Anyone wanting to contact their legislators and send them a message can go to [http://capwiz.com/usdr/issues/alert/?alertid=14192481&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=14192481&queueid=[capwiz:queue_id]) to review or edit it accordingly and forward it to their legislators. [Source: NAUS Action Alert 17 Oct 09 ++]

TRICARE OVERSEAS PROGRAM Update 02: International SOS Assistance, Inc., Treviso, Pa., has been selected by Tricare Management Activity (TMA) as the contractor for the Tricare Overseas Program (TOP) in locations outside the 50 United States and the District of Columbia. International SOS Assistance

RAO BULLETIN 1 November 2009

will provide Department of Defense (DoD) beneficiaries with comprehensive health care support services for operating an integrated health care delivery system, incorporating positive changes for beneficiary satisfaction. The total potential contract value, including the transition/base period with five one-year option periods is estimated at \$269,052,427 plus the actual cost of health care. The TOP contract will lead to more comprehensive, patient centered and customer-focused service for nearly half a million beneficiaries overseas. "In addition to preserving the host nation relationships that have supported and served us so well, the new overseas contract establishes host nation provider networks with military treatment facilities at their center." said Ellen Embrey, who is the acting director of TMA and also performing the duties of the Assistant Secretary of Defense (Health Affairs). "Tricare is keeping the best of the present system by continuing to offer top quality health care coverage in MTF and remote locations to active duty service members and their command-sponsored family members, as well as other Tricare Prime-eligible beneficiaries living overseas," Embrey said.

The Tricare contract consolidates several current overseas contracts, including those for overseas enrollment, Tricare Service Center operations, Tricare Global Remote Overseas, Tricare Puerto Rico and overseas claims processing. There are no significant changes for retirees under TOP. Retirees are still eligible for Tricare Standard. Retirees will be able to contact the call center to get a list of providers that accept Tricare, or to get information on their Standard benefits. Rear Adm. Christine Hunter, deputy director, Tricare Management Activity said, "A government transition management team is in place and functioning already. The team will oversee all contractor start-up tasks and ensure a smooth transition. We look forward to working in partnership with military leaders and International SOS Assistance to provide this more comprehensive level of service to our nearly half million beneficiaries overseas." A ten-month transition period will ensure outstanding customer service remains in place. Health care delivery under TOP is scheduled to begin 31 AUG 10. Some Tricare Service Center and call center numbers will likely change, but new numbers will be made available during the transition. The Tricare Overseas Program contractor will maintain call centers available 24/7 with extensive translation capability. For more information and to stay up-to-date on the Tricare Overseas Program go to <http://www.tricare.mil/TOPcontract>. [Source: Tricare Press release 09-64 dtd 16 Oct 09 ++]

VA LAWSUIT - LEISHMANIASIS: The family of an Army veteran who claims the government failed to diagnose an illness that spread to his wife and two children lost the case 15 OCT at a federal appeals court, ending five years of litigation. The 6th U.S. Circuit Court of Appeals said there is insufficient evidence that doctors at the Department of Veterans Affairs should have known that Arvid Brown Jr. had symptoms of the parasitic disease leishmaniasis after serving in Saudi Arabia in 1991. Because of that, the three-judge panel said, the VA cannot be held liable for failing to warn that the disease might spread to Brown's family. Its decision affirmed a 2008 ruling by a federal judge in Detroit. The court "just continues the pervasive and ongoing effort of the Department of Veterans Affairs to ignore those who have been injured in the first Gulf War," said the family's attorney, Robert Walsh. A VA representative did not immediately return a message seeking comment. Leishmaniasis (pronounced LEASH'-ma-NYE'-a-sis) is spread by the bite of infected sand flies. Symptoms include weight loss, fever and an enlarged liver. For seven years, Brown, a Swartz Creek resident, received medical care from the VA for various problems but blood tests were negative for leishmaniasis. Private tests, however, revealed a different result. Brown's wife, Janyce, and two children were plaintiffs in a lawsuit that sought millions of dollars. It said leishmaniasis was passed to Brown's wife through sexual contact and then again to the children before their birth. During the litigation, Janyce Brown died of liver cancer in 2005, although there was no definite link to leishmaniasis. [Source: AP writer Ed White article 15 Oct 09 ++]

SSA PROJECTIONS Update 01: The lack of a COLA for 2010 triggers several provisions in law. Among them, the amount of wages subject to Social Security payroll taxes will remain unchanged. The first \$106,800 of a worker's earned income is currently subject to the tax. Also Medicare Part B premiums for the vast majority of Social Security recipients will remain frozen at 2009 levels, thanks to a "hold harmless" provision in the law. Those not covered, some 11 million Americans, are newly enrolled in Medicare, do not have their Part B premiums withheld from their Social Security checks or pay a higher Part B premium based on their higher income (over \$85,000 for singles, \$170,000 for couples). Also, premiums for the Medicare prescription drug program,

RAO BULLETIN 1 November 2009

known as Part D, will increase.” In late SEP, the House passed H.R.3631, the “Medicare Premium Fairness Act,” which would eliminate the scheduled monthly premium increases for everyone on Social Security Part B next year including the two groups noted. The Senate has yet to take action on the bill. [Source: NAUS Weekly Update 16 Oct 09 ++]

USCG/NOAA PERSONNEL LOCATOR: If you are searching for a Coast Guard/NOAA retired individual, place your personal correspondence to that individual in a sealed envelope, making sure to include how they can get in touch with you. On the outside of that envelope, address it to them with their full name and rank/rate (for military). Write your return address and attach a stamp on the envelope. Then, place that envelope in a larger envelope and address it to: Commanding Officer (RAS), USCG Pay & Personnel Center, 444 SE Quincy Street, Topeka, KS 66683-3591. Retiree & Annuitant Services (RAS) will complete the person’s address and place it in the mail. [Source: USCG/NOAA Retiree Newsletter Oct-Dec 09 ++]

DISABLED RETIREE BACK TAX Update 02: If you retired from the USCG or NOAA based on years of service and are later given a retroactive service connected disability rating by the VA, your retirement pay for the retroactive period is excluded from taxable income up to the amount of VA disability benefits that you would have been entitled to receive. The form 1099R reports the entire distribution because the income, when paid, was taxable under the law. A corrected form 1099R which could support the decrease in taxable income will not be issued by the PPC (Pay and Personnel Center). This policy is contained in the DOD Financial Management Regulations, VOL 7B and also is stated in the IRS instructions for form 1099R, which directs that the entire income distribution will be reported if a part is taxable and a part is not taxable. When preparing your 1040A/1040 you should provide copies of the Form 1099R and the VA Award Letter to claim a refund of taxes paid on the excludable amount. You may also claim a refund of any taxes paid on an excludable amount in previous years by filing an amended return on Form 1040X, subject to Statute of Limitations. If in doubt on how to proceed consult a tax preparer for assistance. [Source: USCG/NOAA Retiree Newsletter Oct-Dec 09 ++]

LONG TERM CARE FLTCIP Update 05: Republicans and Democrats found common ground 14 OCT blasting premium increases in the Federal Long-Term Care Insurance Program (FLTCIP). "If seniors are ripped off, they're not interested in politics. ...They're interested in results," said Sen. Ron Wyden (D-OR) during a joint hearing of the Senate Special Committee on Aging and a Senate Homeland Security and Governmental Affairs subcommittee on the federal workforce. In May 09, the Office of Personnel Management announced that a new seven-year contract with John Hancock Life and Health Insurance Co. for long-term care insurance would result in premium hikes of up to 25% for certain enrollees with the automatic compound inflation option -- even though many of those policyholders thought they had locked in a permanent rate. Some senators suggested that the government and John Hancock should work to ensure policyholders don't pay the increase. "This is a typical example of the large print giveth, and the small print taketh away," said Sen. George LeMieux (R-FL) "If we got it wrong in the government, it's not [policyholders'] fault. They shouldn't have to pay it." Sen. Roland Burris (D-IL) proposed legislation to ensure that current enrollees are grandfathered in to the new policy without a rate increase. He asked that the legislation be added as an amendment to a bill (S.1177) from Sen. Herb Kohl (D-WI), to increase oversight of long-term care programs.

John Hancock and OPM officials acknowledged that promotional materials advertising the automatic compound inflation option as way to guard against future rate hikes were misleading because they didn't explain that an increase was possible with a new contract. "I do think that it caused a lot of confusion, and I do regret that," said Marianne Harrison, president and general manager of long-term care insurance for John Hancock. "It wasn't up to our standards," said Daniel Green, deputy associate director for employee and family support policy at OPM. But Sen. Susan Collins (R-ME) accused Harrison of continuing to provide misleading information by stating in testimony that policyholders could avoid the rate increase without a cut in current benefits, by agreeing to coverage

RAO BULLETIN 1 November 2009

that includes 4% annual benefit increases instead of 5%. A difference of 1 percentage point might seem small, but over the long term it could add up to a significant loss of benefits, Collins noted. "I think that is extraordinarily misleading," she said. Green and Harrison said the premium increase was necessary because of changes in the economy and increased costs of care. "We believe it would be irresponsible not to increase premiums at this time," Green said.

National Active and Retired Federal Employees Association (NARFE) President Margaret L. Baptiste testified that the increase could have been mitigated had earlier warning signs been heeded. "Lower-than-expected lapsed rates, which increase the number of individuals likely to submit claims, and low interest rates, which reduce the expected return on investments, were already an industry problem in 2003, according to the nonpartisan Government Accountability Office," Baptiste said. "We have to ask: 'when did these shortfalls become apparent in the FLTCIP' and 'when did Long Term Care Partners [the program's third party administrator] and the Office of Personnel Management (OPM) consider whether rates should be adjusted in response?'" Baptiste testified that Congress must take steps to restore confidence in the program. "It is our understanding that fewer insurance carriers competed for the FLTCIP contract this year. Many of us are concerned that the downturn in the industry and further consolidation could make matters worse in 2016 when the contract is re-bid. Consolidation means there is less competitive pressure on carriers to offer the best possible product. For that reason, now may be the time for Congress to consider whether the FLTCIP should self-insure," she remarked.

Also testifying during the hearing was Chester Joy, a former Government Accountability Office employee who paid \$60,000 in premiums since enrolling in the program in 2002, believing that the rate had been locked in. "What's really galling to me is that, as current and former federal employees, what tipped the balance in favor of this program was that OPM was behind it," said Joy, adding that had he known all of the details of the plan, he likely wouldn't have signed up for it. "We could trust them." At Kohl's request, Green said he would consider giving enrollees more time to consider their options under the new contract and to change their benefits to avoid a rate hike. The current deadline for making a decision is 14 DEC, and employees who do not make an election will remain at their current coverage level and be charged any accompanying premium increases in JAN 2010. Harrison said there was a "silent grace period" for enrollees to make changes after the deadline, although she didn't say how long this period was. Collins and Sen. Bob Corker (R-TN) both chided OPM Director John Berry for not appearing at the hearing, which was well-attended both by the public and by legislators. [Source: GOVExec.com Alex M. Parker article 14 Oct 09 ++]

VA HEALTH CARE BILLING: On 15 OCT, the Subcommittee on Health of the House Committee on Veterans Affairs (HVAC) held an oversight hearing on Department of Veterans Affairs' (VA) billing practices to identify why, in certain instances, it is inappropriately billing veterans for health care. VA is authorized to collect reasonable charges from veterans' health insurance companies to offset the cost of treatment for non service-connected conditions. However, the Subcommittee has been informed by veterans' service organizations that VA is billing veterans and their insurers for care provided for conditions directly related to the service-connected disabilities. Subcommittee Ranking Member Henry Brown, Jr. (R-SC) expressed concern that service-connected veterans are being saddled with inappropriate bills, and sought to find out what steps VA has taken to address the issue and ensure no further occurrences take place. "It is the solemn mission of VA and the federal government to care for the men and women in uniform who sustain injuries and illnesses as a result of their service to our nation," Brown said. "Therefore, I find it deeply troubling to hear about veterans being inappropriately billed for copayments for medical care and medications to treat service-connected conditions. It is unacceptable for VA not to have and put in force policies and procedures to ensure that veterans are not frustrated and burdened by receiving inappropriate and multiple billing statements." [Source: TREA Washington Update 16 Oct 09 ++]

STATE of the VA: VA Secretary Eric Shinseki delivered his "State of the VA" address 14 OCT to the House Veterans' Affairs Committee (HVAC). He addressed three major areas of concern: the disability claims backlog, accessibility to VA health care, and solving the homeless veteran issue. The testimony was a nine-month progress report since his previous appearance before the HVAC in Feb 09. It addressed where the VA was in

RAO BULLETIN 1 November 2009

pursuing the President's two goals for the VA. Namely, transforming VA into a 21st-Century organization and ensuring that the VA provides timely access to benefits and high quality care to our veterans over their lifetimes, from the day they first take their oaths of allegiance, until the day they are laid to rest. The complete text of Shinseki's written statement can be found at <http://veterans.house.gov/hearings/hearing.aspx?newsid=472>. It is also included as an attachment to this RAO Bulletin. [Source: VA News Release 14 OCT -09 ++]

SSA COLA 2010 Update 02: President Barack Obama called on Congress 14 OCT to approve \$250 payments to more than 50 million seniors to make up for no increase in Social Security next year. The Social Security Administration is scheduled to announce that there will be no cost of living increase next year. By law, increases are pegged to inflation, which has been negative this year. It would mark the first year without an increase in Social Security payments since automatic adjustments were adopted in 1975. Obama's proposal is similar to several bills in Congress. The \$250 payments would also go to those receiving veterans' benefits, disability benefits, railroad retirees and retired public employees who don't receive Social Security. The plan would apply only to citizens living in the United States, Puerto Rico or Guam. An estimated 2 million veterans would be eligible for the payments, not including those among the 49 million Social Security beneficiaries who could receive checks. Recipients would be limited to one payment, even if they qualified for more. The White House put the cost at \$13 billion. Obama said he would not allow the payments to come out of the Social Security trust funds, further eroding the finances of the retirement program. Social Security already is projected to pay out more in benefits than it collects in taxes in each of the next two years. However, Obama did not offer any alternatives to finance the payments. A senior administration official said Obama was open to borrowing the money, increasing the federal budget deficit. The official, who requested anonymity, was not authorized to speak on the record.

The \$250 payments would match the ones issued to seniors earlier this year as part of the massive economic recovery package enacted in February. Several key members of Congress have said they are open to providing relief to seniors to make up for no increase in Social Security payments. "We're looking at a way to address it," said Sen. Max Baucus (D-MT), chairman of the Senate Finance Committee, which oversees Social Security. "I'm not sure what the exact answer is yet, but we're looking at ways to address that." Senate Majority Leader Harry Reid (D-NV) said he supports the \$250 payments, as did Rep. Charles Rangel (D-NY), chairman of the Ways and Means Committee, which has jurisdiction over Social Security in the House. Sen. Bernie Sanders, an independent from Vermont, has introduced a bill calling for similar payments. "I think that the Obama administration and many members of Congress understand that we simply can't turn our backs on senior citizens," Sanders said. Other lawmakers said seniors shouldn't get the extra payments because the formula doesn't call for it. "I think it would be inappropriate," said Sen. Judd Gregg (R-NH). "The reason we set up this process was to have the Social Security reimbursement reflect the cost of living."

Social Security payments increased by 5.8% in JAN 09 (the largest increase since 1982). The big increase was largely because of a spike in energy costs in 2008. Inflation has been negative this year largely because energy prices have fallen. Gasoline prices have dropped 30% over the past year while overall energy costs have dropped 23%, according to the Bureau of Labor Statistics. Social Security payments, however, cannot go down. The average monthly Social Security payment for retirees is \$1,160. Advocacy groups said the payment will be welcomed by seniors hit hard by falling home values and shrinking investment portfolios. "The likelihood of losing an average annual COLA increase of about \$200 to \$300 in 2010 may sound like no big deal to some, but for millions of seniors who've already seen a third of their Social Security eaten up by health care costs, this proposed COLA relief could truly make the difference" said Barbara B. Kennelly, a former Democratic member of Congress from Connecticut who now heads the National Committee to Preserve Social Security and Medicare. AARP CEO A. Barry Rand said, "For nearly 35 years, millions of Americans have counted on an annual increase in their monthly Social Security checks to make ends meet." [Source: Associated Press Writer Stephen Ohlemacher article 14 Oct 09 ++]

SSA COLA 2010 Update 03: President Barack Obama's plan to give \$250 checks to Social Security recipients next year is being criticized by some congressional Democrats worried that it could swell the deficit. The

RAO BULLETIN 1 November 2009

Obama Administration is considering a payment of \$250 to seniors to ease the burden of the recession. The proposal came a day after the Social Security Administration said there wouldn't be a cost-of-living increase in payments for 2010 because consumer prices declined this year. The Obama administration has said the extra \$250 is needed to help 57 million seniors, veterans and disabled people weather the recession, and could help stimulate the economy at a time of rising joblessness. The \$13 billion plan, announced by the White House, would require congressional approval and enjoys broad support among Democratic lawmakers. Some fiscally conservative Democrats and Republicans will likely oppose it, but it can be politically risky to buck measures that favor seniors, members of both parties say.

House Majority Leader Steny Hoyer has been among the plan's most vocal opponents. The Maryland Democrat has been working to rein in rising entitlement costs, which he sees as a danger to the nation's fiscal health. Mr. Hoyer is among a growing number of Democrats who argue that measures to help those hit by the economic downturn should include the means to pay for them without adding to the deficit. "Seniors at the beginning of this year got a 5.8% [cost-of-living] adjustment. They also got a \$250 payment in the Recovery and Reinvestment Act. So it is not as if the Congress has forgotten seniors," Mr. Hoyer said after the plan was announced. Other fiscally conservative Democrats privately agreed, but expressed reluctance to voice their views publicly, for fear of angering seniors. The White House said officials are willing to work with lawmakers to find a way to offset the plan's cost. Both Democrats and Republicans have voiced growing concern about the federal deficit, which totaled \$1.4 trillion for the fiscal year ended 30 SEP. An aide to Mr. Hoyer said that Democrats don't yet have the votes necessary to defeat the proposal.

Mr. Obama has said the \$250 would be equivalent to a 2% increase over 2009 for the average retiree receiving Social Security payments. Administration officials have said they envision a one-time payment. But budget-watchdog groups worry that the program could be continued at least through 2011, since the cost of living isn't projected to rise significantly next year either. Lawmakers face midterm elections in 2010, and some critics say the administration would likely extend the payments for another year. "This is an issue where [budget watchdog] groups on all ends of the political spectrum all happen to agree," said Maya MacGuineas, president of the bipartisan think tank Committee for a Responsible Federal Budget. To budget watchers, the payment proposal represents "the horrible realization that policy makers are going to keep making this situation worse," she said. The committee's board members include Paul Volcker, chairman of the president's Economic Recovery Advisory Board. The Senior Citizens League (TSCL), a nonpartisan group dedicated to protecting seniors' benefits, said \$250 wouldn't go far enough for many elderly people struggling with high health-care costs. The group wants an emergency cost-of-living increase of 3%, rather than the White House's one-time payment. [Source: Wall Street Journal Elizabeth Williamson/Henry J. Pulizzi article 22 Oct 09 ++]

VA VistA Update 04: The Industry Advisory Council (IAC), a blue-chip group of information technology (IT) companies, met on 14 OCT to consider the work required to modernize a decades-old Federal electronic health record system that stores the medical files for millions of veterans and their families, with the underlying implication the system could become a platform for the national health record network President Obama envisions. The council, a 550-member group of technology companies that works to foster dialogue with Federal agencies about IT solutions and procurement, invited executives from about 40 high-tech corporations to form the VistA working group. VistA stands for the Veterans Health Information System and Technology Architecture, an electronic health record system that the Veterans Affairs Department has operated for two decades. IAC, which includes technology giants AT&T, Cisco, Dell, IBM, Oracle, Unisys and Verizon, met behind closed doors in Tysons Corner, Va., to discuss the possibility of upgrading the system, which might include using open source code, a move that would make a relatively cheap electronic health records alternative to clinicians nationwide.

The agenda for the meeting, which an invitation described as one of the most significant projects IAC has ever undertaken, has staggering implications for the IT industry if VistA could become a platform for a national health care IT standard, said an industry source who declined to be identified because of the sensitive nature of the discussions. High-tech conglomerates are investing millions of dollars in developing electronic health records systems businesses, hoping to cash in on the billions of dollars that hospitals and doctors' offices will spend deploying the systems. The stimulus package that Obama signed into law in February includes about \$20 billion for

RAO BULLETIN 1 November 2009

electronic health records. Some physicians have criticized the government's push to a nationwide network of digitized medical records, arguing they cannot afford to buy the computer systems. Technicians say many of today's electronic health record systems cannot share records because they operate on different standards. But upgrading Vista, especially to operate on open source, could answer many of those objections, sources said.

Roger Baker, chief information officer at VA who requested IAC to form the working group, said in an interview with Nextgov that VistA is "the best in the world" and he has asked the IT industry to look into leveraging the system for the betterment of the country. Baker said one of the questions he wants the working group to consider is how VistA can improve the American health care system, including the use of the software in the private sector. He added that industry must help improve VistA, which has widespread acceptance by VA clinicians. "Doctors love VistA and we would be crazy to walk away from it," he said. VA has a long-term project to replace VistA, but Baker said he is not ready to abandon the network and hopes IT companies that are part of the working group can determine what the government would need to do to modernize the old system. Ed Meagher, director of strategy for health affairs for SRA International who served as deputy CIO at VA from 2001 to 2006, chairs the working group. He could not be reached for comment.

Baker said any effort to push the system, which is owned by the American public, into the private health care industry, which is served by hundreds of commercial electronic health record vendors looking to cash in on the billions of dollars expected to be spent on health systems in the coming years, has to consider the role of the government in a free market. Aneesh Chopra, whom Obama appointed as federal chief technology officer in May, agreed that VistA was popular among doctors, but added the government must remain platform neutral when it comes to electronic health record systems. Chopra said he viewed the working group as a powerful example of collaboration between government and industry to support VA. But he added that an improved VistA might be only one of the many alternatives that could serve as a platform for an electronic health record system in the private sector. Michael Doyle, president and chief executive officer of Medsphere Systems Corp., which sells an open source version of VistA, said he supports the effort to take VistA to the masses. Medsphere's version sells for about a third of the cost of commercial health record systems, which have an estimated price tag of between \$10 million and \$70 million. In its letter to members of the working group, IAC said it expected to complete the VistA project in six months. [Source: NextGov Bob Brewin article 14 Oct 09 ++]

VA FRAUD WASTE & ABUSE Update 25: A nurse's aide who was employed at Veterans Affairs Medical Center near Martinsburg was sentenced recently to two years and six months in prison for stealing more than \$50,000 belonging to two veterans receiving care at the facility. Susan A. Watts, 39, of Martinsburg, was ordered to pay \$54,353.79 in restitution to the estate of one victim and \$1,812.10 to a second victim, according to an announcement last week by acting U.S. Attorney Betsy C. Jividen's office. Watts entered a guilty plea in JUN 09 to one count of unauthorized use of an access device and was sentenced last month, according to Jividen's office. The illegal use of patients' debit cards began in SEP 07 and continued through MAR 08 and included \$13,175 in purchases made after one victim had died, according to the release. Chief Judge John P. Bailey ordered Watts on Sept. 29 to also serve three years of supervised release.

The case was prosecuted by Assistant U.S. Attorney Erin K. Reisenweber and investigated by the U.S. Department of Veterans Affairs Office of Inspector General in conjunction with the Martinsburg VA Medical Center's police department, according to Jividen's office. In a separate case also investigated by the inspector general's office and the Veterans Affairs Medical Center's police department, Jividen's office announced that Carl D. Helton, 54, of Martinsburg was sentenced to nine years and one month in prison for his conviction on one count of possession of child pornography. Helton's prison sentence is to be followed by 10 years of supervised release, and he must also register as a sex offender. He entered a guilty plea to the charge in JUL 09, and is expected to self-report next month, according to Jividen's office. [Source: A Hagerstown Herald-Mail article 13 Oct 09 ++]

CAMP LEJEUNE TOXIC EXPOSURE Update 08: A former Camp Lejeune Marine who received partial disability benefits because of exposure to contaminated water on base believes other veterans

RAO BULLETIN 1 November 2009

should go to their doctors to get their claims substantiated. John Hartung of Waukesha, Wis., was awarded a 30% disability from the Veterans Benefits Administration in SEP 09 after his doctor drafted and signed a “nexus letter” verifying his medical belief that Hartung’s ailments were more likely than not caused by exposure to toxic water. Hartung was stationed at Lejeune for six months in 1977 and said he “got sick right away” after exposure to base water, which contained significant amounts of leaked solvents including TCE and PCE between the 1950s and the 1980s. Hartung said he developed large cysts on the back of his neck as well as chronic fatigue and was discharged from the Marine Corps in 1978 because of continuing medical problems. Hartung said he learned about the possibility of writing a nexus letter from Terry Dyer, a Wilmington resident who lived on Camp Lejeune as a civilian and now runs a Web site, watersurvivors.com, that reaches out to other former Lejeune residents who believe their medical problems can be linked to the water. Dyer said she links to information about drafting a letter on the Web site links page and in the newsletters she sends out. “It’s a welcome, exciting time for us,” she said of Hartung’s success in securing benefits. “My doctors believe me 100% and are behind me 100 percent,” Hartung said. He said that he is not stopping with 30% of his benefits, but will continue to work with his doctor on letters specific to the various other ailments he has identified, including bone spurs and degenerative joint disease, to get full coverage.

Jerry Ensminger, a Richlands resident and former Marine who works full-time to lobby for legislation that will grant VA healthcare to all who were affected by contact with Lejeune water, said he believes the number of veterans who have been granted benefits because of ties to the base is small. “Every case is different,” he said. “You’re not going to find a doctor who’s going to sign a letter for everybody for every type of ailment they have.” Ensminger said the process of trying to prove a case for healthcare individually is prohibitive for most veterans. “What we’re trying to do with this legislation is to try to take these hoops and hurdles away from the people so they don’t have to deal with this stuff,” he said. “The only hurdle these people will have to clear is to prove they were at Camp Lejeune during the years of contamination.” Two pieces of legislation concerning Camp Lejeune veterans and toxic water are now in the U.S. Legislature. An amendment that would prevent the military from adjudicating water cases until water testing is complete has passed the Senate and is now in conference committee, with action expected near the end of OCT. And a bill, the Caring for Camp Lejeune Veterans Act, which would grant VA healthcare to all with links to the contaminated water, is in the Senate Veteran’s Affairs Committee. North Carolina Congressman Brad Miller is expected to introduce a companion bill in the House in coming weeks. Meanwhile, the number of former Lejeune residents who have the rare condition of male breast cancer that they’ve been able to locate has increased to 51, Ensminger said. [Source: Jacksonville www.jdnews.com Hope Hodge article 29 Oct 09 ++]

VET TOXIC EXPOSURE LEGISLATION Update 02: Legislation has been introduced that would offer long-term care to any veterans exposed to environmental hazards in the line of duty, even if there is no textbook evidence to link the exposure to an illness. The “Health Care for Veterans Exposed to Chemical Hazards Act of 2009 (S.1779) sponsored by Sen. Evan Bayh (D-IN) would amend Title 38 of the U.S. Code, which deals with veterans benefits, by adding a passage stating that a veteran exposed in the line of duty to “an occupational and environmental health chemical hazard of particular concern” is eligible for hospital care, medical services and nursing home care for any disability, even if there is “insufficient medical evidence to conclude that such disability may be associated with exposure.” The bill comes in the wake of a series of hearings about troops being exposed to carcinogenic material at Qarmat Ali water treatment plant in Iraq; a sulfur fire in Mosul, Iraq; and burn-pit smoke throughout Iraq and Afghanistan. The provision would not cover veterans with illnesses that the National Academy of Sciences says show limited evidence of a positive association of illness and exposure. But it would cover hazards that the Defense Department has determined are “of particular concern after considering appropriate guidelines and standards for exposure,” including those of the Occupational Safety and Health Administration. [Source: NavyTimes Kelly Kennedy article 15 Oct 09 ++]

BASRA TOXIC EXPOSURE Update 01: Six years after nearly 1,200 US soldiers in Iraq were potentially exposed to sodium dichromate, a sometimes deadly chemical linked to cancer, the "military and Veterans Affairs Department have been tracking them down and asking them to get a medical exam. The troops were protecting or in the area of workers hired by a subsidiary of the contractor, KBR Inc., based in Houston, to rebuild the Iraqi water treatment plant Qarmat Ali near Basra, Iraq. The chemical was sodium dichromate, and it had

RAO BULLETIN 1 November 2009

contaminated the area. Sickness with symptoms ranging from chest pain to lung disease and even death among troops who served there have been blamed on exposure at the site. The military is also asking the soldiers potentially exposed to enroll in a registry that is tracking such health problems, according to a 19 SEP letter sent by then-Army Secretary Pete Geren to U.S. Sen. Byron Dorgan (D-ND). The letter spells out the efforts to reach the troops, who were protecting or in the area of workers hired by a subsidiary of the contractor, KBR Inc., based in Houston, to rebuild the Iraqi water treatment plant Qarmat Ali near Basra, Iraq. Among those potentially exposed were about 600 members of the National Guard, primarily from West Virginia, Oregon, South Carolina and Indiana. Veterans Affairs Secretary Eric Shinseki told Dorgan in a separate letter dated 8 OCT that veterans potentially exposed will receive an annual exam, including a chest radiograph every five years. KBR, which is facing at least five pending related lawsuits, denies wrongdoing. It says its conduct was governed by its contract with the U.S. military, which was to ensure work sites were free from environmental hazards. Once the contamination was found, it says it notified the Army and helped clean up the site. [Source: AP Kimberly Hefling article 14 Oct 09 ++]

VET TOXIC EXPOSURE - VIEQUES: A retired U.S. Marine sergeant, now 57 and terminally ill with cancer and other ailments, blames exposure to toxins released while he was stationed on Vieques Puerto Rico from 1970 to 1972. By coming forward to support similar claims by island residents he has become the public face of a new and bitter battle over Vieques, the Navy bombing range-turned-tourist destination off the U.S. territory's east coast. Marrero is a key witness in a lawsuit seeking billions of dollars in compensation for illnesses that past and current Vieques residents have linked to the bombing range where the U.S. and its allies trained for conflicts from Vietnam to Iraq. The range closed in 2003 after years of protests over the environmental risks and the death of a Puerto Rican civilian guard who was killed in 1999 by an errant bomb. Many had long complained about clouds of smoke and dust wafting toward populated areas and explosions echoing across the hilly 18-mile-long island of less than 10,000 people. The U.S. has denied any link between illnesses and weapons that rained down on the island for six decades. With independent studies suggesting otherwise, however, a federal health agency recently began a new analysis of the situation.

Marrero, who was born in Puerto Rico and grew up in New York City, has had colon cancer twice. He is losing his vision and suffers from more than dozen other illnesses, including Lou Gehrig's disease. He thinks these are lingering effects of his 18 months at Camp Garcia where among other things, guarded stores of Cold War-era chemical weapons. He said he was recently diagnosed with a new bout of cancer that is inoperable in part because of a lung disease that requires him to stay on oxygen around the clock. He is not party to the lawsuit because it is limited to Vieques residents and involves more than 7,000 of them. But he has been fighting his own battle to have his ailments recognized as service casualties. The chemicals he handled included canisters labeled "112" - a reference, he later surmised to the secret Project 112 program that tested chemical and biological agents and was declassified by the Pentagon earlier this decade. During some of the tests he said the military assessed how long it took an aerosol spray of chemicals to kill animals such as tethered goats. Though superiors said he was a safe distance from the tests he was overwhelmed by a smell like roach spray every time he opened the door to the chemical warehouses. He said he vomited constantly. "I asked 'How dangerous is that stuff? I'm watching animals drop dead,'" Marrero said. "They told me I'd be fine." The military also experimented with napalm, depleted uranium, and agent orange besides the millions of pounds of ordnance that Navy aircraft and ships dropped annually on Vieques. A cleanup began in 2005 to clear thousands of unexploded munitions from the former training range site that is now a Fish and Wildlife Service refuge and the island has placed new emphasis on tourism.

The lawsuit was originally filed in Washington in SEP 07 and transferred to U.S. district court in San Juan in March. It has been challenged on national security grounds by the federal government, which argues it should be dismissed because the U.S. had sovereign immunity in Vieques. The Navy and the Justice Department declined to discuss the lawsuit or Marrero's claims. The main evidence for Navy critics is a 2004 study by a former Puerto Rico health minister that found the cancer rate was 27% higher for people on Vieques than the Puerto Rican mainland. The study, which found no significant differences in lifestyle between the two groups, also detected a higher prevalence of other illnesses including diabetes, asthma, and epilepsy. The U.S. Agency for Toxic Substances and Disease Registry used its own research to conclude in 2003 there was essentially no health risk from the bombing range, but its studies were widely criticized by islanders and academics. The agency, which is part of the U.S. Centers for Disease Control and Prevention, is conducting a new review requested in April by Congressman Steve

RAO BULLETIN 1 November 2009

Rothman, a New Jersey Democrat who said independent studies and reports have documented "a toxic legacy and a health crisis" on Vieques.

After leaving the military in 1977, Marrero worked as a weapons machinist in the private sector until he retired in the mid 1980s because of mounting medical problems. "I've been sick since I left Vieques," said Marrero who uses a wheelchair and now lives in an apartment cramped with life-support equipment in this small town in northwestern Puerto Rico. He has a 2006 report from a Department of Veterans Affairs doctor in Washington who linked his symptoms to exposure to "noxious substances" at Camp Garcia, but he said a review board has denied his requests to formally acknowledge the connection. While his veterans' benefits cover his medical bills, the only service-related ailment the military acknowledges is a shoulder injury. He said if he dies from anything else his wife won't get his pension. Katie Roberts, the press secretary for Veterans Affairs, said the department recognizes that service members are sometimes exposed to toxins "that can produce negative health effects." But she said benefits claims are handled on a case-by-base basis, and she declined to address Marrero's record specifically. [Source: MarineCorpsTimes Mike Melia AP article 11 Oct 09 ++]

VET TOXIC EXPOSURE - ATSUKI: The U.S. Senate committee on veteran affairs (SVAC) requested that the VA report to them on what action they were taking regarding veteran toxic exposure to veterans. One of the four specific incidents they wanted input on was the Atsuki waste incinerator operations. Michael R. Peterson, DVM, MPH, DRPH, Chief Consultant, Environmental Health Strategic Healthcare Group, Office Of Public Health & Environmental Hazards, Veterans Health Administration, Department Of Veterans Affairs on 8 OCT 09 provided the committee the following input:

Naval Air Facility Atsugi, Japan is located about 25 miles from Tokyo at the site of a Japanese Air Force base which the U.S. took control of in 1945. In 1985, a private waste incinerator, Shinkampo Incinerator Complex (SIC), began operations immediately southeast of the community areas of the base. The incinerator burned a variety of liquid and solid industrial waste, municipal solid waste, and construction debris. The incinerator released a plume of smoke, ash, particulate material, and fumes at ground level over the community area of the base. Complaints by residents regarding air quality led to multiple health risk assessments between 1988 and 1999. These assessments demonstrated health risks related to the incinerator plume which resulted in efforts by representatives of the United States Government to close the incinerator. This was accomplished in 2001. It is estimated that over the 15 years of operation, 18,000 adults and 8,000 children could have been exposed, with a typical exposure duration of 3 years.

The non-cancer health effects of primary concern are impairment of respiratory function from exposure to inhaled respiratory toxicants particularly among the resident children at the base. Permanent reduction in respiratory function can occur after several years of exposure to respiratory toxicants especially if exposure occurred before age 16. The final health risk assessment completed in 2002 by DoD noted an increased risk of cancer, above the U.S. background rate, among residents of Naval Air Facility Atsugi during incinerator operations. In 2007, Battelle Corporation was asked by the Department of the Navy to conduct a review of the various health risk assessments and recommend what, if any, population-based medical surveillance of residents of Naval Air Facility Atsugi might be warranted, as well as the parameters and expected outcomes from such screenings. Battelle published its report in JUN 08. The only recommendation from that report was that a health registry be established for residents of Naval Air Facility Atsugi. All medical surveillance recommendations were limited to the juvenile population at the base. Because all of the recommendations in this detailed report address medical surveillance of a population not within VA's statutory authority, VA has not requested information regarding this cohort.

Any Veteran who served at the Naval Air Facility Atsugi who may develop either a respiratory condition or cancer that competent medical authority ascribes to exposure at Naval Air Facility Atsugi would be eligible to submit a claim for direct service connection for the condition, provided they meet other eligibility criteria for benefits. VA will inform regional offices of the Naval Air Facility Atsugi situation and alert them to the possibility of disability claims from Veterans who were stationed there. All such claims will be evaluated on a case-by-case basis with evidentiary weight given to medical examinations and opinions from both private and VA physicians. In all cases, the benefit of doubt will be provided to the Veteran. VA's assessment of issues related to Naval Air Facility Atsugi continues to be coordinated through HEC and the Office of Public Health and Environmental

RAO BULLETIN 1 November 2009

Hazards and we continue to monitor study outcomes that could inform future policy decisions. For a transcript of the entire VA input to the committee which covered the a above Atsugi report, water contamination at Camp Lejeune, sodium dichromate at the Qarmat Ali Water Treatment Plant, and exposures to burn pits during the current conflicts refer to

http://veterans.senate.gov/hearings.cfm?action=release.display&release_id=b974df2c-0767-4d50-9caf-12cc16d5f198. [Source: <http://veterans.senate.gov/hearings.cfm> 8 Oct 09 ++]

ENLISTMENT Update 02: In order to join the U.S. Military, you must either be a U.S. citizen, or you must be a legal permanent immigrant, physically living in the United States, with a green card. The US military cannot and will not assist with the immigration process. If you are not a U.S. citizen, you must legally and permanently immigrate to the United States first, via the regular immigration procedures and quotas, establish a residence, and then (if you meet the other qualifying criteria), visit a military recruiter's office and apply for enlistment. For enlistment purposes, citizens of the United States include citizens of: Guam, Puerto Rico, The U.S. Virgin Islands, The Northern Marianas Islands, American Samoa, The Federated States of Micronesia, and The Republic of the Marshall Islands.

Not all legal immigrants may be eligible to enlist. Applicants who have been residents of countries considered hostile to the interests of the United States require a waiver. See your local recruiter for the most current list of countries considered hostile to the interests of the United States. While non-citizens may enlist, they will find their job choices extremely limited. DOD policy prohibits granting security clearances to non-U.S. Citizens. Therefore, non-Citizens. who enlist in the United States military will be limited to those jobs which do not require a security clearance. For legal immigrants who do enlist, there are accelerated citizenship procedures for non-citizens on active duty. One source for details is <http://usmilitary.about.com/od/theorderlyroom/a/citizenship.htm>. [Source: About.com: U.S. Military Rod Powers article 19 Sep 09 ++]

MILITARY HISTORY ANNIVERSARIES:

- Nov 00 1965 - Vietnam: Battle of Chu Pon-ia Drang River. U.S. 1st Calvary fought North Vietnamese regulars for four days.
- Nov 01 1943 - WWII: American troops invade Bougainville in the Solomon Islands.
- Nov 01 1968 - Vietnam: President Lyndon B. Johnson calls a halt to bombing in Vietnam, hoping this will lead to progress at the Paris peace talks.
- Nov 02 1775 - American Revolution: Americans under General Richard Montgomery capture the British fort of Saint Johns.
- Nov 04 1967 - Vietnam: American troops broke a North Vietnamese 6 day assault at Loc Ninh, near the Cambodian border (Vietnam War).
- Nov 04 1979 - At the American Embassy in Teheran, Iran, 90 people, including 63 Americans, are taken hostage for 444 days by militant student followers of Ayatollah Khomeini. The students demand the return of Shah Mohammad Reza Pablavi, who was undergoing medical treatment in New York City.
- Nov 05 1814 - War of 1812: Having decided to abandon the Niagara frontier, the American army blows up Fort Erie.
- Nov 05 1917 - WWI: General John Pershing leads U.S. troops into the first American action against German forces near the Rhine-Marne Canal in France.
- Nov 06 1945 - The first landing of a jet on a carrier takes place on USS Wake Island when an FR-1 Fireball touches down
- Nov 06 1986 - The Iran arms-for-hostages deal is revealed, damaging the Reagan administration.
- Nov 07 1957 - Cold War: The Gaither Report calls for more American missiles and fallout shelters.
- Nov 08 1942 - WWII: Operation Torch begins with Allied landings in northwest Africa.
- Nov 09 1989 - Cold War: The Berlin Wall is opened after dividing the city for 28 years.
- Nov 10 1775 - American Revolution: Continental Congress establishes two battalions of Marines.

RAO BULLETIN 1 November 2009

- Nov 10 1782 - American Revolution: In the last battle of the Revolution, George Rodgers Clark attacks Indians and Loyalists at Chillicothe, in Ohio Territory.
- Nov 11 1865 - Civil War: Dr. Mary E. Walker, the first female surgeon in the Union Army, is presented with the Medal of Honor, the first woman to receive that award.
- Nov 11 1918 - WWI: War ends at the eleventh hour of the eleventh day of the eleventh month with the signing of an Armistice.
- Nov 11 1909 - Construction begins on the naval base at Pearl Harbor in Hawaii.
- Nov 11 1921 - The Tomb of the Unknown Soldier at Arlington Cemetery is dedicated.
- Nov 11 1970 - Vietnam: U.S. Army Special Forces raid the Son Tay prison camp in North Vietnam but find no prisoners.
- Nov 12 1948 - Hikedji Tojo, Japanese prime minister, and seven others are sentenced to hang by an international tribunal.
- Nov 12 1951 - Korea: The U.S. Eighth Army is ordered to cease offensive operations and begin an active defense.
- Nov 14 1910 - First airplane flight from the deck of a ship (USS Birmingham at Hampton Roads to Norfolk VA).
- Nov 14 1961 - Vietnam: President Kennedy increases the number of American advisors in Vietnam from 1,000 to 16,000.
- Nov 14 1964 - Vietnam: First ground combat for American troops. The U.S. First Cavalry Division battles with the North Vietnamese Army in the Ia Drang Valley.
- Nov 15 1864 - Civil War: Union General W.T. Sherman's troops set fires that destroy much of Atlanta Georgia as he began his march to the sea in an effort to cut the Confederacy in two.
- Nov 15 1960 - Cold War: The first submarine with nuclear missiles, USS George Washington, takes to sea from Charleston, South Carolina.
- Nov 15 1969 - Vietnam: A quarter of a million anti-War demonstrators march in Washington, D.C.

[Source: Various Oct 09 ++]

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

State Sales Tax: 7% (food and prescription drugs exempt)

Fuel & Cigarette Tax:

- **Gasoline Tax:** 29.7 cents/gallon
- **Diesel Fuel Tax:** * 41.5 cents/gallon (Includes local county taxes)
- **Cigarette Tax:** 99.5 cents/pack of 20

Personal Income Taxes

Tax Rate Range: Flat rate of 3.4% of federal adjusted gross income. Many counties also collect income tax. Refer to www.in.gov/dor/3810.htm and www.in.gov/dor/3799.htm#military.

Personal Exemptions: Single - \$1,000; Married - \$2,000; Dependents - \$1,500; \$1,000 for taxpayer and/or spouse if age 65 or over; \$1,000 for taxpayer and/or spouse if blind; \$500 additional exemption for each individual age 65 or over if federal adjusted gross income is less than \$40,000.

Standard Deduction: None

Medical/Dental Deduction: None.

Federal Income Tax Deduction: None.

Retirement Income Taxes: Social Security is exempt. Taxpayers 60 and older may exclude \$2,000 from military pensions minus the amount of Social Security and Railroad Benefits received. Taxpayers age 62 and older may

RAO BULLETIN 1 November 2009

deduct from their adjusted gross income \$2,000 from a federal civil service annuity. Out-of-state pensions are fully taxed. Homeowners can deduct up to \$2,500 from their income taxes for property taxes on their residence.

Retired Military Pay: Military retirees who are age 60 are entitled to deduct up to \$2,000 of military or survivor benefits.

Military Disability Retired Pay: Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.

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

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

Property Taxes

In Indiana property taxes are administered at the local level with oversight by the Indiana Department of Local Government Finance. Refer to www.in.gov/dlgf/4988.htm. They are imposed on both real and personal property. Property, which is assessed at 100% of its true value, is subject to taxation by a variety of taxing units (schools, counties, townships, cities and towns, libraries, etc.) making the total tax rate the sum of the tax rates imposed by all of the taxing units in which the property is located. Homeowners are eligible for a credit against the property taxes that they pay on their homestead. The amount of credit to which the individual is entitled equals 10% of the individual's property tax liability, which is attributable to the homestead during the calendar year. A taxpayer entitled to receive a homestead credit is also entitled to a standard deduction from the assessed value of the homestead. The deduction is the lesser of one-half of the assessed value of the real property or \$35,000. Homeowners 65 and older who earn \$25,000 or less are eligible to receive a tax reduction on property with an assessed value of \$144,000 or less and the individual received no other property tax deductions except for mortgage, standard, and fertilizer storage deductions. A surviving spouse is entitled to the deduction if they are at least 60 years old. The amount of the deduction is the lesser of one-half of the assessed value of the real property or \$12,480. Call 317-232-3777 or refer to www.in.gov/dlgf for details.

A circuit breaker program is aimed at helping residents by ensuring they don't pay more than 2% of their property value in taxes. The goal is to provide predictability in tax bills and equity among Hoosier taxpayers. It became mandatory statewide for residential property in 2007. Homeowners will not see the potential impact until their 2008 tax bill. The circuit breaker expands to include all property types in 2009. Taxpayers will not see the impact of the expansion until their 2010 tax bill.

Inheritance and Estate Taxes - The inheritance tax (Class A) ranges from 1% to 10% based on fair market value of property transferred at death. The estate tax is the amount by which federal credit exceeds inheritance taxes paid to all states. Refer to www.in.gov/dor/3807.htm for details.

For further information, visit the Indiana Department of Revenue site www.in.gov/dor/index.htm. [Source: www.retirementliving.com Oct 09 ++]

VETERAN LEGISLATION STATUS 30 OCT 09: For or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111th Congress refer to the Bulletin's Veteran Legislation attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

RAO BULLETIN 1 November 2009

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

HAVE YOU HEARD:

The Navy Chief noticed a new seaman and barked at him "Get over here! What's your name sailor?"

"John," the new seaman replied.

"Look, I don't know what kind of bleeding-heart pansy bull they're teaching sailors in boot camp nowadays, but I don't call anyone by his first name," the chief scowled. "It breeds familiarity, and that leads to a breakdown in authority. I refer to my sailors by their last names only; Smith, Jones, Baker, whatever. And you are to refer to me as 'Chief'. Do I make myself clear?"

"Aye, Aye Chief!"

"Now that we've got that straight, what's your last name?"

The seaman sighed. "Darling, My name is John Darling, Chief."

"Okay, John, here's what I want you to do"

Lt. James "EMO" Tichacek, USN (Ret)

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