

## RAO BULLETIN 15 April 2010

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**SSA COLA 2010 Update 04:** Fifty-two percent of seniors responding to The Senior Citizens League's (TSCL) 2010 Senior Survey say they are receiving lower Social Security checks this year than they did in 2009. With no annual cost-of-living adjustment (COLA) in 2010, deductions for rising Medicare premiums reduced benefit checks. Not only are large numbers of seniors reporting lower benefit payments, the reductions are comparatively steep, given the average Social Security benefit in 2010 is only \$1,064 per month. Of those getting a reduced check, about one-third say their monthly checks are at least \$31 less than they got last year. Seventeen percent said their checks had been reduced by more than \$50 a month. The benefit reductions follow two back-to-back years in which seniors report cutting down on visits to doctors, dentist, opticians, and filling fewer prescriptions. The survey found that in 2009:

- 46% said they cut back on visits to doctor or hospital outpatient services.
- 54% said they cut back on trips to the dentist, optician or hearing specialists, the costs of which are not covered under traditional Medicare.
- 38% said they postponed filing a prescription or took less than prescribed.
- 68% reported real estate taxes went up, (even as home values continued to plummet).

All told, about 29% of the seniors who took the survey said their monthly expenses in 2009 increased from \$80 to \$119, and another 37% said their monthly expenses increased more than \$119. TSCL recently released the findings to the national media and continues the effort in Congress to enact an emergency COLA for both 2010 and 2011. Says TSCL's Executive Director, Shannon Benton, "Thanks to all of you who took the time to respond to the 2010 Senior Survey and those of you who are sending letters to Members of Congress, and letters to the editor of your local papers! The overwhelming response makes a compelling case to Congress for the need to help seniors now." TSCL is lobbying for legislation that would provide an emergency 3% COLA for 2010, H.R. 3557, introduced by U.S. Representative Walter Jones (R-NC-03), and H.R. 4193, introduced by U.S. Representative Eliot Engel (D-NY-17), which would guarantee a minimum COLA of 3% in years in which the CPI would be lower. To learn more on this issue refer the TSCL website at [www.seniorsleague.org](http://www.seniorsleague.org). [Source: Your Social Security and Medicare Advisor, Vol. 15, No. 4 dtd 13 Apr 2010 ++]

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**VETERAN CHARITIES Update 11:** Every year, millions of taxpayers donate money to charitable organizations. The IRS has put together the following list of six things you should know about the tax treatment of tax-exempt organizations.

1. **Annual returns are made available to the public.** Exempt organizations generally must make their annual returns available for public inspection. This also includes the organization's application for exemption. In addition, an organization exempt under 501(c)(3) must make available any Form 990-T, Exempt Organization Business Income Tax Return. These documents must be made available to any individual who requests them, and must be made available immediately when the requests are made in person. If the request is made in writing, an organization has 30 days to provide a copy of the information, unless it makes the information widely available.
2. **Donor lists generally are not public information.** The list of donors filed with Form 990, Return of Organization Exempt From Income Tax, is specifically excluded from the information required to be made available for public inspection by the exempt organization. There is an exception, private foundations and political organizations must make their donor list available to the public.
3. **How to find tax-exempt organizations.** The easiest way to find out whether an organization is qualified to receive deductible contributions is to ask them. You can ask to see an organization's exemption letter,

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which states the Code section that describes the organization and whether contributions made to the organization are deductible. You can also search for organizations qualified to accept deductible contributions in IRS Publication 78, Cumulative List of Organizations and its Addendum, available at IRS.gov. Taxpayers can also confirm an organization's status by calling the IRS at (877) 829-5000.

4. **Which organizations may accept charitable contributions.** Not all exempt organizations are eligible to receive tax-deductible charitable contributions. Organizations that are eligible to receive deductible contributions include most charities described in section 501(c)(3) of the Internal Revenue Code and, in some circumstances, fraternal organizations described in section 501(c)(8) or section 501(c)(10), cemetery companies described in section 501(c)(13), volunteer fire departments described in section 501(c)(4), and veterans organizations described in section 501(c)(4) or 501(c)(19).
5. **Requirement for organizations not able to accept deductible contributions.** If an exempt organization is ineligible to receive tax-deductible contributions, it must disclose that fact when soliciting contributions.
6. **How to report inappropriate activities by an exempt organization.** If you believe that the activities or operations of a tax-exempt organization are inconsistent with its tax-exempt status, you may file a complaint with the Exempt Organizations Examination Division by completing Form 13909, Tax-Exempt Organization Complaint (Referral) Form. The complaint should contain all relevant facts concerning the alleged violation of tax law. Form 13909 is available at IRS.gov or by calling (800) 829-3676.

[Source: IRS Tax Tip 2010-60 25 Mar 2010 ++]

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**MEDICARE ENROLLMENT Update 01:** The Social Security Administration has streamlined the Medicare application process, making it convenient, quick and easy for qualified seniors to apply online for Medicare benefits—even if they're not ready to retire. You just go to the online Medicare application site at <https://secure.ssa.gov/apps6z/iClaim/rib>, read the instructions, gather any information you need, and then fill out the online form. The Social Security Administration estimates that the whole process can take less than 10 minutes or as much as half an hour, but the average time is about 15 minutes. Once your application is submitted electronically that's usually all there is to it. In most cases, there are no forms to sign and no documentation is required. The Social Security Administration will process your online application, contact you directly if they need more information, and mail your Medicare card when it's ready. You don't have to be retired or even planning to retire in the near future to sign up for Medicare benefits. You can use the online Medicare application if you:

- Are at least 64 years and 8 months old; and
- Want to sign up for Medicare; and
- Do not want to start receiving Social Security benefits in the next four months; and
- Live in the United States or one of its commonwealths or territories (applicants who live outside the United States should contact the nearest U.S. Social Security office, or the U.S. embassy or consulate for their area).

Before you start your application, it is recommended that you get an estimate of your retirement benefit. It will help you to answer some of the questions on the application. You can do so by clicking the appropriate tab on the website. You may want to print or save the estimate to refer to during your application. If you plan to delay receiving Social Security retirement benefits until you are past the age of 65, you can still apply for Medicare benefits only. To make sure you understand how such a decision may affect your income and your medical coverage be sure to review the information in the Social Security Retirement Planner titled, Applying for Medicare Only—Before You Decide at [www.ssa.gov/retire2/justmedicare.htm](http://www.ssa.gov/retire2/justmedicare.htm). [Source: About.com:Senior Living 13 Apr 2010 ++]

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**VA DISABILITY COMPENSATION SYSTEM Update 02:** When determining how much of a rating percentage to award on a veteran's claim VA adjudicators reference Title 38 CFR 4.125. Here is the Combined Ratings Table which is based on a formula, set in law, for combining disability ratings for separate

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service-related medical conditions. It's a more complex formula than the simple addition of each rating percentage. The combined ratings table results from the consideration of the efficiency of the individual as affected first by the most disabling condition, then by the less disabling condition, then by other less disabling conditions (if any) in the order of severity. Thus a person having a 60% disability is considered 40% efficient. Proceeding from this 40% efficiency, the effect of a further 30% disability is to leave only 70% of the efficiency remaining after consideration of the first disability or 28% efficiency altogether. The individual is thus 72% disabled. All combined ratings are rounded off to the closest 10% with combined values ending in 5 adjusted upward. As a result in this scenario the disability rating assigned would be a 70%. To view the Combined Ratings Table refer to [www.warms.vba.va.gov/bookc.html](http://www.warms.vba.va.gov/bookc.html). The table is found in Subpart A, Section 4.25. [Source: Authority 38 U.S.C. 1155]

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**PTSD Update 43:** According to Dr. Eugene Lipov, medical director at Advanced Pain Centers in Hoffman Estates, the use of stellate ganglion block treatment (traditionally used to relieve arm and facial pain) has been found to have a psychological effect as well as a physical one. Dr. Paul Lynch, co-founder of Arizona Pain Specialists in Scottsdale said he's used the procedure frequently over the past six years. It consists of injecting a local anesthetic called bupivacaine next to the so-called sympathetic nervous tissue which induces the body's "fight or flight" response. In the case of PTSD patients, it's having an effect similar to antidepressants. "It's like rebooting the brain," Lynch said. "It's resetting the connection between the central nervous system and the sympathetic nervous system." Jason Brown, an Army reservist who returned from Iraq to his home in Peoria with PTSD, received two blocks in 2008 after traditional treatments were ineffective and his anxiety has decreased. "I feel calmer," he said. "I'm sleeping well, and I'm not worried about going out in public." The procedure was less successful when applied recently to a second Iraq war veteran suffering from PTSD, but had success treating the disorder in several other patients. He said he knows the procedure works but has questions about its potency, so he is planning a full study using the block on veterans with PTSD.

Lipov has FDA approval, but has been rejected for funding by the Department of Defense twice because of a lack of a neurobiological explanation, he said, despite having two letters of support from U.S. Sen. Dick Durbin and then-Sen. Barack Obama, as well as from three Illinois congressmen. Last year, Lipov published an article in the journal *Medical Hypotheses*, highlighting the connection between increased levels of a molecule called nerve growth factor in PTSD sufferers and its decrease to normal levels after a stellate ganglion block. The Department of Defense still rejected funding, so he's moving forward with the study at his own expense. Advocates of the approach acknowledge there's skepticism in some medical circles, but that's why they want to further test the technique. "I'm hoping that after I do my study, people will take this method very seriously, and I and other people can help the soldiers," Lipov said. Lipov is inviting male veterans of the wars in Iraq and Afghanistan who are suffering from PTSD to receive a stellate ganglion block free of charge as part of the study. For details, call 847-608-6620. [Source: Chicago tribune Peter Cameron article 7 Apr 2010 ++]

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**VA COPAY Update 09:** Gov. Brian Schweitzer said 7 APR that he has a new idea to get cheaper medicine for Montana. But, it would require the U.S. Department of Veterans Affairs to directly undercut the pharmaceutical industry. Schweitzer sent the VA a letter asking it to resell to Montana pharmacies the medicine that Schweitzer says the federal agency gets at a steep discount directly from the pharmaceutical industry. "Why doesn't the VA, who has already negotiated that good price with the pharmaceuticals, why don't they agree to wholesale to pharmacists around Montana with a 20% markup?" Schweitzer said. The governor said the price would still be far lower than what the pharmacies currently have to pay. The VA could not be reached for comment on whether it has authority to resell those drugs. The governor has also recently asked federal permission to import cheaper drugs from Canada. The U.S. Centers for Medicare and Medicaid Services has not yet responded to that separate request. The governor, who doesn't know if either plan will ultimately succeed, said he thought he would try the new approach while he awaits on word from the CMMS. "Maybe the best result is maybe the pharmaceuticals just see the light and say 'Why don't we sell it to Montanans for the same lower price we sell to others,'" Schweitzer said. "It seems like we are surrounded by people who get a good price, and we get a bad price." Schweitzer said he has not

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yet tried to approach President Barack Obama directly about the issue. The governor said it makes sense to first try with his cabinet appointees. [Source: Flathead Beacon AP Matt Gouras article 7 Apr 2010 ++]

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**CALIFORNIA VET HOME Update 06:** A group at the Veterans Home of California at Yountville is trying to reverse a state budget decision it says caused some members' fees to more than double since late last year. Before the change, residents in the Vets Home's independent living quarters paid 47.5% of their income — and no more than \$1,200 monthly — on resident fees, said Edwin Warren, who chairs a veterans' Legislative Liaison Group and lives at the Vets Home. The fees cover the costs of living at the Home, including rent, food and some medical care. Last year, the state forced the California Department of Veterans Affairs to remove the fixed \$1,200 cap on monthly fees for independent living residents and rely solely on percentage of income, causing some veterans' payments to jump from \$1,200 to \$3,000, Warren said. The change took effect in NOV 09 as a result of the last state budget process.

About 40 veterans have left independent living so far because of cost increases, he said. Warren's group hopes to reverse the legislation before the new state budget is finalized. J.P. Tremblay, deputy secretary for the California Department of Veterans Affairs, said percentage caps range from 47.5% for veterans living in assisted living to 70% for those in skilled nursing facilities. He added that while veterans are generally paying more, an additional, so-called "administrative cap" ensures they're not paying more than their care costs. Tremblay confirmed that the administrative cap amount is determined on a case-by-case basis. He said the fee increase marks the first since 1994, "despite the fact that the cost of medical care and operations has increased significantly over the past 15 years, estimated gains from fee increases at all California Vets Homes is \$2.8 million, and the general annual budget for the Yountville Home is \$76.7 million. In light of California's \$20 billion budget shortfall for 2009-10, about \$14.5 million was cut from the Yountville Home's budget for 2009-10, Tremblay said. Holderman Hospital's acute care unit was shuttered in 2009. And like other state workers, Vets Home employees take three furlough days monthly.

Charles Liggett, a Vietnam War veteran who served in the Air Force and battled homelessness for more than a year before coming to the Vets Home, said he was one of dozens of veterans hurt by the decision to raise fees. Liggett said his fees leapt from \$1,200 each month to almost \$3,000. Because his monthly income is \$4,281 in Social Security and veterans' benefits, he's cutting back on other expenses. "It's really, really hard on me. ... It's scary, very scary," Liggett said. In a letter to state senators and dated 27 NOV 09, Carl Godwin, a former Vets Home resident, said he served in the U.S. Navy for 20 years and suffers from health problems from working with agent orange during the Vietnam War. He said removing the fee cap isn't fair to veterans who spent years serving their country. Godwin wrote that he thought the increase "is highly unfair because I've been a member of the Veterans Home for five-and-a-half years. I sold my home and (gave) away most of my possessions." Warren said the fee hike forced Godwin to leave the home about four months ago. "If people keep leaving at the rate they have been, it won't be long till that creates a negative cash flow" for the state, Warren said, adding that an unintended consequence of lifting the cap was that it hit disabled vets the hardest. As of 24 MAR there were five vacancies at Yountville's Home

Group members said the decision to scrap the fixed-dollar cap was made without sufficient input from veterans. "We didn't know about it till it was too late," he said. "We didn't have a chance to have our point of view heard." Tremblay said administrators at Yountville and other California Veterans Homes briefed residents "about the proposed fee increases" and "the resident's representative of the California Veterans Board was briefed on these fee increases when they were proposed and before they were implemented and approved by the Legislature." Warren said Veterans Affairs has the legal power to set residents' maximum fees. In efforts to get them changed, he said, Legislative Liaison Group members have contacted state lawmakers in Sacramento and met with department officials to voice their concerns. Warren also said that in one week the group collected about 430 signatures against removing the dollar-figure cap and in favor of Assembly Bill 2156, which would give the Vets Home's Allied Council more bargaining power with state legislators. The council is an advisory committee made up of residents who bring members' concerns to administrators. [Source: NAPA Valley Register Natalie Hoffman Article 7 Apr 2010 ++]

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**USFSPA & DIVORCE Update 12:** Some progress was made on fixing the Uniformed Services Former Spouse Act in Oklahoma. On 30 MAR, the Oklahoma House of Representatives passed Oklahoma State bill H.R.1053, which would change the status of military retired pay. It would no longer be considered marital property to be divided but could be used temporarily for alimony. The bill now moves to the Oklahoma Senate for further consideration. NAUS encourages Oklahoma members to call State legislators to approve the bill. [Source: NAUS Weekly Update 9 Apr 2010 ++]

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**GI BILL Update 75:** The VA is rushing to fix a computer glitch that caused its debt management office to deduct too much money from some veterans education benefits in April. The money the VA is attempting to recover is from last fall's emergency advance payments on the new Post-9/11 GI Bill. Thousands of vets who received up to a \$3,000 advance education benefit payment last fall found that a larger than expected repayment amount was deducted from their 1 APR benefit checks. The amount should have been no more than \$750, unless the vets had an arrangement with the VA Debt Management Center (DMC) for a lesser amount. But in nearly 6,000 cases more was taken out. In some instances, an entire monthly benefit check was wiped out by the recoupment payment, a VA official said. According to the VA DMC the U.S. Treasury began mailing hard copy refund checks to veterans on 6 APR, and vets who are due a refund should expect to get their refund checks via snail-mail by 13 APR, 2010. But there is yet another snag in the process.

The checks being sent by Treasury are automatically defaulted to refund based on the default recoupment rate of \$750 a month. This means the refund checks may not reflect the amount veterans requested to have withheld, or in other words many vets will get less refunded than they should. For example, a veteran who is eligible for \$2,000 a month in GI Bill benefits, who requested to have only \$250 withheld from his or her benefits each month, will likely get a refund check of only \$1250. This means that the vet is still short \$500. Any veterans who receive the incorrect refund must call the VA Debt Management Center at 1 (800) 827-0648 to get the proper refund amount. **Note:** If you have received notice from VA DMC that your payment plan was accepted, you do not need to call the VA DMC to "reset" your payment plan — it should be fine for your April payment (1 MAY). If you made arrangements with VA DMC and had your entire March benefit payment mistakenly withheld, and you do not get your refund check by 13 APR, you may want to call the DMC to have them verify your refund check is in process. [Source: NAUS Weekly Update & Mil.com 9 Apr 2010 ++]

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**PRESCRIPTION TRANSFERS:** With all of the details involved in moving, transferring prescription medication may not be on the top of the list for many beneficiaries. In fact, it may not even be on the list. But for Tricare beneficiaries who regularly take prescription medications, some planning ahead will allow them to quickly transfer their prescriptions to their new military treatment facility (MTF) pharmacy or other Tricare pharmacy option. First off, before they move, beneficiaries should get the longest medication supply possible — generally up to 90 days for most prescriptions at an MTF or through Tricare Home Delivery or up to 30 days from the retail network pharmacy. Not all medications are stocked at every MTF. Beneficiaries may also want to check the availability of their medication at their new MTF before they move. In many cases, the pharmacy and physician can work out a new treatment plan for the patient. When the move is complete, if beneficiaries are going to use an MTF pharmacy, they should go there as soon as possible to transfer their prescriptions and remaining refills. If a medication is not stocked at the new MTF, or an MTF is not nearby, beneficiaries have two more choices: Tricare Home Delivery or retail network pharmacies. Neither option has a cost-share for active duty service members.

Tricare Home Delivery is the least expensive option when not using a MTF pharmacy and beneficiaries can get up to a 90-day supply of most medications delivered directly to their home. This is especially encouraged for beneficiaries using long-term maintenance medications. After signing up for Home Delivery, beneficiaries can expect their prescriptions to arrive at U.S. postal addresses within 14 days. Call Express Scripts at (877) 363-1433 to transfer existing prescription to Tricare Home Delivery. Current users of Tricare Home Delivery can call Express Scripts at (877) 363-1303 to update their address once they move and have updated their address in DEERS. Beneficiaries in the United States and U.S. territories can also have a prescription filled at a Tricare retail network

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pharmacy. Tricare beneficiaries can transfer remaining refills from most prescriptions filled at a MTF pharmacy to a retail network pharmacy. Go to [www.express-scripts.com/tricare](http://www.express-scripts.com/tricare) to find a nearby retail network pharmacy. It is helpful to have the information contained on the prescription bottle as well as the phone number to the MTF pharmacy. State laws vary regarding which prescriptions can and cannot be transferred.

Prescription costs for non-active duty Tricare beneficiaries are based on the type of drug and where the prescription is being filled, with prescriptions filled at MTFs being at no charge. Tricare Home Delivery the least expensive option after the MTF pharmacy. For example, up to a 90-day supply of a generic drug through Tricare Home Delivery has just a \$3 copayment, while a brand-name drug has a \$9 copayment. At a network pharmacy, the copayments are the same \$3 for generic and \$9 for brand-name, but for just one-third of the supply. For more information about filling and transferring prescriptions refer to [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy). [Source: TMA News Release No. 10-34 dtd 9 Apr 23010 ++]

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**U.S. NAVY DATA BREACH Update 04:** The Navy waited 17 months before alerting employees at a California facility that their personal information -- including Social Security numbers -- had been compromised, according to a report in the 2 APR edition of the Washington Post. Someone inadvertently sent the personal data to three employees whose security access had already been suspended, the Post reported. That happened in MAY 08 but the Navy didn't inform the compromised employees until OCT 09. Post reporters learned of the incident through e-mail messages, but the report did not specify their source. A total of 244 employees at the Naval Facilities Engineering Service Center in Port Hueneme, Calif., were compromised, according to the report. An e-mail message dated 9 JUN 08, from the Navy's privacy team leader, warned top officials that they had to inform the employees that they were at an increased risk of identity theft, due to the release of their information. It took the Navy more than a year after that to do so.

According to the Ventura County Star, which first broke the story, Rodney Raether, president of the National Association of Government Employees local in Port Hueneme, wants the Navy to provide identity theft insurance to the affected employees. "Employees are at risk and face loss of reputation and then face loss of their security clearance for failure of command to act to protect them and to ensure that procedures are followed to make it harder for it to happen again," Raether wrote in a letter to the Navy, quoted in the Star. "We ask that you see something is done rather than provide lip service and delays." The Star also reported that the three civilian employees who received the information had their security access suspended because they had failed to correct security problems they had been asked to deal with. The employees denied the allegations and said in formal grievance filings that they had been asked to correct several years' worth of accumulated security problems in only 10 months. The reports were unclear on whether the three were civilian government employees or contractors. [Source: Federal Computer Week Michael Hardy article 5 Apr 2010 ++]

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**OREGON VET HOMES:** Officials with the Oregon Department of Veterans Affairs were in Southern Oregon 6 APR to review potential sites for the new state veterans home. A selection committee visited sites in both Jackson and Klamath counties. In Jackson County, officials looked at two different sites in White City. County leaders, hospital representatives, transportation officials and other other community members took part in the tour. One site is an empty 10-acre lot next to the White City Library owned by Jackson County. The other, also in White City, is north of the Veterans Affairs Southern Oregon Rehabilitation Center & Clinics. It is also 10 acres. State officials also visited a potential site in Klamath Falls, located near the Oregon Institute of Technology and Sky Lakes Medical Center. "We're looking at the site itself so we have a good understanding of what the site looks like. It's pretty hard to do something from a proposal, so that's why we're here today," said John Osborn with the DVA. Jackson and Klamath counties are among five counties vying for the state-supported 250-bed facility. Currently, Oregon's lone veterans home in Oregon is in The Dalles. It has 151 beds. Under the VA's guidelines, the selected county must put up \$15 million to help finance the home. If Jackson County is selected, Jackson County commissioners may ask voters in November to approve a property tax increase to raise the required \$15 million. Jackson County Commissioner C.W. Smith expects the project to cost upwards of \$65 million. If Klamath County is selected, commissioners will put a \$15-million bond measure on the May ballot. State officials say the campus

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would provide more than 300 full-time jobs and 200 to 300 additional jobs during construction. [Source: Medford KDRV.com story 6 Apr 2010 ++]

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**ILLINOIS VETERANS HOMES Update 03:** According to letters from Illinois Department of Veterans Affairs director Dan Grant, State officials have dropped plans to increase monthly fees for residents at four veterans homes in Illinois. The increase would have been about \$400 a month. The letter says that Gov. Pat Quinn has directed the fee increase be postponed until further notice. In March, state officials said monthly "maintenance fees" of \$929 would jump to \$1,329 starting in July. Quincy has the largest veterans' home with more than 450 residents. Other homes are in Anna, LaSalle and Manteno. [Source: Quincy Herald-Whig AP article 12 Apr 2010 ++]

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**VA HEALTH INFORMATION TECHNOLOGY:** The Department of Veterans Affairs has shown that health information technology (IT) provides improved quality of health care and substantial cost savings, according to a study in the public health journal Health Affairs. The use of technology lowered costs while producing improvements in quality, safety and patient satisfaction. "VA has seen its investment in health information technology pay off for Veterans and taxpayers for many years, and this study provides positive evidence for this correlation," said Secretary of Veterans Affairs Eric K. Shinseki. "The benefits have exceeded costs, proving that the implementation of secure, efficient systems of electronic records is a good idea for all our citizens." The study, which covered a 10-year period between 1997 and 2007, found that VA's health IT investment during the period was \$4 billion, while savings were more than \$7 billion. The authors noted that most of the savings are in areas that also improve quality, safety and patient satisfaction. More than 86% of the savings were due to eliminating duplicated tests and reducing medical errors. The rest of the savings came from lower operating expenses and reduced workload. The authors further noted that these were conservative estimates of net value, based on available literature and published studies.

VA has also begun piloting health record exchanges with the Department of Defense and private-sector providers. These programs are paving the way for the seamless, lifetime exchange of the health care records of Veterans, regardless of where they live. VA has been using health IT systems for more than 20 years to improve medical outcomes and efficiency in delivering care. The use has grown to support the full range of patient care, including computerized patient records, bar-coded medications, radiological imaging, and laboratory and medication ordering. The study looked at the success in meeting clinical guidelines through the use of electronic health records and computerized physician alerts. Chronic illnesses such as diabetes, which impacts about 25% of VA patients, was a focus of the study. VA patients with diabetes had better glucose testing compliance and control, more controlled cholesterol, and more timely retinal exams compared to Medicare's private-sector benchmark. Retinal damage can be caused by diabetes. VA averaged about 15 percentage points higher than the private sector on preventive care for patients with diabetes. The study authors are associated with the Center for Information Technology Leadership, a research organization in Charlestown, Mass., which is focused on guiding the health care community in making informed strategic IT investment decisions. The study is available on the Internet at <http://content.healthaffairs.org/cgi/content/full/29/4/629>. [Source: VA News Release 7 Apr 2010 ++]

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**HOSPICE CARE Update 02:** There is a common misconception that hospice services are only for those who are actively dying or in their last month of life. Not true! Hospice services can be initiated any time an individual meets the specific criteria based on his or her medical condition and functional status. The Centers for Medicare & Medicaid Services (CMS) has developed eligibility criteria for nine specific conditions —cancer, dementia, failure to thrive, heart disease, liver disease, lung disease, kidney disease, stroke, and functional decline. Having a nursing assistant provide bath and personal care can be tremendous relief for a family. The nurse eases relative's anxiety and the burden of handling all the small details that go along with maintaining comfort in someone's final hours. Medicare and Medicaid pay for hospice care and provide it in an individual's home, nursing

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home, assisted-living facility, and specially designated hospice units. An entire team of professionals that includes a registered nurse, a home-health aide, a social worker, and a chaplain is available to assist you and your relative.

Services are provided on a weekly schedule based on a patient's needs, and a registered nurse is available 24 hours a day for urgent concerns. Services include assessment of the medical condition, bathing, assistance with dressing and grooming, counseling and support for you and the patient, spiritual guidance, and advance planning for the end of life. Hospice also provides all medical equipment and supplies, and a "comfort kit" is issued to each patient containing medications for pain, fever, and excessive saliva. To determine if hospice care is appropriate and whether he or she is eligible, first, talk to the health care provider about his or her medical condition and plan of treatment. If prognosis is less than six months and it is his or her wish to receive supportive and comfort care only, a referral is made to hospice for an evaluation visit. The initial visit is completed by a registered nurse who performs a complete assessment and compares the results to the eligibility criteria for the patient's primary diagnosis. If they meet at least three of the criteria, they will be enrolled in services for three months.

Once receiving hospice services, a patient will be reevaluated every three months, and if he or she still meets the criteria, the services will be extended for another three months. If the condition improves, he or she might be discharged from hospice but can be reenrolled in the future if his or her condition deteriorates. Hospice provides much-needed support for caregivers, whether you provide care yourself or need the peace of mind that they are receiving care and support because you cannot be there to provide assistance. The goals of hospice — maintaining quality of life and comfort — are what we all wish for our family during their final years. Talk with them, and plan ahead for when hospice care might be needed. You will not regret the decision and comfort that comes from knowing you provided the best care at the end of his or her life. To learn more about hospice services or to find a hospice organization in your location refer to [www.hospicenet.org](http://www.hospicenet.org). [Source: MOAA News Exchange Nanette Lavoie-Vaughan article 7 Apr 2010 ++]

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**MOBILIZED RESERVE 6 APR 2010:** The Department of Defense announced the current number of reservists on active duty as of 6 FEB 2010. The net collective result is 3200 fewer reservists mobilized than last reported in the 1 APR 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 104,607; Navy Reserve, 6,465; Air National Guard and Air Force Reserve, 16,302; Marine Corps Reserve, 6,417; and the Coast Guard Reserve, 718. This brings the total National Guard and Reserve personnel who have been activated to 134,509, 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/d20100406ngr.pdf>. [Source: DoD News Release No.27410 dtd 7 Apr 2010 ++]

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**VA HOMELESS VETS Update 16:** No one who has ever served the United States in uniform should ever end up living on the street, Veterans Affairs Secretary Eric K. Shinseki insists. So he's committed to ending homelessness among America's veterans within the next five years, and reports he's already seeing signs of progress through a plan that provides not just beds, but also services to address the root causes. With increased funding in VA's fiscal 2011 budget request, Shinseki told American Forces Press Service, he's intent on expanding the homeless program to include more preventive services: education, jobs and health care. "When I arrived [at VA], the homeless program primarily involved engaging the veterans that sleep on the streets and getting them to shelter," he said. "The deeper I dug into it, I realized it assured that we'd be dealing with homeless veterans forever, because [the system] is reactive. You wait to see who shows up on the street, you go out and try to encourage them to leave the streets and provide them safe shelter and warm meals." To break that spiral, 85% of VA's budget request for the homeless program will go toward medical services to confront substance abuse, depression, post-traumatic stress disorder, traumatic brain injury and other issues linked to homelessness. "I looked at it as a funnel, and out of the bottom comes a homeless person," he said. "Well, in the funnel, there is the missed opportunity of education. ... It's the missed opportunity to have a job."

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Shinseki is committed to ensuring veterans don't miss out on these opportunities and wind up in the "downward spiral" that too often leads to homelessness. The new Post-9/11 GI Bill signed into law in June will make education more accessible for more veterans, he said, as well as a broad range of other VA-funded educational programs. Meanwhile, VA is working through the interagency process and with a host of other organizations to improve veterans' job opportunities. Shinseki and Labor Secretary Hilda L. Solis co-chair an interagency task force committed to getting federal agencies to hire more veterans. VA, the Labor Department and the Small Business Administration also are encouraging more veteran-owned small businesses to compete for contracts, and helping to connect these business owners with other veterans. "We know that veterans hire veterans. They know veterans, and they are comfortable with hiring veterans," Shinseki said. "So the idea is to get the churn going [and] to get more employment for veterans."

Early indications show progress since Shinseki announced his homeless initiative last fall, with homelessness among veterans dropping by about 18% from an estimated 131,000 to 107,000 homeless veterans today. "This is a good start," Shinseki said, but he vowed to be the driving force behind a "full-court press to keep driving those numbers down." Anything less, he insisted, represents a failure of the system to provide the support its veterans deserve. "This is not about reducing homelessness. This is ending veteran homelessness in five years," he said. "I don't have all the answers about how this will all happen, but a lot of people are committed to this and working to prevent ... this downward spiral." [Source: AFPS Donna Miles article 7 Apr 2010 ++]

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**TSP Update 28:** The Thrift Savings Plan (TSP) is a 401(k)-style retirement savings plan for federal employees and some members of the military. Rates of Return updated on 1 Apr 2010 were.

	<b>G Fund</b>	<b>F Fund</b>	<b>C Fund</b>	<b>S Fund</b>	<b>I Fund</b>
<b>March 2010</b>	0.27%	(0.11)%	6.04%	7.39%	6.28%
<b>Year-to-date</b>	0.81%	1.81%	5.40%	9.91%	0.85%
<b>12 Month</b>	3.15%	7.78%	49.92%	65.51%	54.74%
	<b>L Income</b>	<b>L 2010</b>	<b>L 2020</b>	<b>L 2030</b>	<b>L 2040</b>
<b>March 2010</b>	1.43%	1.61%	3.75%	4.52%	5.15%
<b>Year-to-date</b>	1.72%	1.84%	3.28%	3.89%	4.34%
<b>12 Month</b>	12.36%	15.31%	31.92%	38.63%	44.43%

**Note:**

- The Government Securities Investment (G) Fund is invested in special issues of U.S. Treasury securities.
- The Fixed Income Index Investment (F) Fund is invested in BlackRock's U.S. Debt Index Fund, which tracks the Barclays Capital U.S. Aggregate Bond Index (formerly Lehman Brothers U.S. Aggregate (LBA) Index).
- The Common Stock Index Investment (C) Fund is invested in BlackRock's Equity Index Fund, which tracks the S&P 500 Stock Index.
- The Small Capitalization Stock Index Investment (S) Fund is invested in BlackRock's Extended Market Index Fund, which tracks the Dow Jones U.S. Completion TSM Index.
- The International Stock Index Investment (I) Fund is invested in BlackRock's EAFE Equity Index Fund, which tracks the Morgan Stanley Capital International EAFE (Europe, Australasia, Far East) Stock Index.
- The L Funds are invested in the individual TSP funds (G, F, C, S, and I) that grow less risky as participants near retirement. The L Funds were implemented on August 1, 2005.
- Percentages in ( ) are negative.

These returns are net of the effect of accrued administrative expenses and investment expenses/costs. The performance data shown represent past performance, which is not a guarantee of future results. Investment returns and principal value will fluctuate, so that investors' shares, when sold, may be worth more or less than their original cost. [Source: [www.tsp.gov/rates/monthly-current.html](http://www.tsp.gov/rates/monthly-current.html) 1 Apr 2010 ++]

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**HEALTH CARE REFORM Update 28:** Tricare health benefits for older children would not be free to their parents under a bill introduced in the House to ensure military parents are not left out of a key early benefit of the national health care reform bill. The Tricare Dependent Coverage Extension Act, introduced 24 MAR by Rep. Martin Heinrich (D-NM) requires Tricare to cover unmarried dependents up to the age of 26 if parents have Tricare and ask that their coverage be extended. That mirrors a provision of the broader health care reform law, formally called the Patient Protection and Affordable Care Act. Currently, Tricare covers unmarried children up to age 23 if they are full-time college students and up to age 21 if they are not. Heinrich's bill would limit benefits to unmarried dependents who are 26 or under, ineligible for an employer-provided health insurance program and reside with the military parent, unless the parent is deployed. But the coverage would not be free; a monthly premium would be charged, with the Defense Department determining the cost.

That is not unexpected. Private health insurance companies, required by the new reform law to provide family coverage for children up to the age of 26, also have talked about charging premiums when that coverage begins in about six months. Charging for the additional coverage clears a path for the House Armed Services Committee as it tries to include Heinrich's legislation in the 2011 defense authorization bill. That would avoid having to find a way to specifically cover the cost of additional health benefits and also avoid potential complications in renegotiating contracts with the Tricare regional contractors, according to congressional aides who are reviewing the proposal. Heinrich said in a statement that he wants to ensure the military is not left out of an important change in health coverage. "Because of the new health reform bill passed by Congress, Americans who receive health insurance through a group plan will soon be able to provide coverage to dependent children up to age 26," Heinrich said. "Our military health coverage must meet that same standard and be nothing less. Allowing parents to provide health coverage to their dependent adult children is just one of the many small things we can do to show our military families how much we appreciate them and honor their service to our country." [Source: AirForceTimes Rick Maze article 30 Mar 2010 ++]

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**HEALTH CARE REFORM Update 29:** Organizations representing the nation's military veterans are keeping up pressure on Congress to prevent the landmark healthcare law from shortchanging veterans and other military personnel. The lobbying came despite assurances from the Obama administration and key lawmakers that the law protects military personnel and veterans. The Veterans of Foreign Wars refused to accept the claims at face value. "We don't want assurances," VFW national spokesman Joe Davis said. "We want it written into law." The concerns stemmed from imprecise language in the health law signed by President Obama on 23 MAR. Under that law Americans must buy private health insurance by 2014 or pay a financial penalty. However, citizens don't have to purchase health insurance if they have "minimum essential coverage," such as employer-sponsored plans. Initially missing from the law's language on "minimum essential coverage" was the military's Tricare plan that covers nearly 10 million service people, retirees and dependents. Some Veterans Affairs programs, including those covering dependents with birth defects were also missing.

The Senate on 13 APR unanimously approved H.R. 4887 that explicitly states service members, military retirees and their families will not have to purchase additional health insurance under the new health reform law. It clarifies the tax code to stipulate that TRICARE and Defense non-appropriated fund health care plans meet all requirements for individual health insurance under the recently enacted Patient Protection and Affordable Care Act. That bill now heads to President Obama to be signed into law. Before the spring recess, Senate Veterans' Affairs Chairman Daniel Akaka, (D-HI) ushered through the Senate a bill clarifying that the health care that the VA provides Vietnam and Korean war veterans' children born with spina bifida or other certain birth defects meets the standard of minimum healthcare coverage. That bill now has to be approved by the House. Steve Robertson, legislative director for the American Legion, said the group would continue to track regulations that would impact veterans' health care. "We'll be there every step of the way," he said. The American Legion and the Disabled American Veterans said they are working with Congress to protect active and former service members. The protests from military advocates and Republican opponents of the health bill, spurred the administration to issue assurances that the law covers those affiliated with the military. [Source: CongressDaily Michael Posner article and Exec.com Katherine McIntire Peters articles 6 & 13 Apr 2010 ++]

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**HEALTH CARE REFORM Update 30:** It is often said that the new health care law will affect almost every American in some way. Perhaps fittingly if unintentionally no one may be more affected than members of Congress themselves. In a new report, the Congressional Research Service says the law may have significant unintended consequences for the personal health insurance coverage of senators, representatives and their staff members. For example, it says, the law may remove members of Congress and Congressional staff from their current coverage, in the Federal Employees Health Benefits Program, before any alternatives are available. The confusion raises the inevitable question: If they did not know exactly what they were doing to themselves, did lawmakers who wrote and passed the bill fully grasp the details of how it would influence the lives of other Americans? The law promises that people can keep coverage they like, largely unchanged. For members of Congress and their aides, the federal employees health program offers much to like. But, the report says, the men and women who wrote the law may find that the guarantee of stability does not apply to them.

"It is unclear whether members of Congress and Congressional staff who are currently participating in the Federal Employees Health Benefits Program (FEHBP) may be able to retain this coverage," the research service said in an 8,100-word memorandum. And even if current members of Congress can stay in the popular program for federal employees, that option will probably not be available to newly elected lawmakers, the report says. Moreover, it says, the strictures of the new law will apply to staff members who work in the personal office of a member of Congress. But they may or may not apply to people who work on the staff of Congressional committees and in 'leadership offices' like those of the House speaker and the Democratic and Republican leaders and whips in the two chambers. These seemingly technical questions will affect 535 members of Congress and thousands of Congressional employees. But the issue also has immense symbolic and political importance. Lawmakers of both parties have repeatedly said their goal is to provide all Americans with access to health insurance as good as what Congress has.

Congress must now decide what steps, if any, it can take to deal with the problem. It could try for a legislative fix, or it could adopt internal policies to minimize any disruptions. In its painstaking analysis of the new law, the research service says the impact on Congress itself and the intent of Congress are difficult to ascertain. The law apparently bars members of Congress from the federal employees' health program, on the assumption that lawmakers should join many of their constituents in getting coverage through new state-based markets known as insurance exchanges. But the research service found that this provision was written in an imprecise, confusing way, so it is not clear when it takes effect. The new exchanges do not have to be in operation until 2014. But because of a possible drafting error, the report says, Congress did not specify an effective date for the section excluding lawmakers from the existing program. Under well-established canons of statutory interpretation, a law takes effect on the date of its enactment unless Congress clearly specifies otherwise. And Congress did not specify any other effective date for this part of the health care law. The law was enacted when President Obama signed it.

In addition, the report says, Congress did not designate anyone to resolve these 'ambiguities' or to help arrange health insurance for members of Congress in the future. "This omission, whether intentional or inadvertent, raises questions regarding interpretation and implementation that cannot be definitively resolved by the Congressional Research Service. The statute does not appear to be self-executing, but rather seems to require an administering or implementing authority that is not specifically provided for by the statutory text." The report stated. The White House said last month that Mr. Obama would voluntarily participate in the health insurance exchange, though the law does not require him or other administration officials to do so. His participation as president may depend on his getting re-elected in 2012. Representative Jason Chaffetz (R-UT) said lawmakers were in the same boat as many Americans, trying to figure out what the new law meant for them. "If members of Congress cannot explain how it's going to work for them and their staff, how will they explain it to the rest of America", Mr. Chaffetz asked in an interview.

The provision governing members of Congress can be traced to the Senate Finance Committee. When the panel was working on the legislation last September, Senator Charles E. Grassley (R-IA) proposed an amendment to require that elected federal officials and all federal employees buy coverage through an exchange, rather than using the traditional Federal Employees Health Benefits Program. A scaled-back version of the amendment, applying to members of Congress and their aides, was accepted in the committee without objection. The federal employees program, created in 1959, now provides coverage to eight million people and, according to the Congressional

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Research Service, is the largest employer-sponsored health insurance program in the country. [Source: NY Times Washington Memo Robert Pear article 12 Apr 2010 ++]

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**USA WOMEN'S HISTORY MUSEUM:** A seven-year, \$800,000 expansion project recently concluded with a ribbon-cutting ceremony and Women's History Month program at the U.S. Army Women's History Museum on Fort Lee, Va. The museum expansion includes a new exhibit titled "writing women back into history," which corresponds with the Department of Defense theme for the 2010 Women's History Month observance. The Museum is the only Army museum that focuses on the contributions of females who have served. It serves as an educational institution, providing military history training and instruction to soldiers, veterans and the civilian community. The museum is the custodian and repository of artifacts and archival material pertaining to the service of women across all branches and organizations of the U.S. Army from inception to the present day. The museum collects, preserves, manages, interprets and exhibits these unique artifacts as a means to provide training and educational outreach. It is open Tue thru Fri 1000 - 1700 and weekends 1100 - 1700. Closed Mondays and Federal Holidays. The Museum will host the "Come Home to Your History" Homecoming event 13-15, May 2010. Information on this event is available at [www.awm.lee.army.mil/awm\\_homecoming\\_2010.html](http://www.awm.lee.army.mil/awm_homecoming_2010.html). Fort Lee, located next to the Petersburg National Battlefield Park, is easily accessible to the public. Ensure you bring photo identification, proof of vehicle insurance and vehicle registration to enter the base. [Source: Military report 6 Apr 2010 ++]

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**TRICARE MENTAL HEALTH CARE:** Participants in the Defense Department's Tricare health insurance program might have trouble finding providers, especially for mental health treatment, according to a new report from the Government Accountability Office. "Concerns about the ability of Tricare beneficiaries to access health care and mental health care from civilian providers continue," the report (GAO-10-402) stated. "In the wake of current military operations in Afghanistan and Iraq, DOD and others have reported that service members and their families are at risk for mental health problems, given the stress of deployment and exposure to combat." The report, based on a 2008 survey of doctors conducted by Tricare Management Activity, a Defense oversight office, found mental health providers lacked knowledge of the program and were more reluctant than physicians to accept Tricare patients. Ninety-five percent of physicians said they had heard of Tricare. By comparison, 75% of mental health providers surveyed said they were familiar with the program, which covers 9.6 million people. Eighty-one percent of physicians who were taking new patients said they would accept Tricare participants, but only half of mental health providers in the same position said they would do so.

"The reason most often cited by [mental health providers and physicians] ... for not accepting [participants in Tricare's Standard, Extra and Reserve Select programs] as new patients, if they were accepting any new patients at all, was that they were not aware of the Tricare program," GAO wrote. "Other reasons included concerns about low reimbursement rates and that the provider did not participate in Tricare's provider network." Providers' reluctance or inability to accept Tricare patients hurts beneficiaries' ability to find care, the survey found. Thirty-three percent of system beneficiaries who use Tricare Standard, Extra, or Reserve Select reported having trouble accessing a civilian mental health provider. Twenty-seven percent had difficulty finding a medical specialist to treat them, and 29 percent reported difficulty in finding a primary care doctor or nurse. "The problem most commonly reported by [participants in those Tricare programs], regardless of the type of provider, was that their provider was not accepting Tricare payments," GAO said. [Source: GovExec.com Alyssa Rosenberg article 5 Apr 2010 ++]

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**DOD PDBR Update 08:** Only a fraction of wounded veterans who could get better benefits have applied in the two years since Congress, acting on concerns the military was cutting costs by downplaying injuries, ordered the Pentagon to review disputed claims. As of mid-March, only 921 vets have applied out of the 77,000 the Pentagon estimates are eligible, according to numbers provided to The Associated Press by the Physical Disability Board of Review. The panel was created in 2008 but started taking cases in January 2009. More than 230 cases have

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been decided, about 60% in favor of improving the veteran's benefits, while an additional 119 case were dismissed as ineligible. Advocates and even the board members themselves want the review panel to do a better job of getting the word out. "Quite frankly, I would like to see more opportunities for us to reach out to these people," said Michael LoGrande, president of the three-member board that has a staff of 10. "But we are doing the best we can with the limited people and resources we have." LoGrande said the board is trying to reach eligible vets mainly through veterans groups.

At issue are disability ratings based on an injury's severity and long-term impact. Veterans rated below 30% disabled with less than 20 years of service receive a one-time severance payment instead of a monthly retirement check. Also, their health care switches from the military to the strained VA system, and their families lose military health insurance. A rating above 30% means monthly income and military health care for the family. A disabled service member's severance pay and monthly retirement is based on active-duty pay, years of service and if the service member's injuries are combat-related. Congress created the board after investigations found inconsistencies in how the military assigns ratings for the level of disability that soldiers, sailors, airmen and Marines have before they are discharged. Veteran advocates protested that the military was manipulating disability ratings to save money. The panel is managed by the Air Force and charged with reviewing appeals from former members of the armed forces who received disability ratings of less than 30% from 11 SEP 01 to 31 DEC 09. Before Congress created the streamlined process, veterans could appeal but were subjected to a lengthy review by a military panel that rarely changed the ratings. "I think flat out that we've done exactly what the Hill wanted and what (the Office of the Secretary of Defense) wanted," LoGrande said, "and it has resulted in a bump in the number of people that flip to a disability retirement."

Under the new system, the board makes a recommendation in an average of about eight months. The recommendation is sent to the service secretaries, who more than 90% of the time have accepted the board's review, according to numbers provided by the board. "I think each of these cases is given substantial rigor. We take exhaustive measures to make sure we're doing the right thing," LoGrande said. "That is why when I see the Army, which has the preponderance of applicants, adopting almost 100% of our recommendations." Veterans advocates say more outreach is needed. "Less than 1,000 have applied, to me they really need to do a better effort to get the word out," said Mike Hayden, deputy director of government relations for the Military Officers Association of America (MOAA). "The success rate tells me there was a definite problem and the Physical Disability Board of Review is out there to correct it." Hayden said military and veterans' service groups were provided with information about the board for their newsletters when the board first started taking cases. He has also seen some information released through a Defense Department news release. "In order to reach out to make sure everyone is contacted, we think it needs to be a personal letter," Hayden said.

The MOAA and other veterans groups drafted a joint letter urging the Defense Department and Department of Veterans Affairs to send letters to all veterans eligible for a review. Retired Army Lt. Col. Mike Parker, an advocate for wounded soldiers, said it would be easy for the board to get the addresses of eligible veterans because most get Department of Veterans Affairs benefits. "I personally think they are not trying to find people because the more they find, the retirements will add up," Parker said. LoGrande said he has spoken in person to veterans groups about the board. Since there is no sunset on the board, he said the review board has time to reach out to all eligible veterans. "This is a unique situation that we are a (Department of Defense) board that really services not active members, but former members," he said. "The best venue is to pursue it through veterans groups."

A final version of the application (form DD-294) was approved on 9 JAN 09 and is available at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm> (under "DoD Forms Inventory 0001-0499"). Applications are now being accepted. Applicants are encouraged to review the FAQ section at [www.health.mil/Content/docs/PDBR%20faq.pdf](http://www.health.mil/Content/docs/PDBR%20faq.pdf) prior to mailing them to: SAF/MRBR, 550-C, Street West, Suite 41 Randolph AFB, TX 78150-4743. Due to the need for an original signature, applications may not, as of this date, be submitted electronically. The DoD Instruction on the PDBR process is available at: <http://www.dtic.mil/whs/directives/corres/pdf/604044p.pdf>. [Source: AP KEVIN MAURER article 2 Apr 2010 ++]

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**VA CLAIMS BACKLOG Update 38:** Prioritizing the work ahead shortly after his first anniversary on the job, Veterans Affairs Secretary Eric K. Shinseki said his focus for the year ahead is on reducing the disability claims backlog. "We are going to break the back of the backlog this year," Shinseki said during an interview with American Forces Press Service. He's counting on four pilot programs under way to help VA identify and break long-standing obstacles in providing veterans the benefits they've earned:

- One, launched in Pittsburgh in January, seeks to fundamentally change the relationship between veterans and the VA, Shinseki said. VA gives the veteran a checklist of what's needed to file the claim, and does its own digging to produce whatever documentation the veteran can't find. This, Shinseki said, reduces dead time in putting together the claims package. Once the paperwork is intact, VA then will "work with the veteran to put together the best and strongest argument to win the case," he said. That's a major change, Shinseki noted, making VA the veteran's advocate rather than adversary as the claim makes its way through the system. "This is VA going to bat with itself – because we are then going to turn around and argue the case as it is being adjudicated. This is significantly different, and it changes our relationship with the vetera. So this, in the long term, could have a significant impact on how we are perceived by veterans and what our relationship with veterans is. It is about advocacy." Shinseki said he's impressed by what he's seen since the pilot program kicked off in January, and credits the self-named "Delta Team" there with showing solid progress in improving the claims process. "Their processing time is collapsing, because they are putting together good arguments," he said. "And the good arguments are having great outcomes."
- Another pilot, under way in Little Rock, Ark., is focused on making claims processing more efficient. "It's a re-engineering process," Shinseki said. "How do we simplify the claims process? How do we get this down to the minimal number of keystrokes?" And it aims to improve communication among the entities that process a claim to reduce procedural delays. "How do we make sure that people working on each claim are looking at each other, rather than saying, 'I've done my part,' then putting it in transit?" Shinseki said. "It takes four days to get to the next site, and the guy sits there and looks at it and goes, 'I wonder why they did that?'" So he puts the question on [the claim] and sends it back."
- A pilot under way in Providence will introduce new automated tools to make claims processing faster and more accurate, efficient and secure. Shinseki emphasized, however, that he wants to get the bugs out of the claims process before increasing automation. "We didn't want to automate bad processes and just get lousy decisions faster," he told the Paralyzed Veterans of America last month. "So we broke the complex, convoluted claims process down into its component pieces to improve each part before putting them back together again."
- Another promising pilot program, being tested in Baltimore, is taking best practices from the others to create what Shinseki called the "virtual VA regional office of the future." Ultimately, he said, he expects it to be a model for 57 VA regional offices nationwide. That effort, being conducted in cooperation with the Social Security Administration, is focused on creating a paperless claims process and bringing the new joint virtual electronic record that President Barack Obama announced online last spring. The new electronic record is designed to follow a servicemember from induction in the military, through retirement or discharge, and into the VA system. Ultimately, Shinseki said, it will improve care and services to transitioning veterans by smoothing the flow of medical records between the Defense and Veterans Affairs departments. "Our long-term solution to claims processing is to operationalize the concept of 'seamless transition' between the two departments," he said.

As he assessed initiatives to improve claims processing and eliminate backlogs, Shinseki conceded that no initiative will solve the problem overnight. VA completed 974,000 claims last year, he noted, but received about 1 million new claims during the same period. He attributed the increase to two factors. VA rendered decisions this year that qualify more veterans suffering the effects of Agent Orange exposure to claim benefits. In addition, VA has expanded its outreach to veterans who didn't know about or hadn't previously taken advantage of the benefits they'd earned. He noted, for example, that only 8.1 million of 23 million U.S. veterans are enrolled in the VA health care system. Shinseki said he's committed to creating a disciplined, high-performing and transparent organization

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tailored being more responsive to the needs of these and other veterans. He cited progress made over the past year, but said there's more work ahead. "We still have a lot of deliveries to achieve," he said. [Source: AFPS Donna Miles article 6 Apr 2010 ++]

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**VET JOBS Update 16:** Milicruit in cooperation with the VA will be hosting a fully interactive three dimensional career fair for the veteran community on 29 APR 2010. Unlike traditional career fairs that require travel, and are limited to one location for one day, the Milicruit event is accessible 24/7 for an entire 30 days from anywhere an attendee has computer access. Vets will have the opportunity to, visit up to 75 employers in their virtual booths, view videos, presentations, view and apply for jobs, chat with employer reps, and even video interview. Employers already signed on to participate include, Verizon, GE, Ryder, Target, 3M, Booz Allen, NavAir, Navy Cyberforces, Comerica, Capital One, Wellpoint, Medco, Stryker, TCF Bank, Navy Exchange, Waste Management, CACI and several more. This event will assist in helping with the growing unemployment rate amongst our veterans and will prove even more beneficial to those who may be disabled or who have been injured while serving given it requires no travel at all to participate. Registration and attendance at no charge is available at <http://www.veteranscareerfair.com>

The Air Force has begun advertising hundreds of job vacancies online for its annual summer employment program. Qualified individuals can apply online at [USAJOBS.gov](http://USAJOBS.gov) for various positions, including office automation and computer clerks, laborers, lifeguards and recreation aides. To find a position, job hunters can enter the job title, such as "lifeguard," into the key word search at [www.USAJOBS.gov](http://www.USAJOBS.gov). Students can also search by clicking on the word "Student" at the bottom of the USAJOBS website. For more information, visit the Air Force Personnel Center Personnel Services Website <http://gum.afpc.randolph.af.mil> and type in keyword "summer employment," or visit your local civilian personnel department.

Labor Department statistics show unemployment for male Iraq and Afghanistan war veterans has tripled since the recession began, rising from 5% in MAR 07 to 15% last month. More than 250,000 of these veterans were unemployed last month. An additional 400,000 have left the workforce to attend college or raise children, or because they have stopped trying to find a job, Labor Department economist Jim Walker says. The overall national unemployment rate is 9.7%. Recruitment and re-enlistment numbers for the Army, lagging during years before the recession, are now topping 100%, according to Army figures. [Source: [www.milicruit.com](http://www.milicruit.com) Kevin O'Brien Notice 31 Mar & NAUS Weekly Update 9 Apr 2010 ++]

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**STUDENT MILITARY SUMMER CAMPS:** The Society of American Military Engineers (SAME) offers a very unique series of engineering camps designed for High School students who excel in math, science and technical courses and are interested in pursuing engineering in college. These one-week camps are high energy, hands-on events for students from across the country and around the world. The camps are led by a professional staff of engineers from both private industry and the military services. The week-long camps take place during the summer months in settings centered on a military base. Each camp has its own unique focus and theme and is a one-of-a-kind opportunity to learn what engineers do from professional engineers, learn practical skills and gain exposure to the military services. To participate determine eligibility and then go through the Application process for one of the following camps:

- U.S. Army Camp June 13-19, 2010 Vicksburg, Miss. (Application Deadline: 19 MAR 2010).
- U.S. Air Force Academy Camp June 25-July 1, 2010 Colorado Springs, Colo. (Application Deadline: 23 APR 2010)
- U.S. Navy Seabees Camp August 1-7, 2010 Port Hueneme CA - 50 Slots available (Application Deadline: 21 MAY 2010)

To qualify for consideration, students must meet the following criteria:

- Be a U.S. Citizen.

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- Have completed at least their freshman year of high school.
- Must still be enrolled in school at the time of the camp.
- Be on a high school track that will provide a basis for attending an accredited engineering college or university (i.e., taking appropriate math and science courses).
- Have an expressed intent to pursue a degree in architecture, engineering or a related field.
- Have demonstrated leadership characteristics through participation in extra-curricular activities, sports, and/or community activities.
- Have a minimum GPA of 3.3 on a 4.0 GPA scale.
- Be physically fit and healthy (not have any physical limitations including, but not limited to the following: a requirement to take mandatory medication that requires special handling; sprained joints; or, neck, shoulder, or back injuries).
- Be of high moral character.
- Students who have attended an SAME Engineering and Construction Camp prior to this year will not be eligible to attend the same camp. Students are eligible to attend a specific camp once only.
- Students must be sponsored by a local SAME Post.
- For the USAFA camp, if the student is completing their junior year of high school, they must provide some proof of an expressed interest in applying to a Service Academy or ROTC Program (this does not include JROTC).
- For the USAFA camp, if the student has completed the junior year of high school (rising senior), they must provide proof of application for entry to a Service Academy or ROTC. Rising seniors who have not met this qualification will not be considered for camp. Proof includes: A letter from the service academy or recruiter referring to the student's application.

The total registration fee for the camp is \$550. The student is responsible for paying half the registration fee, \$275. The sponsoring SAME Post will pay the remainder of the fee and will work with the student on transportation cost. (A Post may choose to restructure this payment plan based on special situations). If you are unable to find a sponsoring Post send your application directly to the Camp Registrar at [erini@meetingvisions.net](mailto:erini@meetingvisions.net). The student will need to pay \$275.00 of the registration fee, but the Society will sponsor the remaining \$275.00 and the airfare for the student to the camp. Applications and supporting document forms can be downloaded at <http://posts.same.org/camps/documents.htm>. To locate a SAME post for sponsorship in your geographic area refer to <http://posts.same.org/PostMap> and select the appropriate Post Point of Contact. Students on the National Sponsorship list will be notified whether or not they have a sponsorship about 6 weeks prior to the camp date. [Source: <http://posts.same.org/camps/eligibility.htm> Apr 2010 ++]

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**LONG TERM INSURANCE Update 03:** When President Obama signed the healthcare bill into law, it included a program that has received little publicity, but promises to be very important as aging boomers require long-term care and disability assistance. The Community Living Assistance Services and Supports Act (known as the CLASS Act) mandates the creation of a national long-term care insurance program that will provide average benefits of no less than \$50 per day to help people pay for non-medical expenses--like home care--that will help them maintain their independent living status. It is not intended for nursing home stays which averaged more than \$76,000 a year in 2008. Currently, an estimated 10 million Americans have enough trouble performing so-called acts of daily living — things like bathing, dressing and eating — that they require assistance. Under the CLASS Act, this long-term care program will be paid for by workers through automatic payroll deductions, which will be deducted from paychecks. All workers will be automatically enrolled in the program unless they choose to opt out. The current plan is that workers need to participate in the program for a vesting period of five years before they can apply for benefits. The Congressional Budget Office estimates that the CLASS Act will remain solvent for at least 75 years. The original CLASS Act legislation was introduced by Senator Ted Kennedy (D-MA) and Congressman Frank Pallone (D-NJ) in MAR 09, and was one of the last tasks Kennedy performed before leaving the Senate for health reasons. The late Sen. Kennedy was a longtime proponent of a national healthcare system and

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improved benefits for Americans. For an informative overview of the CLASS Act, including a discussion of whether the program would pay for itself and how long it could remain solvent, refer to National Public Radio's "Long-Term Care Program Debuts in New Health Law" at [www.npr.org/templates/story/story.php?storyId=125461417&sc=17&f=1001](http://www.npr.org/templates/story/story.php?storyId=125461417&sc=17&f=1001). [Source: About.com | Senior Living Sharon O'Brien article 2 Apr 2010 ++]

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**VA PRESUMPTIVE VN VET DISEASES Update 03:** On 25 MAR 2010, VA published long awaited proposed regulations which, when finalized, will allow presumptive service connection for three new conditions under the Agent Orange Act of 1991. The new disabilities are B-cell leukemias, Parkinson's Disease (PD) and Ischemic Heart Disease (IHD). While the proposed rule runs to 10 pages in the Federal Register, the actual amendment to the regulations is brief and reads:

*Sec. 3.309 [Amended]*

*2. In Sec. 3.309(e) the listing of diseases is amended as follows:*

*a. By removing "Chronic lymphocytic leukemia" and adding, in its place, "All chronic B-cell leukemias (including, but not limited to, hairy-cell leukemia and chronic lymphocytic leukemia)".*

*b. By adding "Parkinson's disease" immediately preceding "Acute and subacute peripheral neuropathy".*

*c. By adding "Ischemic heart disease (including, but not limited to, acute, subacute, and old myocardial infarction; atherosclerotic cardiovascular disease including coronary artery disease (including coronary spasm) and coronary bypass surgery; and stable, unstable and Prinzmetal's angina)" immediately following "Hodgkin's disease".*

Note that IHD is defined by examples. Other similar conditions may be granted service connection under this presumption; however, since VA raters tend towards literalism, if a condition isn't listed, the veteran will need to submit either a medical opinion or medical treatise showing that his diagnosed condition is considered either one of the listed conditions or is considered IHD. Further, VA has gone to great lengths to explain that its definition of IHD does not include hypertension. However, it does note that about 25% of veterans who have been denied service connection for hypertension in the past also have one of the listed IHD conditions.

Service officers should carefully review medical records of those with hypertension to see if they also have symptoms of, or have been diagnosed with, one of the listed conditions. If so, file a claim for service connection. The comment period for this proposed regulation has been cut to 30 days so it is anticipated that a final regulation will be published this summer. In the meantime, service officers should search their records and file claims for any Vietnam veteran who has one of these new conditions. VA will begin development which should reduce the waiting time once the regulation becomes final. The effective date will be set when the final regulation is published. Caution all claimants that it may be quite some time before VA can rate their claim. VA has about 90,000 cases it must review under Nehmer and since this is supervised by a Federal court, they will be done first. Also, VA expects over 150,000 claims to be submitted in the first year based on these new disabilities alone. Even though VA is seeking a new IT system and contractor support to help develop and process these claims, expect everything to slow down. [Source: VFW Senior State Service Officer - Department of California 5 Apr 2010 ++]

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**CA VET LEGISLATION Update 05:** The following is a listing of some new veteran related bills on veterans issues which are starting the committee review process. Veterans are encouraged to contact their state legislators to express their support of this legislation. Complete information on all state legislation involving veterans' issues is available at <http://www.califveterans.com>:

- **AB 1925 Diversion:** veterans. (Mary Salas, Chula Vista). Would authorize superior courts to develop and implement veterans courts for eligible veterans of the United States military with the objective of, among other things, creation of a dedicated calendar or a locally developed collaborative court-supervised veterans mental health program or system that leads to the placement of as many mentally ill offenders who are

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veterans of the United States military, including those with post-traumatic stress disorder, traumatic brain injury, military sexual trauma, substance abuse, or any mental health problem stemming from military service, in community treatment as is feasible and consistent with public safety.

- **AB 2143 The Department of Veterans Affairs: consolidation of services to veterans.** (Danny Gilmore, Hanford). Would declare the intent of the Legislature to subsequently provide for the consolidation under the jurisdiction of the Department of Veterans Affairs and the California Veterans Board or all programs that currently bestow any benefits for which veterans may be eligible but which are currently under the jurisdiction of other state agencies, and to provide for a commensurate transfer of staff and other assets from those agencies to the department and to the board. This is an interesting concept but raises very serious questions concerning feasibility. Some of the veterans benefits currently managed by other state agencies include:
  - 1) College Tuition Fee Waivers For Veterans' Dependents
  - 2) Non-Resident College Fee Waiver
  - 3) Disabled Veteran Business Enterprise Opportunities
  - 4) Disabled Veteran License Plates
  - 5) Veterans Preference In California Civil Service Examinations
  - 6) Fishing And Hunting Licenses
  - 7) Employment And Unemployment Insurance Assistance
  - 8) State Parks And Recreation Pass
  - 9) Business License, Tax And Fee Waiver
  - 10) Disabled Veteran Property Tax Exemptions
  - 11) Veteran Homeowners Property Tax Exemptions
  
- **AB 2651 Veterans farm and home purchases.** (Stephen Knight, Lancaster). The acts authorizing the various bonds issues for CAL-VET Farm and Home Loan Program require the Controller to pay, from the General Fund, the principal and interest on the bonds when due, and to be reimbursed for those costs from the Veterans' Farm and Home Building Fund of 1943. This bill would authorize the Controller to establish a zero-balance account within the General Fund and to transfer to that account, from the Veterans' Home Building Fund of 1943, those amounts necessary to make future payments for the principal and interest on the bonds as it comes due. The effect of this change would be to provide an increase in the funds available to the State General Fund and so reduce at least the appearance of the state's deficit. It would be another accounting gimmick in trying to balance the State Budget.
  
- **AB 2609 Firearms: handgun safety certificate: exemptions.** (Joel Anderson, La Mesa). Existing law requires, with certain exceptions, that a person obtain a handgun safety certificate before purchasing or receiving a handgun. Existing law exempts, among others, honorably retired members of the United States Armed Forces, National Guard, or Air National Guard, from this requirement. Previous version of the law exempted honorably discharged members of the military services from this requirement. This bill would restore honorably discharged members of the United States Armed Forces, National Guard, or Air National Guard, instead of retired members to those exempted from the requirement for a safety certificate.

The following bills which were previously reported have had their first committee hearings:

- **AB 1703 State Nursing Assumption Program of Loans for Education: veterans homes.** (Stephen Knight, Lancaster). An existing program provides for the state to assume part of the cost of education loans, up to \$20,000, for persons who graduate from nursing programs and work in state facilities. This bill would provide for an additional \$5,000 per year of additional qualifying service, with a maximum loan assumption amount equal to the participant's total outstanding liability under the qualifying loans, for participants completing 5 or more years of qualifying clinical registered nursing service at a state-operated veterans home. Passed by the Assembly Committee on Higher Education on March 16.

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- **AB 1829 Military decorations: fraud.** (Paul Cook, Yucaipa). Provides that any person who, orally, in writing, or by wearing any military decoration, falsely represents himself or herself to have been awarded any military decoration, as specified, with the intent to defraud, is guilty of a misdemeanor. Passed by Assembly Committee on Public Safety March 16.

[Source: VFW Senior State Service Officer - Department of California 5 Apr 2010 ++]

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**IRS COLLECTION POLICY Update 04:** The Internal Revenue Service announced several additional steps it is taking this tax season to help people having difficulties meeting their tax obligations because of unemployment or other financial problems. The steps, an expansion of efforts that began more than a year ago, include additional flexibility on offers in compromise for struggling taxpayers, a series of Saturday “open houses” offering taxpayers extra opportunities to work out tax problems face to face with the IRS, special outreach with partner groups to unemployed taxpayers and the availability of more information on a special section of the IRS website. “Times are tough for many people, and the IRS wants to do everything it can to help people who have lost their job or face financial strain,” IRS Commissioner Doug Shulman said. “We continue to make adjustments to key programs and expand ways for people to get help. We’re doing everything we can to help ease the burden on struggling taxpayers.”

For some taxpayers, an offer in compromise (an agreement between a taxpayer and the IRS that settles the taxpayer’s debt for less than the full amount owed), continues to be a viable option. IRS employees will now have additional flexibility when considering offers in compromise from taxpayers facing economic troubles, including the recently unemployed. Specifically, IRS employees will be permitted to consider a taxpayer’s current income and potential for future income when negotiating an offer in compromise. Normally, the standard practice is to judge an offer amount on a taxpayer’s earnings in prior years. This new step provides greater flexibility when considering offers in compromise from the unemployed. The IRS may also require that a taxpayer entering into such an offer in compromise agree to pay more if the taxpayer’s financial situation improves significantly. These immediate steps are part of an on-going effort by the IRS to ensure the availability of the Offer in Compromise program for taxpayers.

In addition, IRS will hold hundreds of special Saturday open houses to give struggling taxpayers more opportunity to work directly with IRS employees to resolve issues. The offices will be open on 27 MAR and three additional Saturdays in the spring and early summer. Dates, times and locations will be announced shortly. During the expanded Saturday hours, taxpayers will be able to address economic hardship issues they may face or get help to claim any of the special tax breaks in last year’s American Recovery and Reinvestment Act, including Homebuyer tax credit, American Opportunity Credit, Making Work Pay credit, and Expanded Earned Income Tax Credit. In addition to these special Saturdays, taxpayers can take advantage of toll-free telephone assistance and regularly scheduled hours at local Taxpayer Assistance Centers. Taxpayers can find the location, telephone number and business hours of the nearest assistance center by visiting the Contact My Local Office page on IRS.gov.

The IRS is working and coordinating with state departments of revenue and state workforce agencies to help taxpayers who are having problems meeting their tax liabilities because of unemployment or other financial problems. These coordinated efforts may include opportunities for taxpayers to make payment arrangements and resolve both federal and state tax issues in one place. Taxpayers who are unemployed or struggling financially can find information on a new page [www.irs.gov/individuals/article/0,,id=219269,00.html?portlet=7](http://www.irs.gov/individuals/article/0,,id=219269,00.html?portlet=7) on the IRS Web site. This online tax center has numerous resources including links to information on tax assistance and relief to help struggling taxpayers. The IRS will continue to offer other help to taxpayers, including:

- Assistance of the Taxpayer Advocate Service for those taxpayers experiencing particular hardship navigating the IRS.
- Postponement of collection actions in certain hardship cases.
- Added flexibility for missed payments on installment agreements and offers in compromise for previously compliant individuals having difficulty paying.

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- Additional review of home values for offers in compromise in cases where real-estate valuations may not be accurate.
- Accelerated levy releases for taxpayers facing economic hardship.

In addition, the IRS will accelerate lien relief for homeowners if a taxpayer cannot refinance or sell a home because of a tax lien. As previously announced, a taxpayer seeking to refinance or sell a home may request the IRS make a tax lien secondary to the lien by the lending institution that is refinancing or restructuring a loan. The taxpayer may also request the IRS discharge its claim if the home is being sold for less than the amount of the mortgage lien under certain circumstances. [Source: Military.com | Taxes article Apr 2010 ++]

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**BASRA TOXIC EXPOSURE Update 02:** After their lawsuit was dismissed in Indiana, attorneys for a group of National Guard soldiers have refiled it in Texas. The lawsuit against a defense contractor claims the company knew of the presence of a deadly toxin at a site the soldiers were guarding in Iraq but waited before telling anyone. The lawsuit against KBR was filed 30 MAR in a federal court in Houston. Brought by a group of attorneys led by Houston-based Mike Doyle, the lawsuit was dismissed in February by a federal judge in Indiana. The judge ruled the court lacks "personal jurisdiction" to take up the matter and did not consider the merits of the lawsuit. The soldiers, about 140 from Indiana, say they were exposed to sodium dichromate, an anti-corrosive that was likely dusted across the wind-swept desert near Basra when Iraqis cut open storage containers as they fled the site at the beginning of the 2003 American-led invasion. The soldiers were guarding Qar-mat Ali, a plant being operated by Houston-based KBR where water was pumped underground to boost oil production.

Sodium dichromate contains hexavalent chromium, a known human carcinogen. Exposure to the toxin, experts say, can cause nosebleeds and severe respiratory problems, as well as heightened risks of cancer, and kidney and liver diseases. The soldiers' lawyers charge that KBR was aware of the risk but kept it secret. KBR has said it collected air samples that showed low levels of the chemical. Doyle's team also is representing soldiers in cases pending in Oregon and West Virginia. One of the exposed soldiers, Lt. Col. James Gentry, 52, of Mitchell, Ind., died in November. Gentry, a nonsmoker, was diagnosed in 2006 with a rare form of lung cancer. Military doctors say it most likely was caused by the exposure. "Only the good Lord knows what happened at that site," said Maj. Gen. R. Martin Umbarger, Indiana's top-ranking National Guard general, at the funeral of Gentry, who commanded the group including soldiers from a battalion based in Jasper, Ind., and Tell City, Ind. Another soldier, David Moore, 42, of Dubois, Ind., died in 2008. Sen. Evan Bayh (D-IN) has drafted legislation that would create a registry similar to the one created for soldiers exposed to Agent Orange in Vietnam. That registry would ensure that those suffering symptoms possibly related to the exposure receive treatment from U.S. Department of Veterans Affairs doctors, but it has not become law. [Source: Evansville Courier Press Eric Bradner article 1 Apr 2010 ++]

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**VA HEALTH CARE FUNDING Update 23:** The Department of Veterans Affairs has no way of determining long-range health care costs for the veterans of the wars in Iraq and Afghanistan, a federal study on the wars' impact released 31 MAR shows. Conducted by the federal Institute of Medicine, the study says costs for the nearly 2 million veterans of the two wars will expand over the next 30 years before tapering off. The VA's budget is almost \$113 billion and has almost doubled since 2003. "VA does not have the personnel, the funding or the mandate from Congress to produce broad forecasts," the study says, adding that "the human burdens of war extend far beyond the period of active conflict." These projections are crucial for anticipating how much money and how many services the government must set aside for helping Iraq and Afghanistan veterans, the report says. Gauging those needs is difficult because the wars in Iraq and Afghanistan are "fundamentally different" than previous wars. For example:

- Troops serve multiple combat deployments for cumulatively longer periods.
- Body armor and improved battlefield care save lives, but many wounded servicemembers are left with complex psychological and physical problems.
- The heavy use of National Guard and reservists means older troops serve more than in previous wars.

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- Troops are more likely to be married with children than in the past, complicating the impact of deployments. Research has shown that spouses and children can suffer emotional problems linked to deployments.
- More women than ever serve in combat zones, and they tend to have more health issues than male troops. That will lead to higher costs.

History shows that health care costs keep rising after wars end, the study says. Disability compensation or pension payouts for veterans of World War I, World War II and the Korean conflict increased for 25 to 47 years after the end of hostilities. The VA agreed with many of report's recommendations, says Victoria Cassano, who is managing the department's response to the study. She said some 30-year projections on benefits and veteran populations are possible. [source: USA Today Gregg Zoroya article 1 Apr 2010 ++]

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**TRAUMATIC BRAIN INJURY Update 12:** Mental health problems of U.S. soldiers returning from Iraq and Afghanistan aren't getting enough attention, a new report says. The Institute of Medicine urged the Veterans Affairs Department on 31 MAR to research how to care for veterans with traumatic brain injuries caused by roadside bombs. Traumatic brain injury can have long-term effects, including seizures, a reduced ability to think and reason, and dementia. The institute, the health wing of the National Research Council, is an independent organization that advises the U.S. government. "We heard repeatedly that there are not enough mental health providers to meet the demand," said Dr. George Rutherford, a professor of epidemiology and biostatistics at the University of California at San Francisco, who was chair of a 16-member panel. "Job training and job loss due to multiple deployments are other serious issues facing these individuals, as is doctors' ability to diagnose and treat traumatic brain injuries."

The panel noted in the report that 10 to 20% of soldiers returning from Iraq and Afghanistan have traumatic brain injuries, although other researchers have found this injury may account for up to a third of battlefield injuries. The report praised the work by Veterans Affairs to establish rehabilitation services for veterans with traumatic brain injuries after the wounds occur but said protocols are needed to manage the lifetime effects. The panel said the U.S. government should:

- Fund research on the readjustment needs of veterans, their families and the communities they return to, including the social and economic effects of multiple deployments.
- Prepare for the long-term needs of returning veterans with multiple traumas and traumatic brain injuries, including likely complications and rehabilitation services.
- Recruit more mental health professionals.
- Reduce the stigma of mental health treatment within the military.
- Examine whether the mental health needs of women returning from war are being met, including treatment for sexual harassment and assault.
- Consider a "third-location decompression" program, or sending military personnel to a location to readjust to a non-combat environment before returning home.

The Defense Department also needs to better address the reluctance of troops to report mental health problems and should review how it handles confidentiality in these cases, the study said. "The things we need to work on, we'll definitely get started with," Navy Capt. Edward Simmer said of the Defense Department's response to the report. The report presents preliminary findings of a two-phase study of the needs of current and former service members deployed to Iraq and Afghanistan and their families. The first phase review was limited to scientific literature, media reports and testimony from veterans and families at town hall meetings. In April, the panel starts its second phase, a more detailed, two-year look at veterans' health issues based on several continuing studies. [Source: CBC News 31 Mar 2010 ++]

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**VA WOMEN VET PROGRAMS Update 09:** Invisible Warriors is how Denise Fields, director of membership for the American Legion Department of Illinois, refers to female military veterans who fall through the cracks when they return from their tour of duty. Some may need counseling for sexual trauma, medical care or employment training, but the problem lies in getting them the information they need. That was the case at the Salute to Women Veterans event at the Thompson Center in Chicago where only a few women veterans showed up to be honored and learn about the variety of services available to them. "Women don't think of themselves first always," said Fields, who is a veteran. She added that a lot of service organizations catering to veterans have historically been geared toward men. "We just haven't been doing enough and now we are catching up," she said. With more women joining the ranks, communicating with female veterans is an ongoing challenge. According to the Illinois Department of Veterans' Affairs, there are 1.7 million female veterans in the U.S., of who more than 50,000 are in Illinois.

At Brown VA Medical Center, a Women Veterans Health Center provides care to about 3,000 veterans annually, but more could be served, officials say. The center offers counseling for post traumatic stress disorder, mammograms and gynecological services for all women veterans with an honorable discharge and services are usually free based on eligibility. "I don't know what happens to them when they leave the military service," said Dr. Kinna Patel, manager of the Women Veterans Program, who participated in the event's resource fair. "I don't know what the disconnect is." The Illinois Department of Veterans' Affairs hosted the event for the second time in the Thompson Center, but hosts informational fairs for women at various locations in Chicago and the suburbs throughout the year. Women say they don't know where to get the services they need, said Harry Sawyer, field manager of the department. "It's harder for women. A lot of women are moms or wives and now they are coming back and trying to find where is their place," he said.

Women make up close to 20% of the military and increasingly are taking on roles traditionally held by men. While still restricted from participating in direct combat, women serve as military police, can go on patrols or handle a gun turret. Gone are the days when women only did administrative work or tended to the wounded. Harriet Holmes, an Army veteran who worked in the Army's administration in the early 1980s, was amazed at finding out about so many programs geared toward women veterans. "There's so much out there for us but we don't know about it," she said. Take for instance The Bogan Quarters Inc. in Chicago, which offers homeless women veterans and nonveterans transitional housing for up to one year and provides assistance in going back to school, finding a home or learning new job skills. The not-for-profit runs three homes in the Chicago area and is looking to open up two more with the idea of making one specifically for women veterans with children. "They are our silent victims," said Bobbie Gradford-Bogan, founder. "They don't want to speak out." [Source: Chicago Tribune Krystyna Slivinski article 2 Apr 2010 ++]

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**VA WOMEN VET PROGRAMS Update 10:** Veterans Affairs Department officials are promising to improve privacy for female veterans who use its medical facilities after a new report discovered that some old problems have not been fixed. A 31 MAR report from the Government Accountability Office, the investigative arm of Congress, found women using VA hospitals and clinics continue to face:

- Examination rooms set up so that passersby can see patients disrobed when the door is opened.
- Restrooms that lack sanitary napkin or tampon dispensers.
- A lack of privacy at appointment and reception desks, so that others can overhear discussion of medical problems.

Investigators reviewed nine medical centers and 10 outpatient clinics; none fully complied with VA policy on privacy, the report says. While acknowledging that things are better than when GAO released a similar survey last year, the new report to Congress suggests that medical facilities need additional pressure to address problems that can discourage female veterans from getting care. In a written response to the report, VA officials agree that more must be done and say they are prepared to have regional inspection teams visit hospitals and clinics to independently assess compliance, because the current self-reporting may not be sufficient. VA officials also said they continue to work on new design and construction standards to provide more privacy for women. Investigators found that outpatient clinics did better than medical centers in providing privacy, with fewer exam rooms facing public waiting

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rooms or high-traffic corridors. But some outpatient clinics lacked privacy curtains in exam rooms and had exam tables with the foot of the tables facing the door, the report says. In addition to privacy concerns, the report also recommends that more mental health professionals receive training in treatment of sexual trauma, and that the roles of female veteran's program managers be clarified so that recommendations of employees who are supposed to be making sure women's needs are met receive more attention from senior facility managers. [Source: AirForceTimes Rick Maze article 31 Mar 2010 ++]

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**INTERNATIONAL DIRECT DEPOSIT Update 01:** International Direct Deposit (IDD) is available to U.S. military retirees and annuitants living in eligible locations overseas. Direct deposit is the most efficient, timely and secure way to receive your pay. By enrolling, you can eliminate the possibility of a lost or stolen check, reduce the opportunity for identity theft and receive your payment in a more timely and efficient manner. The cost savings will be redistributed within the Department of Defense to support the war fighting mission. If you have not received an enrollment package and would like to sign up for International Direct Deposit, refer to the instructions and complete the enrollment form available at [www.dtic.mil/whs/directives/infomgt/forms/eforms/ofl199i.pdf](http://www.dtic.mil/whs/directives/infomgt/forms/eforms/ofl199i.pdf) . Mail to: Federal Reserve Bank of New York, International Treasury Services, East Rutherford Operations Center, 1st Floor, 100 Orchard Street, East Rutherford, NJ 07073 USA. Make sure the form is accurately completed and signed. Incorrect or incomplete enrollment forms will be returned unprocessed for correction, delaying your enrollment. Typed forms are preferable. If you currently have your pay sent to a stateside financial institution, do not close that account until you have verified receipt at your local IDD bank. For more information, refer to the International Direct Deposit FAQs at [www.dfas.mil/rapay/rafaqs/idd.html](http://www.dfas.mil/rapay/rafaqs/idd.html) . For those members participating or considering International Direct Deposit, note the following points:

- Currency exchange - Your payment will be converted from U.S. dollars to local currency two business days prior to the U.S. payment date using a wholesale exchange rate.
- U.S. dollar or local currency - International Direct Deposit puts your money directly into your local bank in local currency. If you reside in Canada and have a U.S. dollar account, you may elect to receive your payment electronically in U.S. dollars. This option is only available in Canada.

Many military retirees and annuitants who live overseas and receive their benefits through International Direct Deposit (IDD) have voiced concerns over missing information on their electronic fund transfers. Early this year, International Treasury Services temporarily stopped providing the following information on the transfers: Payment source (i.e. DFAS, Department of Veterans Affairs, and Social Security Administration); U.S. dollar amount; and Euro conversion rate. The absence of this information made it difficult to determine where the payments were coming from and whether the amounts were accurate. Beginning with the 1 MAR deposit, International Treasury Services will again provide all of the above-mentioned information on electronic fund transfers for military retirees and annuitants. For more information regarding IDD, refer to [www.dfas.mil/rapay/retirementpay/directdeposit.html](http://www.dfas.mil/rapay/retirementpay/directdeposit.html) . [Source: DFAS RNA-News: March 2010 ++]

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**DFAS PAY INQUIRIES Update 01:** Two recent changes to the Internal Revenue Service tax tables have a lot of military retirees and annuitants asking questions. If you noticed a reduction in your net pay on a recent retirement paycheck it most likely is because:

- **New Tax Tables.** The Internal Revenue Service recently issued new tax tables for 2010. The new tables included tax increases for individuals in certain tax brackets. DFAS complied with the new tax rates by implementing the new IRS tables with the first paycheck of the year. For military retirees and annuitants, that check was issued 4 JAN 2010. As a result, some military retirees' and annuitants' Federal Income Tax Withholding increased despite the fact that they received no Cost of Living Adjustment this year. This is why some retirees' and annuitants' net pay decreased.
- **2009 Tax Credit.** On 17 FEB 09, President Barack Obama signed the American Recovery and Reinvestment Act of 2009 into law, providing a refundable credit for many working individuals. The credit

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was distributed in 2009 through a reduction in the income taxes withheld from salaries and wages, including Retired and Annuitant pay. In accordance with the IRS tax tables, most single taxpayers' Federal Income Tax Withholding decreased by \$400 for the year, and most married taxpayers' withholding decreased by \$800 for the year. Tax tables do not account for individual circumstances; therefore, depending on their personal situation, some people may have had less withheld from their paychecks than they should have. As a result, some recipients of retired and annuity pay, especially those who are married filing jointly and those who worked in 2009, may owe taxes or receive a smaller refund in April 2010.

It is each taxpayer's responsibility to ensure enough wages are withheld to cover their tax liability. For more information regarding how to calculate the appropriate income tax withholding, please contact your tax advisor or review one of the following IRS publications:

- IRS Withholding Calculator at [www.irs.gov/individuals/article/0,,id=96196,00.html?portlet=2](http://www.irs.gov/individuals/article/0,,id=96196,00.html?portlet=2)
- IRS Publication 919 at [www.irs.gov/pub/irs-pdf/p919.pdf](http://www.irs.gov/pub/irs-pdf/p919.pdf)

As always, you may adjust your Federal Income Tax Withholding through myPay, or by mailing a completed Form W4 or Form W4P for annuitants to: Defense Finance & Accounting Service Defense Finance & Accounting Services, U.S. Military Retirement Pay, P.O. Box 7130, London, KY 40741-7130 or Defense Finance & Accounting Service Defense Finance & Accounting Services, U.S. Military Annuitant Pay, P.O. Box 7131, London, KY 40741-7131. [Source: DFAS RNA-News: March 2010 ++]

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**DFAS WEBSITE Update 02:** On 1 FEB 2010 the Defense Finance and Accounting Service (DFAS) launched new and improved web pages for their retired military and annuitant customers. Updates included a review of all of the information they were providing and removal of outdated or irrelevant material, reducing the number of web pages in the Retired Pay section of the site from 88 to 26. The remaining pages were organized into four topical sections: Retirement Pay, Annuities, Disability Benefits, and Planning for Retirement. A newly added News and Events section features press releases, current events, newsletters and retiree seminars. You can find all of this information and more by clicking "Retired Pay" on the yellow bar at the top of the DFAS website [www.dfas.mil](http://www.dfas.mil). A spot review of the pages revealed the explanations of benefits and procedures are written in easy to understand language and the Frequently Asked Questions (FAQ) sections answer many of the questions that are fielded from day to day by veteran organizations. [NMFA Topics for 6 Apr 2010 ++]

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**VA GWVITF:** The VA's Gulf War Veterans Illness Task Force (GWVITF) is a leading edge of Secretary Shinseki's vision of transforming the VA into a 21st century organization. It represents a bold step forward in how VA considers and addresses the challenges facing not just Veterans of a specific era, but the challenges facing all Veterans. The GWVITF was formed in AUG 09 to provide a unified and cohesive organizational instrument to address the concerns and needs of Gulf War Veterans, especially those who suffer from unexplained chronic multisystem, or undiagnosed illnesses. From the outset, the VA recognized that this was a complex issue with many people deeply invested in its resolution. They also recognized the frustrations that many Veterans and their families experience on a daily basis as they look for answers, and seek benefits. The Task Force is charged with conducting a comprehensive review of all VA programs and services that serve the Gulf War cohort of Veterans. It is further charged to identify gaps in services as well as opportunities to better serve this Veteran cohort, and then develop results oriented recommendations to decisively advance VA's efforts to address their needs.

In order to accomplish these goals, the Task Force is designed as a matrix organization within VA that meets regularly to investigate allegations and perceptions, analyze facts and data, coordinate and review findings and proposals, and collaboratively develop recommendations. The Task Force includes staff from the Office of the Secretary (OSVA), Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), Office of Public and Intergovernmental Affairs (OPIA), Office of Policy and Planning (OPP), and the Office of Congressional and Legislative Affairs (OCLA). The staff from these offices represent a broad spectrum of subject matter expertise

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and stakeholder perspectives necessary to ensure success. Members are charged with defining the key areas of review, consulting key experts and relevant stakeholders, and capturing the issues, data, programmatic and performance information necessary to inform their recommendations. [Source: [www.va.gov/Gulf\\_War\\_Background\\_Brief.pdf](http://www.va.gov/Gulf_War_Background_Brief.pdf) Apr 2010 ++]

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**VA GWVITF Update 01:** The VA Gulf War Veterans' Illnesses Task Force (GWVITF) has completed the final draft of a comprehensive report that will redefine how the VA addresses the concerns of veterans who deployed during the Gulf War in 1990 and 1991. Notification of the draft written report was published in the Federal Register, and the draft written report identifies seven areas where VA will improve services for this group of veterans. Among these improvements, VA will reconnect with veterans from the 1990–1991 Gulf War, strengthen the training of clinicians and claims processors, and reenergize its research effort. VA will also proactively strengthen partnerships and medical surveillance to address the potential health impacts on veterans from the environmental exposures on today's battlefields. The mission of VA's Gulf War Veterans' Illnesses Task Force is to identify both gaps in services as well as opportunities to better serve veterans of the Gulf War. Of the almost 700,000 service members who deployed to Operation Desert Shield in 1990 and Operation Desert Storm in 1991, more than 300,000 have filed disability claims and over 85% have been granted service connection for at least one condition.

VA's GWVITF recommendations build on the findings of The Gulf War Veterans Illnesses Advisory Committee, VA Research Advisory Committee on Gulf War Illnesses, the interagency Deployment Health Working Group, and other related sources. Some of the Task Force's recommendations include:

- Improve data sharing with Department of Defense to notify veterans of potential exposures, monitor their long-term health and inform them about decisions regarding additional follow up.
- Improve the delivery of benefits to veterans with Gulf War-related disabilities by: Reviewing and, if necessary, updating regulations affecting Gulf War veterans.
- Expanding training for VBA examiners on how to administer disability claims with multiple known toxin exposure incidents.
- Improve VA healthcare for veterans through a new model of interdisciplinary health education and training.
- Increase number of long-term, veteran-focused studies of veterans to enhance the quality of care VA provides.
- Transition from reactive to proactive medical surveillance to help better manage veterans' potential hazardous exposures.
- Find new treatments for Gulf War veterans through new research.
- Enhance outreach to provide information and guidance to veterans about benefits and services available to them for injuries/illnesses associated with Gulf War service.

As a first step, VA is seeking public comments on the draft written report before final publication. The public notice will be posted at Government Regulations website [www.regulations.gov/search/Regs/home.html#home](http://www.regulations.gov/search/Regs/home.html#home), and the draft written report will be open for comment for thirty (30) days. To view the 29 MAR 2010 final draft report without making recommendations, refer to [http://www1.va.gov/opa/vadocs/gwvi\\_draft\\_report.pdf](http://www1.va.gov/opa/vadocs/gwvi_draft_report.pdf). [Source: NAUS Weekly Update 2 Apr 2010 ++]

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**PTSD Update 42:** New Mexico is the only state that explicitly allows people with PTSD to smoke pot under its medical marijuana law — an issue that is getting attention around the country at a time when traumatized vets are coming home from wars in Iraq and Afghanistan in large numbers. New Mexico's medical marijuana law has created a conundrum for the Veterans Affairs, which does not allow its doctors to prescribe pot because the drug is illegal in the eyes of the federal government. So, patients must seek out an endorsement from a private doctor. PTSD accounts for more patients than any other of the state's 16 eligible debilitating conditions approved for

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medical marijuana treatment. States where medical marijuana use has been approved have been trying to determine what ailments the drug will help. Those efforts have resulted in a mishmash of regulations. For instance, a Colorado House committee in March rejected following New Mexico's lead in specifically listing PTSD to qualify for medical marijuana. California doctors can recommend medical marijuana for a variety of conditions and "any other illness for which marijuana provides relief." The American Medical Association has called for controlled studies of marijuana for patients whose conditions it might help. The association also wants a review of marijuana's status as a Schedule 1 drug so clinical research can move ahead.

The Department of Veterans Affairs says it is developing a national policy, and the head of Veterans for Medical Marijuana Access believes a VA policy allowing medical marijuana "is inevitable." "We're all on the same side," said Michael Krawitz of Virginia. "My goal is a good outcome for the veteran, and that's their goal. The irony in this ... is it's a common thing for veterans to tell me, 'The VA is telling me if I just stay away from medical marijuana, we'll give you all the pills you want, morphine, whatever,'" he said. Krawitz, 47, was severely injured in a motorcycle accident while stationed in Guam with the Air Force about 20 years ago and eventually received a medical discharge. He is an advocate for marijuana's medicinal benefits. He praises the care he's gotten from the VA, but adds: "I feel sorry for the VA; they're caught in the middle ... They have a clear mandate to take care of veterans." Given their inability to get medical marijuana from the VA, New Mexico veterans are finding their own go-to physicians, including Dr. Eve Elting in the central part of the state. "I have guys coming to see me from all over the state, five or six hours' drive, just to be legal," said Elting, of Truth or Consequences. "It's bad enough they have something that makes life so challenging. On top of that they're discriminated against, made to feel like they're doing something wrong." Elting said veterans hear about her by word of mouth since she will see people who aren't regular patients. About a quarter of those who come to her want medical marijuana for PTSD. One day she saw eight veterans — five for PTSD.

New Mexico doctors do not prescribe medical cannabis. Rather, they certify someone has one of the approved conditions and that standard treatment doesn't work. Patients then apply to the state program. If an application is approved, the patient gets a registry ID card that allows possession of up to 6 ounces of medical marijuana. A psychiatrist's diagnosis must be included for PTSD. For chronic pain, X-rays or CT scans are required and both a primary doctor and a specialist have to sign off. "Even though the VA has prohibited them from signing the documents, I don't see why a physician treating the veteran would not be willing to sign a piece of paper attesting that the patient had that condition," said Elting, who did her residency at a VA hospital and serves on New Mexico's eight-member medical advisory board for the program. Veterans armed with Elting's signature would still have to find a private psychiatrist or other specialist to sign. "Everyone's happy to give them a million narcotics, anti-psychotics. It's frustrating," she said. [Source: AP Sue Major Holmes article 31 Mar 2010 ++]

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**VET CEMETERY MARYLAND Update 01:** Construction is expected to be completed by the end of April on the latest phase of burial-site expansion at Garrison Forest Cemetery in Owings Mills Maryland. The state-owned facility on Garrison Forest Road is the third busiest state veterans' cemetery in the United States. It averages about 1,300 burials a year of veterans and their eligible dependents. The \$3.2-million project was fully funded by the U.S. Department of Veterans Affairs on about 25 acres. The expansion will allow for 1,087 additional in-ground burials, as well as a columbarium to accommodate 1,059 spaces for ashes. Cate Conroy, a spokeswoman for the Maryland Department of Veterans Affairs, said the expansion is part of normal planning for the next 10 years. "It's done well in advance of need," she added. A \$6.5-million expansion in 2008 provided funds for additional burial and columbarium space. And the state approved \$1.8 million (federally funded) in 2009 for modernization of the building and grounds of the cemetery. As of 26 MAR, the cemetery contained the remains of 31,142 veterans. Planned expansions at the more than 100-acre site are expected to eventually provide burial space for up to 46,000 people. Besides Garrison Forest, the state Department of Veterans Affairs operates cemeteries in Cheltenham, Crownsville, near Rocky Gap State Park in Allegany County, and in Dorchester County between Easton and Cambridge. Garrison Forest Cemetery, at 11501 Garrison Forest Road, is open year round from 08-1700 and until 2000. on Memorial Day. Members of American Legion posts, Jewish War Veterans chapters, and Veterans of Foreign Wars posts hold Veterans Day ceremonies each year at Garrison Forest Ceremony. Boy Scout troops often place small flags on gravesites prior to the national holidays. [Source: Community times Baxter Smith article 30 Mar 2010 ++]

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**JC PENNY DATA BREACH:** Retailer JC Penney fought to keep its name secret during court proceedings related to the largest breach of credit card data on record, according to documents unsealed on 29 MAR. JC Penney was among the retailers targeted by Albert Gonzalez's ring of hackers, which managed to steal more than 130 million credit card numbers from payment processor Heartland Payment Systems and others. Gonzalez was sentenced to 20 years in prison on 26 MAR in U.S. District Court for the District of Massachusetts. In DEC 09, JC Penney -- referred to as "Company A" in court documents -- argued in a filing that the attacks occurred more than two years ago, and that disclosure would cause "confusion and alarm." However, it was already suspected JC Penney was one of the retailers after the Web site StorefrontBacktalk was the first outlet to accurately report in AUG 09 that JC Penney was among the retailers targeted by Gonzalez's group.

New Jersey, where the Gonzalez case started, agreed to keep JC Penney's identity secret but the case was moved to Massachusetts where authorities decided otherwise, prompting JC Penney's motion. Disclosing Company A's identity "may discourage other victims of cybercrimes to report the criminal activity or cooperate with enforcement officials for fear of the retribution and reputational damage that may arise from a policy of disclosure as espoused by the government in this case," wrote JC Penney attorney Michael D. Ricciuti. In a 12 JAN filing, U.S. prosecutors argued for disclosure. "Most people want to know when their credit or debit card numbers have been put at risk, not simply if, and after, they have clearly been stolen," the government wrote. "The presumption of disclosure has an additional significant benefit, though, besides the right of the card holder to know when he has been exposed to risk."

The U.S. Secret Service had told JC Penney that its computer system had been broken into. The retailer's system had "unquestionably failed," but the government said the Secret Service did not have evidence that payment card numbers were stolen, U.S. prosecutors wrote. Another retailer, The Wet Seal, said in a statement issued 29 MAR that it had also been targeted by Gonzalez's gang around MAY 08. The Wet Seal has been referred to as "Company B" in court documents. "We found no evidence to indicate that any customer credit or debit card data or other personally identifiable information was taken," the company said. Other retailers affected by the breach included TJX, 7-Eleven, Hannaford Brothers, Dave & Busters, BJ's Wholesale Club, OfficeMax, Boston Market, Barnes & Noble, Sports Authority, Forever 21 and DSW. [Source: IDG News Service ComputerWorld Jeremy Kirk article 30 Mar 2010 ++]

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**MEDICARE REIMBURSEMENT RATES 2010 Update 09:** Doctors who were slated to have their Medicare reimbursements cut 21% on 1 APR got a reprieve from the Centers for Medicare and Medicaid Services (CMS), which is delayed lowered payments until after Congress reconvened. The agency, which administers the U.S. health program for people 65 years and older and the disabled, has ordered that claims submitted on or after 1 APR be held for an added 10 business days before being paid, said spokesman Peter Ashkenaz. That gave Congress at least until April 14 to get the job done. For Tricare, there's a little less problem, as it usually takes 30 days after Medicare changes rates for Tricare to implement them (by law, Tricare payment rates are tied to Medicare's). Lawmakers have put off those cuts every year, except one, since they were introduced as part of the Balanced Budget Act in 1997. The American Medical Association says the reductions will make doctors less willing to accept Medicare patients and is pushing lawmakers to increase payments. "Physicians will be forced to limit the care they can provide to Medicare patients when payments fall steeply below the cost of providing care," James Rohack, president of the Chicago-based medical association, said in a statement. About 68% of the group's members plan to limit the number of Medicare patients they treat when the government payment reduction takes effect, according to an AMA survey.

Ellen Griffith, a CMS spokeswoman, gave some examples of how reimbursement costs would be impacted. She said, "Unless Congress postpones or scraps the cuts, the average reimbursement for a colonoscopy would fall to \$294.57, compared with the current national rate of \$374.20, said For a typical visit to the doctor's office, the reimbursement would fall to \$51.70 from \$65.67 for an established patient." The House passed legislation in November that would replace the schedule of cuts with annual increases costing \$210 billion. In 2010, the increase

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would be about 1.2%, reflecting the rise in the Medicare Economic Index, according to the Congressional Budget Office. The Senate never took up the legislation. Instead, it passed a bill that would delay a decision on the 21% cut until 1 OCT. Because the House and Senate didn't pass the same legislation delaying or removing the reduction, the cuts had to take effect 1 APR. [Source: Bloomberg business Week Pat Wechsler article 29 Mar 2010 ++]

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**MILITARY FUNERAL DISORDERLY CONDUCT Update 11:** Outraged that the father of a dead Marine was ordered to pay some court costs incurred by a group he had sued for picketing his son's funeral, people from across the country have launched a grass-roots fundraising effort to help the grieving family. "I was appalled," said Sally Giannini, a 72-year-old retired bookkeeper from Spokane, Wash., who had called The Baltimore Sun after seeing an article about the court decision against Albert Snyder. "I believe in free speech, but this goes too far." Living on a fixed income, Giannini said she could send only \$10 toward the \$16,510.80 that the 4th U.S. Circuit Court of Appeals ordered Snyder to pay to Fred Phelps, leader of the Westboro Baptist Church in Topeka, Kan., an anti-gay group that travels the country picketing military funerals. The group says military deaths are God's punishment for America's tolerance of homosexuality. Snyder sued Westboro because its members waved signs saying "God hates fags" and "God hates the USA" at the 2006 funeral in Westminster of his son, Lance Cpl. Matthew Snyder, who had been killed in Iraq. A federal jury in Baltimore awarded Snyder \$11 million in damages in 2007, saying Phelps' group intentionally inflicted emotional distress on the family. The award was later reduced to \$5 million, and eventually overturned on appeal.

As news of the order to pay some of the court costs spread through the news media and online, strangers were moved to send money and set up funds to support Snyder's court battle. On 30 MAY, commentator Bill O'Reilly of Fox News Channel offered to pay the court costs owed by Snyder, according to WBAL Radio. Mark C. Seavey, new-media director for the American Legion, also posted a message 30 MAY on his Legion-affiliated blog, The Burn Pit, urging readers to donate to the Albert Snyder Fund. The American Legion's message was picked up by conservative political blogger Michelle Malkin, who called the Westboro protesters "evil miscreants" and urged readers to donate. "Regardless of how you feel about the merits of the Snyders' suit, the Snyders deserve to know that Americans are forever grateful for their son's heroism and for the family's sacrifice. We shouldn't stand by and watch them bankrupted," Malkin wrote.

Money from donations will go toward covering the money owed to Phelps, and beyond that, toward preparing further appeals, Seavey said. In a phone interview 30 MAR, Snyder said he was "exhausted" by the long legal ordeal but heartened by the outpouring of support. He said he has received about 3,000 e-mail messages from people across the country who planned to contribute. "It kind of restores your faith in mankind after dealing with this wacko church," Snyder said. "Win or lose, I'll know that I did everything I could for Matt, and for all the soldiers and Marines who are still coming home dying." From Web sites to Twitter pages, people were galled that the grieving father of a fallen Marine would have to pay a group that uses such inflammatory tactics. A Facebook group called "I support Al Snyder in His fight against Westboro Baptist Church" had drawn nearly 12,000 members by the end of the day 30 MAR.

In SEP 09, the 4th Circuit Court threw out the Baltimore jury's award to Snyder on free-speech grounds. A month later, Westboro filed a motion to recoup court costs from both the original suit and the appeal, for a total of \$96,740.21. Friday's judgment covers only some costs from the appeal. The U.S. Supreme Court agreed this month to hear a new appeal of the case, which experts say is being closely watched by 1st Amendment advocates. If the Supreme Court sides with Snyder, he won't have to pay Westboro. "The most alarming part is that [the 4th Circuit] sat on it for months, and only ruled on it after the Supreme Court agreed to hear it," said Sean E. Summers, Snyder's York, Pa.-based lawyer. "The other troubling fact was that we were trying to raise about \$20,000 to file a Supreme Court brief. Now we have [to raise] another \$16,500. ... There are definitely extenuating circumstances, given that Mr. Snyder doesn't have the resources to pay." Snyder, who lives in York, does in-house sales for a small electronics firm and, according to court filings, earns \$43,000 a year.

Gene Policinski, executive director of the First Amendment Center in Nashville, Tenn., predicted that the Supreme Court will not address issues of where protesters are permitted to demonstrate, as it has in the past in the case of abortion protesters. Instead, he said, the case is important because "it has the potential to define whether

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we're going to create a new exemption to freedom of speech that is emotionally distressing." "You can imagine that Martin Luther King and others inflicted emotional distress on people, if they were committed to segregation," he said. "I shudder to think if those people were armed with the weapon of suing him because the issue itself was repugnant to them." For some supporters, the issue is not so much the right to free speech as the right to a peaceful burial of fallen troops. [Source: Baltimore Sun Robbie Whelan article 31 Mar 2010 ++]

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**HYPERTENSION Update 03:** You don't have to follow a strict diet to get the ball rolling for weight reduction to lower your blood pressure. Making these easy but effective changes really can help you lose weight.

- **Learn to Read Labels.** To lose weight it is essential to pay attention to food labels. Counting calories is impossible without this skill. You should know how to find a food's caloric content and its serving size. Comparing labels among different foods and beverages is crucial for making the healthier choices required to lose weight.
- **Snack Smart.** You can help prevent overeating and maintain blood sugar levels by eating something about every three hours. Getting too hungry will backfire on your efforts to eat healthy and practice portion control. Aim for a healthful, satisfying snack, such as an apple and some reduced-fat cheddar cheese. Eating more may seem counterintuitive, but smart snacking will help you lose weight.
- **Eat More Grains and Produce.** Whole grains and fruits and veggies do more than provide nutrients that improve your health and reduce disease-risk; they can also help you lose weight. They're naturally low in calories, so you can eat more of them and have less room in your diet for less-than-healthy foods. Plus, the fiber in whole-grain foods and produce will help you feel fuller longer (which helps you control portions and avoid overeating) and as a result, lose weight.
- **Eat Enough, Often Enough.** One of the worst ways to lose weight is meal skipping. Many people think skipping meals is a great way to cut calories, but in the end, they fail to lose weight. You'll be more likely to overeat or even binge (when you finally do eat) if you do not eat regular meals. Plus your body may go into "starvation mode" if don't eat enough, causing you to maintain (or even gain) rather than lose weight!
- **Drink Plenty of Water.** Water helps you lose weight in several ways: If you tend to have a problem with "water weight," drinking more water can help alleviate bloating. Replacing high-cal drinks such as soda with water cuts hundreds of calories. You shouldn't wait until you're feeling thirsty to drink water; thirst can be mistaken for hunger, causing you to overeat. Proper hydration improves your sense of well-being, which will keep up your motivation to lose weight.
- **Get Moving.** It is virtually impossible to lose weight and keep it off without exercising regularly. Start out today by taking a brisk walk or riding a bike. Work your way up from 10 minutes to 30-40 minutes a day, most days a week, and you could reap health benefits and weight loss results in a matter of weeks. Plus, exercise boosts your metabolism, making it even easier to lose weight.
- **Practice Portion Control.** Measuring food may seem like a drudgery, but it will prove invaluable in your efforts to lose weight. Start out by comparing a measured standard serving of foods to your typical helping. You may find you usually consume two or even three times the recommended serving. In time you will reprogram your brain to eyeball portion sizes, a key skill for losing weight.
- **Write it Down.** Keep a food diary. All you have to do is jot down what, when, and how much you eat in a notebook, or you can do it online at a Web site like Calorie Count Plus <http://caloriecount.about.com> . A food diary will give you a clear picture of your current eating habits so you can identify the changes you need to make to lose weight.

[Source: About.com: Senior Living Apr 2010 ++]

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**ENLISTMENT Update 13:** In general, the following conditions will render one ineligible for enlistment, and waivers will not normally be granted:

- Intoxicated or under influence of alcohol or drugs at time of application, or at any stage of processing for enlistment.
- Having history of psychotic disorders or state of insanity.
- Questionable moral character.
- Alcoholism.
- Drug dependence.
- Sexual perversion.
- History of antisocial behavior.
- History of frequent or chronic venereal disease.
- Previously separated for unfitness, unsuitability, unsatisfactory performance, misconduct or bar to reenlistment, with 18 or more years of active Federal service completed.
- Military retirees (can be waived in some cases).
- Persons unable to present written evidence (official documents) of prior service claimed, until such service has been verified.
- Persons whose enlistment are not clearly consistent with interests of national security.
- Last discharged or separated from a component of a U.S. Armed Force, with an other than honorable or general administrative discharge.
- Criminal or juvenile court charges filed or pending against them by civil authorities.
- Persons under civil restraint, such as confinement, parole, or probation.
- Subject of initial civil court conviction or adverse disposition for more than one felony offense.
- Civil conviction of a felony with three or more offenses (convictions or other adverse dispositions) other than traffic. Applicants with juvenile felony offenses who have had no offenses within 5 years of application for enlistment may be considered for a waiver in meritorious cases.
- Subject of initial civil court conviction or other adverse dispositions for sale, distribution, or trafficking (including "Intent To:") of cannabis (marijuana), or any other controlled substance.
- Prior Service with an RE-Code of "4." (Note: The Army will sometimes waive a re-enlistment eligibility code of "4," when that code was issued by another service, and the individual's discharge characterization is "uncharacterized," or "honorable.")
- Persons with a Bad Conduct or Dishonorable punitive (court-martial) discharge.
- Persons with prior service last discharged from any component of the Armed Forces for drug or alcohol abuse, or as rehab failure during their last period of service.
- Three or more convictions or other adverse dispositions for driving while intoxicated, drugged, or impaired in the 5 years preceding application for enlistment.
- Confirmed positive drug test at MEPS. (Note: The Navy, Marine Corps, and Army may waive this, after a waiting period. The Coast Guard and Air Force never waive this).
- Persons with convictions or other adverse dispositions for 5 or more misdemeanors preceding application for enlistment.
- Alien without lawful admittance or legal residence in the United States.
- Permanently retired by reason of physical disability.
- Individuals receiving disability compensation from the VA (may be waived in some cases, as long as the member agrees to give up the disability compensation).
- Officers removed from active or inactive service by reason of having attained maximum age or service.
- Discharged by reason of conscientious objection.

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[Source: About.com: U.S. Military Rod Powers article 19 Sep 09 ++]

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**TRICARE HELP:** Have a question on how Tricare applies to your personal situation? Write to Tricare Help, Times News Service, 6883 Commercial Drive, Springfield, VA 22159; or [tricarehelp@militarytimes.com](mailto:tricarehelp@militarytimes.com). In e-mail, include the word "Tricare" in the subject line and do not attach files. You can also get Tricare advice online anytime at [www.militarytimes.com/tricarehelp](http://www.militarytimes.com/tricarehelp). For basic information refer to the latest Tricare Handbook at [www.tricare.mil/mybenefit/Download/Forms/Standard\\_Handbook\\_LoRes.pdf](http://www.tricare.mil/mybenefit/Download/Forms/Standard_Handbook_LoRes.pdf) or call your regional contractor. Following are some of the issues addressed in recent weeks by these sources:

**(Q) What constituents a 'Full time Student'?** My son, who will be 21 in July, lives at home and is a student. He takes two or three classes per quarter. What is considered a "full-time student" to keep medical coverage? He has a chronic eye condition that needs regular doctor appointments and needs to be covered.

**(A)** To be eligible for Tricare beyond his 21st birthday, your son must be certified by his university – not Tricare – as being a "full-time" student. Contact the university's Registrar for that information. Contact the DEERS Support Office at 1(800) 538-9552, for help and information regarding Tricare eligibility beyond age 21 for full-time students. DEERS will help with the administrative things that must be done. Tricare eligibility is determined by federal law. Tricare has no authority to determine Tricare eligibility. Only the services have that authority. To help with eligibility issues is DEERS' only function. Contact DEERS anytime you have a Tricare eligibility question or need help with such matters.

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**(Q) How does VA and Tricare health care interact?** If a military retiree of over 20 years' service is enrolled/treated at a VA hospital, does that make him/her and spouse ineligible for Tricare for Life? Also, has there been a change in the new medical bill signed by President Obama?

**(A)** Tricare and VA benefits are unrelated programs governed by totally different federal laws. If a person is otherwise eligible for Tricare, using VA benefits will not negate his Tricare eligibility except that he may not file Tricare claims for any costs incurred by getting care with the VA. The only exception to that rule is in the case of the very few VA Medical Centers that have special status as Tricare-authorized providers. Your VA center administration can advise you if your center is one of them. Until DoD legal experts have properly evaluated the new health care law, it is not possible to say what, if any, effects there will be for Tricare. Any changes to Tricare will be widely publicized far in advance of their effective date. None are expected except the possibility of extending the upper age limits of Tricare eligibility of certain children in certain circumstances.

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**(Q) Will my college dependent lost Tricare upon turning 23?** I have read that the new health care reform legislation will not affect Tricare coverage because it is under the sole authority of the Defense Department, and as such, is governed by an independent set of statutes. Eligibility, covered benefits, copayments and other features of the Tricare program remain in place. That is a good thing to know. However, if I understand correctly, since Tricare's benefits are set by statute, separate legislation is required to change them to fall in line to cover children up to age 27 under their parent's health care coverage. If changes are made to the statutes governing Tricare, then time will be required to implement the changes. Until that time, the Tricare benefit remains unaffected by the Patient Protection and Affordable Care Act. Therefore, my 22-year-old daughter, who currently is a full-time student, will still lose her health care benefits on her birthday this December while other children, not privileged to have military parents, will retain their insurance until they turn 27.

Are you aware of any moves to to change this statute so our children can enjoy the same benefits while completing their education? Or, am I hopefully all wrong here and our children will be covered until they turn 27 ?

**(A)** Congratulations on not believing and being frightened by every cockamamie e-mail floating around the Internet. Unlike that of many others who have written concerning the new law, the information you cite is correct as far as I

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know at this time. The age limits for the Tricare eligibility of children were established by Public Law 89-614 (codified at Chapter 55 of Title 10, United States Code, as amended) which, in 1966, created the program, formerly CHAMPUS, now called Tricare. It is possible that Congress will have to amend that law before any changes to Tricare's age limits for children may be implemented permanently. In the meantime, Military Times Congressional Editor Rick Maze reports that Rep. Martin Heinrich, D- N.M., introduced a bill, H.R.4923, on 24 MAR to apply the new law's age extension to Tricare. It is being considered by the House Armed Services Committee for inclusion in the 2011 Defense Authorization Act, which normally takes effect on 1 OCT or later of each year. As of now, the bill is still in committee.

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**(Q) Can my parent use Tricare?** I am a retired Marine. How can I enroll my mother as my dependent? I have been supporting her.

**(A)** To register your mother as your dependent, talk with your Personnel Section. But note that, even if your mother becomes your dependent, she will not become eligible for Tricare. Federal law forbids it. You may be able to arrange for her to get free medical care at your military hospital. Talk with the hospital's Executive Officer or the Officer-in-Charge of Patient Administration about that. For official confirmation that your mother cannot become eligible for Tricare as your dependent, call the DEERS Support Office, toll-free, at 1(800) 538-9552.

[Source: NavyTimes James E. Hamby Jr. column 12 Apr 2010 ++]

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### MEDICARE FRAUD Update 36:

- **Houston TX** - Dr. Christina Clardy, 61, was charged with a state felony of engaging in organized crime in connection with the illegal distribution of pain pills at two area clinics. Also, under federal charges that she conspired with others to fraudulently bilk Medicare and Medicaid for \$30 million in physical therapy services that never happened. She is accused of prescribing and dispensing more than 2.5 million tablets of Vicodin, Xanax and Soma last year alone. After finding thousands of prescription pads that had been pre-signed by Clardy, authorities learned she ranked ninth in the state in the number of pain pills she prescribed. Clardy was added to a physical therapy fraud case pending since July against the owner of City Nursing Services of Texas Inc. According to investigators, City Nursing did not employ a single licensed physical therapist despite billing for millions of dollars in therapy services from 2007 to 2009. They allegedly recruited patients and then paid them \$100 to \$150 to sign blank forms for therapy sessions that were never performed. As supervisor of this clinic, Clardy is accused of conspiring to commit health care fraud and mail fraud by failing to provide or supervise any physical therapy that was falsely reported to have occurred there.
- **Detroit MI** - Physician Alan Silber and cohort Hassan Reeves were convicted 2 APR for their roles in an \$1 million Medicare fraud scheme. In 2006, they began working at a purported infusion clinic called RDM Center Inc. The owners of RDM Center, Miami residents Denisse and Jose Martinez (who previously pleaded guilty for their roles in the scheme), came to Detroit to start the clinic because of heavy law enforcement scrutiny in Florida of fraudulent infusion clinics. Silber was hired to be the physician at the clinic while Reeves was hired to recruit and pay kickbacks to Medicare beneficiaries to come to the clinic. The clinic routinely billed the Medicare program for services allegedly performed, but in reality were medically unnecessary and/or never provided. Medications at the clinic were prescribed based not on medical need, but based on what medications were likely to generate Medicare reimbursements. Reeves recruited the beneficiaries in downtown Detroit and drove them approximately 27 miles to RDM Center. They signed documents indicating that they had received the services billed to Medicare in exchange for kickbacks in the form of cash and prescriptions for controlled substances. Between DEC 06 and MAR 07, Silber, Reeves and their co-conspirators caused the submission of approximately \$970,631 in false and

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fraudulent claims to be submitted to the Medicare program for services supposedly provided by RDM Center. Medicare actually paid approximately \$649,000 of those claims.

- **Detroit MI** - Miriam Freytes, 49, pleaded guilty 7 APR to one count of conspiracy to commit health care fraud for her role in an infusion and injection therapy scheme to defraud Medicare. Freytes entered into an agreement in DEC 05 to provide services to Dearborn Medical Rehabilitation Center (DMRC), a business that purported to provide infusion and injection therapy services to Medicare beneficiaries. The Medicare beneficiaries were recruited by co-conspirators and paid to sign paperwork stating that they had received infusions and injections of specialty medications that they did not receive. Freytes admitted that as a medical assistant at DMRC she administered infusions and injections of specialty medications to Medicare beneficiaries billed by the clinic. She also admitted she allowed co-conspirators at DMRC to submit fraudulent bills to Medicare using her and her son's identification numbers for services that were not necessary or provided. Freytes' conduct resulted in DMRC billing more than \$1 million to Medicare and being paid approximately \$727,000 for unnecessary services and for services that were never provided.
- **Detroit MI** - On 7 APR Detroit clinic owner Suresh Chand, 46, of Warren, Mich was sentenced to 81 months in federal prison and ordered to help pay \$9.77 million in restitution for Medicare fraud. Chand had pleaded guilty in SEP 09 to one count of conspiracy to commit healthcare fraud and one count of conspiracy to launder money. From JAN 03 to MAR 07 Chand -- who owned Continental Rehab Services Inc. -- and co-conspirators submitted claims to the Medicare program totaling more than \$18 million for physical and occupational therapy services that were not provided. Medicare paid about \$8.5 million on those claims. One co-conspirator, Dr. Jose Castro-Ramirez, was found guilty March 10 of conspiracy to commit healthcare fraud, healthcare fraud and money laundering for his role in the conspiracy. His sentencing is set for June 29.
- **Miami FL** - Six South Floridians have been charged in a \$13.6 million health care fraud scheme involving a Miami-area HIV infusion clinic. The 16-count indictment, returned on 30 MAR charges the six with submitting \$13.6 million in false and fraudulent claims to Medicare for services that allegedly were provided at T&R Rehabilitation Clinic in Miami. Modesto De La Vega, Dr. Joaquin Vega, Gladis Badia and Victoria De La Vega were taken into custody 7 APR. Ronald and Jose Nogueira are considered fugitives. According to the indictment, Rolando Nogueira owned and operated T&R, while Modesto De La Vega operated T&R's HIV infusion practice. They allegedly billed Medicare for HIV infusion therapy services that were medically unnecessary and were never provided. In addition, they allegedly paid kickbacks to Medicare beneficiaries in return for statements that they had received the treatments when they had not. The indictment also alleges that Jose Nogueira managed T&R fraudulent HIV infusion operation. Dr. Vega allegedly submitted Medicare claims for the medically unnecessary infusion treatments. Badia, a medical assistant at T&R, is alleged to have prepared the documentation to make it appear that the injection and infusion treatments billed to Medicare were medically necessary and provided when they were not.
- **Miami FL** - Efren Mendez and Damian Beltran pleaded guilty to one count of conspiracy to commit to health care fraud on 8 APR. They face up to 10 years in prison. The two worked at Medicare claims for treatments for HIV patients. Based on those claims, Medicare paid the center almost \$11 million. However, the Research Center generally administered smaller doses of the medications than stated in its claims, or no treatment at all. Mendez was the vice president of Research Center. Beltran was a medical assistant.
- **Piscataway NJ** - Nwala Gabriel, 49, who owns a pharmacy in Newark and charged with Medicaid fraud was sentenced 6 APR to three years of probation for his role in a scheme to bilk the government out of Medicaid payments for prescription drugs that were never dispensed. He must also pay nearly \$180,000 in fines and restitution while serving 150 hours of community service and surrender his license to practice pharmacy for at least three years and will be excluded from the Medicaid program for that time period. Charges against Gabriel came as part of a larger investigation into 11 pharmacy owners and workers who

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bought completed prescription forms for HIV and AIDS drugs from indigent patients. They were accused of using the forms to fraudulently bill the federal Medicaid program.

[Source: Fraud News Daily reports 1-15 Apr 2010 ++]

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### MEDICAD FRAUD Update 12:

- **New Haven CT** - Connecticut's Medicaid program is being reimbursed more than \$1.1 million by a bankrupt estate of R.G. Pharmacy and its former owner, Roy Katz that state officials say illegally billed the program as part of a scam. R.G. Pharmacy, under Katz's ownership, illegally converted prescriptions for 30-day supplies or greater of medications into smaller, more numerous prescriptions for seven-day supplies. Over several years, the business used that method to charge the Department of Social Services several dispensing fees for those smaller prescriptions, rather than one fee for the single prescription. The roughly \$1.1 million being paid by the business' bankruptcy estate will reimburse the state's Medicaid program for losses it suffered as a result of the scheme. The settlement bans R.G. Pharmacy and Katz from participating in any government health care program for at least seven years.
- **Olathe KS** - On 8 APR a federal grand jury has issued a 199-count indictment against physician Wayne W. Williamson, 67, for alleged health care fraud and illegal distribution of prescription drugs. He is accused of submitting false claims to Medicare and Medicaid for services that were not rendered. The indictment also alleges that Williamson participated in a conspiracy to distribute Oxycodone, Percocet and Xanax "not for a legitimate medical purpose and not in the usual course of professional practice. Those activities allegedly occurred from MAR 06 to MAY 08. Williamson also is charged with three counts of witness tampering. He allegedly threatened or harassed witnesses to prevent or dissuade them from testifying in the case. The indictment replaces a three-count federal indictment returned on 20 OCT 09.
- **Albany NY** - Attorney General Andrew Cuomo's Medicaid fraud office recovered more than \$283 million and obtained 148 criminal convictions last year, according to a report released 12 APR. The unit has recovered nearly \$660 million in taxpayer funds in the past three years. That includes 103 convictions and \$113.8 million in restitutions ordered in 2007 and 144 convictions and \$264.5 million in restitutions, the report said. State records show that there were 776 convictions and a total of \$674.3 million in restitutions collected between 1999 and 2006. Cases, settlements, convictions and achievements detailed in this year's report include:
  1. An Operation Home Alone investigation of corruption in the home-care industry, which led to \$51.7 million in civil settlements with licensed home health-care services and certified home health-care agencies and 25 criminal convictions.
  2. Indictment of two home health-aide training schools and their owners because they sold phony home health-aide certificates that resulted in illegal Medicaid billing in the millions of dollars.
  3. Conviction of a home-care agency and its owner for stealing more than \$1 million for nursing services that were provided by nurses who were unlicensed in the state.
  4. Settlements with several pharmaceutical companies, including Eli Lilly, Pfizer, Mylan Pharmaceuticals, Astra Zeneca and Aventis for kickbacks, misreporting prices, marketing drugs for uses not approved by the federal government and other fraud.
  5. Conviction of a doctor for selling prescriptions that were filled and sold on the street. He was sentenced to three years in prison. A pharmacist received a one-year jail sentence for billing Medicaid more than \$1 million for prescription drugs that were never dispensed.
  6. Indictment of a debt-collection company for an upstate hospital and its owner who were charged with ripping off Medicaid for more than \$700,000 by bribing a local social-services department employee to help approve Medicaid coverage for certain hospital patients. The social-services employee pleaded guilty. The fraud unit filed a \$2 million civil suit against the debt-collecting company.

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7. The unit filed criminal charges and a civil lawsuit seeking \$5 million in damages against a nursing home for allegedly paying kickbacks to a hospital employee for patient referrals that ultimately were billed to Medicaid. Patients are entitled by law to a choice of five nursing homes.
8. The unit arrested 25 current and former health-care workers at nursing homes in Troy and Buffalo last month after using hidden surveillance to investigate neglect and abuse.
9. A judge issued a \$15.6 million judgment against two dentists who operated a mobile business and knowingly hired an individual with a prior felony conviction, and the person had been barred from participating in the Medicaid program

- **Pittsfield MA** - Michael Ferdyn and Jeannie L. Edwards, who now live in Tampa, Fla., pleaded not guilty to larceny and fraud charges at their arraignments 12 APR to charges that they bilked the state Medicaid system out of \$300,000. Prosecutors say Ferdyn — a quadriplegic who uses a wheelchair — and Edwards, his nurse, received more than \$300,000 in MassHealth benefits over a five-year period ending in 2009 even though they lived in Florida. Ferdyn received legitimate assistance through MassHealth's Personal Care Attendant program when he lived in Massachusetts.

[Source: Fraud News Daily reports 1-15 Apr 2010 ++]

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**MILITARY HISTORY:** The following "Revelation" on the USS William Porter is a bit of Naval History that you won't find in the History books. It is rather funny today, but hardly humorous then. I can't vouch for its word by word authenticity, but it is a good story and many of the major events noted can be verified:

From NOV 43, until her demise in JUN 45, the American destroyer 'William Porter' was often hailed - whenever she entered port or joined other Naval ships - with the greetings: 'Don't shoot, we're Republicans!' For a half a century, the US Navy kept a lid on the details of the incident that prompted this salutation. A Miami news reporter made the first public disclosure in 1958 after he stumbled upon the truth while covering a reunion of the destroyer's crew. The Pentagon reluctantly and tersely confirmed his story, but only a smattering of newspapers took notice. The USS William D Porter (DD-579) was one of hundreds of assembly line destroyers built during the war. They mounted several heavy and light guns but their main armament consisted of 10 fast-running and accurate torpedoes that carried 500-pound warheads. This destroyer was placed in commission in JUL 43 under the command of Wilfred Walker, a man on the Navy's fast career track. In the months before she was detailed to accompany the Iowa across the Atlantic in November 1943, the Porter and her crew learned their trade, experiencing the normal problems that always beset a new ship and a novice crew. The mishaps grew more serious when she became an escort for the pride of the fleet, the big new battleship Iowa.

The night before they left Norfolk, bound for North Africa, the Porter accidentally damaged a nearby sister ship when she backed down along the other ship's side and her anchor tore down her railings, life rafts, ship's boat and various other formerly valuable pieces of equipment. The Willie D merely had a scraped anchor but her career of mayhem and mishaps had begun. Just 24 hours later, the four-ship convoy consisting of Iowa and her secret passengers and two other destroyers was under strict instructions to maintain complete radio silence. The Iowa was carrying President Franklin D. Roosevelt along with Secretary of State, Cordell Hull and all of the country's WWII's military brass. They were headed for the Big Three Conference in Tehran, where Roosevelt was to meet Stalin and Churchill. As they were going through a known U-boat feeding ground, speed and silence were the best defense. Suddenly, a tremendous explosion rocked the convoy. All of the ships commenced anti-submarine maneuvers. This continued until the Porter sheepishly admitted that one of her depth charges had fallen off her stern and exploded. The 'safety' had not been set as instructed. Captain Walker was watching his fast track career become side-tracked. Shortly thereafter, a freak wave inundated the ship, stripping away everything that wasn't lashed down. A man was washed overboard and never found. Next, the fire room lost power in one of its boilers. The Captain, by this point, was making reports almost hourly to the Iowa on the Willie D's difficulties. It would have been merciful if the force commander had detached the hard luck ship and sent her back to Norfolk. But, no, she sailed on.

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The morning of 14 NOV 43 the Iowa and her escorts were just east of Bermuda and the president and his guests wanted to see how the big ship could defend herself against an air attack. So, Iowa launched a number of weather balloons to use as anti-aircraft targets. It was exciting to see more than 100 guns shooting at the balloons, and the President was proud of his Navy. Just as proud was Admiral Ernest J King, the Chief of Naval Operations; large in size and by demeanor, a true monarch of the sea. Up to this time, no one knew what firing a torpedo at him would mean. Over on the Willie D, Captain Walker sent his impatient crew to battle stations. They began to shoot down the balloons the Iowa had missed as they drifted into the Porter's vicinity. Down on the torpedo mounts, the crew watched, waiting to take some practice shots of their own on the big battleship. On this particular morning, they unfortunately had forgotten to remove the primer from torpedo tube #3. Up on the bridge, a new torpedo officer, unaware of the danger, ordered a simulated firing. "Fire 1, Fire 2," and finally, "Fire 3." There was no fire 4 as the sequence was interrupted by an unmistakable whooooooohhhhhing sound made by a successfully launched and armed torpedo. Just after he saw the torpedo hit water on its way to the Iowa and some of the most prominent figures in world history, Lewis innocently asked the Captain, 'Did you give permission to fire a torpedo?' Captain Walker's reply will not ring down through naval history... although words to the effect of Farragut's immortal 'Damn the torpedoes' figured centrally within.

Initially, there was some reluctance to admit what had happened or even to warn the Iowa. As the awful reality sunk in, people began racing around, shouting conflicting instructions and attempting to warn the flagship of imminent danger. First, there was a flashing light warning about the torpedo which unfortunately indicated it was headed in another direction. Next, the Porter signaled that it was going reverse at full speed! Finally, they decided to break the strictly enforced radio silence. The radio operator on the destroyer transmitted "'Lion (code for the Iowa), Lion, come right.'" The Iowa operator, more concerned about radio procedure, requested that the offending station identify itself first. Finally, the message was received and the Iowa began turning to avoid the speeding torpedo. Meanwhile, on the Iowa's bridge, word of the torpedo firing had reached FDR, who asked that his wheelchair be moved to the railing so he could see better what was coming his way. His loyal Secret Service guard immediately drew his pistol as if he was going to shoot the torpedo. As the Iowa began evasive maneuvers, all of her guns were trained on the William D Porter. There was now some thought that the Porter was part of an assassination plot. Within moments of the warning, there was a tremendous explosion just behind the battleship. The torpedo had been detonated by the wash kicked up by the battleship's increased speed.

The crisis was over and so was Captain Walker's career. His final utterance to the Iowa, in response to a question about the origin of the torpedo, was a weak, "We did it." Shortly thereafter, the brand new destroyer, her Captain and the entire crew were placed under arrest and sent to Bermuda for trial. It was the first time that a complete ship's company had been arrested in the history of the US Navy. The ship was surrounded by Marines when it docked in Bermuda and held there several days as the closed session inquiry attempted to determine what had happened. Torpedoman Dawson eventually confessed to having inadvertently left the primer in the torpedo tube, which caused the launching. Dawson had thrown the used primer over the side to conceal his mistake. The whole incident was chalked up to an unfortunate set of circumstances and placed under a cloak of secrecy. Someone had to be punished. Captain Walker and several other Porter officers and sailors eventually found themselves in obscure shore assignments. Dawson was sentenced to 14 years hard labor. President Roosevelt intervened; however, asking that no punishment be meted out for what was clearly an accident. The destroyer was banished to the upper Aleutians. It was probably thought this was as safe a place as any for the ship and anyone who came near her. She remained in the frozen north for almost a year, until late 1944, when she was re-assigned to the Western Pacific.

Before leaving the Aleutians, she accidentally left her calling card in the form of a five-inch shell fired into the front yard of the American base commandant, thus rearranging his flower garden. In DEC 44, she joined the Philippine invasion forces and acquitted herself quite well. She distinguished herself by shooting down a number of attacking Japanese aircraft. Regrettably, after the war, it was reported that she also shot down three American planes. This was a common event on ships, as many gunners, fearful of kamikazes, had nervous trigger fingers. In APR 45 the destroyer was assigned to support the invasion of Okinawa. By this time, the greeting "Don't Shoot, We're Republicans" was commonplace and the crew of the Willie D had become used to the ribbing. But the crew of her sister ship, the USS Luce, was not so polite in its salutations after the Porter accidentally riddled her side and superstructure with gunfire.

On 10 JUN 45, the Porter's hard luck finally ran out. She was sunk by a plane which had (unintentionally) attacked underwater. A Japanese bomber made almost entirely of wood and canvas slipped through the Navy's defense. Having little in the way of metal surfaces, the plane didn't register on radar. A fully loaded kamikaze, it was

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headed for a ship near the Porter but just at the last moment veered away and crashed along side the unlucky destroyer. There was a sigh of relief as the plane sunk out of sight but then it blew up underneath the Porter, opening her hull in the worst possible location. Three hours later, after the last man was off board, the Captain jumped to the safety of a rescue vessel and the ship that almost changed world history slipped astern into 2,400 feet of water. Not a single soul was lost in the sinking. After everything else that happened, it was almost as if the ship decided to let her crew off at the end. [Source: [www.usshancockcv19.com/histories/willie-d.htm](http://www.usshancockcv19.com/histories/willie-d.htm) Naval Historian Kit Bonner Mar 08 ++]

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### MILITARY HISTORY ANNIVERSARIES:

- Apr 16 1945 - WWII: American troops enter Nuremberg Germany
- Apr 16 1953 – Korean War: Battle of Pork Chop Hill (Hill 255) began .
- Apr 17 1961 - Bay of Pigs Invasion: A group of CIA financed and trained Cuban refugees lands at the Bay of Pigs in Cuba with the aim of ousting Fidel Castro.
- Apr 18 1775 - American revolutionaries Paul Revere and William Dawes ride through the towns of Massachusetts warning that "the British are coming."
- Apr 18 1942 - WWII: James H. Doolittle bombs Tokyo and other Japanese cities.
- Apr 18 1943 - WWII: The mastermind of the Japanese attack on Pearl Harbor (Admiral Isoroku Yamamoto) is shot down by American P-38 fighters while traveling in a bomber.
- Apr 19 1775 - American Revolution: Conflict begins as fighting breaks out at Lexington Massachusetts.
- Apr 20 1861 - Civil War: Robert E. Lee resigns his commission in the United States Army in order to command the forces of the state of Virginia.
- Apr 20 1945 - World War II: US troops capture Leipzig, Germany, only to later cede the city to the Soviet Union.
- Apr 21 1836 - General Sam Houston defeats Santa Anna at the Battle of San Jacinto. Texas wins independence from Mexico
- Apr 21 1918 - WWI: German fighter ace Manfred von Richthofen, known as "The Red Baron", is shot down and killed over Vaux sur Somme in France.
- Apr 22 1898 - Spanish-American War: The United States Navy begins a blockade of Cuban ports and the USS Nashville captures a Spanish merchant ship.
- Apr 22 1915 - WWI: The use of poison gas in World War I escalates when chlorine gas is released as a chemical weapon in the Second Battle of Ypres.
- Apr 22 1945 - WW II: Fuehrerbunker - After learning that Soviet forces have taken Eberswalde without a fight, Adolf Hitler admits defeat in his underground bunker and states that suicide is his only recourse.
- Apr 22 1951 - Ticker-tape parade for General MacArthur in NYC
- Apr 24 1805 - U.S. Marines attack and capture the town of Derna in Tripoli from the Barbary pirates.
- Apr 24 1918 - WWI: First tank-to-tank combat, at Villers-Bretonneux, France, when three British Mark IVs met three German A7Vs.
- Apr 24 1944 – WWII: 1st Boeing B-29 arrives in China "over the Hump"
- Apr 24 1948 - Cold War: The Berlin airlift begins to relieve surrounded city.
- Apr 24 1967 - Vietnam: American General William Westmoreland says that the enemy had gained support in the U.S. States that gives him hope that he can win politically that which he cannot win militarily.
- Apr 24 1980 - A rescue attempt of the U.S. hostages held in Iran fails when a plane collides with a helicopter in the Iranian desert.
- Apr 25 1915 – WWI: 78,000 ANZAC troops land at Gallipoli
- Apr 25 1951 - Korean War: After a three day fight against Chinese Communist Forces, the Gloucestershire Regiment is annihilated on Gloucester Hill in the Battle of the Imjin River.

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- Apr 26 1945 - WWII: Battle of Bautzen - last successful German tank-offensive of the war and last noteworthy victory of the Wehrmacht.
- Apr 27 1813 - War of 1812: United States troops capture the capital of Upper Canada York (present day Toronto, Canada).
- Apr 27 1975 - Vietnam: Saigon is encircled by North Vietnamese troops.
- Apr 28 1942 – WWII: As result of a Gallup Poll the war is titled WWII
- Apr 28 1965 - Latin America Interventions: The U.S. Army and Marines invade the Dominican Republic.
- Apr 28 1965 - U.S. Marines invade Dominican Republic, stay until October 1966
- Apr 29 1945 - WWII: The German Army in Italy surrenders unconditionally to the Allies.
- Apr 28 1970 - Vietnam: U.S. President Richard M. Nixon formally authorizes American combat troops to fight communist sanctuaries in Cambodia.
- Apr 29 1975 - Vietnam War: Operation Frequent Wind: The U.S. begins to evacuate US citizens from Saigon prior to an expected North Vietnamese takeover. U.S. involvement in the war comes to an end.
- Apr 29 1990 - Cold War: Wrecking cranes began tearing down Berlin Wall at Brandenburg Gate
- Apr 30 1943 - World War II: Operation Mincemeat - The submarine HMS Seraph surfaces in the Mediterranean Sea off the coast of Spain to deposit a dead man planted with false invasion plans and dressed as a British military intelligence officer.
- Apr 30 1945 WWII: Adolf Hitler commits suicide in his bunker. Karl Donitz becomes his successor.
- Apr 30 1972 - Vietnam: The North Vietnamese launch an invasion of the South.
- Apr 30 1975 - Vietnam: North Vietnamese troops enter the Independence Palace of South Vietnam in Saigon ending the Vietnam War.

[Source: Various Apr 2010 ++]

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### MILITARY TRIVIA Update 01:

- The only U.S. battleship to be present at both the Japanese attack on Pearl Harbor, on December 7, 1941, and at the D-Day invasion, on June 6, 1944 was the U.S.S. Nevada.
- The height and width of modern American battleships was originally determined by the ability for the ships to go beneath the Brooklyn Bridge and through the Panama Canal.
- The first U.S. Navy ship named in honor of a black person was the U.S.S. Harmon, named after Leonard Roy Harmon, a mess attendant who was killed at Guadalcanal on July 25, 1943.
- The name of the Japanese destroyer that sank PT-109, commanded by Lt. John F. Kennedy, on August 2, 1943 was the Amigiri.
- The name of the British commander who ordered the ill-fated attack in the charge of the Light Brigade during the Crimean war was Lord Raglan. The attack was led by the 7th Earl of Cardigan. Both men are better remembered for fashions they introduced during the war. Cardigan for the woolen jacket he designed for his troops and Raglan for the unique sleeves on the coat he wore.
- Hermann Goering, who went on to become one of Adolf Hitler's closest associates, became commander of his "Flying circus" fighter squadron after German flying ace Manfred von Richthofen was killed in action in World War I
- The meaning of the Comanche phrase posah-tai-vo, the term Indian code-talkers in the Army Signal Corps used on the battlefield during World War II to refer to Adolf Hitler, was crazy white man.
- The aircraft type used to drop bombs in the first German air raids on London in 1915 was a Zeppelin.
- Switzerland's army in 1996 was the last in the world to disband its carrier pigeon service.
- The code names for the five beachheads invaded by the Allies on D-Day, June 6, 1944 were Utah, Omaha, Gold, Juno and Sword.
- The message transmitted to the French resistance during World War II that the D-Day landings were about to begin was first line of the Paul Verlaine poem Autumn Song "The long sobs/Of the violins of autumn".

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- A GI Moe was World War II American army slang for an army mule.
- The Coast Guard Academy was the first to admit women in July 1976.
- The nuclear submarine USS Triton during its historic 1960 underwater circumnavigation of the globe surfaced only twice. Once to remove a sick crew member and once to pay tribute to Ferdinand Magellan on the island of Mactan in the Philippines, where the explorer was killed in 1521 during his circumnavigation of the globe.
- The color khaki was first used for uniforms in the Afghan War in 1880. The color was considered good camouflage.
- General John J. Pershing was issued ID number 01 when the U.S. military started issuing dog tags in 1918.
- The Carthaginians catapulted earthenware pots of poisonous snakes onto the decks of the Roman ships to defeat the Romans at sea during the third century B.C.

[Source: [www.triviacountry.com/19\\_Military\\_Trivia.htm](http://www.triviacountry.com/19_Military_Trivia.htm) Apr 2010 ++]

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**TAX BURDEN FOR MISSOURI 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 Missouri:

**State Sales Tax:** 4.225% (prescription drugs exempt; food is taxed at 1.225%) Cities and counties as well as special taxing districts (such as fire districts) may impose a local sales and use tax that may raise the total tax by about 6%.

**Gasoline Tax:** 17.3 cents/gallon

**Diesel Fuel Tax:** 17.3 cents/gallon

**Cigarette Tax:** 17 cents/pack of 20

**Personal Income Taxes**

**Tax Rate Range:** Low - 1.5%; High - 6%

**Income Brackets:** 10. Lowest - \$1,000; Highest - \$9,000 [Tax is imposed at a rate of 1-1/2% on the first \$1,000 of taxable income and increases at a rate of 1/2% for every \$1,000 increment up to \$9,000. The tax rate is 6% on Missouri taxable income exceeding \$9,000.]

**Personal Exemptions:** Single - \$2,100; Married - \$4,200; Dependents - \$1,200; Plus \$1,000 for dependent 65 or older.

**Standard Deduction:** Single - \$5,450; Married filing jointly - \$10,900. Deduction increases for those age 65 and older.

**Additional Exemption:** 65 or older - \$1,500

**Federal Income Tax Deduction:** The state allows a deduction on your individual income tax return for the amount of federal tax you paid. The deduction is for the amount actually paid as indicated on your federal tax form.

**Retirement Income Taxes:** Missouri resident taxpayers are allowed a state income tax deduction for Social Security benefits received by individuals 62 years of age or older, Social Security disability benefits, and non-private retirement system benefits received by individuals 62 years of age or older, to the extent these benefits are included in federal adjusted gross income. To view the Social Security/Social Security Disability deduction chart and the public pension exemption eligibility chart refer to <http://dor.mo.gov/tax/personal/ptc/pension.pdf>.

Generally, the maximum amount of benefits that can be deducted is as follows: 35% for 2008; 50% for 2009; 65% for 2010; 80% for 2011; and 100% for 2012 and thereafter. However, in the case of non-private retirement benefits, the deduction is further limited to \$6,000, and the amount of benefits for which the deduction may be claimed is limited to the maximum Social Security benefit amount for the tax year. A single taxpayer, head of household, qualifying widow(er), or married taxpayer filing a separate return with an adjusted gross income of \$85,000 or less or a married taxpayer filing a combined return with an adjusted gross income of \$100,000 or less will qualify for the

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maximum deduction. If a taxpayer's adjusted gross income exceeds the ceiling amount for the taxpayer's filing status, the deduction will be decreased by \$1 for every \$1 by which the taxpayer's income exceeds the ceiling amount. If a taxpayer receives both Social security benefits and non-private retirement benefits, the maximum deduction for the non-private retirement benefits will be decreased by \$1 for every \$1 of Social Security benefits received by the taxpayer that are not included in Missouri adjusted gross income.

**Retired Military Pay:** For individuals with a modified state adjusted gross income of less than \$25,000 or a married couple with a combined income of \$32,000, a government pension exemption of up to \$6,000 is allowed. If a husband and wife each receive a government pension, each can qualify for an exemption of up to \$6,000. SBP benefits are taxed following federal rules.

**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

Residential property is assessed at 19% of its fair market value. Personal property is assessed at rates ranging from 5% to 33.3%. [The Missouri Property Tax Credit Claim](#) gives credit to certain senior citizens and 100% disabled individuals for a portion of the real estate taxes or rent they have paid for the year. The credit is for a maximum of \$750 for renters and \$1,100 for owners who occupied their home during the period being claimed. The actual credit is based on the amount of real estate taxes or rent paid and total household income.

The Homestead Preservation Credit gives qualified senior citizens and 100% disabled individuals a credit on their real estate property tax if those taxes increase 2.5% in a non-reassessment year or 5% in a reassessment year. The credit would be for the amount that exceeds the 2.5 or 5% increase in taxes. The act requires a legislative appropriation to fund the credit. If the funding is less than 100 percent, the credit will be a flat statewide percentage based on the appropriation amount. This credit will be applied against the taxes for the following year. Call 573-751-3505 for details or refer to <http://dor.mo.gov/tax/personal/homestead> .

### Inheritance and Estate Taxes

Since the IRS will no longer allow a state death tax credit for deaths occurring on or after January 1, 2005, no Missouri estate tax is imposed. Therefore, no estate tax return must be filed for deaths occurring on or after January 1, 2005.

For information about moving to Missouri refer to <http://dor.mo.gov/new2mo.htm> . For further information about state taxes, visit the Missouri Department of Revenue site <http://dor.mo.gov> .

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**VETERAN LEGISLATION STATUS 12 APR 2010:** Congress returned from spring recess on 12 APR. 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

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your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-mail; signing a petition; or making a personal visit, Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting legislators know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> your legislator's phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to [http://www.thecapitol.net/FAQ/cong\\_schedule.html](http://www.thecapitol.net/FAQ/cong_schedule.html) for dates that you can access your legislators on their home turf. [Source: RAO Bulletin Attachment 29 Mar 2010 ++]

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**Have You Heard?** A marine biologist developed a race of genetically engineered dolphins that could live forever if they were fed a steady diet of seagulls. One day, his supply of the birds ran out so he had to go out and trap some more. On the way back, he spied two lions asleep on the road. Afraid to wake them, he gingerly stepped over them. Immediately, he was arrested and charged with transporting gulls across sedate lions for immortal porpoises.

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"It has been said that all Government is an evil. It would be more proper to say that the necessity of any Government is a misfortune. This necessity however exists; and the problem to be solved is, not what form of Government is perfect, but which of the forms is least imperfect."

--James Madison

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