

# RAO BULLETIN 1 January 2010

== Health Care Reform [20] ----- (*Vet Protection Omitted*)  
== Bloedner Monument ----- (*Relocated*)  
== Life Expectancy ----- (*All-Time High*)  
== Estate Tax Update 03 (U.S.) ----- (*2010 Elimination*)  
== Tricare Vaccines ----- (*Out-of-Pocket Expense*)  
== DoD Vet Betrayal [01] ----- (*Pentagon Limits Law's Pledge*)  
== Mobilized Reserve 29 DEC 09 ----- (*1,358 Decrease*)  
== TRDP [08] ----- (*Tooth Loss Options*)  
== VA Blue Water Claims [09] ----- (*Validation Database*)  
== Celiac Disease ----- (*The Overlooked Diagnosis*)  
== Agent Orange Record of Neglect [01] -- (*Danger Not Averted*)  
== Revisit Korea Tours ----- (*Subsidized by ROK*)  
== VA Benefits Eligibility ----- (*Criteria*)  
== VA Benefits Eligibility [01] ----- (*Military-related Service*)  
== VA Home Loan [17] ----- (*Summary*)  
== VA Prostate Radiation Treatment [03] ---- (*Violations Denied*)  
== VA Outside Medical Claims ----- (*Procedure*)  
== AAFES Exchange/Refund Policy ----- (*Holiday Extension*)  
== Tricare EOBs [04] ----- (*Pharmacy*)  
== Traumatic Brain Injury [10] ----- (*HBOT Study Stalled*)  
== VA Tinnitus Care [01] ----- (*Tinnitus Retraining Therapy*)  
== GI Bill [65] ----- (*New BAH Rates Impact*)  
== VA Hospital Report Card ----- (*2009 Evaluation*)  
== Wisconsin Veterans Homes [02] - (*Union Grove Rent Increase*)  
== VA SAH [06] ----- (*HVAC Subcommittee Hearing*)  
== Medicare Rates 2010 [02] ----- (*CSRS Retiree Increase*)  
== Pay Parity [02] ----- (*2010 Pay raise*)  
== VA Contractor Use [01] ----- (*H.R.4221*)  
== Tricare Retired Reserve ----- (*Gray Area Coverage*)  
== VA Benefits Assistance ----- (*Offers of Help*)  
== Flag Presentation [02] ----- (*Display Citations Withdrawn*)  
== Veterans' Court [04] ----- (*Travis County Texas*)  
== Agent Orange Guam [01] ----- (*H.R.2254 Inclusion?*)  
== PTSD [35] ----- (*Military Rules Hinder Therapy*)  
== Breast Cancer [02] ----- (*New Treatment Option*)  
== Vinegar ----- (*Uses*)  
== Enlistment [06] ----- (*Military Couple Criteria*)  
== Medicare Fraud [29] ----- (*16-31 Dec 09*)  
== Medicaid Fraud [05] ----- (*16-31 Dec 09*)  
== Military History Anniversaries ----- (*Jan 1-15 Summary*)  
== Tax Burden for Louisiana Retirees ----- (*2009*)  
== Veteran Legislation Status 28 DEC 09 ----- (*Where we stand*)  
== Have You Heard ----- (*Fighter Pilots*)

# RAO BULLETIN 1 January 2010

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**Health Care Reform Update 20:** As you are most probably aware of by now, on the morning of 4 DEC, the Senate passed 60-39 a much amended H.R.3590, "The Patient Protection and Affordable Care Act. This vote and the previous House passage of this legislation is contrary with the growing sentiments of 2/3 of the American People who are against this "stealth" legislation. Regardless of which national poll you might consider this public disapproval of this legislation varies little from poll to poll. As the next step in the process is reconciliation of the significantly different House and Senate versions, but which neither makes provision to protect Veterans Affairs and Department of Defense health-care from the provisions of this legislation. Such protection would fulfill President Obama's promise made last August that neither program would "be affected by our efforts at broader health-care reform." Unless Tricare, Tricare for Life, and VA health care programs are exempted from a proposed excise tax, veterans and military retirees face the very real prospect of paying a new tax on so-called "Cadillac" health care plans, which Tricare and VA health-care might easily be considered. As has been pointed out by a number of federal employee labor unions, such a tax would "have a discriminatory impact on plans that cover older workers and retirees ..." Such excise tax could result in a tax increase of as much as 1.4% on veterans and military retirees and our widows, many of whom are retired on fixed incomes with no way to offset that additional tax other than by cutting back elsewhere in their family budgets.

If you could be impacted by this you have the option to contact your legislator and let him/her know of your concerns. Especially the very real potential that the near \$500 Billion cuts in Medicare will adversely impact Tricare and Tricare for Life which are directly indexed to Medicare. If Medicare goes away then so do Tricare and Tricare for Life. Urge your legislator to immediately seek an amendment to H.R.3590 to make it clear that nothing in the reconciled bill act shall interfere with VA or DOD existing authorities and that VA and DOD health care programs are excluded from any excise tax on health care programs. If H.R.3950 is not so amended then request that he/she vote AGAINST this legislation when it comes to the House floor for a vote. To facilitate contacting your legislator USDR has provided an editable message at [http://capwiz.com/usdr/issues/alert/?alertid=14493596&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/issues/alert/?alertid=14493596&queueid=[capwiz:queue_id]) that addresses the issue and can be automatically forwarded to your representative. [Source: USDR Action Alert 26 Dec 09 ++]

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**Bloedner Monument:** The Bloedner Monument, the nation's oldest Civil War memorial, was removed in DEC 08 from Cave Hill National Cemetery in Louisville Kentucky and taken to a temporary facility where it was professionally conserved to arrest further damage. "The removal of an important monument from a national cemetery is rare and was not undertaken without great deliberation," said VA Secretary Shinseki. "However, the overwhelming significance of the Bloedner Monument and its failing condition warranted this unusual step." The monument was carved in January 1862 by Pvt. August Bloedner to commemorate his fellow soldiers of the 32nd Indiana Infantry, all of them German immigrants who fell in the Battle of Rowlett's Station near Munfordville, Ky. The monument's original location was on the battlefield, marking the graves of 13 soldiers who perished there. When most of these remains were removed to Cave Hill National Cemetery in 1867, the Bloedner Monument was moved there as well.

The monument was fabricated from St. Genevieve limestone, with a base of Bedford limestone added in 1867. It measures approximately 5 feet long, 1 foot deep and 3 ½ feet high. The monument is carved on one side with a relief of an eagle and an inscription in German in a rustic script. The text was approximately 300 words and 2,500 characters long at the time it was carved. Because of the poor quality of the limestone and effects of the environment, the monument has lost a significant amount of material. Only about 50% of the original carving and inscription remains. The monument was temporarily relocated to a University of Louisville facility for treatment

# RAO BULLETIN 1 January 2010

while VA conducted a thorough evaluation of potential sites. The evaluation process included written proposals and site visits. VA posted information on the Internet, mailed information to Veterans and Civil War heritage groups and held a public information meeting to solicit suggestions. A new monument, with an interpretive sign explaining the significance of the original Bloedner Monument and indicating its location, will be placed at Cave Hill National Cemetery in 2010.

VA historians, in collaboration with the Kentucky Heritage Council and Heritage Preservation Inc., selected the Frazier International Museum as the new home from three interested facilities based on Civil War exhibit plans, controlled environment and security, financial stability, annual visitation and proximity to Cave Hill National Cemetery. The Museum brings history to life through live interpretations by costumed interpreters, multimedia presentations, educational programming and hands-on learning. Covering 1,000 years of history, their collection is housed in a 100,000 square foot, state-of-the-art facility at 829 West Main Street, Louisville, KY 40202-2619 Tel: (502) 753-5663 or (866) 886-7103. They are open throughout the year Mon thru Sat 0900 - 1700 & Sun 1200 - 1700 except holidays. Admission Rates (without audio tour) are \$9 adults; \$8 military; \$7 seniors (60+); \$6 children under 14 and students with I.D; and no charge for children under 5. For details about exhibits and services offered refer to [www.fraziermuseum.org/about.asp](http://www.fraziermuseum.org/about.asp) . [Source: VA News Release 30 Dec 09 ++]

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**Life Expectancy:** Life expectancy is up and the death rate is down, according to recent data from the U.S. Centers for Disease Control and Prevention (CDC). From data collected in 2007, life expectancy for newborns reached a new high of 77.9, according to the latest mortality figures reported in Deaths: Preliminary Data for 2007. The figures are based on nearly 90% of all death certificates in the United States. The 2007 increase in life expectancy was the continuation of a long trend. Between 1997 and 2007, life expectancy increased by 1.4 years, from 76.5 years to 77.9 years. Other highlights of the report include:

- The average 65-year-old senior can now expect to live another 19 years or so, to nearly age 84.
- Record high life expectancy was recorded for both males (75.3 years) and females (80.4 years) in 2007. While the gap between male and female life expectancy has narrowed since the peak of in 1979, the 5.1 year difference recorded in 2007 is the same as in 2006.
- For the first time, life expectancy for black males reached 70 years.
- The U.S. death rate fell for the eighth year in a row to an all-time low of 760.3 deaths per 100,000 population in 2007. This is 2.1% lower than the 2006 rate of 776.5 and about half of what it was 60 years ago in 1947.
- Heart disease and cancer, the two leading causes of death, accounted for nearly half (48.5 percent) of all deaths in 2007.

Want to improve your longevity? In addition to getting exercise, regular medical checkups, and eating healthy food, researchers say that making time to travel and making new friends help to increase our longevity. Travel can increase longevity by helping people establish and maintain a healthy lifestyle, says Dr. David Lipschitz, director of the Center on Aging at the University of Arkansas for Medical Sciences. In a 10-year longevity study of people aged 70 and older, researchers at the Centre for Ageing Studies at Flinders University in Adelaide, Australia concluded:

- Close relationships with children and relatives had little effect on longevity rates for older people during the 10-year study.
- People with extensive networks of good friends and confidantes outlived those with the fewest friends by 22%.
- The positive effects of friendships on longevity continued throughout the decade, regardless of other profound life changes such as the death of a spouse or other close family members.

[Source: About.com Guide to Senior Living Sharon O'Brien article 26 Dec 09 ++]

# RAO BULLETIN 1 January 2010

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**Estate Tax Update 03 (U.S.):** Unless Congress changes the law, the federal estate tax will disappear on 1 JAN 2010. For the first time since the 1916 inception of the tax, the estate of anyone dying in 2010 will go to heirs tax free, a result of the 2001 tax law that phased out the estate tax over 10 years. But that law itself expires in 2011 and the estate tax will revert to pre-2001 law. The Economic Growth and Tax Relief Reconciliation Act of 2001 increased the effective estate tax exemption in steps from \$675,000 in 2001 to \$3.5 million in 2009 and reduced the top tax rate from 55% to 45%. Raising the exemption cut the share of estates subject to tax by nearly 90% — from 2.14% in 2001 to a projected 0.23% in 2009. That percentage is the lowest since at least 1934. With the 2009 exemption of \$3.5 million, an estimated 5,500 estates will pay the estate tax, yielding revenue totaling nearly \$14 billion. Revenues will drop to zero in 2010 (but a sharp increase in gift tax collections will make up some of the loss, albeit at the cost of lower estate taxes in future years). If the estate tax reverts to pre-2001 law and its \$1 million exemption, an estimated 44,000 estates — representing just under 2% of all deaths — will owe tax totaling more than \$34 billion.

Congress is currently debating various options to change the estate tax in 2010 and subsequent years. One approach would make the 2009 parameters permanent, thus imposing the tax on about one-quarter of 1 percent of estates in 2010. That share would grow slowly over time if the \$3.5 million exemption were not indexed for inflation, rising to about 0.4% by 2019. Revenues would roughly double over the decade from \$14.8 billion in 2010 to \$28.9 billion in 2019. Indexing the exemption would slow but not halt that growth as wealth will likely increase faster than prices. Other proposals in Congress would increase the exemption to \$5 million and reduce the tax rate to 35%, either immediately or by 2019. The higher exemption would cut the number of estates subject to tax and, in combination with the lower tax rate, would slash revenues by nearly half. The Tax Policy Center has projected the effects of those and other proposals at [www.taxpolicycenter.org/numbers/displayatab.cfm?Docid=2506.Estate](http://www.taxpolicycenter.org/numbers/displayatab.cfm?Docid=2506.Estate). [Source: Tax Policy Center Tax Facts Robertson Williams article 21 Dec 09 ++]

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**Tricare Vaccines:** Tricare beneficiaries can now receive select vaccines with no out-of-pocket expense at retail pharmacies. For the first time ever, beneficiaries can visit Tricare retail network pharmacies to receive seasonal flu, H1N1 flu and pneumonia vaccines at no cost. This expanded coverage is available to all Tricare beneficiaries eligible to use the Tricare retail pharmacy benefit. Other vaccines must still be administered in a doctor's office or authorized convenience clinic to be fully covered by Tricare's preventive health services cost-share waiver. "Vaccines are the most effective defense against the seasonal and H1N1 flu and pneumonia," said Rear Adm. Thomas McGinnis, Tricare's chief pharmacy officer. "We hope this new, convenient and affordable option encourages Tricare beneficiaries to get their vaccinations." To receive the vaccines, beneficiaries can call their local Tricare retail network pharmacy to make sure it participates in the vaccine program and has the vaccine in stock. To locate a participating retail network pharmacy, go to <http://www.express-scripts.com/Tricare> and enter your zip code or call Express Scripts at 877-363-1303. [Source: Tricare News Release No. 09-84 dtd 9 DEC 09 ++]

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**DoD Vet Betrayal Update 01:** Veterans groups hailed the passage of the 2008 National Defense Authorization Act (NDAA), which made it easier for wounded soldiers to have their injuries rated and treated by the federal government. But less than a year after President Bush signed the bill, the Defense Department interpreted the law in a way that reduced its scope and denied many veterans the benefits they thought they had been promised. The Pentagon's interpretation, which veterans groups are challenging, is laid out in two memos written in 2008 by David

# RAO BULLETIN 1 January 2010

S.C. Chu, who was undersecretary of defense for personnel and readiness. The effect of the memos, which have been obtained by The Washington Times, is to disqualify numerous soldiers who suffer from post-traumatic stress disorder (PTSD) from receiving medical benefits and to prevent others from receiving extra pay that the NDAA promised to veterans with combat-related injuries. In drafting the NDAA, Congress relied on the recommendations of a bipartisan panel headed by former Senate Majority Leader Bob Dole and former Health and Human Services Secretary Donna E. Shalala. The legislation permitted troops who were injured during training operations to receive extra pay, but Mr. Chu, in one of his memos, defined "combat-related operations" in such a way that troops injured during training or simulated conditions of war would not qualify.

Some lawmakers involved in enacting the 2008 law had expected differently. During debate on the Senate floor, Sen. Mark Pryor (D-AR) said: "This addition expands the population that is eligible for the enhancement of disability severance pay to include injuries incurred during performance of duty in support of combat operations." But Congress did not explicitly include in the bill a definition of combat-related operations, leaving it to the Pentagon to make that determination. The result was Mr. Chu's first memo, issued in MAR 08. Mr. Chu said that the injury must have been inflicted during "armed conflict," or in a combat zone, in order for the service member to receive the benefits authorized. "The fact that a member may have incurred a disability during a period of war or in an area of armed conflict, or while participating in combat operations is not sufficient to support this finding [of a combat-related disability]. There must be a definite causal relationship between the armed conflict and the resulting unfitting disability," Mr. Chu wrote in a document attached to his MAR 08 memo. This excluded soldiers who were hurt while engaging in operations outside combat zones, including situations Mr. Pryor envisioned: conducting training exercises, jumping from helicopters in rough terrain or participating in other hazardous duties.

Officials maintain that the scope of the law was narrowed to ensure that combat-wounded soldiers would receive the bulk of the new benefits. Many veterans groups view it as an unwelcome cost-saving measure. David Gorman, executive director of the Disabled American Veterans, wrote a letter to every member of Congress in AUG 08 that said: "Sadly, the 2007 Walter Reed scandal, which resulted mostly from poor oversight and inadequate leadership, pales in comparison to what we view as deliberate manipulation of the law" by Mr. Chu and his deputies. "He must not be allowed to continue thumbing his nose at the will of Congress and the American people," Mr. Gorman said. Mr. Chu, who is no longer with the Defense Department, told The Times that an "enormous amount of confusion" has been associated with the memo and advised The Times to speak with William Carr, the acting deputy undersecretary for military personnel policy. The Department of Defense did not make Mr. Carr available for an interview and instead issued a statement through Pentagon spokeswoman Cynthia O. Smith, who confirmed that the MAR 08 memo was still in effect.

The 2008 NDAA also made it easier for soldiers dismissed from service because of PTSD to undergo treatment and receive compensation. The law said veterans dismissed from service because of PTSD must be given a disability rating of 50%, high enough to ensure disability pay and health care for the soldiers and their families. But another memo written by Mr. Chu on 14 OCT 08, added a catch: It said the policy should not go into effect until the date of the memo, nine months after the bill had been signed into law, leaving out any soldiers dismissed from service because of PTSD before that date. Many soldiers with PTSD who were dismissed from service before the October deadline suffered severe physical injuries as well. They included long-serving, decorated soldiers regularly exposed to mortar fire and roadside bombs. Seven of them have banded together with the National Veterans Legal Services Program in a class-action lawsuit, filed in DEC 08, seeking the 50% rating. Bart Stichman, a lawyer handling the case for the veterans legal services program, said the military has a "history of lowballing" the ratings and estimates that there are "thousands who have been discharged before OCT 08 that the military has done nothing about."

One of the soldiers suing is former Army Sgt. Juan Perez, who was discharged from the military in 2006 after being deemed unfit for further service because of a PTSD diagnosis. During his first deployment to Iraq, he routinely carried out reconnaissance missions near the Syrian border. On one occasion, his Bradley fighting vehicle

# RAO BULLETIN 1 January 2010

was hit with an improvised explosive device. But it was during his second deployment when he sustained an injury, as an industrial-strength bungee cord restraining ammunition lost its hold and snapped violently against his head. The injury caused him to temporarily lose his eyesight, and he was flown to Germany for treatment. He then began suffering migraines and sometimes losing consciousness. He was sent later to the United States, where he began to experience PTSD symptoms, including insomnia, paranoia and extreme irritability. He was later diagnosed with PTSD and traumatic brain injury. Because of the PTSD diagnosis, the Army officially declared him no longer fit to serve and dismissed him from duty in 2006, before any of the 2008 NDAA benefits became available. Perez said, "They didn't include my eye injury. They just said I was unfit to be a soldier anymore. And they gave me 0 percent for PTSD. They gave me a severance package, but that didn't even last three months. If I would have gotten a 30% rating, at least, I could have medical care for my wife and kids, but now I don't have that." Sgt. Perez says he can see, but not as well as before the accident. He suffers from migraines and carries an oxygen tank to help alleviate the headaches. [Source: The Washington Times Amanda Carpenter article 28 Dec 09 ++]

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**Mobilized Reserve 29 DEC 09:** The Department of Defense announced the current number of reservists on active duty as of 29 DEC 09. The net collective result is 1,358 fewer reservists mobilized than last reported in the for 15 DEC 09 Bulletin. At any given time, services may activate some units and individuals while deactivating others, making it possible for these figures to either increase or decrease. The total number currently on active duty from the Army National Guard and Army Reserve is 105,243; Navy Reserve, 6,281; Air National Guard and Air Force Reserve, 15,706; Marine Corps Reserve, 7,600; and the Coast Guard Reserve, 774. This brings the total National Guard and Reserve personnel who have been activated to 135,604, including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel who are currently activated may be found at <http://www.defense.gov/news/Dec2009/d20091229ngr.pdf>. [Source: DoD News Release No. 1010-09 30 Dec 09 ++]

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**TRDP Update 08:** Tooth loss can be a difficult and sometimes embarrassing condition. Quality of life, confidence or daily functioning can be affected by the loss of permanent teeth. Tricare wants beneficiaries to know that conventional crown and bridge treatment and dentures aren't the only options to address tooth loss. Dental implants are an option for medically qualified candidates. A thorough dental evaluation is required to determine whether a patient is a good candidate for dental implants. Good candidates for a dental implant are non-smokers with healthy gums and adequate bone remaining in the area where the implant will be placed. A dental implant is a replacement for the root portion of a natural tooth and is surgically placed in the upper or lower jaw, below the gum line. After a healing period, the implant supports a crown or bridge, or secures a denture firmly in place. Beneficiaries considering dental implants should speak with their dentist about the total cost of the procedure to determine their out-of-pocket expenses. On average, dental implants cost approximately \$1,500 to \$3,500 per tooth replacement. Beneficiaries should plan ahead to properly budget their annual dental benefit. To learn more about Tricare's dental benefits refer to <http://www.tricare.mil/dental>. [Source: Tricare News Release 09-81 24 Dec 09 ++]

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**VA Blue Water Claims Update 09:** The VA is currently building their list of Blue Water Navy ships (which include Coast Guard vessels) that performed duties on inland waterways. The Washington office at VA Headquarters is spearheading this effort and they have notified all the Regional Offices that whenever they get information regarding Blue Water Navy ships that sailed on inland waters and/or BWN ships that docked in Vietnamese ports or harbors, they are to submit that information to the DC offices for verification. Information from

# RAO BULLETIN 1 January 2010

Deck Logs and other sources will be investigated for credibility. In filing a claim based on presumptive exposure to herbicides if your ship was in port or on inland waters, the best thing you can do is present the Regional Office (RO) along with your claim submission certified copies of the information you are using to prove this situation. In many cases, information from a Cruise Book is ideal. Information from your ship's history from Internet sites is also good. Send a copy of that portion of the Cruise book, ship's history and/or photos that show river service or docking, along with a request for the Regional VA Office to obtain the deck logs for that time period to substantiate your claim. Statements attesting to the fact that what you are submitting is true to the best of your knowledge should also be sent. You should have a VSO or the RO itself certify that the copies being submitted are true copies of the original documents which you need to show, but retain in your possession. The ROs will submit the certified copies of this information to the Comp & Pen Division in Washington, and the database of these inland water services will be created after verification of this information. The ultimate goal of this will be a database searchable by the Regional Offices that will validate your claims for presumptive exposure if the ship, for your specified timeframe, is in the database already from someone else's claim. Otherwise, your submission will create the first entry into the database. You will not have to bear the cost of obtaining the Deck Logs under this scenario. That will be the responsibility of the VA. Include a copy of the 19 OCT 09 letter from Secretary Shinseki to Senator Akaka which mentions the development of this searchable database of BWN ships serving in Vietnam. To download a copy of that letter refer to [www.bluewaternavy.org/10-19-09-VA-Shinseki-response.pdf](http://www.bluewaternavy.org/10-19-09-VA-Shinseki-response.pdf). [Source: [www.bluewaternavy.org/newspage2.htm](http://www.bluewaternavy.org/newspage2.htm) Dec 09 ++]

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**Celiac Disease:** This digestive disorder causes damage to the small intestine when gluten, a protein found in wheat, barley and rye, is ingested. People with the disease need to follow a strict gluten-free diet for the rest of their lives to avoid serious complications like osteoporosis and lymphoma, an immune system cancer. It takes the average patient 10 years to receive a diagnosis. And according to specialists, they are the lucky ones. Studies show that 3 million Americans or 1 in every 133 people have celiac disease. But 95% of them have yet to learn they have it, according to the National Institutes of Health. "The entire disease and all of its manifestations are incredibly under diagnosed," said Dr. Charles Bongiorno, the chief of the division of gastroenterology and hepatology at the University of Medicine and Dentistry of New Jersey. "Patients often have it for a decade or two before they are diagnosed." Celiac disease is often difficult to detect because the symptoms vary so widely from person to person. Ten years ago, the medical community thought it was a rare disorder that affected only 1 in every 10,000 people, primarily children who had digestive problems and failure to thrive.

Physicians now know that the disease is much more common. Most patients never experience the so-called classic symptoms: bloating, chronic diarrhea and stomach upset. Instead, the signs are often as nebulous as anemia, infertility and osteoporosis. "It's a problem," said Dr. Ritu Verma, section chief of gastroenterology, hepatology and nutrition and director of the Children's Celiac Center at the Children's Hospital of Philadelphia. "The majority of patients do not have the traditional signs and symptoms. If someone's only presenting symptom is anemia, physicians will think of a hundred other things before they think of celiac disease." As a result, the condition is also commonly mistaken for other ailments. Part of the problem is also a lack of education among physicians, particularly internists. According to Dr. Bongiorno, most primary care physicians are simply unaware of new research that shows the disease is common and can manifest itself in unusual ways. "They think it is an exotic malady," he explained. "That persistent fallacy causes a less-than-appropriate effort to order the right blood tests and refer to gastroenterologists for care."

In 2006, the National Institutes of Health started a campaign to raise awareness of the disease among both the general public and physicians. A goal was to increase rates of diagnosis because, unlike many ailments, there is a definitive way to stop celiac disease from progressing once it is recognized. "The vast majority of cases experience a

# RAO BULLETIN 1 January 2010

complete remission from symptoms once they are diagnosed and go on a gluten-free diet," said Dr. Stefano Guandalini, director of the University of Chicago Celiac Disease Center. "So essentially, you have no disease. That is what makes it all the more important to be diagnosed." And there is no better time to be on a gluten-free diet. In 2008, 832 gluten-free products entered the market, nearly 6 times the number that debuted in 2003. Last year gluten-free even emerged as a fad diet in the general population. Dr. Fasano said gluten-free products used to taste like cardboard but had significantly improved in recent years. "The only problem," he said, "is that they cost five or six times more than their normal counterparts." Researchers are also beginning to experiment with drugs that may be able to block the immune response to gluten, much like a lactate pill. If the clinical trials are successful, individuals with celiac disease may be someday able to ingest small amounts of gluten. [Source: New York Times Health Guide 22 Dec 09 ++]

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**Agent Orange Record of Neglect Update 01:** Documents show that decisions by the U.S. military and chemical companies that manufactured the defoliants used in Vietnam made the spraying more dangerous than it had to be. As the U.S. military aggressively ratcheted up its spraying of Agent Orange over South Vietnam in 1965, the government and the chemical companies that produced the defoliant knew it posed health risks to soldiers and others who were exposed. That year, a Dow Chemical Company memo called a contaminant in Agent Orange "one of the most toxic materials known causing not only skin lesions, but also liver damage." Yet despite the mounting evidence of the chemical's health threat a review of court documents and records from the National Archives has found the risks of exposure were downplayed and the spraying campaign would continue for six more years. Records also show that much of the controversy surrounding the herbicides might have been avoided if manufacturers had used available techniques to lessen dioxin contamination and if the military had kept better tabs on levels of the toxin in the compounds. Dow Chemical knew as early as 1957 about a technique that could eliminate dioxin from the defoliants by slowing the manufacturing process, according to documents unearthed by veterans' attorneys. Since the Vietnam War, dioxin has been found to be a carcinogen associated with Parkinson's disease, birth defects and dozens of other health issues. Thousands of veterans as well as Vietnamese civilians were directly exposed to the herbicides used by the military. Debilitating illnesses linked to defoliants used in South Vietnam now cost the federal government billions of dollars annually and have contributed to a dramatic increase in disability payments to veterans since 2003.

Documents show that before the herbicide program was launched in 1961, the Department of Defense had cut funding and personnel to develop defoliants for nonlethal purposes. Instead it relied heavily on the technical guidance of chemical companies, which were under pressure to increase production to meet the military's needs. The use of defoliants led to massive class-action lawsuits brought by veterans and Vietnamese citizens against the chemical firms. The companies settled with U.S. veterans in the first of those suits in 1984 for \$180 million. Since then, the chemical companies have successfully argued they are immune from legal action under laws protecting government contractors. The courts also found that the military was aware of the dioxin contamination but used the defoliants anyway because the chemicals helped protect U.S. soldiers. A 1990 report for the secretary of the U.S. Department of Veterans Affairs found that the military knew that Agent Orange was harmful to personnel but took few precautions to limit exposure. The report quotes a 1988 letter from James Clary, a former scientist with the Chemical Weapons Branch of the Air Force Armament Development Laboratory, to then- Sen. Tom Daschle, who was pushing legislation to aid veterans with herbicide-related illnesses. "When we initiated the herbicide program in 1960s, we were aware of the potential for damage due to dioxin contamination in the herbicides," Clary wrote. "We were even aware that the 'military' formulation had a higher dioxin concentration than the 'civilian' version due to the lower cost and speed of manufacture. However, because the material was to be used on the 'enemy,' none of us were overly concerned."

# RAO BULLETIN 1 January 2010

Military scientists had been experimenting with herbicides since the 1940s, but funding cuts in 1958 left few resources in place to fully evaluate the chemicals for use in Vietnam. "I was given approximately 10 days notice to come to Vietnam to undertake 'research' in connection with the above tasks," wrote Col. James Brown of the U.S. Chemical Corps Research and Development Command in an October 1961 report to top brass just as the defoliation program was ramping up. "Thus, a large order was placed on a very poorly supported research effort." The military launched a limited herbicide program in 1962 that involved 47 missions. At the time, relatively little was known about the health effects of dioxin, in part because cancer and other illnesses can take decades to develop and the herbicides had only been in wide use since 1947. But documents uncovered by veterans' attorneys show the chemical companies knew that ingredients in Agent Orange and other defoliants could be harmful. As early as 1955, records show, the German chemical company Boehringer had begun contacting Dow about chloracne and liver problems at a Boehringer plant that made 2,4,5-T, the ingredient in Agent Orange and other defoliants that was contaminated with dioxin. Unlike U.S. chemical companies, Boehringer halted production and dismantled parts of its factory after it discovered workers were getting sick.

The company studied the problem for nearly three years before resuming production of 2,4,5-T. In doing so, the company found that dioxin was the culprit and that they could limit contamination by cooking the chemicals at lower temperatures, which would slow production. Dow said it didn't purchase the proprietary information on the technique until 1964 and didn't start using it until 1965. Records show it did not inform other manufacturers or the government about the technique until the military began planning construction of its own chemical plant to make herbicides in 1967. By that time, Dow also had developed a procedure to test dioxin levels in batches of 2,4,5-T. The company provided that technique to other companies in 1965 but not to the military until 1967, the company said. Earlier in the decade, nearly two dozen military officials and chemical industry scientists met in April 1963 to issue a "general statement" about the health hazards from 2,4-D and 2,4,5-T. No one raised concerns about using the chemicals in Vietnam, according to minutes from the meeting. Evidence focused largely on the fact that more than 300 million gallons of the compounds had been used domestically since 1947, even though the formulations for Vietnam would be far more concentrated and contain more dioxin. "The committee concluded that no health hazard is or was involved to man or domestic animals from the amounts or manner these materials were used in aforementioned exercise," the minutes show.

In 1965, the chemical companies involved in producing the defoliants met at Dow's headquarters in Midland, Mich., to discuss the contaminant's threat to consumers. "This material (dioxin) is exceptionally toxic; it has a tremendous potential for producing chloracne and systemic injury," Dow's chief toxicologist, V.K. Rowe, wrote to the other companies on 24 JUN 65. But none of the companies informed the military personnel charged with overseeing the defoliation contracts of the safety concerns until late 1967, according to depositions from the lawsuits. Internal documents from multiple companies indicate they were worried about the specter of tighter regulation. Only after a study for the National Institutes of Health showed that 2,4,5-T caused birth defects in laboratory animals did the military stop using Agent Orange, in 1970. Alan Oates, a Vietnam veteran who chairs the Agent Orange committee for Vietnam Veterans of America, said veterans have had little luck in their legal fight for compensation since the 1984 settlement. Veterans have argued unsuccessfully in court that the settlement was insufficient because it came too early for thousands of people whose illnesses did not develop until after all the settlement money had run out. One unresolved issue, Oates said, is whether chemical companies can be held liable for health costs associated with birth defects seen in the children of Vietnam veterans. "Now that it's starting to show it has an impact on future generations, what is the recourse for those folks?" Oates said. [Source: Chicago Tribune's Part 5 Agent Orange's lethal legacy 17 Dec 09 ++]

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# RAO BULLETIN 1 January 2010

**Revisit Korea Tours:** Since 1975, the Republic of Korea has been inviting Korean War Veterans, and family members, to return to Korea on a subsidized visit to thank them for their sacrifices that saved their country from Communism. Thousands of veterans, from all the Allied Countries that participated in the war, have enjoyed this sojourn to the "Land of the Morning Calm." The Korean government pays for hotel rooms and meals for 5 nights and 6 days plus in country tours. Accommodation is based on two persons per room. Commencing in JUN 2010, the Revisit Korea tours will be increased "three fold" and, for the first time, the ROK government is planning to subsidize the airfare of both the veteran and his family member/companion. A veteran is allowed to bring one family member. The eligibility requirements will also be relaxed in view of the age of the veterans. The exact dates have not been published. However, they are planning on five major commemorations, the first being the Invasion Anniversary, 25 JUN. This will be followed by the Pusan Perimeter, the Inchon Landing, the Liberation of Seoul and the Northern Winter Campaign of 1950.

Applications are available at [www.kwva.org/graybeards/gb\\_09/gb\\_0912/gb\\_0912\\_revisit\\_korea\\_application.pdf](http://www.kwva.org/graybeards/gb_09/gb_0912/gb_0912_revisit_korea_application.pdf). A \$400 deposit per person is required to be included with the application and payment in full must be made prior to 60 days of the tour departure. Participants are required to have a valid passport. A visa is not required for 15 days or fewer in Korea. Registrations will be date stamped and will be "First Come - First Served"! To register, call (800) 722-9501 or (703) 590-1295. Check the KWVA web site at [www.KWVA.org](http://www.KWVA.org) or [www.miltours.com](http://www.miltours.com) for tour dates. You can also mail the Revisit Coordinator at [mhtours@miltours.com](mailto:mhtours@miltours.com) , to request a brochure. Those eligible to participate include:

- Veterans who supported ground, naval, or air operations between 25 JUN 50 and 25 OCT 54.
- A widow or family member of a veteran killed in action during the war.
- A family member of a Korean War veteran physically unable to travel.
- Anyone who has previously participated in the Revisit Korea program

[Source: [www.kwva.org](http://www.kwva.org) Dec 09 ++]

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**VA Benefits Eligibility:** Eligibility for most veterans' health care benefits is based solely on active military service in the Army, Navy, Air Force, Marines, or Coast Guard (or Merchant Marines during WW II), and discharge under other than dishonorable conditions. Other groups may also be eligible for some health benefits. Returning service members, including Reservists and National Guard members who served on active duty in a theater of combat operations have special eligibility for hospital care, medical services, and nursing home care for five years following discharge from active duty. Active military service means full-time service, other than active duty for training, as a member of the Armed Services, or as a commissioned officer of the Public Health Service, Environmental Science Services Administration, National Oceanic and Atmospheric Administration, or its predecessor, the Coast and Geodetic Survey. Active duty for training for the National Guard and Reserve does not qualify as full-time service. There's no length of service requirement for former enlisted persons who started active duty before 8 SEP 80 or former officers who first entered active duty before 17 OCT 81. All other veterans must have 24 months of continuous active duty military service or meet one of the exceptions described below:

- A reservist who was called to Active Duty and who completed the term for which you were called, and who was granted an other than dishonorable discharge.
- A National Guard member who was called to Active Duty by federal executive order, and who completed the term for which you were called, and who was granted an other than dishonorable discharge.
- Request a benefit for or in connection with:
  - a.) A service-connected condition or disability; or
  - b.) Treatment and/or counseling of sexual trauma that occurred while on active military service; or

# RAO BULLETIN 1 January 2010

- c.) Treatment of conditions related to ionizing radiation; or
- d.) Head or neck cancer related to nose or throat radium treatment while in the military.
- Discharged or released from active duty for a hardship.
- Discharged with an “early out”.
- Discharged or released from active duty for a disability that began in the service or got worse because of the service.
- Been determined by VA to have compensable service-connected conditions.
- Discharged for a reason other than disability, but you had a medical condition at the time that was disabling, and in the opinion of a doctor, would have justified a discharge for disability (in this last case, the disability must be documented in service records).

[Source: <http://www4.va.gov/healtheligibility> Dec 09 ++]

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**VA Benefits Eligibility Update 01:** In addition to active military service veterans a number of groups who have provided military-related service to the United States have been granted VA benefits. For the service to qualify, the Secretary of Defense must certify that the group has provided active military service. Individuals must be issued a discharge by the Secretary of Defense to qualify for VA benefits. Service in the following groups has been certified as active military service for benefits purposes:

- Women Air Force Service Pilots (WASPs).
- World War I Signal Corps Female Telephone Operators Unit.
- Engineer Field Clerks.
- Women’s Army Auxiliary Corps (WAAC).
- Quartermaster Corps female clerical employees serving with the American Expeditionary Forces in World War I.
- Civilian employees of Pacific naval air bases who actively participated in defense of Wake Island during World War II.
- Reconstruction aides and dietitians in World War I.
- Male civilian ferry pilots.
- Wake Island defenders from Guam.
- Civilian personnel assigned to OSS secret intelligence.
- Guam Combat Patrol.
- Quartermaster Corps members of the Keswick crew on Corregidor during World War II.
- U.S. civilians who participated in the defense of Bataan.
- U.S. merchant seamen who served on blockships in support of Operation Mulberry in the World War II invasion of Normandy.
- American merchant marines in oceangoing service during World War II.
- Civilian Navy IFF radar technicians who served in combat areas of the Pacific during World War II.
- U.S. civilians of the American Field Service who served overseas in World War I.
- U.S. civilians of the American Field Service who served overseas under U.S. armies and U.S. army groups in World War II.
- U.S. civilian employees of American Airlines who served overseas in a contract with the Air Transport Command between 14 DEC 41 and 14 AUG 45..

# RAO BULLETIN 1 January 2010

- Civilian crewmen of U.S. Coast and Geodetic Survey vessels who served in areas of immediate military hazard while conducting cooperative operations with and for the U.S. Armed Forces between 7 DEC 41 and 15 AUG 45.
- Members of the American Volunteer Group (Flying Tigers) who served between 7 DEC 41 and 18 JUL 42.
- U.S. civilian flight crew and aviation ground support employees of United Air Lines who served overseas in a contract with Air Transport Command between 14 DEC 41 and 14 AUG 45.
- U.S. civilian flight crew and aviation ground support employees of Transcontinental and Western Air, Inc. (TWA), who served overseas in a contract with the Air Transport Command between 14 DEC 41 and 14 AUG 45.
- U.S. civilian flight crew and aviation ground support employees of Consolidated Vultee Aircraft Corp. (Consairway Division) who served overseas in a contract with Air Transport Command between 14 DEC 41 and 14 AUG 45.
- U.S. civilian flight crew and aviation ground support employees of Pan American World Airways and its subsidiaries and affiliates, who served overseas in a contract with the Air Transport Command and Naval Air Transport Service between 14 DEC 41 and 14 AUG 45.
- Honorably discharged members of the American Volunteer Guard, Eritrea Service Command, between June 21, 1942, and March 31, 1943.
- U.S. civilian flight crew and aviation ground support employees of Northwest Airlines who served overseas under the airline's contract with Air Transport Command from 14 DEC 41 to 14 AUG 45.
- U.S. civilian female employees of the U.S. Army Nurse Corps who served in the defense of Bataan and Corregidor during the period 2 JAN 42 to 3 Feb 45.
- U.S. flight crew and aviation ground support employees of Northeast Airlines Atlantic Division, who served overseas as a result of Northeast Airlines' contract with the Air Transport Command during the period 7 DEC 41 through 14 AUG 45.
- U.S. civilian flight crew and aviation ground support employees of Braniff Airways, who served overseas in the North Atlantic or under the jurisdiction of the North Atlantic Wing, Air Transport Command, as a result of a contract with the Air Transport Command during the period 26 FEB 42, through 14 AUG 45.
- Honorably discharged members of the Alaska Territorial Guard during World War II.

[Source: <http://www4.va.gov/healtheligibility/eligibility/Others.asp> Dec 09 ++]

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**VA Home Loan Update 17:** VA offers a number of home loan services to eligible Veterans, some military personnel, and certain surviving spouses.

- **Guaranteed Loans:** VA can guarantee a portion of a loan made by a private lender to help you buy a home, a manufactured home, a lot for a manufactured home, a condominium unit, or a unit in a cooperative dwelling. VA also guarantees loans for building, repairing, and improving homes.
- **Refinancing Loans:** If you have a VA mortgage, VA can help you refinance your loan at a lower interest rate. You may also refinance a non-VA loan.
- **Special Grants:** Certain disabled Veterans and military personnel can receive grants to adapt or acquire housing suitable for their needs.
- **Time Limits:** There is no time limit for a VA home loan.

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

# RAO BULLETIN 1 January 2010

**VA Prostate Radiation Treatment Update 03:** In a predecisional enforcement conference that was often pointed the Department of Veterans Affairs yesterday apologized repeatedly for a prostate-cancer program that gave incorrect radiation doses to veterans for six years at its main Philadelphia hospital. At the same time, officials from the Philadelphia VA Medical Center and the Veterans Health Administration mounted a vigorous defense against charges by the U.S. Nuclear Regulatory Commission that they had apparently violated eight regulations in the medical use of radioactive materials. VA officials also withdrew their own previous estimates of the number of patients who were affected, asserting that the mistakes were far less common than previously believed. NRC officials said they were surprised by the VA's about-face. After 19 months and numerous on-site inspections and delays, "now you come with a new criteria" for counting botched cases, said Steven A. Reynolds, director of nuclear-materials safety for NRC's Region III, which has led the agency's investigation. "It is troubling." The NRC demanded written testimony by 15 JAN to back up the VA's rationale to limit sanctions. The NRC also said it would issue violations and any penalties four to six weeks after that.

The four-hour hearing on 17 DEC was a chance for the VA to explain its troubled brachytherapy program. Between FEB 02 and JUN 08, a VA team gave incorrect radiation doses to 97 of 114 veterans implanted with tiny radioactive seeds to destroy their cancer. That was the official count the VA gave up until yesterday. Using new assessment criteria developed by a "blue-ribbon panel" of medical experts - and not yet approved for use by the VA - the agency's top radiation oncologist said that in fact 19 veterans, not 97, had gotten incorrect doses of radiation to their prostate or surrounding tissue. The VA's original standard estimated the radiation dose delivered to the prostate. The agency's new methodology is to examine where the seeds are placed in and around the prostate. The new criteria are less subjective, said Michael Hagan, the VA's national director of radiation oncology. They are not meant to "mitigate" the problems of the Philadelphia program, which included no quality assurance or independent oversight, he said. Even by the new standard, about one in five veterans treated with brachytherapy got substandard care at the Philadelphia VA. "In my opinion, these results reflect a program that had substantial problems, but not at the level characterized," Hagan said. Before Hagan's introduction of a new analysis of the treatments yesterday, the VA's own analysis of the implants found that 63 were underdosed and that 35 got too much radiation to tissue near their prostates.

So far, 11 of the 114 men have had a recurrence of prostate cancer, a rate that is within the expected range for brachytherapy treatments, the VA officials told the NRC. An additional eight men have shown signs of a possible return of the cancer, and Hagan said he would not be surprised if the number of those whose cancer returns rises in the next few years. Prostate brachytherapy involves implanting dozens of tiny radioactive seeds into the acorn-size gland to kill cancerous cells over several months. It is an effective treatment when done correctly. Records show that the Philadelphia VA's program was deeply flawed from its earliest patients, and that doctors and officials repeatedly missed chances to correct it. So far, 31 veterans or wives have filed claims totaling \$58 million against the VA. The mistakes led to internal investigations, congressional scrutiny, the NRC probe, and one by the VA's inspector general. So far one physician has accepted a three-day suspension. A radiation safety official received a letter of reprimand. Several lawmakers who have investigated the cases said that the VA responses were weak and that the agency acted only after prominent newspaper articles appeared in the summer, detailing radiation overdoses and underdoses. Last month, the NRC cited the VA for eight apparent violations, including the failure to train doctors and other staff on how to identify bad implants, lacking procedures to ensure safe implants and not reporting mishaps as quickly or fully as required. [Source: Philadelphia Inquirer Josh Goldstein article 18 Dec 09 ++]

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**VA Outside Medical Claims:** Occasionally veterans go to or are transported to non-VA civilian health care facilities for "emergent" treatment of their particular medical condition. To obtain VA payment for this care certain procedures must be followed to file a claim for payment for these services. Beginning with dates of

# RAO BULLETIN 1 January 2010

service on and after 1 MAR 09 you must submit claims for VA payment consideration for emergency care not previously authorized to: Department of Veterans Affairs, Financial Services Center (FSC), Non-VA Emergency Claims, P.O. Box 149364, Austin, TX 78714-9364. All claims with dates of service before 1 MAR 09 must be mailed to your local VA Medical Center. To expedite claims processing, be sure that each claim is complete and filed within 90 days following the episode of care. Incomplete claims will be returned. Do not forget to include documentation of any communication with the VA regarding patient treatment or disposition. A call center at FSC is available to assist you with payment and claims processing inquiries. You may contact the customer call center at 1(866) 372-1144, M-F 08-1630 (CST) excluding Federal holidays. A claim file is complete if it has the following documentation:

- a. Complete UB-04 or CMS-1500 claim form to include the National Provider Identification (NPI) number
- b. Supporting medical documentation for the following services is needed for claims adjudication:
  - **Inpatient:** Admission sheet, discharge summary, operation reports, daily progress notes, and doctor orders.
  - **Outpatient:** Emergency room treatment notes (including chief complaint, and examination/evaluation results), applicable observation notes, any consultation reports, and diagnostic findings.
  - **Emergency Transportation:** Transportation notes indicating location the episode of emergency care took place and facility and address the patient was transported to. The transportation notes should include the chief complaint, examination/evaluation results, applicable observation notes, and any diagnostic findings

[Source: California VFW VSO msg. 18 Dec 09 ++]

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**AAFES Exchange/Refund Policy:** Military shoppers checking off their holiday lists at Army & Air Force Exchange Service facilities between Thanksgiving and Christmas can breathe a little easier if gifts don't measure up as AAFES has extended its refund/exchange policy for the holidays. While AAFES standard policy states that items in new condition may be exchanged or returned within 15, 30 or 90 days with a sales receipt, the new holiday return/exchange policy will extend these guidelines through 31 JAN 2010, for any items purchased between 26 NOV 09 and 24 DEC 09. The extended holiday return/exchange policy will end on 31 JAN 2010, at which time the standard return policy will go back into effect. [Source: NAUS Weekly Update 18 Dec 09 ++]

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**Tricare EOBs Update 04:** The new pharmacy contract requires the contractor; Express Scripts, Inc. (ESI), to mail, on a monthly basis, an Explanation of Benefits (EOB) which provides Tricare beneficiaries information on all pharmacy claims filled through either the retail or mail order program in the previous month (The EOB will not include any prescription information for items filled at Military Treatment Facilities). The first distribution of the monthly EOB's was scheduled to begin on 10 DEC. EOBs are an important tool in identifying potential fraudulent activity and it is important that you read each one carefully. In the event you find that Tricare has paid for any services you did not receive, or you were charged by a healthcare professional you did not see, call the Express Scripts Fraud and Abuse Hotline at 1(866) 759-6139. General questions regarding the pharmacy EOB should be directed to Express Scripts at 1(877) 363-1303 (note that this number should NOT be used if fraud or abuse is suspected. For that purpose, use the one listed above). Additionally, all medications might not be included in the document. Per Tricare policy, medications used to treat certain conditions may not be included in the Explanation of Benefits (EOB). For additional information about these exclusions, call the Express Scripts general contact line (877-363-1303) and they will be more than glad to help you. A final note: If beneficiaries want to receive EOBs via the web instead of paper, they can, by going through the Express Scripts website. Health care

# RAO BULLETIN 1 January 2010

fraud is a pervasive and costly drain on the entire healthcare system and beneficiary involvement is critical in the fight against it. Everyone should play an active role in the fight against it. Note: To avoid delays at a local pharmacy, make sure you take your Military ID card with you. Ask the pharmacy to enter your name and date of birth exactly as it appears on your Military ID card when they submit your prescription. [Source: NAUS Weekly Update 18 Dec 09 ++]

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**Traumatic Brain Injury Update 10:** On 16 DEC a briefing was held by former Secretary of the Army Martin Hoffman in Hyperbaric Oxygen Therapy in the treatment of brain injuries. During the presentation, Sec. Hoffman highlighted the need for additional funding and research into the treatment of the numerous traumatic brain injuries (TBI) from Iraq and Afghanistan by Hyperbaric Oxygen Therapy (HBOT 1.5). The 1.5 in the acronym represents the treatment atmospheric pressure of 1.5 atmospheres. Hyperbaric Oxygen Therapy is a well-tested option in treating at least 13 other medical conditions. A very small sample of around 30 Iraq/Afghanistan casualties have been very successfully treated using this method. Additionally there are other civilian studies that support this treatment method. On 12 JUL, the House of Representatives unanimously passed legislation authored by Congressman Pete Sessions (TX-32) to recognize and report the results and planned expansion of Hyperbaric Oxygen Therapy in Veterans Affairs medical facilities. As an amendment to the Fiscal Year 2010 Military Construction and Veterans Affairs Appropriations Act (H.R.3082), Sessions' legislation requires the VA to submit a report to Congress detailing the current and planned use of the Hyperbaric Oxygen Therapy in VA medical facilities, including the number of veterans and types of conditions being treated with HBOT, their respective success rates, and the current inventory of hyperbaric chambers. Over a year ago DoD announced a clinical trial for HBOT 1.5, but no progress has been made due to lack of resources to design the test and begin testing patients. If the preliminary results of a very tiny test can be duplicated for the larger number of wounded warriors who have been diagnosed with TBI, this needs to be proven as soon as possible in order that our troops can be given the very best treatment. [Source: NAUS Weekly Update 18 Dec 09 ++]

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**VA Tinnitus Care Update 01:** A University of Alabama researcher is embarking on a \$5.6 million phase-three, randomized, controlled clinical trial to evaluate the effectiveness of an innovative treatment that uses a noise-generating device, along with counseling, to alleviate the debilitating effects of tinnitus - that ringing in the ears that drives some people to distraction. The non-medical habituation-based treatment being studied is known as Tinnitus Retraining Therapy or TRT. The investigational study of TRT will involve tinnitus sufferers drawn from the U.S. Navy, Marines and Air Force, and will be conducted in Navy and Air Force flagship hospitals in California, Texas, Maryland and Virginia. Researchers expect to recruit 228 participants for the study. Dr. Craig Formby, UA distinguished graduate research professor in the department of communicative disorders, leads the NIH-sponsored study. Formby's team at UA leads the clinical part of the study, which is funded by a \$3.2 million award from the National Institute of Deafness and Other Communication Disorders. Researchers at Johns Hopkins University have received a \$2.4 million award to manage and analyze the study data. The project will be spread over five years, including four years for recruiting study participants and conducting the treatment and follow-up measurements.

Tinnitus is the No. 1 service-connected disability among veterans returning from the Middle East conflicts. In 2008, compensation for tinnitus disability in the VA medical system alone exceeded \$500 million and is projected to exceed \$1.1 billion and affect more than 800,000 veterans by 2011. "Tinnitus is a noise inside the ear or head in the absence of any sound that could account for it," Formby says. "We don't know what happens. In some cases, it's related to an acoustic insult or gunfire. However, there may be no obvious cause for the tinnitus for many sufferers. It's some sort of over-stimulation of the auditory system that produces hyperactivity either at a peripheral or central

# RAO BULLETIN 1 January 2010

level.” Most people who have tinnitus ignore it, Formby says, but for some it’s torture. As many as 50 million Americans experience tinnitus. Estimates are that for about 2 to 5 million people, the problem is incapacitating. “We know of reports of sufferers who have chronic debilitating tinnitus that is so troublesome that they would elect to cut the auditory nerve to get rid of the persistent ringing,” Formby says. The current standard of care involves counseling people with debilitating tinnitus. The counselors typically try to help the tinnitus sufferer to manage the problem by suggesting coping strategies and by providing information about tinnitus. “The standard of care historically has included reassurance that the patient’s condition is not life threatening nor an indicator of imminent hearing loss,” he says.

Formby will compare the current standard of care for management of tinnitus in the military with TRT and with a placebo condition that will control for the treatment effects of the noise-generator component of the TRT treatment. After specialized TRT counseling to start the habituation process, each of the affected military personnel will use a pair of ear-worn noise-generator devices produced by General Hearing Instruments that produce a “soft seashell-like noise,” which blends with the tinnitus. “In TRT theory, the soft noise throughout the day from the noise generators helps to facilitate the habituation process, which is initiated by the counseling,” Formby says. “Patients are encouraged to use their devices from the time they start their day until the end of the day or at least for eight hours a day. The patients are told to forget the devices are on. Don’t worry about the tinnitus, don’t keep a log, and don’t worry about how bad their tinnitus is from hour to hour or day to day; just go on with their lives.” They are also taught about their auditory system and how it is believed to work together with parts of the brain and central nervous system to give rise to their debilitating tinnitus conditions.”

In the clinical trial, Formby and his co-researchers will measure treatment-related changes in the impact of the tinnitus on each participant’s daily activities. They also will track measures of perception, awareness, and annoyance of the tinnitus for each participant in the study. The questionnaire responses for participants who are assigned to the TRT treatment group will be compared with the responses of tinnitus patients given the current standard-of-care treatment for tinnitus in the military and with a third treatment group who are assigned to the placebo noise-generator control. “If successful, then most patients receiving the full TRT treatment will likely report the tinnitus is no longer troublesome for them at the conclusion of the study,” Formby says. “If you make a measurement of the tinnitus in terms of its pitch and loudness characteristics at the start of the study and at the end of the study, then the perceived tinnitus properties will likely be similar. But the patient’s perception of the annoyance and awareness of the tinnitus will be reduced, and the tinnitus will not be bothersome to them in the way it was at the start of the study. The other treatment groups are not expected to benefit appreciably from their interventions.”

Formby has been working with the U.S. military since 1999, to develop the study protocol for this pioneering investigation, which is the first definitive phase-three clinical trial of TRT sponsored by NIH. The clinical trial will take place at the Naval Hospital Camp Pendleton in Irvine, Calif.; the National Naval Medical Center in Bethesda, Md.; the Portsmouth Naval Hospital in Portsmouth, Va.; the San Diego Naval Hospital; the David Grant Medical Center at Travis Air Force Base in Fairfield, Calif.; and the Wilford Hall Medical Center at Lackland Air Force Base in San Antonio, Texas. The department of communicative disorders is part of UA’s College of Arts and Sciences, the University’s largest division and the largest liberal arts college in the state. Students from the College have won numerous national awards including Rhodes Scholarships, Goldwater Scholarships and memberships on the USA Today Academic All American Team. [Source: University of Alabama Press Release 16 Dec 09 ++]

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**GI Bill Update 65:** The DoD released the 2010 Basic Allowance for Housing charts on 15 DEC. This is potentially big news for veterans using the Post-9/11 GI Bill because the living stipend (aka housing stipend) is directly tied to the BAH for an e-5 with dependents. Although some may see their GI Bill Living stipend increase

# RAO BULLETIN 1 January 2010

by as much as 13.6% in 2010, the average increase will be more like 2.5%. Some may see no increase at all because the rates for 43% of the military housing areas covered by BAH will actually drop in 2010. The first question is, when will this new BAH rate go into effect for the GI Bill? Will it be increased in January or will they wait until July and increase it with the annual tuition and fee rate adjustment? Also, what will the VA do in cases where the local BAH has dropped? The DoD has a grandfathering policy (individual rate protection) that prevents the decrease of a BAH rate as long as the status of a servicemember remains unchanged. In the case of a veteran student this should mean that a current student will not see a decrease in their living stipend. Only new students or those changing their status would see the lower rate. As always, it seems there are more questions with the Post-9/11 GI Bill then there are answers. [Source: Military.com Terry Howell article 16 Dec 09 ++]

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**VA Hospital Report Card:** For the second consecutive year, the Department of Veterans Affairs (VA) has released a "hospital report card" as part of VA's effort to provide the public with a transparent accounting of the quality and safety of its care. In addition, for the first time, data from both the 2008 and 2009 reports will be available to the public in machine-readable format on [www.Data.gov](http://www.Data.gov). To empower Veterans and the public at large to track quality, safety and access to Veterans Health Administration (VHA) facilities, VA's hospital report cards include raw data on care provided in outpatient and hospital settings, quality of care within given patient populations, and patient satisfaction and outcomes. VA issued its first facility-level report on quality and safety in MAY 08. As part of the Obama Administration's commitment to open government and accountability, VA highlights its rigorous quality programs and actions taken to address the issues VA identified from the last report.

The report gives the health care system high marks, with VA facilities often outscoring private-sector health plans in standards commonly accepted by the health care industry. "Patient-centric care is our mission," said Shinseki. "As Secretary, I am committed to continuing to meet and surpass our high standards of care each and every day. In addition to allowing VA to demonstrate the quality and safety of its care, the report card provides opportunities to enhance health services ... it will become a valuable resource of information for Veterans, stakeholders and the department ... It will allow VA's health care system to be forward looking and focused on advancement." The 2009 report card highlighted:

- Marked improvements in smoking cessation counseling provided to 89% of Veteran patients, a 6% improvement from 2008 and among all ages at risk, 94% of Veterans received a pneumonia immunization, a 4% improvement.
- There is more to be done for women Veterans. To address this priority and provide women Veterans with the highest quality care VA has implemented several initiatives, such as placement of women advocates in every outpatient clinic and medical center, and creating a "mini-residency" program on women's health for primary care physicians.
- Minority Veterans are generally less satisfied with inpatient and outpatient care than other Veterans. In addition to targeting outreach efforts to these Veterans, a minority Veteran program coordinator has been placed in every medical center.

[Source: VA Press Release 9 Dec 09 ++]

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**Wisconsin Veterans Homes Update 02:** A plan to raise rent at the Wisconsin Veterans Home in Union Grove by as much as 37% starting 1 JAN has not only confused and concerned residents and their families, it has stymied the board appointed to oversee the agency that runs the home. Veterans Affairs Board members have been trying to get answers from Department of Veterans Affairs officials as to how rates at Union Grove have been set since it opened in 2001, board chairman Marv Freedman said. Board members are concerned about the size of

# RAO BULLETIN 1 January 2010

the rate increase at Union Grove, one of two homes the agency runs, Freedman. There are no proposed rate increases at the Veterans Home at King next year, officials have said. Board members have been trying to get answers since NOV 08, when the issue was first brought to their attention by current Veterans Affairs Secretary Ken Black, Freedman said. The rate increase at Union Grove is one of the issues that spurred the board in September to ask the state to conduct a comprehensive audit of the Department of Veterans Affairs. Since that time, the board fired former secretary John Scocos, blaming him for a host of financial and communications problems within the agency, and replaced him with Black. Scocos is now suing the state and the board.

Some residents and their families are concerned they can't afford the rate increases at the Union Grove home. Some plan to move. Others plan to stay and see what the board does at its next meeting in January. The meeting was supposed to take place this month, but was canceled due to weather. Freedman said the board cannot evaluate the issue of rate setting at Union Grove until it gets answers to what he considers fair and appropriate questions. "We realize some of those we won't have answers to until the audit is completed," Freedman said. "We take these concerns dead seriously and because we haven't been able to get answers to some of these questions it heightens the concern when we hear from residents and their families." The state Legislative Audit Bureau is in the process of auditing the management and operations of both veterans' homes at King and Union Grove. The report is expected to be finished sometime this summer. [Source: The Journal Times Paul Sloth article 16 Dec 09 ++]

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**VA SAH Update 06:** Rep. Stephanie Herseth Sandlin (D-SD), chairwoman of the House Veterans' Affairs subcommittee on economic opportunity, recently conducted a hearing to review the Department of Veterans Affairs' special adapted housing (SAH) grants programs. Veterans or service members who have specific service-connected disabilities may be entitled to a VA grant for the purpose of constructing an adapted home or modifying an existing home to meet their adaptive needs. The goal of these programs is to provide a barrier-free living environment that affords the veterans or service members a level of independent living that they may not normally enjoy. The hearing specifically addressed the flexibility and sufficiency of the existing grants to address the current needs of veterans. "According to the Defense Manpower Data Center at the Department of Defense, approximately 35,000 service members have been wounded in Iraq and Afghanistan," said Sandlin. "Today, we will receive timely testimony that foreshadows the increased need for adaptive housing grants. In caring for our injured men and women in uniform, we must continue to address their needs so they may live as independently as possible after their honorable military service." Three types of grants are administered by VA to assist severely disabled veterans in their adaptive housing needs.

- Specially Adapted Housing Grant generally used to create a wheelchair-accessible home.
- Special Home Adaptations Grant generally used to assist veterans with mobility throughout their homes.
- Temporary Residence Adaptation Grant available to eligible veterans temporarily residing in a home owned by a family member.

Thomas Zampieri of the Blinded Veterans Association (BVA) provided testimony about the need for sufficient adaptive housing grants for veterans. He said it is "important that adaptive housing basic grant adjustments keep pace with residential home cost-of-construction index for each preceding year for labor and construction materials." If disabled veterans are not able to make adaptive changes to their homes, they run the risk of falls and injuries that result in expensive emergency-room visits and costly hospital admissions. Further, if accessible housing grants are not sufficient to allow disabled veterans to live independently at home, the alternative high cost of institutional care in nursing homes will occur, he said. Mr. Zampieri also reported that current blindness standards are overly restrictive, hurting "functionally blinded" veterans from the Iraq and Afghan wars and some veterans with visual impairments caused by traumatic brain injuries requiring assistance and adaptive technology "because they would never qualify for this current 5/200 standard leaving them with no grants."

# RAO BULLETIN 1 January 2010

Mark Bologna, director of Loan Guarantee Services at VA, discussed recent improvements: "Congress changed the program from a one-time to a three-time use program. This change has allowed individuals to make additional adaptations to their homes or upgrade existing adaptations. If they move to other homes and have remaining eligibility, they may now use the program to adapt the new homes as well. These legislative changes have significantly improved the benefits available to severely injured veterans and service members and have increased the overall flexibility of the SAH Grants program. Rep. Bob Filner (D-CA), chairman of the House Committee on Veterans' Affairs noted, "Every year, we have a new pool of veterans returning from the combat zones with serious injuries that include losing a limb, loss of vision, or suffering from traumatic brain injury. Now, more than ever, VA needs to actively advocate and provide support for wounded veterans, and the adaptive housing grant program is absolutely instrumental in the reintegration efforts of these heroes." [Source: Washington Times Sgt. Shaft article 17 Dec 09 ++]

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**Medicare Rates 2010 Update 02:** A bill that would correct what supporters say is an inequity in the Civil Service Retirement System (CSRS) is languishing in the Senate Finance Committee because of a block by Sen. Tom Coburn (R-OK). In September, the House overwhelmingly passed the Medicare Premium Fairness Act (H.R.3631), which aims to give CSRS retirees, among others, some relief from higher rates in 2010 by suspending a quirk in the current Medicare Part B premium system. According to current law, premium increases for Medicare Part B, the buy-in Medicare program which covers outpatient care and other needs, are limited by annual cost-of-living increases in Social Security benefits. With the recession curbing inflation, the Social Security Administration announced earlier this year that there would be no cost-of-living increase in 2010. Therefore, premiums for most Medicare Part B enrollees will not rise next year. So far, so good. But CSRS was created before the government established Social Security, so CSRS retirees do not receive Social Security benefits and thus are not affected by those cost-of-living increases. That means the premium rates for CSRS retirees enrolled in Medicare Part B will continue to rise in 2010. Since most of the population is held harmless against possible increases because of their enrollment in Social Security, CSRS retirees and others outside the Social Security system will bear the brunt of paying for everyone else through increased premiums, which will rise from \$96 per month to \$110 or more per month.

The legislation would mitigate this effect for one year by debiting \$2.8 billion from the Medicare Improvement Fund to freeze premiums at 2009 levels for everyone, including CSRS retirees. H.R.3631 also would help many others in the same situation, including state and local government workers, lower-income Medicare enrollees under Medicaid, higher-income Medicare enrollees, and new Medicare enrollees. Meanwhile, Medicare bills are going out. Many CSRS retirees already have been notified that their premiums are going up in 2010. Even if the legislation were passed before the end of the congressional session, it likely would take the government months to implement. Pointing to high-income Medicare enrollees and those with Medicaid coverage, Coburn said most of those affected don't need the help. "We are going to take \$2.8 billion from our kids or from future Medicare payments -- one way or the other, we are going to steal it from our kids -- to fix a problem for 5% of the people who are on Medicare or will be on Medicare," Coburn said on the Senate floor in October. It's not only Republicans who agreed with him. House Majority Leader Steny Hoyer, D-Md., also opposed the bill, likening it to freezing billionaire Ross Perot's Medicare premiums.

To supporters of the bill, such as the National Active and Retired Federal Employee Association (NARFE), it's a matter of fairness. "Government employees who do not receive Social Security are being singled out, and are subsidizing the cost of others," said NARFE legislative director Daniel Adcock. Adcock said he still was hopeful that something could be done so that at least half the 2010 premiums could be altered, but noted there's little

# RAO BULLETIN 1 January 2010

indication the Senate will pass the bill anytime soon. At the very least, it will be delayed until after senators vote on the massive health care reform bill. Adcock said if the Senate doesn't pass the bill by the end of the year, it might have to go back to the House, stalling it even further. "We're hearing that the political will to act on it in the Senate has been waning," Adcock said. [Source: GOVExec.com Alex M. Parker article 17 Dec 09 ++]

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**Pay Parity Update 02:** The Senate on 13 DEC passed a catchall spending bill which President Obama signed on 16 DEC that includes a 2% pay raise for civilian federal employees in 2010. That figure is in keeping with his request, but contrary to his 30 NOV proposal to freeze locality pay, a portion of the raise would vary depending on costs of labor where employees are based. Lawmakers granted civilians a 1.5% increase in base pay and a 0.5% boost in locality pay. Congress has yet to complete the Defense appropriations measure, but it appears likely military members will receive a higher raise than civilians for the first time in recent years. The fiscal 2010 Defense authorization bill, signed into law in October, included a 3.4% pay hike for service members, a figure even more generous than Obama's 2.9% request for the military. House Majority Leader Rep. Steny Hoyer (D-MD) has said administration officials have assured him pay parity between civilians and members of the military will resume in 2011. [Source: GOVExec.com Amelia Gruber article 13 Dec 09 ++]

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**VA Contractor Use Update 01:** Lawmakers are considering legislation to shape up what one called "major deficiencies" in Veterans Affairs Department contracting, in the wake of critical watchdog reports. In October, the Government Accountability Office released a report showing the service-disabled, veteran-owned small business contracting program was vulnerable to fraud and abuse. By conducting 10 case studies, the watchdog agency found \$100 million in contracts earned through fraud or abuse of the program. GAO reviewed the results of that study for the House Veterans' Affairs Subcommittee on Oversight and Investigations during a hearing on 16 DEC. The subcommittee also heard from several veteran-owned companies, which lamented everything from significant contract delays to a lack of communication between the agency and vendors. "It is no secret that there are major deficiencies within VA's procurement process, and to blame are a number of things, including a lack of a centralized acquisition structure, self-policing policies in place that allow fraud and abuse, and continuous material weaknesses," said Rep. Harry Mitchell (D-AZ), chairman of the subcommittee. Mitchell said he is optimistic that reform of the system can be accomplished, but added that policy and procedural changes might be necessary.

Rep. Steve Buyer (R-IN), ranking member of the full Veterans' Affairs Committee, on 8 DEC introduced a potential legislative fix. According to Buyer, the 2009 Department of Veterans Affairs Acquisition Improvement Act (H.R.4221) would "completely restructure VA's procurement contracting system in an effort to increase the efficiency and effectiveness of the overall acquisition process." The bill would establish an Office of the Assistant Secretary for Acquisition, Construction and Asset Management, and charge this unit with setting procurement policy and structuring the acquisition bureaucracy appropriately. The office also would be responsible for overseeing contracts and maintaining a verifiable database of service-disabled veteran-owned small businesses. "It is clear that VA requires a centralized system that provides strict oversight and direction for its acquisition processes," Buyer said. "The bill ... would implement a streamlined process that allows for greater efficiency and better enforcement of policies and regulations intended to increase contracting opportunities for disabled veteran entrepreneurs."

Glenn Haggstrom, executive director of the VA Office of Acquisition, Logistics, and Construction and acting chief acquisition officer, told the subcommittee the department is making significant strides centralizing and improving its procurement processes. He touted the realignment of the Veterans Health Administration under a central structure with four regional offices focused on internal business processes, as well as training and oversight. The department also is working to improve relationships with contractors. Haggstrom said VA recently established a

# RAO BULLETIN 1 January 2010

Supplier Transformation Relationship Initiative. "For the first time ever, VA's supplier community is being treated as a critical component to VA's success," Haggstrom said. "This initiative improves VA's acquisition process by establishing better and more transparent communications with vendors, which increases VA's access to industry's best practices and innovation." [Source: GOVExec.com Elizabeth Newell article 16 Dec 09 ++]

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**Tricare Retired Reserve:** A new program will offer "gray area" reservists the opportunity to purchase Tricare health care coverage. While qualified members of the Selected Reserve may purchase premium-based coverage under Tricare Reserve Select (TRS), retired National Guard and Reserve personnel did not have Tricare health coverage options until they reached age 60. Under a provision of the National Defense Authorization Act for 2010, that's all changed. The new provision will allow certain members of the Retired Reserve who are not yet age 60 "gray-area retirees), to purchase Tricare Standard (and Extra) coverage. Tricare Extra simply means beneficiaries have lower out of pocket costs if they use a network provider. "We're working hard to coordinate all the details of eligibility, coverage and costs, and expedite implementation of this important program," said Rear Adm. Christine Hunter, deputy director of the Tricare Management Activity. "This is a major benefit program with implementation on the same magnitude as TRS. It will require detailed design, development and testing, but qualified retired reservists should be able to purchase coverage by late summer or early fall of 2010."

While the health care benefit provided for gray-area retirees will be Tricare Standard and Extra – similar to TRS – the new program will differ from TRS in its qualifications, premiums, copayment rates and catastrophic cap requirements. The program is tentatively called Tricare Retired Reserve. The new statute requires premium rates to equal the full cost of the coverage. That is the major difference contrasted with TRS, where the statute provides that Selected Reserve members pay only 28 percent of the cost of the coverage. Premiums for the new gray area retiree program will be announced after program rules are published in the Federal Register. This new program offers an important health coverage option for Reserve and National Guard members who served their country honorably before hanging up their uniforms at retirement, said Hunter. For more information about Tricare benefits go to <http://www.tricare.mil>. [Source: Tricare No. 09-76 17 News Release Dec 09 ++]

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## *Offers of Help*

**VA Benefits Assistance:** If you need help learning about VA programs or with a VA application process, recommend you work with an approved Veterans Service Organization (VSO). It's their job to help you at no cost. To find a VSO go to VA's Directory of Veterans Service Organizations at <http://www1.va.gov/vso/index.cfm>. You can also check with your state VA department and your state's network of county veteran service officers. Most are listed at [www.va.gov/statedva.htm](http://www.va.gov/statedva.htm). If someone approaches you to help with a VA application, claim, or appeal, check to see if they are a VSO. Chances are they won't be because VSOs don't solicit for your business, you have to find them. There are a few organizations which use the front of helping with VA benefits as a way to meet prospective customers. These groups solicit for your business. They offer to get you money from the VA for long term care cost, assisted living, or survivor benefits. Tread lightly around these offers. On the surface, they appear legitimate but if not, it could wind up costing you time and money in the long run. Some things to look for are:

- Organizations having at their base, a financial services firm.
- Organization that are not an official Veteran Service Organization (VSO). VSOs are chartered by the VA to act as an official VA representative for members on VA matters.
- Organizations wanting to help in an area that is not their core business.
- Inability to get a satisfactory answer about how they make their money.

# RAO BULLETIN 1 January 2010

- The motive behind a financial service firm's interest in helping you with issues that get them nothing in return. The process, bureaucracy and time involved in helping vets with VA programs is substantial. Also, helping with some VA programs provides access to a veteran's complete financial information.

[Source: MOAA Financial Frontlines Shane Ostrom article 9 Dec 09 ++]

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**Flag Presentation Update 02:** A series of citations against a 67-year-old Army veteran for displaying the American flag upside down on federal property have been dismissed only days after the U.S. Attorney's Office learned that the ACLU of Southern California was representing him in defense of his free speech rights. Robert Rosebrock, who has been protesting the planned conversion of Veterans Administration property in the Brentwood area to a public park, received the dismissal order signed by a federal judge. The order means that five citations he received for displaying the American flag upside down as part of his protest have been dropped. Rosebrock began protesting the planned transfer of VA land for use as a public park in MAR 08. Since then he has virtually become a fixture outside the Brentwood-area property every Sunday, hanging a flag on a fence around it to draw attention to his viewpoint that the agency's land is legally and morally bound to be used for the care and housing of veterans, particularly homeless veterans. For more than a year, Rosebrock and his supporters hung the flag right side up, but in June they began hanging the flag upside down to signify their view that the property was in distress and that its transfer would endanger veterans. He received the first of five citations a few weeks later from federal law enforcement officers. Subsequently, he got an e-mail from Lynn Carrier, associate director of the West Los Angeles Veterans Administration office, that said he "may not attach the American flag, upside down, on VA property" because "this is considered a desecration of the flag and is not allowed on VA property." Peter Eliasberg, Manheim Family Attorney for First Amendment Rights and managing attorney for the ACLU/SC said, "The government has no business telling Mr. Rosebrock that it is OK to hang the flag one way because it is fine with the message expressed, but that he cannot hang the flag another way because it expresses a different message that the government does not approve of. Protecting the right of Americans to criticize government officials or their decisions is one of the key goals of the First Amendment of the Constitution. Displaying the flag upside down may be offensive to some, as burning the flag was in the Vietnam-war era. But in our society and in our courts, we have a long tradition of giving protesters wide latitude, and we uphold our principles as a free country in doing so."

[Source: Veterans-For-Change NEWS 15 Dec 09 ++]

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**Veterans' Court Update 04:** In hopes of helping veterans suffering from mental illness and substance abuse, Texas Travis County authorities are looking at creating a special veterans court docket, which would channel those charged with certain crimes into treatment and social services rather than incarceration. A handful of such courts have been created across the country since 2008, as officials respond to growing numbers of veterans returning from wars in Iraq and Afghanistan. As many as 30% are thought to suffer from illnesses ranging from post-traumatic stress disorder and traumatic brain injury to major depression. Too many, officials say, turn to alcohol and drugs to self-medicate, often leading to entanglements with the criminal justice system. Last month, Harris County set up a veterans court pilot project, and Tarrant County last week decided to accept a \$200,000 grant from Gov. Rick Perry's office to hire staffers to manage a veterans court there. The Texas Legislature passed a law this year allowing counties to create veterans courts. Travis County officials say not enough is being done locally to identify veterans in need of mental health treatment.

The possible creation of a local veteran's court was hailed by veterans groups as a vital step. "Treatment is far more effective and far less expensive," said Paul Sullivan, head of the Austin-based group Veterans for Common Sense. Travis County Attorney David Escamilla said a team of prosecutors, defense lawyers and judges will need to

# RAO BULLETIN 1 January 2010

work out several details before a veterans court becomes reality, including determining which offenses would be eligible and what services would be offered. Officials will also need to identify funding for the court. "But there's a great deal of momentum to move forward with this," Escamilla said, adding that the court would probably begin handling misdemeanor cases but could take on felony cases. He said the court would be modeled on the county's mental health court, which handles offenders suffering from mental health problems in hopes of preventing repeat offenses. The nation's first veterans court began in January 2008 in Buffalo, N.Y., where veterans are typically ordered to undergo counseling, find work and stop using drugs or alcohol instead of being sentenced to jail or prison time.

The court isn't the only program local officials hope will reach veterans. This month, Travis County embarked on a six-month pilot program that requires veteran offenders to get evaluated and treated by the Department of Veterans Affairs as part of their pretrial release from jail. The efforts stem from a two-year Travis County program called the Veterans Intervention Project, which on 14 DEC released the results of a 90-day study of veterans booked into the Travis County Jail. The study, which relied on self-reporting through questionnaires, found that about 150 veterans were booked into the Travis County Jail each month, or 3.4% of total bookings. Of those, 18% served in Iraq or Afghanistan, 13% in Vietnam and 54% in noncombat zones. Most charges (73%) were for misdemeanor crimes, with driving while intoxicated, assault and drug possession the most frequent charges. Of the felony charges, aggravated sexual assault, aggravated kidnapping and delivery of a controlled substance were the top ones. About one-third of the veterans were arrested two or more times during the 90-day study, highlighting the need for early intervention, officials said.

The jail study found that few locked-up veterans were accessing help through the VA, which offers services for mental health issues and substance abuse. While 86% of the arrested veterans were eligible for such services, just 35% had received them. Officials said the reasons the veterans did not seek help include the stigma within the military attached to seeking mental health help and other-than-honorable discharges, in which veterans are not allowed access to VA services. Some veterans advocates point to a vicious cycle in which active-duty service members suffering from post-traumatic stress and other maladies turn to drugs to self-medicate, which can lead to a dishonorable discharge and inability to access needed mental health help. Maj. Darren Long, who represents the Travis County sheriff's office on the veterans' task force, said there needs to be more understanding of the issues facing veterans, especially those fresh from combat tours. "We come across them when they are in a mental health crisis," he said. "We owe it to them. They take care of us and our freedoms. Now it's our turn to take care of them when they come back home." [Source: American-Statesman Jeremy Schwartz article 15 DEC 09 ++]

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**Agent Orange Guam Update 01:** GUAM may be included in a congressional bill that expands the compensation program for veterans who were exposed to Agent Orange and other types of defoliants used by American troops during Vietnam War. H.R.2254, titled "The Agent Orange Equity Act of 2009," has received a bipartisan support in the House of Representatives, with over 200 congressmen having signed up as cosponsors. "Republicans and Democrats alike have joined together to stand up for Agent Orange veterans," said Rep. Bob Filner (D-CA) author of H.R.2254, and chairman of the House Veterans' Affairs Committee. In a press statement released in late NOV, Filner said his bill would expand the eligibility for presumptive conditions to all combat veterans of the Vietnam War "regardless of where they served." The current compensation program for Agent Orange exposure covers only those who were deployed to Vietnam. Filner issued the statement on the heels of a recent ruling by the Department of Veterans Affairs' Board of Appeals in Texas, which rejected the benefit claims sought by a veteran who was stationed at Andersen Air Force Base during the Vietnam War. Despite personal testimonies and photos of herbicide barrels sent via mass email by veterans who claimed to have handled Agent

# RAO BULLETIN 1 January 2010

Orange at AAFB, the U.S. Department of Defense has not officially acknowledged that Agent Orange and other rainbow herbicides were ever used on Guam.

While acknowledging the statements made by the claimant, the appeals board said the claims were not supported by official evidence. "The veteran's record personnel records indicate that he served in Guam during the war in Vietnam," the appeals board stated in its JUN 09 ruling. "However, the Department of Defense has not established that Agent Orange was used in Guam during the period of the veteran's service." The most recent ruling, however, was inconsistent with four previous decisions that confirmed the use of Agent Orange on Guam between early 1960s and late 1970s. These four previous decisions were based on the 2004 Dow Chemical Risk Report. With no legal support to back them up and no immediate relief on the horizon, veterans who were deployed to Guam have created an online network and sending mass email to demand U.S. lawmakers' attention to their plight. Filner, meanwhile, acknowledges that while Current law requires the Department Veterans Affairs to provide care for service members exposed to Agent Orange by virtue of their 'boots on the ground,' it "ignores veterans that served in the blue waters and the blue skies of Vietnam. Time is running out for these Vietnam veterans. Many are dying from their Agent Orange related diseases, uncompensated for their sacrifice," Filner said in a press statement. "There is still a chance for America to meet its obligations to these estimated 800,000 noble veterans. The courts have turned their backs on our veterans, but I believe this Congress will not allow veterans to be cheated of their earned benefits," he added. [Source: Marianas Variety News & Views Mar-Vic Cagurangan article 30 Nov 09 ++]

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**PTSD Update 35:** Many soldiers, lawyers and mental health workers say that the rules governing confidentiality of psychotherapist-patient relations in the military are porous. The rules breed suspicion among troops toward therapists, those people say, reducing the effectiveness of treatment and complicating the Pentagon's efforts to encourage personnel to seek care. The problem with the military rules, experts say, is that they do not safeguard the confidentiality of mental health communications and records as strongly as federal rules of evidence for civilians. Both systems say therapists should report patients when they seem a threat to themselves or to others. But the military rules include additional exceptions that could be applied to a wide range of suspected infractions, experts say. "There really is no confidentiality," said Kaye Baron, a psychologist in Colorado Springs who has been treating soldiers from Fort Carson and their families for eight years. "You can find an exception to confidentiality in pretty much anything one would discuss."

The issue has gained new attention with the recent mass shootings at Fort Hood that killed 13 and wounded 43. In the weeks before the rampage, the accused gunman, Maj. Nidal M. Hassan, an Army psychiatrist, told colleagues and Army lawyers that he wanted to report soldiers who had admitted in counseling sessions that they witnessed or committed war crimes in Iraq or Afghanistan. War crimes can include acts like torture, murder, sexual assault and cruel treatment. Though Major Hasan was discouraged from filing reports on his patients, military officials say, he would have been within his rights as an Army psychiatrist to have done so. Major Hasan's efforts to report war crimes were first reported by ABC News. Pentagon officials acknowledge that the psychotherapy-patient privilege in the military is not absolute. But they assert that the exemptions are relatively narrow. Those rules apply to both civilian and military mental health professionals who deal with military personnel. Cynthia L. Vaughan, a spokeswoman for the Army medical command, said the rules were intended mainly to protect military personnel, installations and operations, or to prevent child or spousal abuse. In those situations, she said, therapists have a duty to report patients to commanders without their patients' consent. But they do not have a duty to report other kinds of crimes, she said.

The waiver that soldiers are asked to sign is simply to notify them that "there are circumstances when disclosure of behavioral health information can occur without prior consent," Ms. Vaughan said. "We strongly encourage

# RAO BULLETIN 1 January 2010

soldiers to seek behavioral health treatment,” she added. Psychotherapists are not required to report possible war crimes, Ms. Vaughan said. But it is considered a “general duty” under Defense Department directives to do so. Ms. Vaughan said the Army could not comment on whether Major Hasan, whose job was to interview Fort Hood soldiers who were being medically discharged, actually filed reports on his patients. She added that “in normal day-to-day operations, the Army will investigate any report of a possible war crime by whatever means it is made known.” Some legal and mental health experts say the military’s rules on psychotherapist-patient privilege are not clear-cut. Michelle Lindo McCluer, a former Air Force lawyer who is the executive director of the National Institute of Military Justice, said that some exceptions to the privilege are so broadly worded that “you could drive a truck through them.”

One exception in the military rules states that confidentiality can be breached without a patient’s consent when “federal law, state law or service regulation imposes a duty to report information.” Another says privilege can be broken to ensure the safety of military personnel and “the accomplishment of a military mission.” The phrase “military mission,” Ms. McCluer said, could entail almost anything a unit does. Ms. McCluer said that when she was a defense lawyer for the Air Force from 2000 to 2003, she advised clients to seek mental health counseling from chaplains because the privilege rules on their communications are stronger than for therapists. Until about 10 years ago, there was no psychotherapist-patient privilege in the military, meaning that any communication between a therapist and service member could be reviewed by prosecutors or commanding officers without the consent of the patient. The qualified privilege was created in 1999 to bring military rules more in line with the 1996 Supreme Court ruling in *Jaffee v. Redmond* that said federal courts must allow psychotherapists and other mental health professionals to refuse to disclose patient records in judicial proceedings. In the years since the limited privilege was established, there has been little litigation testing its bounds, lawyers say. There has also been little written guidance for therapists, experts say.

Without bright-line rules, many troops say they are concerned that their therapists will reveal not just admissions of major crimes but also minor infractions that might hurt their military careers or prevent them from being returned to combat duties. “I personally have learned to be very vague about what I say,” said a 16-year Army veteran at Fort Carson who is in the process of receiving a medical discharge and did not want to be identified because he was concerned that speaking out about his experience would jeopardize his case. Shannon P. Meehan, a former Army captain and tank platoon leader who was recently medically discharged from the Army, said his candid conversations with a psychiatrist at Fort Hood helped him cope with post-traumatic stress disorder. He had felt deep guilt about an order he gave in Iraq for a missile strike that killed women and children. That 2007 event became a central chapter in a book he has written with one of his former English professors, “Beyond Duty.” Mr. Meehan said that the strike was clearly within the rules of engagement. But other soldiers might not be so certain about their actions during the chaos of combat, and he said he worried that troops who thought their therapists might report them would not discuss their deepest secrets — secrets that may be at the root of personal anguish or mental problems. [Source: New York Times Kames Dao/Dan Frosch article 6 Dec 09 ++]

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**Breast Cancer Update 02:** Some women with very advanced breast cancer may have a new treatment option. Doctors report a combination of two drugs that more precisely target tumors significantly extended the lives of women who had stopped responding to other medicines. It was the first big test of combining Herceptin and Tykerb. In a study of 300 patients, women receiving both drugs lived nearly five months longer than those given Tykerb alone. Doctors hope for an even bigger benefit in women with less advanced disease, and were elated at this much improvement for very sick women who were facing certain death. "We don't see a lot that works in patients who have seen six prior therapies as they did in this trial, so that alone is exciting," says Jennifer Litton, a breast cancer specialist at the Univ. of Texas M. D. Anderson Cancer Center. The good results are in stark contrast to two

# RAO BULLETIN 1 January 2010

other studies that found no survival advantage from Avastin, a \$30,000-a-month drug whose approval for breast cancer patients was very controversial. Considering Avastin's potential side effects—blood clots in the lungs, poor wound healing, kidney problems—a survival benefit "would have made the cost of the drug less painful to take," Litton says. She had no role in any of the studies, which were reported 11 DEC at the San Antonio Breast Cancer Symposium sponsored by the American Association for Cancer Research, Baylor College of Medicine and the UT Health Science Center.

Herceptin and Tykerb aim at a protein called HER-2 that is made in abnormally large quantities in about one-fourth of all breast cancers. Herceptin blocks the protein on the cell's surface; Tykerb does it inside the cell. "It's kind of like having a double brake on your tumor. If the first one fails, the second one does the job," says Kimberly Blackwell of Duke Univ. She led the combo treatment study and has consulted for its sponsor, British-based GlaxoSmithKline PLC, which makes Tykerb, and for Genentech, which makes Herceptin and Avastin. Women in the study had already received Herceptin alone or with various chemotherapy drugs and still were getting worse. They were randomly assigned to receive only Tykerb or both drugs, to see whether the combo might help Herceptin regain its effectiveness. Median survival was analyzed after about 75% of the women had died — roughly two years after the study began. It was 61 weeks in the combo group versus 41 for those taking only Tykerb. That likely underestimates the combo's true benefit because women on Tykerb alone were allowed to add Herceptin partway through the study if they continued to worsen, and many of them did, Blackwell says. One woman on the combo in the study suffered a fatal blood clot. The only other common, serious side effect was diarrhea, which plagued 7 to 8% of each group. Herceptin costs about \$10,000 a month; Tykerb, \$5,000 to \$6,000.

Eric Winer, breast cancer chief at the Dana-Farber Cancer Center in Boston, says several studies now show that Herceptin still helps women even when their cancers seem to be getting worse. "Herceptin is like a big roadblock on a superhighway. Eventually the cancer finds a way around it by taking an off ramp. But it's much less efficient to take that off ramp, so Herceptin is still having some influence on that cancer," says Winer, who, like Litton, has no financial ties to any drugmakers. "Herceptin is a drug that keeps on giving," he says. Not so for Avastin, which works by crimping a tumor's blood supply. The federal Food and Drug Administration approved its use in women whose cancers had spread beyond the breast over the objections of FDA advisers who wanted more evidence of benefit for these patients. Now, two big international studies show that Avastin modestly delayed the time breast cancer took to worsen, but had no effect on overall survival. Avastin also is approved to treat certain lung, brain and colon cancers, and the new studies that follow have no bearing on its use in those patients:

- A 684-patient study of Avastin with chemotherapy as a second-try treatment for women whose cancers do not respond to Herceptin.
- A 736-patient study of Avastin plus Taxotere or a dummy drug as first-time treatment for cancers that had recurred or spread beyond the breast.

[Source: Lab News Daily AP article 14 Dec 09 ++]

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**Vinegar:** For those who are not aware following are a number of uses for vinegar that will make your life a little easier:

## Using Vinegar for BEAUTY, HAIR & BATH

- In your bathwater - Add ½ cup of vinegar or so to warm bath water when bathing and get double benefits softer skin and a cleaner bathtub with less work!
- Hair Conditioner - vinegar makes a simple, inexpensive conditioner for your hair and helps remove the sticky stuff shampoo can leave behind. About a tablespoon will do it.

# RAO BULLETIN 1 January 2010

- Dandruff Treatment - Simply pour a few Tablespoons of vinegar on your hair and massage into your scalp. Wait a few minutes, then rinse and wash hair like normal. Try this for a few days until you see results.
- Weight Loss - Vinegar naturally helps to remove fat from the body - apple cider vinegar is especially good for this. Drink some in a glass of water a few times a day, and add a little lemon or honey for a nicer flavor. This will also help reduce your appetite.
- Cracked, dry skin - Smooth a little vinegar on dried skin to help it heal.
- Clean dentures - Soak dentures overnight in Heinz White Vinegar, then brush away tartar with a toothbrush.
- Facial spritzer - mix 1/2 apple cider vinegar and 1/2 water into a spray bottle. Refreshing!
- Hair Cleanser - Take 1 cup of vinegar and warm water into a large glass and use to rinse your hair after you shampoo. Vinegar adds highlights to brunette hair, restores the acid mantle, and removes soap film and sebum oil.
- Longer lasting pantyhose - Add 1 tablespoon of vinegar to the rinse water when washing and your pantyhose will last longer!

## Using Vinegar for CLEANING

- Cleans Glass - Mixed with water or simply sprayed full-strength on glass and mirrors, vinegar does a great job quickly and easily. Simply wipe windows dry with crumpled-up newspapers and watch your windows sparkle.
- Clean your car - Use it full-strength to polish car chrome with a cloth and see it shine! Use it on your car's windshield and windows, too.
- Cleans drinking glasses - Soak cloudy drinking glasses in warmed white vinegar for a few hours to remove the film, simply wipe clean, rinse, and dry.
- Clean your washing machine - Periodically run a gallon of distilled vinegar through your washing machine to clean it thoroughly, get rid of soap scum, and clear out the hoses. Run the machine through the warm water wash cycle empty and then add the vinegar during the rinse cycle.
- Furniture Polish - Make your own furniture polish with one part vinegar and three parts lemon oil or olive oil.
- Remove price tags or stickers - Paint them with several coats of vinegar and let it soak in. Depending what you are removing them off of is whether they'll slide off easily or require a little heavier rubbing.
- Clean your IRON - Put vinegar in the water holder and let it steam itself clean. Remember to flush it with water when you are done.
- Clean paintbrushes - Simmer paintbrushes in pure vinegar, then wash in hot soapy water.
- Wash walls - Wipe down your walls with a vinegar-water mixture and it will help absorb odors and clean the surfaces.
- Remove spots from glass - Use a vinegar-soaked cloth to remove spots from any glassware or crystal.
- Unclog drains - Pour boiling white vinegar down clogged drains to remove the clog!
- Clean jars - Remove odors and stains from jars by cleaning them out with vinegar.
- Clean an old lunchbox - Soak a piece of bread in vinegar and let it sit in the lunchbox over night.
- Clean and deodorize a garbage disposal - Make vinegar ice cubes and feed them down the disposal. After grinding, run cold water through
- Teapot cleaning - Boil a mixture of water and vinegar in the teapot. Wipe away the grime.
- Dishwasher cleaning - Run a cup of vinegar through the whole cycle once a month to reduce soap build up on the inner mechanisms and on glassware.
- Microwaves - Boil a solution of 1/4 cup of vinegar and 1 cup of water in the microwave. Will loosen splattered on food and deodorize.

# RAO BULLETIN 1 January 2010

- Remove smoke smells from clothing - Add a cup of vinegar to a bath tub of hot water. Hang clothes above the steam.
- Clean eyeglasses - Wipe each lens with a drop of vinegar.
- Remove stains from furniture and upholstery - Remove stubborn stains from furniture upholstery and clothes. Apply Heinz White Vinegar directly to the stain, then wash as directed by the manufacturer's instructions.
- Natural air deodorizer - Heinz Vinegar is a natural air freshener when sprayed in a room.
- Remove rust - Soak the rusted tool, bolt, or spigot in undiluted Heinz White Vinegar overnight.
- Toilet bowl - Pour in one cup of Heinz White Vinegar, let it stand for five minutes, and flush.
- Brighten fabrics - Add a 1/2 cup vinegar to the rinse cycle.
- Natural cleaning wipes - A cloth soaked with vinegar for sanitizing kitchen counters, stove, and bathroom surfaces. This is just as effective as the anti-bacterial products and does not promote resistant strains like the commercial products can, this is also a cheaper and greener way to protect your loved ones.
- Remove lint from laundry - Add 1/2 cup of vinegar to the rinse cycle.
- Remove grease from suede - Dip a toothbrush in vinegar and gently brush over grease spot.
- Remove perspiration stains from clothing - Apply one part vinegar to four parts water, then rinse.
- Clean coffee or tea stains from china - A mixture of salt and vinegar will clean coffee and tea stains from chinaware.
- Clean coffeepots and coffee makers - Vinegar can help to dissolve mineral deposits that collect in automatic drip coffee makers. Fill the reservoir with vinegar and run it through a brewing cycle. Rinse thoroughly with water when the cycle is finished.

## Using Vinegar for FOOD & COOKING

- Cheese Storage - Cheese will last longer if you store it in a vinegar-soaked cloth.
- Whiter Cauliflower - Add a teaspoon or so of white vinegar to your cooking water while cooking cauliflower - it will retain a whiter color.
- Ketchup - Only have a little ketchup left in the bottle? Add a bit of vinegar and give it a good shake and you'll have a bit more!
- Boiling Eggs - Add a bit of white vinegar to the water you're boiling your eggs in, and the shells won't crack.
- Cooking Cabbage - Add a bit of vinegar to the water you're cooking your cabbage in to remove that stinky cabbage smell.
- Fluffier Meringues - Add 1 teaspoon vinegar for every three egg whites and you'll have fluffier meringues.
- Tenderize Meat Soak in vinegar over night.
- Unsticky Rice - To cook rice without sticking add a spoon full of vinegar in it.
- Remove onion odors from skin - Eliminate onion odor by rubbing vinegar on your fingers before and after slicing.
- Disinfect/clean cutting boards - Clean and disinfect wood cutting boards by wiping with full strength vinegar.
- Make buttermilk - Add a tablespoon of vinegar to a cup of milk and let it stand 5 minutes to thicken.

## Using Vinegar for GARDENING & YARD

- Clay Pot Cleaning - Remove white salt buildup on old clay pots by soaking them in full strength vinegar.
- Kills grass - Undiluted vinegar will kill grass between bricks and sidewalk cracks.
- Kills weeds - Spray full strength on weeds - be careful not to spray it on the surrounding grass as it will kill that too.

# RAO BULLETIN 1 January 2010

- Deter Ants - Spray vinegar around doors, appliances, and along other areas where ants are known to gather.
- Keep Cats Away - Sprinkle vinegar on areas you don't want the cat walking, sleeping, or scratching on.
- Freshen Cut Flowers - Add 2 tablespoons vinegar and 1 teaspoon sugar for each quart of water.

## Using Vinegar for HEALTH

- Suffering from a sore throat? Mix a teaspoon vinegar with a glass of water. Gargle with the mixture and then swallow.
- Remove calluses - Try soaking your feet in a combination of white vinegar and warm water nightly and watch your feet soften noticeably.
- Sunburn - Soak a washcloth in vinegar and gently apply it to sunburned skin for cool relief. Reapply as needed as it evaporates. Besides sunburn, vinegar also soothes the itch and irritation of bee stings!
- Arthritis Tonic - Two tablespoons of apple cider vinegar in a glass of water, several times a day.
- Jellyfish Stings - Dot the irritation with vinegar and relieve itching.
- Sinus Infections and Head Colds - Add 1/4 cup or more vinegar to the vaporizer.
- Wart Removal - Mix one part Heinz Apple Cider Vinegar to one part glycerin into a lotion and apply daily to warts until they dissolve.
- Soothe an upset stomach - Drink two teaspoons Heinz Apple Cider Vinegar in one cup water to soothe an upset stomach.
- Mosquito bites - Use a cotton ball to dab mosquito and other bug bites with Heinz Vinegar straight from the bottle.

## Using Vinegar for PETS & ANIMALS

- Pet's drinking water - Add a teaspoon of vinegar to your pet's drinking water to encourage a shinier coat, and reduce odor.
- Remove skunk odor - Use vinegar straight to remove skunk odor from your pet's fur.
- Stop your cat's scratching furniture - Sprinkle or spray vinegar on areas you don't want the cat scratching on.
- Fish bowl cleaner - Eliminate that ugly deposit in the gold fish tank by rubbing it with a cloth dipped in vinegar and rinsing well.
- Remove pet stains from carpets - Blot up urine with a soft cloth, flush several times with lukewarm water, then apply a mixture of equal parts vinegar and cool water. Blot up, rinse, and let dry.

[Source: <http://opossumsal.homestead.com/household.html> Oct 09 ++]

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**Enlistment Update 06:** Applicants wishing to enlist in the US Military, and are married to a military member can generally enlist without a waiver, as long as there are no children in the household. However, applicants should understand that there is no guarantee that they will be stationed at the same base as their spouse. If there are children in the household, the applicant is disqualified for enlistment. The active duty services rarely waive this, while the reserve forces (Reserves and National Guard), often approve waivers, as long as the applicant can show a workable family care plan. DOD Instruction 1342.19, Family Care Plans, standardizes the requirements of the plan for all of the military services. While there are some minor administrative differences in each of the services, family care plans have three basic requirements: short-term care providers, long-term care providers, and care provision details.

- **Short-Term Care Provider.** Single-parents and military couples with children must designate a non-military person who will agree, in writing, to accept care of the member's children at any time, 24 hours per day, 7 days per week, in the event the military member is called to duty or deployed with no-notice. While

# RAO BULLETIN 1 January 2010

this person cannot be another military member, the person can be a military spouse. The short-term care provider must live in the local area where the military member(s) are stationed/located. The short-term care provider must sign the family care plan, indicating that they understand the responsibilities that are being entrusted to them.

- **Long-Term Care Provider.** In addition to the short-term care provider, the military member(s) must also designate a non-military person, who will agree, in writing, to provide long-term care for their children in the event the military member(s) are deployed for a significant period, or in the event they are selected for an unaccompanied overseas tour, or are assigned to a ship at sea. The long-term care provider does not have to live in the local area, but the family care plan must contain provisions to transfer the child(ren) from the short-term care provider to the long-term care provider (finances, airline tickets, etc.), in the event a no-notice deployment turns into a long-term deployment. The long-term care provider must sign the family care plan, indicating that they understand the responsibilities that are being entrusted to them.
- **Care Provision Details.** In addition to designating short-term and long-term care providers, the family care plan must include detailed plans for the care and support of the children. Family care plans must include provisions for logistical movement of the family or caregiver. Logistical arrangements include, but are not limited to, arrangements to relocate, if necessary, the caregiver or family to a new location, financial, medical and legal support necessary to ensure continuity of care and support of family members during the movement. Logistical arrangements must provide for financial support necessary to transport the family or caregiver to a designated location. The military member(s) must also give consideration of a non-military escort for family members requiring assistance such as infants, children, elderly and disabled adults should be outlined when personal family considerations dictate.

Family care plans must also include arrangements for the financial well-being of family members covered by the family care plan during short- and long-term separations. Arrangements for financial care should include power(s) of attorney, allotments, or other appropriate means to ensure the self-sufficiency and financial security of family members. Each of the services have special provisions in place which allow designated care-providers to have access to military base facilities (commissary, BX/PX, medical) in order to affect the care of the military dependents, when the family care plan is actually in effect (i.e., care has been transferred from the military member to the care provider). The regulations require that each family care plan be reviewed for workability and completeness by the commander or a designated representative. After the initial review, the plans are updated by the member and reviewed at least annually. [Source: About.com: U.S. Military Rod Powers article 19 Sep 09 ++]

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## Medicare Fraud Update 29:

- **Detroit MI** - Three Detroit-area individuals pleaded guilty 9 & 10 DEC for their roles in connection with several Detroit-area health care fraud schemes. Baskaran Thangarasan, 37, pleaded guilty to one count of conspiracy to commit health care fraud. At sentencing, Thangarasan, a licensed physical therapist, faces a maximum sentence of 10 years in prison and a \$250,000 fine. Sandeep Aggarwal, 38, also pleaded guilty to one count of conspiracy to launder money. At sentencing, Aggarwal faces a maximum sentence of 20 years in prison and a \$500,000 fine. Wayne Smith, 47, pleaded guilty to one count of conspiracy to commit health care fraud. At sentencing, Smith faces a maximum sentence of 10 years in prison and a \$250,000 fine. These cases were brought as part of the Medicare Fraud Strike Force. Since MAR 07, the Strike Force has obtained indictments of more than 331 individuals and organizations that collectively have billed the Medicare program for more than \$720 million.
- **Jacksonville NC** – Dr. Janet Johnson-Hunter, age 50, pleaded guilty 10 DEC in federal court to bilking \$400,000 out of the government in Medicare fraud., admitted to conspiring to conceal material facts in connection with the delivery of and payment for health care benefits, items, and services. She changed

# RAO BULLETIN 1 January 2010

medical records and ordered employees to change records to indicate patients' needs to ride in an ambulance, when they did not, in order to be reimbursed by Medicare or Medicaid. The programs only cover non-emergent transportation by ambulance in rare occasions. If a patient is able to walk or ride in a wheelchair, the government does not pay for ambulatory transportation. However, from JAN 02 to AUG 05, Johnson-Hunter, a licensed medical doctor and former owner and manager of a private ambulance transportation company in Jacksonville, instructed her employees to change medical files to maximize the likelihood of reimbursement from Medicare and Medicaid for ambulance transports. She faces a possible prison sentence of five years, three years of supervised parole, and could also be ordered to pay a fine of up to \$250,000 when she is sentenced early next year.

- **Miami, Detroit and New York** - Federal agents on 15 DEC arrested 26 doctors, nurses and healthcare operators in Miami, Detroit and New York on charges of submitting \$60 million in bogus bills to the taxpayer-funded Medicare program. The indictments represented yet another Justice Department crackdown on Miami, dubbed the nation's Medicare fraud capital. Justice officials at a news conference in New York announced the expansion of a federal Medicare fraud strike force to Tampa, Brooklyn and Baton Rouge. The strike force, launched in Miami in MAR 07, also operates in Los Angeles, Detroit and Houston — other major metropolitan areas plagued by phony Medicare claims for medical equipment, HIV infusion services, physical therapy and home healthcare. Since 2007, Justice Department prosecutors with the strike force have filed criminal charges involving more than \$1 billion in fraudulent Medicare claims in Miami and three other cities, records show. But South Florida, especially Miami-Dade, is at the root of the crisis. The U.S. attorney's office in Miami, coupled with the strike force, has prosecuted more than 900 defendants charged with submitting more than \$2.5 billion in phony Medicare claims since 2005, according to records.
- **Merced CA** - An 88-year-old audiologist was sentenced in federal court 14 DEC to six months in prison for operating a scheme to defraud Medicare by submitting false billings for services. Adam Sortini was found guilty by a jury earlier this year on 17 counts of mail fraud and one count of health care fraud. His prison sentence will be followed by 15 months of home confinement, plus restitution of \$100,000. Sortini visited skilled nursing facilities throughout Northern California, billing for hearing tests not reimbursable by Medicare because they were routine and performed without a referring physician's order. When he was audited by Medicare, he submitted forged physician referrals to justify his billings. Sortini also billed Medicare for unwarranted and unnecessary hearing tests, including tests for patients with severe mental deterioration, including Alzheimer's disease, dementia and senility. He claimed to have tested between 25 and 50 or more patients on certain days at skilled nursing facilities located more than 100 miles apart. He billed and was paid hundreds of thousands of dollars for these services. At sentencing, United States District Judge Oliver W. Wanger found Sortini had obstructed justice by committing perjury at trial, abused the trust of the Medicare program, and taken advantage of vulnerable, elderly victims -- many of whom were mentally incompetent. In making his determination, the judge considered the defendant's age and medical condition, but said a prison sentence was warranted, given the nature of the crimes.
- **Los Angeles CA** - Insurance Commissioner Steve Poizner today announced that Janet Gail Wroe, 49, of Canyon Country has been convicted of felony identity theft and sentenced to two years in prison after she stole the identity of a senior citizen and forged the victim's name on a Medicare Advantage plan enrollment form in order to receive a commission. A California Department of Insurance (CDI) investigation revealed that on 3 JUL 07, Wroe, a licensed fire and casualty and life insurance broker-agent, tried to enroll a Hawthorne senior citizen into a Medicare Advantage plan, to which the victim declined. Wroe then obtained the victim's personal identification information, completed the enrollment form and forged the senior's signature. Wroe then submitted the enrollment application to another agent, who in turn submitted the application to an insurance company. Wroe then received a commission payment. On 17 SEP 09, the Los Angeles County District Attorney's Office filed one count of forgery and one count of identity theft against Wroe. She was facing a maximum of four years in prison. CDI revoked Wroe's license on 2 JUN 08 on unrelated charges.

# RAO BULLETIN 1 January 2010

- **Brooklyn NY** - On 16 DEC Parke Levy, 47, owner of Americare In Home LLC (Americare) and Lorraine Levy, 78, the director of customer service at Americare, were each charged with participating in a scheme to submit claims to Medicare for medically unnecessary durable medical equipment. According to the indictment, Americare purported to provide diabetic supplies, including shoes and custom-made inserts, as well as other equipment to Medicare beneficiaries. Medicare covered up to one pair of diabetic shoes and three pairs of inserts annually for each patient, provided that the items were medically necessary, as determined by the treating physician; that a physician signed a certification that the patient was diabetic; that the patient had a specified condition, such as a foot ulcer, foot deformity, or poor circulation; and that the doctor had treated the patient under a comprehensive plan of care for diabetes. Parke and Lorraine Levy allegedly would solicit Medicare beneficiaries in order for Americare to provide them with diabetic supplies, including “free” shoes and inserts every year, even if they were not medically necessary. Parke Levy and others would meet with Medicare beneficiaries to measure their feet using a measuring stick or ruler. Parke Levy and Lorraine Levy would then allegedly submit or cause to be submitted false Medicare claims for three pairs of custom molded inserts, when in fact only off-the-shelf inserts had been provided to beneficiaries.
- **Detroit MI** - Rebecca Ann Sharp, 44, owner and president of the former Continuing Senior Care Inc. in Ypsilanti MI, will serve 18 months in federal prison on conspiracy to violate the federal Health Care Anti-Kickback Statute. She will also serve 3 years of federal probation after her release and must pay more than \$1.4 million restitution to the Medicare Trust Fund. Sharp instructed her company's staff to telephone senior citizens and offer medical services and chore workers — claiming in some cases that the company obtained their names from Medicare. Later a doctor employed by Sharp would visit the senior citizen, measure vital signs and prescribe home health care. Sharp, who pleaded guilty in June, claimed she could refer up to 80 patient names per week to a home health care agency and charged a referral fee of \$250 per patient. Federal officials contend she received over \$1.1 million in kickbacks for the referrals from 2002-05.
- **Houston TX** - Amudat Williams, 54, and his co-defendant spouse were sentenced 16 DEC to 44 months each in federal prison without parole and ordered to jointly pay \$2,190,772 in restitution to Medicare. They were convicted after pleading guilty on 18 DEC 08, to conspiracy to commit health care fraud and receiving kickbacks. Both were originally charged in an 13-count indictment with executing a well organized scheme to defraud the Medicare program by operating several DME companies and billing Medicare for providing motorized wheelchairs when less expensive equipment known as scooters were actually provided.
- **Willingboro NJ** - On 16 DEC a settlement brought to a close four years of litigation that began after a whistleblower filed a suit against Lourdes Medical Center of Burlington County. The suit alleged that the hospital inflated its charges to Medicare patients in order to obtain enhanced reimbursement from the government in the form of outlier payments. Outlier payments are provided to hospitals by Medicare for hospitals cases where the expenses far exceed the typical Medicare reimbursement amount. Similar over-billing also occurred at Our Lady of Lourdes Medical Center in Camden NJ. The hospitals maintain that the Medicare payments received were appropriate but that they agreed to settle, without any admission of liability, in order to avoid protracted and costly litigation. The U.S. Centers for Medicare and Medicaid has since implemented regulatory changes that provide clearer outlier billing guidelines.
- **Charleston WV** - Dr. John Theodore Tiano, age 41, pleaded guilty 15 DEC in U.S. District Court in Charleston to conspiracy to misuse a registration number and aiding and abetting health care fraud. He allowed a Mingo County clinic and its employees to use his name and Medicare provider number to bill for services that he didn't personally provide. He also allowed others to use his federal drug registration number to issue prescriptions to acquire controlled substances. Tiano faces up to 14 years in prison when he's sentenced 18 MAR.

# RAO BULLETIN 1 January 2010

- **Beaumont TX** - On 21 DEC Ashley Collinwood Walkes who pleaded guilty on 3 JUN 09 to Misprision of Health Care Fraud was sentenced to 36 months in federal prison. Walkes was also ordered to pay restitution of \$4,315,280.21 to Medicaid, \$514,390.24 to Medicare and \$70,585.55 to Blue Cross Blue Shield, for a total of \$4,900,256.00 in restitution. Walkes, who had no medical training, ordered Medicaid, Medicare, and private insurance patients to attend physical therapy sessions in order to receive their prescription refills. These sessions were then billed as if a physician had performed them, but they were actually performed by untrained, unlicensed, unsupervised personnel. Further, Medicaid, Medicare, and BCBS were billed for multiple physical therapy sessions each time the patient attended. In a separate scheme, Walkes directed Medicaid and Medicare to be billed for thousands of physician office visits at a code indicating the patient spent twenty-five minutes with the physician, when the physician actually spent five minutes or less with each patient.
- **Houston TX** - Dr. Michael D. Kim, 69, pleaded guilty and was sentenced to 10 years' imprisonment 21 DEC on a number of charges including conspiring to defraud Medicare of more than \$1.7 million. He was further ordered to pay Medicare \$10.8 million in restitution and to forfeit \$1.1 million to the United States. Kim was involved in an extensive Medicare fraud conspiracy that was one of the "motorized wheelchair fraud schemes" that were prevalent in the Greater Houston area from 2002 to 2004. Kim was previously convicted of conspiracy to defraud the Medicare program and 17 counts of health care fraud in a scheme to defraud Medicare of \$29 million by a jury's verdicts following trial in SEP 08.
- **Farmington Hills MI** - Visiting Physicians Association (VPA) will pay the United States and the state of Michigan \$9.5 million to settle allegations that they violated the False Claims Act by submitting false claims to Medicare, Tricare and the Michigan Medicaid program. VPA is a Michigan professional corporation which has provided home health services at various times in Michigan, Ohio, Georgia and Wisconsin. This settles allegations that VPA submitted claims for unnecessary home visits and care plan oversight services, for unnecessary tests and procedures, and for more complex evaluation and management services than the services that VPA actually provided. This 3 DEC settlement resolves four lawsuits filed by private plaintiffs under the qui tam or whistleblower provisions of the False Claims Act, which permit private parties to file an action on the government's behalf and share in any recovery. The settlement provides that the four whistleblower plaintiffs will collectively receive a total of approximately \$1.7 million.
- **Grand Blanc MI** - Genesys Health System on 28 DEC agreed to pay the United States \$669,413 to settle a lawsuit alleging that the health care provider violated the False Claims Act. The violation was billing Medicare for higher levels of service than were actually rendered to patients. Specifically, for evaluation and management services provided to cardiology patients. The allegations resolved by the settlement were initiated by a lawsuit filed under the qui tam or whistleblower provisions of the False Claims Act, which allow private citizens to sue for fraud on behalf of the United States and share in any recovery. The whistleblower in this case will receive a \$133,882 share, 20% of the settlement.

[Source: Fraud News Daily reports 16-31 Dec 09 ++]

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## Medicad Fraud Update 04:

- **Atlanta GA** - Varian V. Scott, of Miami, was sentenced 14 DEC to 12 years in federal prison for being part of a health-care fraud scheme that cost Georgia Medicaid \$1.1 million. Scott, 36, also was ordered in federal court in Atlanta to pay \$1.14 million in restitution to Georgia Medicaid. The charges arose out of scheme to present forged doctors' prescriptions for high-dollar cancer and HIV medications to dozens of Atlanta-area pharmacies using the identities of Georgia Medicaid recipients, causing the cost of the medications to be billed to the Georgia Medicaid program, and resulting in an approximately \$1.1 million

# RAO BULLETIN 1 January 2010

loss to state and federal taxpayers. Scott and his cousin Hezron Collie, 29, of Atlanta, were indicted in March on charges of conspiracy to commit health-care fraud and health-care fraud in connection with a scheme to present more than \$1 million in forged prescriptions to pharmacies throughout metro Atlanta. The prescriptions were billed to Georgia Medicaid. Between SEP 05 and APR 06, Scott, Collie and others got blank doctors' prescription pads from Emory University's Winship Cancer Institute -- Collie's former employer -- and two other doctors. The defendants allegedly used names, dates of birth and Georgia Medicaid numbers of dozens of people, and allegedly forged multiple doctors' prescriptions for Neupogen and related medications used to treat cancer and AIDS patients. The defendants then allegedly presented the forged prescriptions along with the patient information to CVS, Publix, Walgreens, Kroger, and Eckerd pharmacies around metro Atlanta. Scott and Collie also allegedly recruited a pharmacy employee at least one of the pharmacies as part of the scheme. That employee is cooperating with authorities and pleaded guilty to related charges in Gwinnett County Superior Court on 13 JAN 09. The pharmacies billed about \$1.1 million to Georgia Medicaid for the cost of the medications Scott and Collie fraudulently acquired.

- **Secaucus NJ** - A dentist on 15 DEC pleaded guilty to defrauding more than \$70,000 from Medicaid. Anna Padva-German, 47 pleaded guilty to third-degree Medicaid fraud before Monmouth County Superior Court Judge Anthony J. Mellaci Jr. Padva-German is a licensed dentist who works for New Jersey Mobile Dentist P.A. of Colts Neck. Four dentists with the company have pleaded guilty to Medicaid fraud. The charges stem from an ongoing investigation by the state Office of Insurance Fraud Prosecutor's Medicaid Fraud Control Unit. Medicaid, a state healthcare program for low-income and disabled residents, allegedly paid New Jersey Mobil Dentist more than \$1.3 million for dental procedures that were not performed. Padva-German admitted in court to received payments beyond what she was entitled between JAN 03 and MAR 09. The investigation uncovered New Jersey Mobile Dentist, which used Padva-German's Medicaid provider number received over \$200,000 in payments to which it was not entitled. The company contracts with dentists to provide mobile services at nursing homes and assisted living facilities in the state. Padva-German will be sentenced 25 JUN 2010. Under her plea agreement, she must pay \$138,731 in restitution and penalties to the state.
- **Bakersfield CA** - On 17 DEC a \$21.3 million settlement with Schering-Plough Corporation was agreed to, resolving allegations the company "deliberately inflated" the price of Albuterol and other drugs, causing California's Medicaid (Medi-Cal) program to overpay millions of dollars in pharmacy reimbursement. Albuterol is a widely prescribed generic drug, delivered through inhalers, nebulizers and masks, and used to treat asthma and other breathing problems. "With healthcare costs spiraling out of control, it's unconscionable that a Fortune 500 pharmaceutical company deliberately inflated its drug prices to cheat California's public healthcare system out of millions of dollars," said Attorney General Brown. "This is a company that made more than \$12 billion in profits last year, yet still raided the pockets of California taxpayers." The settlement stems from a lawsuit filed by a whistleblower against several pharmaceutical companies accused of Medicaid fraud. The case is still proceeding against Dey, Inc., Mylan Pharmaceuticals, Inc., Sandoz, Inc. and their parent companies. Schering-Plough recently merged with Merck, and is now known as Merck & Co. California's \$21.3 million agreement is one of three settlements negotiated with Schering-Plough, collectively totaling \$69 million, over falsely inflated drug prices.
- **New York** - Settlement agreements have entered into with three home health agencies to resolve allegations that they submitted false claims to the New York Medicaid and Medicare programs. The New York Medicaid program provides coverage for home health aides only if those aides have valid certificates showing that they received proper training. The DOJ contended that Nursing Personnel Home Care (Nursing Personnel) knowingly supplied aides with phony training certificates to Extended Home Care (Extended) and Excellent Home Care (Excellent), which then billed New York Medicaid for the aides' services; that Extended and Excellent knowingly billed for aides with phony certificates who were untrained; and that Extended and Excellent knowingly submitted claims to the Medicare program for home health aide services purportedly rendered by aides supplied by Nursing Personnel that were not actually

# RAO BULLETIN 1 January 2010

provided. The United States is receiving approximately \$9.7 million as a result of the settlement with these three companies, and the state of New York is receiving approximately \$14.3 million, for a total recovery of \$24 million. The allegations resolved by the 17 DEC settlements were initiated by two lawsuits filed under the whistleblower provisions of the False Claims Act, which allow private citizens to file suit on behalf of the United States for fraud and share in any recovery. Maurice Keshner will receive \$251,107 from the government's recovery from Nursing Personnel. Deborah Yannicelli will receive \$1,663,040 from the government's recovery from Extended and Excellent.

- **Albany NY** - Comptroller Thomas DiNapoli scolded New York state health officials 22 DEC for failing to prevent Medicaid fraud while he released audits exposing another \$92 million in sham payments by the health-insurance program for the poor. He said three audits reveal the Department of Health continues to bungle oversight of the \$45 billion program that is poised for further expansion under President Obama's health-care plan. "The state's Medicaid system is leaking millions of dollars -- taxpayer dollars," DiNapoli said. "Safeguards designed to protect the taxpayers by detecting waste, fraud and abuse keep failing." He estimates outright fraud could make up as much as \$1.3 billion. The agency insisted it was making changes to address the concerns, but also accused DiNapoli of oversimplifying issues.

[Source: Fraud News Daily reports 16-31 Dec 09 ++]

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## Military History Anniversaries:

- Jan 01 1945 – WWII: In Operation Bodenplatte, German planes attack American forward air bases in Europe. This is the last major offensive of the Luftwaffe.
- Jan 02 1904 - Latin America Interventions: U.S. Marines are sent to Santo Domingo to aid the government against rebel forces.
- Jan 02 1942 - WWII: In the Philippines, the city of Manila and the U.S. Naval base at Cavite fall to Japanese forces.
- Jan 02 1966 - American forces move into the Mekong Delta for the first time (Vietnam War)
- Jan 03 1920 - WWI: The last of the U.S. troops depart France.
- Jan 04 1951 - Korea: Chinese communist forces recapture Seoul from United Nations troops
- Jan 05 1781 - American Revolution: Richmond, Virginia, is burned by British naval forces led by Benedict Arnold.
- Jan 05 1904 - American Marines arrive in Seoul, Korea, to guard the U.S. legation there.
- Jan 05 1942 - WWII: U.S. and Filipino troops complete their withdrawal to a new defensive line along the base of the Bataan peninsula.
- Jan 05 1951 - Korea: Inchon, South Korea, the sight of General Douglas MacArthur's amphibious flanking maneuver, is abandoned by U.N. force to the advancing Chinese Army.
- Jan 06 1941 - WWII: President Franklin D. Roosevelt asks Congress to support the Lend-lease Bill to help supply the Allies.
- Jan 06 1967 - Vietnam: Operation Cedar. Over 16,000 U.S. and 14,000 Vietnamese troops start their biggest attack on the Iron Triangle, northwest of Saigon.
- Jan 07 1944 - WWII: The U.S. Air Force announces the production of the first jet-fighter, Bell P-59 Airacomet.
- Jan 07 1975 - Vietnam: Vietnamese troops take Phuoc Binh in new full-scale offensive.
- Jan 08 1815 - War of 1812: Battle of New Orleans - A rag-tag army under Andrew Jackson defeats the British on the fields of Chalmette in the Battle of New Orleans.
- Jan 08 1863 - Civil War: Second Battle of Springfield ends with a Confederate withdrawal.

# RAO BULLETIN 1 January 2010

- Jan 08 1877 - Crazy Horse and his warriors fight their last battle with the United States Cavalry at Wolf Mountain (Montana Territory).
- Jan 09 1861 – Civil War: The "Star of the West" incident occurs near Charleston, South Carolina. It is considered by some historians to be the "First Shots of the War".
- Jan 09 1945 - WWII: U.S. troops land on Luzon, in the Philippines, 107 miles from Manila.
- Jan 10 1847 - Mexican War: General Stephen Kearny and Commodore Robert Stockton retake Los Angeles in the last California battle of the war.
- Jan 10 1923 - WWI: The United States withdraws its last troops from Germany.
- Jan 11 1863 - Civil War: The Battle of Fort Hindman Arkansas ends with a Union victory.
- Jan 11 1940 - Benjamin O. Davis, Sr., becomes the U.S. Army's first black general, his son would later become a general as well.
- Jan 11 1967 – Vietnam: Operation Deckhouse Five", a combined USMC and ARVN troop effort in the Mekong River delta ends in failure.
- Jan 12 1991 - Persian Gulf War: The U.S. Congress gives the green light to military action against Iraq in the Gulf Crisis.
- Jan 12 1846 - Mexican War: President James Polk dispatches General Zachary Taylor and 4,000 troops to the Texas Border as war with Mexico looms.
- Jan 13 1968 - Vietnam: U.S. reports shifting most air targets from North Vietnam to Laos.
- Jan 14 1911 - The USS Arkansas, the largest U.S. battleship, is launched from the yards of the New York Shipbuilding Company.
- Jan 14 1943 – WWII: Operation Ke, the successful Japanese operation to evacuate their forces from Guadalcanal during the Guadalcanal campaign, begins.
- Jan 14 1943 – WWII: Franklin D. Roosevelt and Winston Churchill begin the Casablanca Conference to discuss strategy and study the next phase of the war.
- Jan 15 1865 - Civil War: Union troops capture Fort Fisher, North Carolina.
- Jan 15 1944 - WWII: The U.S. Fifth Army successfully breaks the German Winter Line in Italy with the capture of Mount Trocchio.

[Source: Various Dec 09 ++]

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**Tax Burden for Louisiana 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 Louisiana:

***State Sales Tax:*** 4%; 3.8% for electricity, water utility services and steam; Interstate telecommunication services are taxable at 2%. Political subdivisions also levy their own sales tax that could bring the total to 10.75%. Food, drugs, wheelchairs and prosthetic devices are taxed locally.

***Fuel & Cigarette Tax:***

- **Gasoline Tax:** 20 cents/gallon
- **Diesel Fuel Tax:** 20 cents/gallon
- **Cigarette Tax:** 36 cents/pack of 20

# RAO BULLETIN 1 January 2010

## Personal Income Taxes

**Tax Rate Range:** Low - 2.0%; High - 6.0%

**Income Brackets:** 3 (Lowest - \$12,500; Highest - \$50,000). For joint returns, the taxes are twice the tax imposed on half the income.

**Personal Exemptions:** Combined personal exemption and standard deduction is single - \$4,500; married - \$9,000; dependents - \$1,000; 65 and older - \$1,000.

**Standard Deduction:** Included in personal exemptions

**Medical/Dental Deduction:** Federal amount.

**Federal Income Tax Deduction:** Full.

**Retirement Income Taxes:** Social Security, military, civil service, state/local government pensions are exempt. For qualified private pensions a person age 65 and older. Federal retirement benefits received by federal retirees, both military and nonmilitary, may be excluded from Louisiana taxable income. Out-of-state government pensions qualify for the private pension/retirement exemption. Interest and dividends from all state and local government obligations are exempt from federal income tax. Louisiana only exempts interest and dividends from obligations from the State of Louisiana and its political subdivisions and municipalities. Interest and dividends from obligations from other states or their political or municipal subdivisions are exempt from federal income tax but taxed by Louisiana.

**Retired Military Pay:** Not taxed.

**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

Taxes are assessed and collected at the local level -- 64 parishes and 7 municipal districts. The Louisiana State Tax Commission has a regulatory role regarding property assessments. Property assessments are based on 10% of the fair market value of the property. Homeowners receive a homestead exemption in the amount of \$7,500.

Exemption is applied against the assessed value of the home which is equal to 10% of the fair market value.

Therefore, only homes with a market value over \$75,000 would be subject to the parish (county) property tax.

However, this exemption does not generally apply to municipal taxes.

A Special Assessment applies to the homestead of persons who are 65 years of age and older if the adjusted gross household income is below a certain level. For the tax year 2006, that level was \$58,531. The level may change from year to year, so it is advisable to check with the assessor's office to determine whether you qualify. This special assessment will freeze the assessed value of the homestead for as long as the applicant owns and resides in the home and income does not exceed the maximum allowed. It will be lost if improvements in excess of 25% of the home's value are added. Call 225-925-7830 for details.

## Inheritance and Estate Taxes

Effective January 1, 2008, the inheritance tax is not applicable to deaths that occur after June 30, 2004. Refer to Acts 2008, No. 822 at [www.legis.state.la.us/lss/lss.asp?doc=285580](http://www.legis.state.la.us/lss/lss.asp?doc=285580). Louisiana does levy an estate transfer tax. [Revised Statute 47.2436](#) requires that an estate transfer tax return be filed by or on behalf of the heirs or legatees in every case where estate transfer tax is due or where the value of the deceased's net estate is \$60,000.000 or more.

# RAO BULLETIN 1 January 2010

For further information, refer to the Louisiana Department of Revenue site [www.rev.state.la.us](http://www.rev.state.la.us) or call 255-219-0102. Additional information can be found at the Louisiana Tax Commission site [www.latax.state.la.us](http://www.latax.state.la.us).

Source: [www.retirementliving.com](http://www.retirementliving.com) Dec 09 ++]

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**Veteran Legislation Status 28 DEC 09:** After a session that dragged into Christmas Eve for the first time since 1963, the Senate finally adjourned at 10:19 a.m. 24 DEC. That brought an end to the first session of the 111th Congress. The House had departed for the year 16 DEC, and will reconvene 12 JAN. The Senate had been in session for 25 straight days, one short of the all-time record, before presiding officer Paul Kirk, D-Mass., gaveled proceedings to a close. Benjamin L. Cardin (D-MD), serving as floor leader after other senators had fled the chamber, announced that the Senate would next convene on 5 JAN and again 19 JAN in pro forma sessions. The second session will begin in earnest starting at 10 a.m. 20 JAN. A pro forma session is a daily meeting of the House or Senate during which no votes are held and no legislative business is conducted. The session "in form only" is held for purposes of meeting the 3-day rule in the Constitution. It requires each House to gain the permission of the other for recesses longer than 3 days (Article I Section 5). When the permission is not forthcoming, or not requested in time, the affected chamber convenes briefly with hardly anyone in attendance [the opening prayer, routine announcements, and sometimes short non-legislative speeches are conducted], and then adjourns.

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

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-mail; signing a petition; or making a personal visit, Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting legislators know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> your legislator's phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to [http://www.thecapitol.net/FAQ/cong\\_schedule.html](http://www.thecapitol.net/FAQ/cong_schedule.html) for dates that you can access your legislators on their home turf. [Source: RAO Bulletin Attachment 13 Dec 09 ++]

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## Have You Heard?

Q: How do you know if there is a fighter pilot at your party?

A: He'll tell you.

Q: What's the difference between God and fighter pilots?

A: God doesn't think he's a fighter pilot.

Q: What's the difference between a fighter pilot and a jet engine?

A: A jet engine stops whining when the plane shuts down.

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# **RAO BULLETIN 1 January 2010**

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