

# RAO BULLETIN

## 15 July 2010

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**ISP's Blocking RAO Bulletin Update 06:** I am changing how I transmit the RAO Bulletin because too many subscribers (over 500) cannot receive it using Word attachments. As a test I sent it to these subscribers who had previously informed me they could not receive or open Word attachments using PDF attachments. Only 12 of those could not open the PDF attachments. I have sent this Bulletin to all 80,000+ subscribers in PDF format to find out how many cannot receive/open it in PDF format. If the number is small I plan to continue to use PDF attachments for future Bulletin transmissions. In the interim I will continue to maintain an "Old format" directory to transmit in straight text format to those who cannot open any type of attachment. Those who cannot receive or open either format have the option of going to the website to read/download the Bulletin. Request you NOT send me any messages that state your preference for the PDF format. However, if you are unable to open the PDF attachments I need to know so I can add you to the Old format directory. Hopefully this change will help reduce the number of subscribers who are currently not being allowed access to the Bulletin by their ISP's. [Source: RAO Bulletin Editor/Publisher 14 Jul 2010 ++]

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**VA Hiring Update 04:** On 11 MAY 2010, President Barack Obama signed a memorandum calling on executive departments and agencies to transform federal government recruitment and hiring practices. The required reforms will enable VA to hire the employees needed to deliver on President Obama's pledge to transform the Department for the 21st century. The memorandum calls for the elimination of lengthy application processes, including essay-style questions for initial applicants; a reduction in the time it takes to hire mission-critical and commonly filled positions; and greater involvement by managers in the hiring process. The VA Hiring Reform Taskforce, led by Annie Spiczak, Associate Deputy Assistant Secretary for Human Resources Policy and Planning, is leading implementation of this mandate and includes Human Resources (HR) professionals and line managers

representing all of VA. Teams of HR professionals are working to make job announcements shorter and easier to understand; streamline and automate the hiring process; and train hiring managers in workforce and succession planning. For managers, the reform will put the focus on partnering with HR practitioners to develop staffing plans, with the overall aim of reducing hiring timelines and providing access to the highest-quality candidates. [Source: VA Secy Vet Group Liason Officer Kevin Secor article 13 Jul 2010 ++]

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**VA Prosthetics Update 05:** The Disabled American Veterans (DAV) is pleased that President Barack Obama's administration has vowed that veterans and servicemembers would continue to receive prosthetic devices from the Department of Veterans Affairs or TRICARE at no cost. The White House announcement last week dispelled unfounded rumors that disabled veterans and servicemembers would face a new tax on prosthetic limbs and other vital medical services under the Affordable Care Act. While the health care law does impose a new tax on big medical device manufactures, the tax will not be passed on to veterans and servicemembers. "The President's statement should help put to rest unfounded rumors that have been spread among our nation's disabled veterans and servicemembers," said DAV National Commander Roberto "Bobby" Barrera. "Our veterans and servicemembers were suddenly struck by these rumors, and many feared that our government was abandoning them to pay for their own disability." Prices and reimbursements for medical devices will continue to be negotiated between manufacturers and insurance companies, retail establishments and, in the case of the federal government, for veterans and servicemembers. The full cost of prosthetic devices for veterans will continue to be borne by the government. [Source: DAV msg.13 Jul 2010 ++]

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**U.S. Savings Bonds Update 07:** The Defense Finance and Accounting Service (DFAS) will stop all current Savings Bonds allotments processed for military personnel and military retirees effective 31 JUL. Allotments for federal civilian employees will end A29 AUG. This comes following the U.S. Treasury's decision to convert electronic transactions through [www.TreasuryDirect.gov](http://www.TreasuryDirect.gov) . DFAS customers who wish to continue purchasing savings bonds through payroll deduction will need to establish an online account with TreasuryDirect. Once they have an account with TreasuryDirect, they can a new allotment using the TreasuryDirect account number through their normal pay system. Information on purchasing Treasury securities is available on the DFAS website. [Source: Military.com Military report 12 Jul 2010 ++]

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**VA HIV Testing:** On 12 JUL the Department of Veterans Affairs launched a major effort to both increase HIV testing in Veterans and to make it part of routine medical care. HIV test results will not affect your VA care or your eligibility for VA benefits. You have the right to refuse HIV testing without losing medical benefits or any right to care. The test is designed to determine whether you have been infected. HIV is the virus that causes AIDS. When you get infected your body produces cells and particles to fight the virus. These particles are called antibodies. The test can detect antibodies to HIV in your body. (The HIV antibodies are different from antibodies for the flu, a cold, or other infections.) If you have HIV antibodies, then you have been infected. The test does not tell you if you have AIDS, how long you have been infected, or how sick you might be. Veterans who will be taking this test should be aware of the following:

**What the test involves.** It requires a sample of blood or fluid from inside the mouth. For the blood test, blood is drawn either from the arm or from the finger with a needlestick. Results from oral-fluid or blood tests usually take 1

to 2 weeks. For the oral-fluid test (called OraSure), a probe sits in your mouth between your cheek and gums for 2-5 minutes. However, there are now rapid tests for both oral fluid and blood that give results in less than 30 minutes. Rapid tests require special handling, and not every VA medical center or clinic offers them. What's more, positive results from rapid tests must be confirmed by another, more sensitive, test--and getting those results can take 1-2 weeks. A negative result from the rapid test does not need to be confirmed. (For more information, see HIV Rapid Oral Test brochure).

**Window period.** This is the time it takes for your body to produce HIV antibodies after you have been infected by the virus. In most people, this period is between 2 and 12 weeks. In a very small number of people, the process takes up to 6 months. During the window period, you might be infected with HIV yet still test HIV-negative. Here's how that can happen. Let's say you have unprotected sex on Saturday night and become infected with HIV. On Monday, you get an HIV test. The test almost certainly will come back negative, because your body has not yet had a chance to make antibodies, which are what the HIV test is looking for. Even if you go for an HIV test 1 or 2 months later, your results might be negative because your body still has not produced antibodies. It may take 3 months after exposure for the test results to be 97% accurate, and 6 months to be absolutely certain. If you think you have been exposed to HIV, and your test results are negative, be sure to get retested in 3 to 6 months--just to be sure.

**Should you get tested?** Yes, public health experts now recommend that all adults should be routinely tested for HIV infection. In the past, doctors and other health care providers usually only tested for HIV if patients had symptoms that might indicate an immune deficiency or if there was something in their medical history that suggested they might be at increased risk for the virus. Since mid-August 2009 the VA changed its policies and is now recommending that voluntary HIV testing be provided to all patients who receive medical care in VA. The reason for this change is to make HIV testing more "routine" so that persons who are infected can be diagnosed early on and receive life-saving care. Like many other diseases, it is better to diagnose and treat HIV early rather than late. Today we are fortunate that there are many effective treatments to offer persons who are found to be infected. Veterans with identified risk factors should get tested for HIV at least once a year. Medical clues to increased risk include a past or current history of a sexually transmitted disease like gonorrhea or syphilis, having unprotected sex (having sex without using a condom), especially with more than one partner, and sharing needles and syringes to inject drugs. Even if you do not think you are "at risk" you should talk to your doctor about taking the HIV test. A recent electronic survey conducted at 129 VA medical facilities showed that in 2009, fewer than one out of every ten Veterans in care had ever received an HIV test and only one in every forty had been tested for HIV in 2009. Getting diagnosed and treated early can keep you healthier longer. It can even save your life. So, if your doctor doesn't bring up the subject of HIV testing, you should!

**Getting it done?** You may or may not need an appointment to get tested at your local VA Medical Center, as different sites may have different practices. In VA, all testing for HIV requires the verbal informed consent of the veteran. Your provider will need to provide educational material to give you basic information about HIV testing and to answer any questions that you may have about HIV or the test itself. The health care provider may want to discuss your sexual or drug use history with you. This can help you better assess your risk for HIV and provide you with some recommendations on how to reduce your risk for HIV or for transmitting HIV to others. If you test positive, your spouse is informed of your HIV status only if it is clear that you have not told your spouse, and your provider has determined that you are unlikely to do so. Then your provider may notify your spouse or may use a partner counseling and notification service through a local health department. As part of the testing process in VA, you will receive written educational materials and a health care provider will answer your questions about HIV. The provider also can answer questions and offer advice about reducing your risk for HIV. At your return appointment, a health care provider will provide you with your test result and answer any questions that you may have. If your test result is positive, the provider will help you with a referral for medical evaluation and treatment in VA. The provider can also provide assistance with getting a referral for mental health or substance abuse care in VA if you want. If your result is negative, you will learn about ways to protect yourself against HIV. The results are entered in your

medical record. There are strict laws in VA to protect the confidentiality of your results. Anonymous testing is used which means you are referred to by an identification number so that you do not have to give your name. Only you can match your number with your test result. If you want more information about where you can be tested anonymously, call 1-800-CDC-INFO.

**Testing negative.** This can be a huge relief. Remember, though, it can take up to 6 months to test positive for HIV after being exposed. To be completely sure that you do not have HIV, you should get tested again in 3 to 6 months, and continue to protect yourself in the meantime. Testing negative for HIV does not mean that you are immune to the virus, so it is important to continue protecting yourself. Don't get discouraged or give up if you slip (by having unsafe sex or sharing needles). There are several things you can do to keep protecting your health, now that you know you are negative: If you do not already see a doctor regularly, start now. It is always a good idea to have regular checkups, and your doctor will have a medical history of your health to refer to if you get sick. Ask for support in staying HIV negative. There are support services that can help you stick to your decision to stay safe. Your health care provider and/or the clinic social worker should have a list of such service providers.

[Source: <http://www.hiv.va.gov> Jul 2010 ++]

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**Researching Your Doctor:** Want to know if your doctor has been accused of wrongdoing by state regulators? Has he settled a string of malpractice cases? Been convicted of a recent felony? Been ordered by a court to pay up for malpractice? Ask your state's Medical board. In California all of that – and more – is available at [www.sacbee.com/2010/06/18/2833341/database-search-md-discipline.html](http://www.sacbee.com/2010/06/18/2833341/database-search-md-discipline.html), the website of the Medical Board of California, a state agency funded by largely by the fees doctors pay when they renew their licenses to practice. While consumer advocates and others who watch the medical board closely say it should move more quickly and reveal more, they say it's still a good starting point for patients and their families. "It's very useful" for people choosing a doctor, said Julie D'Angelo Fellmeth, an attorney with the Center for Public Interest Law in San Diego. "You have to be an assertive patient," she said. "You are putting the health and lives of your family in their hands. It doesn't hurt to invest five minutes in checking this person out in all of the places that you can."

In addition to checking the medical board database, people might also want to ask what hospitals a doctor has privileges at, and decide how they feel about those hospitals, said Betsy Imholz, an attorney for Consumers Union in San Francisco. With the federal health care law's emphasis on both the quality and affordability of medical treatment, "the era of transparency is here," she said. There are other ways to check out doctors, although many cost more or are less complete. HealthGrades at [www.healthgrades.com](http://www.healthgrades.com) makes consumer surveys and doctors' descriptions of their practice available at no charge, but charges a one-time fee to see if a doctor has had malpractice or disciplinary problems. Angie's List at [www.angieslist.com](http://www.angieslist.com) charges a monthly fee to see consumer ratings. Very few of California's 100,000 doctors ever run afoul of the state medical board. Over the past two fiscal years, the board has revoked or accepted the surrender of fewer than 200 medical licenses. More commonly, the board issues public reprimands, puts a doctor's license on probation, or revokes the license but then suspends the revocation while the doctor takes classes or works under restrictions.

Public Citizen ([www.citizen.org](http://www.citizen.org)) says California has one of the worst rates in the country for taking serious disciplinary action against doctors, even though it has one of the best websites for consumers. Of the 6,000-plus complaints the medical board has gotten annually in the past two years, it has opened investigations into about one-sixth of them. It rejected the rest after deciding that they lacked merit or the board lacked jurisdiction. It issues formal accusations against around 240 doctors each year. Fellmeth, who has spent 24 years monitoring regulatory boards in California, including the medical board, recalls that "when I first started looking at it, that board was owned by, dominated by and listened only to the California Medical Association." Today, she said, it defers less to doctors, moves slightly faster, and has dramatically improved how much information it releases to consumers. What

is harder to determine, she added, is whether it is policing doctors any more effectively than it did years ago. "You have to be pretty bad" in California to face a formal accusation from the medical board, Fellmeth said. Once accused, she added, "if the doctor shows up at the hearing, unless there is a history of prior violations, it's very rare to see the medical board revoke a license outright."

Every case is different, but things that can cost a doctor his or her license to practice include sexual misconduct, mental or physical illness, substance abuse and insurance fraud, said board executive Whitney. Things that more commonly result in lesser penalties include record-keeping problems and some ethical issues, she said. The California Medical Association wishes the medical board would not release its formal accusations, and instead make records public only when it takes final action against a doctor, said Dr. Dev GnanaDev, the association's immediate past president. Other than that, he said, the association and the board agree on most issues. "The medical board is there for public protection. We all know that," GnanaDev said. [Source: Sacramento Bee Medical news Carrie Peyton Dahlberg article 12 Jul 2010 ++]

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**Vet Toxic Exposure ~ Malathion:** The Vietnam Veterans Association Agent Orange/Dioxin Committee released its report on Malathion. This is the name of an organophosphate insecticide used in Vietnam to combat mosquitoes. Organophosphates were first developed in the late 1930s by Nazi Germany as chemical warfare agents (nerve gas). VX nerve gas and Sarin gas are well-known examples. Organophosphates operate on humans and insects in a similar fashion by attacking the nervous systems. During the Vietnam War, large numbers of troops came down with malaria. To kill the mosquitoes that carried the disease, the Department of Defense converted aircraft that were spraying Agent Orange to the spraying of Malathion. This was the start of Operation Flyswatter. Many Vietnam veterans recall the non-camouflaged aircraft flying over their positions—shortly after dawn or just before dusk—covering them with a mist. Three silver “Bug Birds” were used in Operation Flyswatter. Many connected those flights with the spraying of Agent Orange. It is now known that, in those cases, veterans were subjected to Malathion and its more potent form, Malaoxon. These were not just one-time missions. Every nine to eleven days, weather permitting, the planes re-sprayed the areas. The spray operation created recurring chemical exposures for Vietnam veterans.

What are the health risks of these spray operations and what are the combined and synergic effects of Malathion with other exposures such as Agent Orange? These questions have not been addressed. We know that a MAR 08 study shows that organophosphates including Malathion significantly increase the risk of Parkinson’s disease. Knowing that organophosphates work on the nervous systems, the diseases of the central and peripheral nervous system become prime areas of concern. This is a fresh chemical exposure area for Vietnam veterans to explore as they seek answers to their many health issues. The VVA Agent Orange/Dioxin and Other Toxic Substances Committee also will be researching this area. You can read their full report on this operation at [www.scientificjournals.com/sj/espr/Pdf/ald/10482](http://www.scientificjournals.com/sj/espr/Pdf/ald/10482) If you have additional questions about malathion or the health effects from spraying, contact the New York State Department of Health's Environmental Health Information Line at 1(800) 458-1158, extension 27530.

The Vietnam Veterans Association Agent Orange/Dioxin Committee is tasked with accumulating and disseminating information regarding Agent Orange and Dioxin and actively pursuing the recognition of presumptive disabilities from exposure to Agent Orange and Dioxin by the Department of Veterans Affairs. The Committee shall provides assistance to State Councils, Chapters, and service programs in the handling of Agent Orange related problems. The Committee shall encourage and foster the sponsorship of legislation to help the victims of Agent Orange and Dioxin, and encourage scientific and medical research in the field of dioxin-related ailments." [Source: VVA National Committee Chair Alan Oates article Nov/Dec 09 ++]

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**VA Pension Update 02:** A Navy veteran whose VA pension was canceled because he received an insurance settlement after he and his service dog were hit by a truck is the poster child for legislation to change eligibility rules regarding pensions for low-income veterans. Kerry Scriber of West Palm Beach, Fla., said in an interview that he and his dog were injured and his VA-provided wheelchair damaged when he was struck while crossing the street in March 2008. Scriber, a former petty officer second class who served from 1974 to 1979, said the dog received minor injuries and quickly recovered, but he suffered broken bones in his face and pelvis. The wheelchair he needed to get around because of his muscular dystrophy was destroyed. Scriber said he received two checks from the driver's insurance company, one covering the cost of the wheelchair and a second for \$10,000 that covered pain and suffering and miscellaneous expenses. He turned over the check for the wheelchair to the Veterans Affairs Department, which provided him with another chair. He also reported receiving the \$10,000 settlement, as he was required to do as a recipient of a pension provided to low-income veterans. Although his disability is not connected to his military service, he was receiving the pension because he is totally disabled and his income was less than \$11,000 a year. Two days after he notified VA of receiving the insurance payment, Scriber was informed his pension was being terminated because the settlement put his annual income over the eligibility threshold. It took more than a year for Scriber to re-qualify for the pension, a process he said could have taken much longer had he not asked his congressman, Rep. Alcee Hastings, D-Fla., for help. "I know of other people who lost their eligibility and it took four or five years to reapply," Scriber said.

In response Rep. Alcee Hastings (D-FL) introduced the Veterans' Pensions Protection Act (H.R.4541) to exempt reimbursement of expenses related to accidents, theft, loss or casualty from being counted as income when determining if a veteran qualifies for pensions that are provided to those living below the poverty line who are not eligible for veterans' disability compensation. The bill would require VA to determine whether insurance payments exceed the cost of medical care and either the fair market value or reasonable replacement value of lost or damaged items, and to come up with a way to decide on a case-by-case basis how much of a settlement or court award for pain and suffering should not count as income. "There is clearly something wrong with a law that cancels veterans' pensions for a whole year following the award of an insurance payment, which was only intended to cover exceptional medical expenses," Hastings said1 JUL when his bill was considered by the House Veterans' Affairs Committee's disability assistance panel. Similar legislation is pending before the Senate Veterans' Affairs Committee.

The Senate bill, S.3352, is sponsored by Sen. Jon Tester (D-MT). Tester's office issued a statement saying the senator's interest in the bill came after he was contacted by someone facing the loss of a veterans' pension if they received a settlement from a malpractice claim resulting from treatment provided by a VA doctor. Tester's aides declined to provide more details on the veteran, citing privacy concerns. A statement from Tester, issued 12 MAY, as he introduced his bill, said, "It's a matter of fairness that veterans shouldn't be forced to choose between their pensions or compensation for wrongful injuries. These folks have earned their health benefits by putting their lives on the line for our country. It's the right thing to do to make sure their pensions aren't threatened through no fault of their own."

Passage of the Hastings' and Tester's legislation is not a sure thing, because while some veterans service organizations support the change, there is opposition. Rick Weidman of Vietnam Veterans of America says the legislation is a good idea. "The VA practice of including all funds received from any sources, including one-time restitution of property for theft or fire, as income for those on nonservice-connected pension from VA was never a particularly wise one, and was often seen as just plain perverse and mean-spirited," Weidman said. VA doesn't mind that the legislation would exempt reimbursement of actual expenses from being counted as income but it doesn't want payments for pain and suffering to be excluded. Thomas Pamperin, VA's associate deputy undersecretary for policy and program management, said at the 1 JUL hearing on Hastings' bill that the whole idea of pensions for low-

income veterans was to provide help to those in need. Payments for pain and suffering are available for veterans to spend, he said.

Veterans of Foreign Wars are concerned about the details. Eric Hilleman, VFW's national legislative service director, said VA lacks the expertise to determine the proper value of damaged or lost items, which would be part of the required calculations. Trying to figure out the right amount would "further delay and complicate a relatively simple benefit," Hilleman said. Veterans' pensions go to those with limited incomes who are either permanently and totally disabled, or are 65 and older. How much they receive is based on how much money they have and their number of dependents. For example, single veterans with no dependents are eligible if they have less than \$11,830 in annual income, with several exclusions for what counts as income. If they receive less than \$11,830, VA provides a monthly pension that brings their total pay to that level. The income caps rise for those with dependents and for those who need aid and attendance for daily activities, such as dressing, eating and bathing. Exclusions for certain types of income already exist in current law, including veterans education benefits, Social Security disability benefits, and insurance payments that directly reimburse medical expenses. [Source: ArmyTimes Rick Maze article 9 Jul 2010 ++]

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**Consular Fees:** In order to cover increasing costs of providing highest-quality service for American Citizen's Services and Immigrant Visa applications, the U.S. Department of State changed certain fees worldwide beginning 13 JUL 2010. The revised fees will cover actual operating expenses for the 301 overseas consular posts, 23 domestic passport agencies and other centers that provide these consular services to U.S. and foreign citizens. The 27 adjusted fees are based on a Cost of Service Study completed by the Bureau of Consular Affairs in June 2009. The study, which was the most detailed and exhaustive ever conducted by the U.S. Department of State, established the true cost of providing these consular services, which the Department recovers through the collection of fees. Six of the fees decreased but the remainder increased from 10% and 593%. Embassies will immediately begin collecting the new fees for appointments made for July 13 or later. The Department of State published its new Schedule of Fees for Consular Services in the Federal Register on 28 JUN 2010. The changes to the schedule, which include fees for the passport, immigrant visa and other consular services, were implemented on 13 JUL 2010. For a complete listing of the new fees refer to the attachment to this Bulletin or at [www.travel.state.gov](http://www.travel.state.gov). [Source: Office of the Spokesman Washington, DC 1 Jul 2010 ++]

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**National Commission on Fiscal Responsibility & Reform:** More than 90 "public comment" witnesses were invited to appear 30 JUN before the National Commission on Fiscal Responsibility and Reform. They came from a variety of interest groups and think tanks, liberal and conservative. Many were economists and policy experts but private citizens also testified. Each got four minutes unless their comments sparked a dialogue with commissioners. Most of the focus was on controlling Medicare, Medicaid and Social Security costs, and whether and how to raise taxes. "There's a fundamental difference between social insurance programs open to every American and military benefits earned by decades of service and sacrifice," Steve Strobridge, director of government relations for the Military Officers Association of America, told the commission. Carl Blake, legislative director for Paralyzed Veterans of America, conceded the country "faces a very harsh reality" of rapid federal spending growth that "appears unsustainable. And yet PVA is here today to emphasize why continued growth in federal spending for (veterans) is imperative." Not every witness was keen on maintaining the status quo for military retirees or veterans.

- Will Marshall, president of the Progressive Policy Institute, in his written statement said "no program should be exempted from new constraints of fiscal discipline, including defense." He referred to

Congressional Budget Office options that included higher “military health care premiums and deductibles” that would save \$6 billion to \$8 billion annually.

- Maya MacGuineas, president of another non-profit, the Committee for a Responsible Federal Budget, endorsed a revised method of calculating cost-of-living adjustments for federal entitlements. The so-called “superlative” Consumer Price Index would end what some economists contend is an upward bias to the current CPI that allows COLAs to exceed annual inflation.
- The most heated exchange occurred between retired Sen. Alan Simpson (R-WY) the commission’s co-chair, and Grover Norquist, president of Americans for Tax Reform. This organization, Simpson noted, threatens politicians with brief careers if they don’t sign a pledge not to raise taxes. But Simpson pointed out that Norquist’s “idol,” Ronald Reagan, had signed into law cumulative tax increases of \$132.7 billion during his eight years as president. Because Reagan, above all, was a realist, said Simpson.

Erskine Bowles, the Commission's other Co-Chairman and former Chief of Staff to President Clinton, said the commission sought any ideas that might support the president’s goal of ending deficit spending, except for interest payments on the rising national debt, by the year 2015. Meeting that target will require finding \$250 billion in deficit savings for just that budget year alone. “President Obama made it clear that no one should be surprised next year when he brings forward recommendations that have real budget cuts in them,” Bowles said. “I expect we will make those recommendations to him (to) reduce the cost of entitlements and help restore our nation’s long-term fiscal strength.” No recommended spending cuts or tax increases would occur before fiscal 2012, Bowles said. But solutions must be found and adopted to stem the rising tide of red ink that threatens disaster for future generations. “If we don’t restore some fiscal sanity around here,” Bowles said, “we are going to go broke. I know that’s not a word people like to use but it happens to be true. We face the most predictable economic crisis in history. And if we stay on automatic pilot, the debt we are accumulating will be like a cancer, and it will definitely destroy this country from within.”

Simpson had served on a previous commission on entitlement reform, in 1993-94, and he co-sponsored a bill to apply a means test to entitlement COLAs, including for military retirees. Only those retirees drawing the lowest 30% in income would have gotten a full COLA each year under Simpson’s bill, which never passed the Congress. Means testing military retiree COLAs, Strobridge argued before the new commission, “would be a counter-productive performance penalty” because it would hurt those who had won promotion or served long careers. Strobridge acknowledged a period of rapid growth in military personnel costs aimed at addressing a pay gap, repairing a misguided cut in retirement for new entrants after July 1986 and restoring lost health care benefits to older military retirees. That time of rapid growth “is behind us, and we won’t see major new fixes in the years ahead,” Strobridge said. “MOAA isn’t saying that (military) health fees should never be increased,” Strobridge said. “But comparing only military versus civilian cash fees ignores that military people pay far higher premiums than any civilian — but they pay them up front and in kind through decades of service and sacrifice. MOAA believes that should be acknowledged by limiting the percentage fee increase in any year to the percentage growth in pay.”

President Obama created the bipartisan National Commission on Fiscal Responsibility and Reform to address our nation's fiscal challenges. The Commission is charged with identifying policies to improve the fiscal situation in the medium term and to achieve fiscal sustainability over the long run. Specifically, the Commission shall propose recommendations designed to balance the budget, excluding interest payments on the debt, by 2015. In addition, the Commission shall propose recommendations that meaningfully improve the long-run fiscal outlook, including changes to address the growth of entitlement spending and the gap between the projected revenues and expenditures of the Federal Government. The Commission meets as a whole once a month while Congress is in session. They will vote on a final report containing a set of recommendations to achieve its mission no later than 1 DEC 2010. The final report will require the approval of at least 14 of the Commission's 18 members. [Source: Jacksonville Daily News Tom Philpott article 9 Jul 2010 ++]

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**DBIDS Update 01:** The Defense Biometric Identification System (DBIDS) is a physical access control system that is used by the Department of Defense (DOD) to manage personnel, property and installation access. The Coast Guard does not use DBIDS to manage access to Coast Guard facilities; however, you may be required to register in DBIDS if you access one of the DOD installations that do use it. The DBIDS program registers and maintains a database of ALL Department of Defense identification card or common access card holders requiring access to an installation and is currently installed at 27 DOD installations in the continental United States. ALL personnel will include active duty, reservists, civilians, contractors, dependents, retirees, and visitors. During registration, DBIDS will capture and store your digital photograph and biometrics. Once you are registered, a hand-held device that scans the bar code on the Department of Defense identification card or common access card will allow the gate guard to view personal identifying information and whether or not you are authorized to enter the base. If you are required to register in the DBIDS program at an installation, you will be told where to go to register by the gate guard. Additional information:

- The Civilian Retiree ID card cannot currently be used for registration and access because the card does not have the bar code required. A DBIDS card will be issued for eligible Civilian retirees.
- Some installations using DBIDS have experienced difficulties registering some of the older Teslin cards (blue retiree, red reserve, etc) because of the way the data in the barcode was stored. If you are required to register in DBIDS and have one of these older cards, you may need to have a new Teslin ID card issued. The RAPIDS Site Locator can be used to find the RAPIDS ID card issuing facility closest to your location . <http://www.dmdc.osd.mil/rsl/owa/home>
- Children under the age of 10 that have not yet been issued a DOD dependent ID card may be issued a DBIDS card if required by the installation.
- Questions regarding DBIDS requirements should be directed to the local installation (Visitor Center, Pass & ID Office, etc).

[Source: The Coast Guard/NOAA Retirees' Newsletter Issue 3/2010 Jul 2010 ++]

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**Military Discounts Update 03:** Blue Star Museums is a partnership among Blue Star Families, the National Endowment for the Arts, and more than 750 museums in all 50 states to offer admission at no charge to military personnel and their families from Memorial Day, 31 MAY thru Labor Day 6 SEP 2010. The admission program is available to any bearer of a Geneva Convention common access card (CAC), a DD Form 1173 ID card, or a DD Form 1173-1 ID card, which includes active duty military (Army, Navy, Air Force, Marines, Coast Guard), National Guard and Reserve members and up to five immediate family members. For a listing of museums, what they have to exhibit, contact info, hours of operation, and locations refer to [www.arts.gov/national/bluestarmuseums/index.php](http://www.arts.gov/national/bluestarmuseums/index.php). [Source: NAUS Weekly Update 9 Jul 2010 ++]

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**Fit but Unsuitable Discharge:** One would think that when a physical evaluation board (PEB) examines a servicemember's medical condition and deems him or her "fit for duty," the meaning of that term would be self-evident. One also would think that, several years in the wake of media exposure of grievous treatment of wounded warriors and low-balled disability ratings that resulted in separation of severely injured servicemembers with no retirement or medical benefits, that wouldn't be happening anymore. However, all too often, MOAA learns of cases in which soldiers, sailors, airmen, and Marines with significant, service-connected medical conditions are

evaluated by PEBs and found fit for duty — only to be administratively separated or barred from reenlistment as “unsuitable” for continued service based on the same medical condition. According to DoD regulations, there are certain specified medical conditions that warrant separation for unsuitability — enuresis, incapacitating fear of flying, personality or adjustment disorders, substance-abuse disorders, etcetera. But the services have expanded use of this provision far beyond what’s authorized in DoD regulations, separating servicemembers for far more serious medical conditions that are compensable under VA disability ratings, which the services are supposed to be using to assess disability versus fitness for duty.

In many cases, a servicemember’s administrative separation is based on his or her limited deployability as a result of the medical condition. In other cases, the separation documents simply assert the medical condition renders the servicemember “unsuitable” for service — even though the PEB evaluated the same condition (including deployability limitations) and found that servicemember fit for duty. In many instances, a separated servicemember has been awarded a very high disability rating by the VA for the same condition immediately after separation. MOAA strongly believes this process is a gross miscarriage of justice. If a person has a seriously disabling medical condition (warranting a 30% or higher disability rating under VA rules), then the person should be medically retired. If a PEB evaluates a condition (including deployability limits) and finds it doesn’t render the person unfit for duty, then he or she shouldn’t be subject to administrative separation for the same medical condition. This practice was highlighted by MOAA to the House and Senate Armed Services committees who were urged to take action to stop it. Subsequently, the House committee demanded a DoD report on the issue, asserting it is “fundamentally unfair and inconsistent with the disability evaluation system reforms that have been enacted in recent years.” The Senate committee went further, putting a provision in its version of the FY 2011 Defense Authorization Act that would bar the services from administratively separating servicemembers for medical conditions other than those explicitly authorized by DoD regulations. [Source: MOAA Leg Up Steve Strobridge article 9 Jul 2010]

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**HVAC Update 12:** At a 1 JUL House Veterans' Affairs Subcommittee hearing, Chairman John Hall (D-NY) and Ranking Member Doug Lamborn (R-CO) endorsed Rep. Tim Walz' bill (H.R.3787) to accord veteran status to Guard and Reserve retirees who were never called to active federal service during their military careers. Although entitled to military retired pay, TRICARE (at age 60) and a number of veterans' benefits, career reservists are not veterans under the law unless they have been activated under federal orders. Rep. Walz is the highest-ranking enlisted soldier ever to serve in Congress. He attained the rank of Command Sergeant Major during his National Guard career and was deployed. Members of the Military Coalition (TMC) offered testimony at the hearing strongly supporting the bill. A VA government witness testified that an amended version of the bill would not qualify the reserve retiree cohort to any unearned veterans' benefits. But the witness fretted that the government still objected to the bill because it would change the concept that only federal active duty should count for veteran status. As more and more members of the Guard and Reserve prepare for call-ups and continue to perform homeland defense missions in non-federal status - securing ground zero in Manhattan and at the Pentagon on Sept. 11, 2001, conducting counter-drug and border security missions, responding to Katrina and the BP oil spill, and preparing forces for deployment. TMC maintains that all who served a full Guard or Reserve career should be declared veterans of our nation's Armed Forces. The Disability Assistance and Memorial Affairs (DAMA) panel also took testimony on other legislation that would:

- Protect veteran pension payments from being offset by private insurance settlements related to accidents, theft, other losses and medical expenses from such causes (H.R.4541)
- Increase aid and attendance rates for severely injured veterans, qualify severely burned veterans for adaptive housing and auto grants, expand aid and attendance for veterans with traumatic brain injury, and increase the Medal of Honor service pension (H.R.3407)

- Permit a waiver of the 120-day timeline to file with the Board of Veterans' Appeals in exceptional circumstances (H.R.5064)
- Allow veterans with fully developed claims to waive the lengthy VA "development period" and receive an earlier decision (H.R.5549)

[Source: MOAA Leg Up 9 Jul 2010]

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**Mobilized Reserve 06 JUL 2010:** The Department of Defense announced the current number of reservists on active duty as of 6 JUL 2010. The net collective result is 2,393 fewer reservists mobilized than last reported in the 1 JUL 2010 RAO 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 90,999; Navy Reserve, 6,354; Air National Guard and Air Force Reserve, 17,111; Marine Corps Reserve, 5,223; and the Coast Guard Reserve, 790. This brings the total National Guard and Reserve personnel who have been activated to 120,477 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/d20100706ngr.pdf> . [Source: DoD News Release No. 585-10 dtd 7 Jul 2010 ++]

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**Passport Obtainment ~ U.S. Update 04:** The Citizenship and Passport unit of the Manila Embassy's Consular Section provides services for first time passport (with proof of U.S. citizenship), renewal, replacement passport, additional pages; and application for Consular Report of Birth Abroad and citizenship. Obtainment options are:

- The U.S. Embassy has partnered with a local courier Air21/FedEx to provide blank forms, to pick up completed forms and documents (and deliver them the Embassy), and to deliver completed passports to most locations in the Philippines for a nominal fee. To receive blank application forms and a list of requirements, you may contact Air21/FedEx Courier Service at Tel: (02) 879-4747 between 7:30 a.m. and 4:30 p.m., Mondays through Fridays, except American and Philippine holidays. Forms are also available at the Embassy (American Citizen Services Section) or can be downloaded via the U.S. Embassy website: [manila.usembassy.gov](http://manila.usembassy.gov).
- Alternatively, completed application forms may be submitted via regular mail to: Citizenship and Passport Unit, American Citizen Services, Consular Section, U.S. Embassy, 1201 Roxas Blvd., Manila . Once the application and supporting documents are received at the Embassy, the Embassy will advise the applicant when to come to the Embassy for a personal interview appointment.
- Application for a renewal of U.S. passport may also be filed personally (as walk-in) at the U.S. Embassy in Manila (between 7:30 a.m. and 8:30 a.m. ONLY, Monday through Friday - no walk-ins on every last working day of the month) or American Consular Agency in Cebu (basement of Waterfront Hotel – Lahug City – between 9:00 a.m. and 11:00 a.m. Monday through Friday, except holidays).

All passport applications are reviewed and processed only at the U.S. Embassy in Manila. For applicants seen at the American Consular Agency in Cebu, it may still be possible for them to be invited to the U.S. Embassy in Manila , for further interview, if necessary. Please note that walk-in applicants at the U.S. Embassy in Manila may have to wait longer before they can be seen by the consular officer. Priority is given to those with pre-scheduled appointments.

The payment for passport should be made after the application is received at the Embassy and/or after notification from the passport processor of the case from the U.S. Embassy. U.S. passport fee payments may be made by the applicant, or his/her representative, at the U.S. Embassy in Manila, Window D, American Citizen Services, between 7:30 a.m. and 11:00 a.m., Monday through Friday, except on U.S. and Philippine holidays or at the American Consular Agency in Cebu (basement of Waterfront Hotel – Lahug City – between 9:00 a.m. and 11:00 a.m. Monday through Friday, except holidays). Cash payments mailed directly to the Citizenship and Passport Unit, American Citizen Services, Consular Section, U.S. Embassy, 1201 Roxas Blvd. 1000 Manila, will be accepted. Unfortunately, the U.S. Embassy cannot assume any responsibility for payments sent to them. Payments may be made in cash (in person at the Embassy or via mail) or via credit card with visa, mastercard and AmEx logos (in person only at the Embassy). U.S. Traveler's cheque (should be at least 60% of the amount to be paid) is also acceptable. Note that the actual conversion rate of dollar to peso will be determined at the US Embassy in Manila . The attached U.S. Passport Renewal Requirements Checklist is provided for your reference. [Source: Citizenship and Passport Unit, American Citizen Services, U.S. embassy Manila Philippines Jul 2010 ++]

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**VA Women Vet Programs Update 12:** The Department of Veterans Affairs opened registration on 8 JUL for a women Veterans forum that will address the quality of VA health care, the provision of benefits for women, and ways for VA to continue improving access to the care and benefits for women Veterans. "The VA forum will bring advocates for women Veterans together to learn about VA services and to share valuable information with each other," said Secretary of Veterans Affairs Eric K. Shinseki. "The forum will also give Veterans' advocates the tools they need to help build women Veterans networks and communities throughout VA." Shinseki and VA department heads will attend the forum on 28 JUL at the Women's Memorial in Arlington, Va. Because of anticipated demand, available seats will be filled on a first-come, first-served basis, and confirmed registrants will be notified by email once registration is filled. Registration-through the Center for Women Veterans by e-mail at [00W@va.gov](mailto:00W@va.gov) -- closes when either all seats are filled or no later than 16 JUL.

The Forum will run from 07-1500, with morning presentations and an afternoon information marketplace in which participants are invited to move through the gallery and gather resources and materials provided by VA program offices, Veterans Service Organizations and advocacy organizations. There will also be an afternoon screening of the updated "Lioness" documentary film. VA's women Veterans health conference held earlier in the month will help inform the Forum with the most up-to-date information available from VA's health care system. Presentations from the event will be made available online. Feedback about this event and announcements on future events will be available to Forum participants. For more information contact the Center for Women Veterans at (202) 461-6193 or by e-mail at [00W@va.gov](mailto:00W@va.gov). VA has undertaken major initiatives to transform the department to meet the unique health care needs of women Veterans and provide the best quality care at every VA medical center. In addition, the agency is working to shorten the delays for claims processing, improve access to VA health services for minority and rural Veterans, end Veteran homelessness, and ease the transition back to civilian life. There are about 1.8 million women Veterans among the nation's total of 23 million living Veterans. VA estimates women Veterans will comprise 10.5% of the Veteran population by 2020. [Source: VA News Release 8 Jul 2010 ++]

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**Vietnam Veterans Memorial Update 07:** The newly refurbished Three Servicemen Statue at the Vietnam Veterans Memorial was unveiled 8 JUL after six weeks of restoration. "This is a very noteworthy event," said Jan Scruggs, founder and president of the Vietnam Veterans Memorial Fund. "It's very noteworthy for the history of the Vietnam Veterans Memorial, [and] it's really a notable event for our nation's Mall and the maintenance and preservation of our nation's Mall." The statue was created by sculptor Frederick Hart. Nearly 26

years after its original unveiling in 1984, weather damage and age had taken a toll on the statue. Parts of the uniforms, weapons, hands and noses of the statue sustained some corrosion and deterioration. The restoration was done in place, and it repaired oxidation damage and added a new patina coating and wax. During restoration, the statue was protected by a wooden enclosure with three seven-foot-tall windows that allowed tourists to view progress. "Almost 26 years later, we're here to rededicate the statue and pledge our continued care," said Scruggs, a Vietnam War veteran.

The statue sits on the Vietnam Veterans Memorial site about 200 feet away from and facing the Vietnam War Memorial Wall. It depicts three servicemembers – one Hispanic, one black and one white - and represents the more than 58,000 fallen servicemembers memorialized on the wall, Scruggs said. "There's a sense of artistic and dynamic tension as the servicemen gaze at the sea of names on the wall," Scruggs said. "Over the years, people have noted that it seems almost as if the servicemen are looking to see if their own names or the names of their friends are on the wall." Hart's widow, Lindy, was recognized at the ceremony for her husband's work. Hart was the only person "who had the extraordinary talent we were looking for and who would design the statue in such a way as to complement the memorial," Scruggs said. Hart often is referred to in the artistic community as America's Michelangelo, Scruggs said, noting his other famous work, the Creation sculptures on the west façade of the Washington National Cathedral. "It is really not an exaggeration to refer to him in that manner," Scruggs said. "He was really that good, ... as good as any of the masters in sculpture throughout the history of the world."

One of Hart's models for the Three Servicemen Statue, William Smith, 50, of Virginia, was present and recognized at the ceremony. Smith's likeness was captured in the Cuban-American servicemember on the right side of the statue, carrying a .60-caliber machine gun over his shoulder. Smith was the only model who didn't serve in the military. The other two were members of the Marine Corps Honor Guard and, at the time, were stationed at Henderson Hall Marine Barracks in Arlington, Va. Although Smith never served, he said, he's honored that his likeness helps to represent "some of the greatest Americans to ever serve. Retired Army Brig. Gen. George Price, an advocate for the statue's creation in the early 1980s, and John Piltzecker, National Mall and Memorial Parks superintendent, also attended the ceremony. "The National Park Service is certainly pleased that the Three Servicemen Statue has been restored to reflect the artist's intent," Piltzecker said. "We will continue to work with our partner, the Vietnam Veterans Memorial Fund, to maintain the statue for all to enjoy." The restoration project cost about \$25,000. The funds were raised by a National Park Service share grant and an in-home fundraiser by Lindy Hart. Individual contributions also were made. New Arts Foundry of Baltimore did the restoration work. The project is part of a maintenance and restoration program by the Vietnam Veterans Memorial Fund to assist the National Park Service in site upkeep. [Source: AFPS Michael J. Carden article 8 Jul 2010 ++]

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**VA Service Dogs:** A new report by the Veterans Affairs Department Inspector General says VA should be doing more for veterans whose lives could be improved with help from service dogs. Eight years after receiving approval to help pay for dogs to assist veterans with mobility problems, seizure disorders or other disabilities, a report released 7 JUL says VA has approved only eight requests. VA officials, speaking on the condition of anonymity, said VA supports providing service dogs for veterans with physical and hearing issues, and does so on a case-by-case basis. Relaxed policies that might make service dogs more widely available are under review, but rule changes take time, officials said. "It is unacceptable not to exercise the authority given to them to improve the quality of veterans' lives," said Christina Roof of AmVets, a group that has been pushing the issue for years. When service dog benefits are provided, VA does not pay for the dog nor its training, but veterinary bills, vaccinations and treatments for fleas and ticks are covered by VA. In some cases, a veteran can be reimbursed for food if a dog is on a medically ordered diet.

The eight service dog requests were approved, all in the last two years, only after VA conducted three research projects. Another project is just getting under way to determine if a veteran with post-traumatic stress or some other mental disorder might benefit from having a canine assistant. The report from the VA inspector general says officials do not expect a decision based on that study before JUL 2011. It is not known how many veterans might have been helped if VA had moved faster, but it is clear that the agency's policy has — at least until recently — been one of denying requests for benefits unless all other options are first considered. Roof said VA seems to assume that few veterans are interested in the benefit, but the IG report shows at least 72 veterans received service dogs on their own, without VA's help. Service dogs are different from trained guide dogs. Service dogs are taught to help a disabled owner carry out specific tasks, like pulling a wheelchair, picking up objects or alerting him when a seizure is about to happen.

Since late last year, VA has tried to be more accommodating to requests, the report said, and has been spreading the word among health care workers and veterans service organizations that service dog benefits are available — but this does not seem to be very effective. “We found that knowledge and use of service dogs at VA medical centers was still incomplete and inconsistent,” the report says. “Interviews with VA medical center staff found that these recent efforts had not completely filtered down to all staff.” The IG report notes inconsistencies, saying it found that a veteran with epilepsy received benefits in January for a seizure alert dog when officials and the Indianapolis VA Medical Center determined this was a “reasonable treatment option.” But another veteran in Washington, D.C., with the same condition was denied an alert dog during the same month because his request was deemed to “not meet criteria for VA support,” the report says. [Source: ArmyTimes rick Maze article 7 Jul 2010 ++]

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**VA Lawsuit ~ Disability Claim Rejections:** A Louisiana veterans advocate 6 JUL accused the Court of Appeals for Veterans Claims of rejecting many valid disability claims. "Veterans are not being treated fairly," said Paul Labbe, who heads the Louisiana Veterans Advocacy Group of Lake Charles. He also said he fears that a civil rights lawsuit alleging improper treatment by a doctor at the VA Alexandria Medical Center in Pineville will be thrown out if a federal judge accepts the arguments of Veterans Affairs lawyers. A filing by government lawyers argues that the suit doesn't meet the criteria for a civil rights case and shouldn't be allowed to continue to trial. Members of Congress have been looking at the issue of rejected disability claims after Assistant U.S. Solicitor General Anthony Yang admitted during a Supreme Court hearing in FEB 2010 that between 50% and 60% of veterans disability cases are mishandled by the Department of Veterans Affairs. Chief Justice John Roberts was surprised by the admission. "Well, that's really startling, isn't it?" Roberts said. "In litigating with veterans, the government more often than not takes a position that is substantially unjustified?" Labbe said the Court of Appeals for Veterans Claims continues what he called the injustice of rejecting the vast majority of appeals by veterans denied disability benefits by the VA. "Veterans aren't getting any justice at this court," Labbe said at a news conference outside the court's Washington, D.C., headquarters.

In 2007, a Harvard University study said it takes the Department of Veterans Affairs an average of six months to process a disability claim, and the appeals process takes a little less than two years. Because many veterans applying for disability benefits are elderly, many die before a final decision is rendered, the study said. The House Veterans Affairs Committee heard testimony last week about legislation that would give veterans more time to file appeals. Rep. John Adler (D-NJ) discussed the case of Korean War veteran David Henderson, a diagnosed schizophrenic, who was denied a hearing because his appeal was filed 15 days past the 120-day deadline set by the court. His disability, Henderson said, made it impossible for him to get the papers together in time to meet the court's deadline. "The veterans' claims process is extremely difficult to navigate, especially when doing so without the aid of an attorney or while suffering from a mental disability," Adler said. Rep. Alcee Hastings (D-FL) said he was distressed to hear about a veteran in his state who was cut off from his veterans' pension for a year, two days after he

voluntarily disclosed that insurance was paying some medical costs resulting from an accident in which an automobile struck his wheelchair, knocking him head first against the pavement. Given that it takes many months to qualify for benefits, Hastings said he found it disturbing that someone could be cut off benefits in just two days. "This means that the law effectively punishes veterans when they suffer from such an accident or theft," Hastings said. [Source: Times-Picayune Bruce Alpert article 6 Jul 2010 ++]

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**Aid & Attendance Update 04:** A health care company has agreed to pay back nearly \$70,000 to local veterans and their families in connection with a civil settlement with the Massachusetts State Attorney General's office. Complaints about heavy-handed and deceptive marketing tactics by Homewatch Caregivers arose in 2007 initiating an investigation, culminating recently in the restitution agreement. However, a public relations consultant for the local company said the West Springfield entity simply used a marketing plan pitched by their national parent company, which bought into a format by Horizon Care, also a national vendor. The local company feigned being an arm of the U.S. Veterans Administration and offered local veterans a middle man to access "Aid and Attendance" benefits to which they are already qualified. The benefit allows for ailing vets and their spouses to receive home-based care to assist in eating, bathing, dressing and similar needs. In some cases, Homewatch assisted consumers in getting those services but would at times collect too much or represent that veterans needed to go in to their own pockets for Homewatch's services. The company will not face criminal charges, Attorney General Martha M. Coakley said. "We believe their marketing was unfair and deceptive but not necessarily criminal," she said, adding that 18 consumers will receive settlements ranging from \$500 to \$14,000.

Peter and Judy Yaffe, owners of the company, issued a prepared statement in response to a press release by Coakley's office. "We regret that some of the information supplied to us by Horizon Care Coordinators, consultants to the parent company Homewatch International, and shared with area veterans by our office staff was inaccurate. P.J. Care of Western Massachusetts (Homewatch Caregivers) has been in business since 2002 providing exceptional home care to hundreds of area residents in the area of senior, post surgical and chronic condition care. We remain committed to high quality home care provided by experienced and trained caregivers in helping people in Western Massachusetts." The statement continued, "Information about (the Aid and Attendance) program was supplied by our national franchiser, Homewatch International and Horizon Care Coordinators ... As a result of this, in 2007, P.J. Care joined with Homewatch International and 14 other national franchisees in successfully suing Horizon Care Coordinators for the misleading and false information they provided and that we, and their national franchisees, unwittingly shared with area veterans." Coakley said her office has focused on Internet insurance card scams and similar fraud since state-mandated health insurance was initiated. Veterans can check their eligibility for the Department of Veterans Affairs Aid & Attendance program at [www.vba.va.gov/bln/21/pension/vetpen.htm#3](http://www.vba.va.gov/bln/21/pension/vetpen.htm#3) . [Source: [www.Mass.live.com](http://www.Mass.live.com) Stephanie Barry article 8 Jul 2010 ++]

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**PTSD Update 50:** The government is preparing to issue new rules that will make it substantially easier for veterans who have been found to have post-traumatic stress disorder to receive disability benefits, a change that could affect hundreds of thousands of veterans from the wars in Iraq, Afghanistan and Vietnam. The regulations from the Department of Veterans Affairs, which will take effect as early as 5 JUL and cost as much as \$5 billion over several years according to Congressional analysts, will essentially eliminate a requirement that veterans document specific events like bomb blasts, firefights or mortar attacks that might have caused PTSD., an illness characterized by emotional numbness, irritability and flashbacks. For decades, veterans have complained that finding such records was extremely time consuming and sometimes impossible. And in the wars in Afghanistan and

Iraq, veterans groups assert that the current rules discriminate against tens of thousands of service members — many of them women — who did not serve in combat roles but nevertheless suffered traumatic experiences.

Under the new rule, which applies to veterans of all wars, the department will grant compensation to those with PTSD. if they can simply show that they served in a war zone and in a job consistent with the events that they say caused their conditions. They would not have to prove, for instance, that they came under fire, served in a front-line unit or saw a friend killed. The new rule would also allow compensation for service members who had good reason to fear traumatic events, known as stressors, even if they did not actually experience them. There are concerns that the change will open the door to a flood of fraudulent claims. But supporters of the rule say the veterans department will still review all claims and thus be able to weed out the baseless ones. “This nation has a solemn obligation to the men and women who have honorably served this country and suffer from the emotional and often devastating hidden wounds of war,” the secretary of veterans affairs, Eric K. Shinseki, said in a statement to The New York Times. “This final regulation goes a long way to ensure that veterans receive the benefits and services they need.”

Though widely applauded by veterans’ groups, the new rule is generating criticism from some quarters because of its cost. Some mental health experts also believe it will lead to economic dependency among younger veterans whose conditions might be treatable. Disability benefits include no-cost physical and mental health care and monthly checks ranging from a few hundred dollars to more than \$2,000, depending on the severity of the condition. “I can’t imagine anyone more worthy of public largess than a veteran,” said Dr. Sally Satel, a psychiatrist and fellow at the American Enterprise Institute, a conservative policy group, who has written on PTSD. “But as a clinician, it is destructive to give someone total and permanent disability when they are in fact capable of working, even if it is not at full capacity. A job is the most therapeutic thing there is.” But Rick Weidman, executive director for policy and government affairs at Vietnam Veterans of America, said most veterans applied for disability not for the monthly checks but because they wanted access to free health care. “I know guys who are rated 100 percent disabled who keep coming back for treatment not because they are worried about losing their compensation, but because they want their life back,” Mr. Weidman said.

Mr. Weidman and other veterans’ advocates said they were disappointed by one provision of the new rule: It will require a final determination on a veteran’s case to be made by a psychiatrist or psychologist who works for the veterans department. The advocates assert that the rule will allow the department to sharply limit approvals. They argue that private physicians should be allowed to make those determinations as well. But Tom Pamperin, associate deputy under secretary for policy and programs at the veterans department, said the agency wanted to ensure that standards were consistent for the assessments. “VA and VA contract clinicians go through a certification process,” Mr. Pamperin said. “They are well familiar with military life and can make an assessment of whether the stressor is consistent with the veterans’ duties and place of service.”

More than two million service members have deployed to Iraq or Afghanistan since 2001, and by some estimates 20% or more of them will develop PTSD. More than 150,000 cases of PTSD. have been diagnosed by the veterans health system among veterans of the two wars, while thousands more have received diagnoses from private doctors, said Paul Sullivan, executive director of Veterans for Common Sense, an advocacy group. But Mr. Sullivan said records showed that the veterans department had approved PTSD. disability claims for only 78,000 veterans. That suggests, he said, that many veterans with the disorder are having their compensation claims rejected by claims processors. “Those statistics show a very serious problem in how V.A. handles PTSD claims,” Mr. Sullivan said. Representative John Hall (D-NY), and sponsor of legislation similar to the new rule, said his office had handled dozens of cases involving veterans who had trouble receiving disability compensation for PTSD, including a Navy veteran from World War II who twice served on ships that sank in the Pacific. “It doesn’t matter whether you are an infantryman or a cook or a truck driver,” Mr. Hall said. “Anyone is potentially at risk for post-traumatic stress.” [Source: New York Times James Dao article 7 Jul 2010 ++]

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**VA Presumptive VN Vet Diseases Update 08:** The Secretary of Veterans Affairs said during a brief visit 6 JUL to Salt Lake City said, "The federal government did not address military members' exposure to Agent Orange during the Vietnam War "the way that might have been and the way that should have been." Thousands of Vietnam veterans waited for decades before medical conditions they acquired during the war were connected to exposure to the toxic defoliant. And that meant that many went without the medical care and compensation they deserved while suffering from debilitating diseases caused by their service. But as evidence mounts suggesting that many of the nation's latest generation of veterans have been sickened by service in Iraq and Afghanistan, Secretary Eric Shinseki defended a century-old standard requiring scientific proof before veterans can be compensated for their suffering. Thirty-five years after the end of the Vietnam War, the V.A. is still slowly adding to the list of conditions recognized as related to Agent Orange exposure, including three illnesses — Parkinson's disease, ischemic heart disease, and B cell leukemias — that have been added to the list under Shinseki's watch. The former Army general, himself a combat-wounded veteran of the Vietnam War, said "nothing" was done to immediately respond to veterans who grew inexplicably sick after returning home from Vietnam. Shinseki said his department was working tirelessly to help veterans establish proof sooner. "What we're trying to change is the opportunity to establish the connection," he said, noting that millions of federal dollars have been poured into research into military members who have been exposed to open-air burn pits — one of the probable culprits in a variety of medical conditions suffered by veterans, including cancer, skin conditions and blood disease. But in the meantime, the secretary said, the standard requiring medical proof of a disease's cause is "the law." [Source: Salt Lake Tribune Matthew D. LaPlante article 6 Jul 2010 ++]

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**Vet Jobs Update 20:** In today's economic climate, transitioning from the military to the civilian world will mean entering an unyielding job market and period of unemployment for most veterans. In fact, the unemployment rate for former servicemembers from Iraq and Afghanistan conflicts rose from 10% in MAY to 11.5% in JUN 2010, according to the Bureau of Labor Statistics. But, a tight job market is only part of the veteran unemployment problem. A recent study from the Society of Human Resource Management (SHRM) revealed that veterans face two major hurdles when finding civilian employment: translating their military experience into civilian skills; and hiring managers' lack of knowledge about policies designed to help veterans get employment. The SHRM study titled, "Employment Military Personnel and Recruiting Veterans-Attitudes and Practices," randomly polled 429 employers. SHRM's study is part of an initiative to help address the high unemployment rate among veterans, and aims to connect them to gainful employment. It is committed to working with federal agencies, such as the Department of Labor and civilian HR professionals to create initiatives to get veterans hired. The results of their study found that:

- 60% of hiring professionals said that many veterans report having difficulty writing resumes, interviewing, and adapting to workplace culture, in addition to not being able to explain their military skills to employers effectively.
- Even though 50% of employers surveyed report making a specific effort to hire veterans, a high amount hiring managers were unaware of the Department of Labor's veteran employment initiatives- 68% were unaware of the Local Veterans' Employment Representative; 70% were unfamiliar with the Disabled Veterans Outreach Program.
- 46% of hiring managers thought post traumatic stress issues, as well as other combat-sustained brain injuries, would present a problem for veteran employment. However, only 13% of employers reported actually having issues with veterans who suffered from PTSD in the civilian workplace.

Laurence G. O'Neil, president and CEO of SHRM, in a company-issued statement said, "The high unemployment rate of military veterans is startling." According to the study, when asked what tools and resources "would help a lot" with the military-to-civilian workforce transition, 39% of employers responded with programs to train veterans with additional skills for the workplace; 36% said programs to help veterans translate military experience into civilian skills sets; and 32% said programs and initiatives to help find and reach out to qualified veterans to fill open positions. Veterans seeking employment are encouraged to check out [www.military.com/Careers/Home/0,13373,,00.html](http://www.military.com/Careers/Home/0,13373,,00.html) where job listings, resume writing assistance, and career fairs locations are provided. [Source: Military.com | Veteran Careers Kelly Johnson article Jul 2010 ++]

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**Fisher House Expansion Update 05:** There is at least one Fisher House at every major military medical center to assist families in need and to ensure that they are provided with the comforts of home in a supportive environment. Annually, the Fisher House program serves more than 10,000 families, and have made available nearly three million days of lodging to family members since the program originated in 1990. By law, there is no charge for any family to stay at a Fisher House operated by the Department of Veterans Affairs; and Fisher House Foundation uses donations to reimburse the individual Fisher Houses operated by the Army, Navy, and Air Force. Fisher Houses ease financial burden and stress. They look like houses and the atmosphere is a more comfortable alternative for veterans' families. This year seven more houses will open, representing the most new ones opened in a single year in the organization's 20-year history. The current Fisher Houses are located on 18 military installations and near 15 VA medical centers. Fisher House opened a facility near the Illinois VA hospital in MAR. It was the most recently opened of 45 houses across the country that offer lodging at no cost to veterans and their families who have to travel more than 50 miles to get treatment at government-run Veterans Affairs hospitals.

Fisher House plans to open a facility at the VA hospital in Boston this month and in St. Louis in AUG. In the fall it plans to open a house at Dover Air Force Base in Delaware for families traveling to pick up the bodies of servicemembers killed in combat. A Fisher House was built near the VA hospital in Dallas last year. The hospital provides care for veterans from North Texas and parts of Oklahoma and Louisiana. Fundraising efforts are underway to build Fisher Houses in at least 15 other cities. A volunteer group is in the process of raising money for a Fisher House that would be built next to the Alvin C. York VA Medical Center in Murfreesboro TN giving temporary lodging to patients who have to travel for treatment at VA hospitals there or in Nashville. President Obama donation of \$250,000 from his Nobel Peace Prize award to will go in its entirety directly to supporting the Fisher Houses being built at Bethesda Naval Hospital and Dover Air Force Base. Of all other donations ninety-six cents of every dollar goes directly towards program costs. For additional info on the Fisher House foundation refer to [www.fisherhouse.org](http://www.fisherhouse.org). [Source: USA Today Clay Carey article 5 Jul 2010 ++]

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**Louisiana Vet Cemeteries:** Central Louisiana finally will get its long-awaited Veterans Cemetery sometime this fall, but a Louisiana Department of Veterans Affairs spokeswoman says it could be years before northeastern Louisiana veterans and their families have their own burial ground. The News Star reported on 5 JUL that a bid will be awarded July 15 to build the Veterans Cemetery in Leesville near Fort Polk, with construction to be completed later this year. Though a site in Richland Parish was chosen four years ago for a Veterans Cemetery in northeastern Louisiana, the project is no closer to reality because of diminished funding available from the U.S. Department of Veterans Affairs, which pays 100% of the cost. The military service requirement for burial in Louisiana state veterans cemeteries must be in accordance with the eligibility standards set by the U.S. Department of Veterans Affairs, National Cemetery Administration; at a minimum, one must meet one of the following:

- Veteran was discharged from active duty under other than dishonorable conditions,

- Veteran died while on active duty
- Veteran served at least 20 years in the National Guard or Reserves and qualified for military retirement pay (or would have qualified, except death occurred before age 60)

Spouses and dependent children of veterans who were eligible for burial may also be interred in state veterans cemeteries. Burial benefits may include the following: gravesites for casket or cremation remains, headstones or markers, opening and closing of the graves, and continued perpetual care. Burial of an eligible veteran is at no cost to the veteran. A fee is charged at the time of interment for spouses and dependent children of eligible veterans. At present veterans can obtain burial services at the state's Northwest LA Veterans Cemetery, 7970 Mike Clark Road, Keithville, LA 71047 Tel: (318) 925-0612/5521F or Email: [nlvc@vetaffairs.la.gov](mailto:nlvc@vetaffairs.la.gov). In addition there are three federal cemeteries located at:

- Alexandria National Cemetery, 209 East Shamrock Ave., Pineville, LA 71360
- Baton Rouge National Cemetery (No new interments), 220 North 19th Street, Baton Rouge, LA 70806
- Port Hudson National Cemetery, 20978 Port Hickey Road, Zachary, LA 70791 Tel: (225) 654-3767

[Source: The News-Star AP article 5 Jul 2010 ++]

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**Heat Exhaustion/Stroke:** Summer means outdoor fun -- from hiking and swimming to music festivals and county fairs to dancing in the street--but summer fun can quickly turn tragic if you or someone you care about ends up with heat exhaustion or heat stroke. As temperatures rise, so does the risk that your body's natural cooling system will malfunction or shut down if you fail to take proper precautions. Although heat exhaustion and heat stroke (sometimes called sun stroke) can affect anyone, seniors are more prone to heat stress than younger people for a variety of reasons. In general, seniors do not adjust as easily or as well to sudden temperature changes, and they may have chronic medical conditions or take prescription drugs that interfere with their bodies' ability to regulate heat. As part of your preparation for summer you should know how to recognize the symptoms of heat exhaustion and heat stroke plus what to do if you see someone with either of these dangerous conditions. The following will assist you in this:

**Who Can be affected.** As summer temperatures climb in some parts of the U.S., more people are vulnerable to heat exhaustion and heat stroke. The Centers for Disease Control (CDC) report that approximately 400 people die each year from excessive natural heat, and that these deaths are preventable. And while seniors are more likely to be affected by high temperatures and heat-related problems than younger people, heat exhaustion and heat stroke can affect anyone if the conditions are right. This includes animals. Be sure to provide shade and plenty of cool, fresh drinking water for your pets, and never leave a pet, child or elderly person in a locked car on hot days.

**Heat Exhaustion.** Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures, along with dehydration caused by inadequate or unbalanced replacement of fluids.

**Heat Exhaustion symptoms.** People respond to heat exhaustion in different ways, but the CDC reports that common symptoms include: Heavy sweating; Paleness; Muscle cramps; Tiredness; Weakness; Dizziness; Headache; Nausea or vomiting; Fainting; Skin: may be cool and moist; Pulse rate: fast and weak Breathing: fast and shallow

**Heat Stroke.** The CDC reports that heat stroke is the most serious heat-related illness. Heat stroke occurs when the body is exposed to an excessive amount of heat and becomes unable to dissipate the heat through sweating. When heat stroke happens, the body's temperature rises rapidly, the body loses its ability to sweat, and it is unable to cool down. Body temperature can rise to 106°F or higher within 10 to 15 minutes, and at 106°F brain death begins. If emergency treatment is not provided, heat stroke can cause death or permanent disability in humans and animals.

**Heat Stroke Symptoms.** The CDC advises that warning signs can vary among individuals, but common signs of heat stroke may include: An extremely high body temperature (above 103°F); Red, hot, and dry skin (no sweating); Rapid, strong pulse; Throbbing headache; Dizziness; Nausea.

**Prevention.** Heat exhaustion and heat stroke can be avoided if you protect yourself from heat-related stress by follow these prevention tips from the CDC:

- Drink cool, non-alcoholic, non-caffeinated beverages. The CDC recommends that if your doctor generally limits the amount of fluid you drink or prescribes water pills for you, ask him or her how much you should drink when the weather is hot. It's best to avoid extremely cold liquids because they can cause stomach cramps.
- Drink water regularly throughout the day, even if you don't feel thirsty. Once you recognize the feeling of thirst, dehydration is already taking place.
- Be aware that some medications can make you more vulnerable to heat exhaustion. For example, painkillers can mask some of the symptoms of heat exhaustion, and laxatives can increase the risk of dehydration. If you have any questions about prescription or over-the-counter medications, check with your doctor or pharmacist.
- Rest, often. If you need an excuse to be a couch potato, hot days are just the ticket.
- Take a cool shower, bath, or sponge bath.
- If possible, seek an air-conditioned environment. If you don't have air conditioning, consider visiting an air-conditioned shopping mall or public library to cool off.
- Wear lightweight clothing.
- If possible, remain indoors during the hottest parts of the day.
- Do not engage in strenuous activities.

**Helping Seniors Cope with Hot Weather.** If you have elderly friends, relatives or neighbors, you can help them protect themselves from heat-related stress:

- Visit older adults at risk at least twice a day and watch them for signs of heat exhaustion or heat stroke.
- Make sure they are keeping themselves hydrated by drinking plenty of cool water.
- Encourage them to avoid beverages with caffeine or alcohol. Alcohol, in particular, increases dehydration.
- Take them to air-conditioned locations if they have transportation problems.
- Make sure older adults have access to an electric fan whenever possible.

**What to Do If You See Someone With Heat Exhaustion or Heat Stroke.** Keep in mind that if you see any signs of severe heat stress, you may be dealing with a life-threatening emergency. Have someone call for immediate medical assistance while you begin cooling the affected person. The CDC recommends get the person to a shady area and cool the person rapidly, using whatever methods you can, for example:

- Immerse the person in a tub of cool water
- Place the person in a cool shower
- Spray the person with cool water from a garden hose
- Sponge the person with cool water
- If the humidity is low, wrap the person in a cool, wet sheet and fan him or her vigorously
- Monitor body temperature and continue cooling efforts until the body temperature drops to 101°–102°F.
- If emergency medical personnel are delayed, call the hospital emergency room for further instructions.
- Do not give the person alcohol to drink.
- Get medical assistance as soon as possible.

[Source: About.com | Senior Living Sharon O'Brien 1 Jul 2010 ++]

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**VA Prostate Cancer Program Update 07:** Over the past year, the Philadelphia VA Medical Center has taken most of the public heat for a prostate cancer treatment program that went astray for six years, giving incorrect radiation doses to 97 out of 114 veterans. Now the University of Pennsylvania - which designed, staffed, and supervised the radiation program - is feeling the heat. Five veterans who received substandard therapy have filed federal lawsuits against various university entities, including its hospital and health system. That number may well grow because veterans who have sought compensation from the VA can file a federal lawsuit six months later, or anytime after a claim is denied. So far, the VA has rejected 12 of 38 claims seeking \$71 million in damages. Donna Lee Jones, a Philadelphia attorney representing three of the veterans suing in federal court, predicted "there's going to be a battle" with Penn over whether it should be part of the case. Added her partner, attorney Michael Barrett, "We think there will be plenty of finger-pointing between the VA and Penn trustees. But Penn's fingerprints are all over everything."

Penn spokeswoman Susan Phillips said 2 JUL the university could not comment on pending litigation. For the past year, she had said Penn could not comment on the various federal and Congressional inquiries that were underway. Penn, which uses the VA Medical Center as a teaching hospital for its medical students, contracted with the VA to run the prostate cancer treatment program, called brachytherapy. It involves implanting dozens of tiny radioactive seeds into the prostate gland to kill cancer cells over several months. Brachytherapy is effective when done properly, but if too many seeds are misplaced, the cancer may be spared, or healthy surrounding tissues may be damaged - or both. Penn assigned radiation oncologist Gary Kao to head the VA brachytherapy program. Kao, who performed most of the improper seed implants, is also named in the federal lawsuits, along with the Department of Veterans Affairs. The five veterans who are suing Penn are Richard Mitchell, James Armstrong, John Berry, Barry Lackro, all of Philadelphia, and Donald Pepper of Smyrna, Del. Lackro's cancer has recurred and become incurable, while Berry has signs of recurrence, according to their court filings. All five men claim to suffer from radiation damage to their bladder, rectum or other organs, as well as severe emotional distress.

Their lawsuits contend Penn is liable for their injuries based on two established legal precedents: Hospitals are "vicariously" responsible for the medical negligence of doctors they employ. And hospitals that have inadequate policies, procedures, equipment and oversight can be found guilty of "corporate negligence." Still, there are gray areas. For example, Lackro's attorney, Mitchell Paul, said he agreed to drop Penn's Board of Trustees from the lawsuit after Penn attorneys argued that the trustees are overseers who don't get involved in managing doctors. Attorneys Barrett and Jones, in contrast, said they will not drop the trustees from their three clients' suits. There is similar disagreement over whether Penn's School of Medicine should be a defendant. Up to now, Penn's integral role in the VA brachytherapy program has been recognized, but not penalized.

In May, the Nuclear Regulatory Commission, which oversees medical radiation usage levied a \$227,500 fine against the Philadelphia VA - the NRC's second-largest fine ever - citing a "total breakdown" in the program, safety procedures, and management. In a separate report last month, the Department of Veterans Affairs Inspector General's office said the Philadelphia VA's contract with Penn was non-existent or inadequate during the six years of the program. It also said the VA ended up overpaying for Penn's services. Public documents and testimony at hearings have shown that it was Penn who hired, appointed - and in some case, trained - the radiation oncologists, urologists, physicists, technicians, and radiation safety committee chair who worked at the VA. "We think it was primarily the Hospital of the University of Pennsylvania running the show, and the VA was just the shell," Jones said. [Source: Philadelphia Inquirer Marie McCullough article 2 Jul 2010 ++]

**Money Transfer:** Need to transfer money overseas quickly from the United States? One option is [www.zoom.com](http://www.zoom.com). This site enables individuals to send money from any Internet-enabled computer. You can send up to \$2999 (maximum of only \$2000 to 4 of 30 countries listed) and pay with a banking account. You can also pay with a major credit or debit card but the fees are considerably higher. Regardless of payment method the fees in most cases are considerably less than Western Union. On the Zoom website is a conversion table for the currency the money will be transferred in. Fees vary by the country selected. For example:

- To transfer \$2999 to the Philippines using your bank account the fee is \$4.99 and using Zoom's 5 JUL dollar to peso rate of \$1 = P45.8008 they would be receiving P137,356.58. Your bank account would be charged \$3,003.99. Using a major credit or debit card it would be charged \$3,058.99.
- To transfer \$2999 to Germany using your bank account the fee is \$4.99 and using Zoom's 5 JUL dollar to Euro rate of \$1 = EUR 0.7845 they would be receiving EUR 2,352.66 Your bank account would be charged \$3,003.99. Using a major credit or debit card it would be charged \$3,148.99.
- To transfer \$2999 to Costa Rica using your bank account the fee is \$24.99 and they would be receiving \$2999. Your bank account would be charged \$3,023.89. Using a major credit or debit card it would be charged \$3,084.99.

Recipients do not need a bank account or Internet connection to receive funds. For the delivery of funds you can select receiving options of cash pickup, bank deposit, or in some geographic areas home delivery. Location options for cash pickup and home delivery vary with the country selected. A 100 character message to the recipient can be included. You will be sent a series of email notifications informing you of the status of your transaction. The first is sent shortly after you submit a Xoom transaction. The second when your payment has cleared and Xoom transfers your transaction to their partner in the recipient's country. Upon completion of the transaction, Zoom sends another email telling you that your recipient has received the funds. Cancellation of the money transfer is possible (if it has not been delivered) following the online guidelines. The service is not available residents of Wyoming, West Virginia and Vermont. Xoom Corporation was founded in 2001 in San Francisco and is backed by leading venture firms Sequoia Capital, New Enterprise Associates and Fidelity Ventures. [Source: zoom.com Jul 2010 ++]

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**Flag Presentation Update 03:** Prior to Flag Day, 14 JUN 1923, neither the federal government nor the states had official guidelines governing the display of the United States' flag. On 14 JUN 1923, the National Flag Code was constructed by representatives of over 68 organizations, under the auspices of the National Americanism Commission of The American Legion. The code drafted by that conference was printed by the national organization of The American Legion and given nationwide distribution. On 22 JUN 1942, the Code became Public Law 77-623; chapter 435. Little had changed in the code since the Flag Day 1924 Conference. The most notable change was the removal of the Bellamy salute due to its similarities to the Hitler salute. Additional modifications were:

- The Freedom to Display the American Flag Act of 2005 prohibits real estate management organizations from restricting homeowners from displaying the Flag of the United States on their own property.
- The Army Specialist Joseph P. Micks Federal Flag Code Amendment Act of 2007 added a provision to fly the flag at half-staff upon the death of a member of the Armed Forces from any State, territory, or possession who died while serving on active duty. It also gave the mayor of the District of Columbia the authority to direct that the flag be flown at half-staff. Federal facilities in the area covered by the governor or mayor of the District of Columbia will also fly the flag at half-staff as directed.[11]
- The Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Sec. 595.) allows the military salute for the flag during the national anthem by members of the Armed Forces not in uniform and by veterans.

[Source: [http://en.wikipedia.org/wiki/United\\_States\\_Flag\\_Code](http://en.wikipedia.org/wiki/United_States_Flag_Code) Jul 2010 ++]

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**Arlington National Cemetery Update 12:** The secretary of the Army said 30 JUN that officials were prepared to dig up graves, open caskets and take DNA samples from the deceased if it is necessary to sort out the record-keeping chaos at Arlington National Cemetery. "If we are so authorized and if it is necessary, we have not ruled out the possibility of actually opening caskets," said Army Secretary John McHugh, noting that it would be an extreme measure, ". . . and should it thereafter become necessary for DNA . . . that would be something we would contemplate." McHugh spoke at a hearing of the House Armed Services Committee called to look into recent revelations of mismanagement, mishandling of remains and extensive record foul-ups at the nation's most hallowed cemetery. A probe by the Army inspector general, unveiled June 10, found a wide array of long-standing problems at the cemetery. Among other problems, the Army found 211 discrepancies between burial maps and grave sites and cases in which funeral urns were inadvertently dug up and dumped in a dirt pile.

McHugh said investigators already are digging into some of the 117 sites without tombstones or burial cards that are marked as occupied on cemetery maps to see whether anyone is buried there. No names were associated with the map sites. Five have been examined so far, an Army spokesman said. In each case "the map was in error," McHugh said. "There were no remains in those graves, and those graves will be reclaimed and reused for appropriate purposes and a fallen hero sometime in the future." The Army also found 94 graves that had tombstones and burial cards but were not listed on cemetery maps. Twenty-two of those sites have been probed so far and found to be occupied, a cemetery spokeswoman said. Committee Chairman Ike Skelton (D-Mo.) said he thinks a complete survey of graves at the cemetery should be conducted to check for burial mistakes. Skelton said the Army's recent investigation into mistakes at the cemetery was so "limited" that it probably revealed "only a fraction of the problem. We must be prepared that a 100% survey of the cemetery and all its operations, which I believe must now be undertaken, will yield a larger number of problems that must be addressed." The Army has focused, so far, on only three of the cemetery's 70 sections.

McHugh said a complete cemetery survey was possible but would be difficult. "To do that for 330,000 [graves] is going to take a better system of record-keeping," he said. As soon as the cemetery's antiquated records system is improved, "we will begin checking and cross-checking those records for all of those graves." In addition to the record-keeping problems, the inspector general found a dysfunctional management system and a poisonous relationship between cemetery Superintendent John C. Metzler Jr. and Deputy Superintendent Thurman Higginbotham. The two men had been at odds as far back as 1992, the year after Metzler took over at the age of 39, said Lt. Gen. R. Steven Whitcomb, the Army's inspector general, who also testified at the hearing. "It appears that they struck some kind of accommodation where they kept in separate lanes," Whitcomb said. "Although what we found and what contributed to the unhealthy work environment was those lanes tended to overlap." Metzler, who had grown up at the cemetery while his father served as superintendent from 1951 to 1972, was issued a severe reprimand by the Army. He is retiring 2 JUL. Higginbotham has been on paid administrative leave pending a disciplinary review.

"I cannot understand how the Army has allowed the problem to fester for years," Skelton said. "There is clear evidence that in 1992 the Army was aware of a level of leadership discord at Arlington that would not have been tolerated at any other organization," he said. "The situation cried out for intervention, but the Army's response was to further withdraw from Arlington Cemetery operations," he said. Also at the hearing officials disclosed that the Defense Department's probe of the 2008 firing of cemetery public affairs officer Gina Gray did not find that firing constituted reprisal because cemetery officials did not know of her whistleblowing when they decided to fire her. But the firing of Gray, whose later revelations helped spark the current cemetery investigation, was an "obvious failure to exercise sound personnel management," according to a one-page summary of the probe made public after the hearing. The department recommended that the Army take "corrective action" against the responsible cemetery

officials and find an "appropriate remedy" for Gray. In an e-mail, Gray said cemetery officials "knew very well" of her whistleblowing when they fired her. "It's hard to imagine how the Defense Department is ignoring those facts now," she wrote. "But nothing is surprising me about this scandal, since it's what I've been saying for years." [Source: Washington Post Michael E. Ruane article 1 Jul 2010 ++]

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**VA Office of the General Counsel:** Will Gunn, the general counsel for the Department of Veterans Affairs told House members on 30 JUN that, despite a backlog of cases, his office's attorneys are ethical and high performing. The House Committee on Veterans Affairs Subcommittee on Oversight and Investigation held a hearing that morning to discuss challenges faced by the VA's Office of the General Counsel (OGC), such as extensive backlog of cases, incomplete or false contracting information and allegations of legal malpractice by some of its attorneys. Chairman Harry Mitchell (D-AZ) says these issues are especially troubling given VA OGC's 9.2% budget increase in fiscal 2010 and its requested 9.6% increase for fiscal 2011. "The bottom line here is that we make certain the resources Congress provides the VA are being allocated properly in order to provide the most benefit for Veterans and the American public," Mitchell says. Some of the issues are recurring. Mitchell says the subcommittee has reviewed many cases in recent years regarding insufficient or inaccurate counsel and support of contract management. Other VA OGC deficiencies, he adds, include poor relations between contract managers and VA attorneys, extensive case backlogs, and delayed health directives. Gunn acknowledged these concerns but says the recent budget increase has allowed VA OGC to increase its staff and start addressing those issues.

The subcommittee also heard testimony from Matthew Tulley, a partner at Tulley, Rinckney PLLC, a firm that represents VA employees in suits against VA. Tulley says VA OGC attorneys, especially those in the office's employment law division, continually violate the ethical standards laid out by the Supreme Court and state bar associations. He says "a few bad apples" with inappropriately close ties to VA managers are harming Veterans, VA employees, and attorneys who represent them. According to Tulley, violations include witness badgering, delay tactics known as mooting, threats of punitive action in the workplace, and document falsification. These produce a chilling effect directly on VA employees who want to file suit against the department and indirectly on attorneys who might represent them by making legal proceedings too costly and time consuming, he says.

Tulley recommends creating an independent office of professional responsibility with the ethical standards used by the Department of Justice. He says this would both discourage attorneys from acting improperly as well as create a structure for ethical oversight that currently does not exist. Gunn, who has been general counsel for just over a year, says he has never heard allegations of unethical practices before today's hearing. He does say, however, that he has instructed his office to create an internal process for reviewing complaints of unprofessional conduct by their attorneys. "I am committed to providing service that is based in excellence and integrity. As an Airforce Officer I live by certain core values. Those values are integrity first, service to others before self, and excellence in all that I do. I am committed to instilling those principles throughout the OGC," he says. [Source: Federal News Radio Meg Beasley article 30 Jun 2010 ++]

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**VA Treatment Access:** The VA Inspector General and a number of veterans' advocates have been claiming since the early days of the Iraq War, when soldiers returning from OEF began flooding VA facilities, that the Veterans Health Administration (VHA) systematically delays and denies sick veterans medical care and masks it with bogus documentation. Now an internal department memo, posted 30 JUN on VA Watchdog website [www.vawatchdog.org](http://www.vawatchdog.org), lends credence to these charges. The 26 APR memo from William Schoenhard, Deputy Undersecretary for Health Operations and Management, alerts supervisors overseeing scheduling that he has learned of unacceptable practices. VA facilities have adopted what he calls "gaming strategies" in order to improve scores

on various access measures by diminishing patient access to treatment. An eight-page attachment identifies 24 practices detected so far, but Schoenhard says there may be more. Some of those identified in the memo include:

- Using fine-print rules to cancel patients' appointments. Here, a patient arrives on time for an appointment only to be told he has no appointment. When the patient shows the employee his/her appointment form, the employee shows the patient the fine print on the form, which says that patients who do not come 10 (sometimes 15) minutes early to check in risk cancellation.
- Employees enter into the computer a later date (often by months) than the doctor has specified for a return visit.
- Recording a patient's initial request to be treated in a paper log, not the computer system, then calling them in months or a full year later (law requires they be seen within 30 days) and recording that date as their first request to be seen.
- Booking several patients in the same time slot for the same doctor or provider, leaving patients to wait for hours to be seen, sometimes for something as simple as a monthly prescription renewal, which, due to frustration or obligation, they sometimes leave without.

Schoenhard told CNN he had no personal knowledge of any VA facility using the inappropriate scheduling practices, but issued the memo to avoid future problems. Yet, in his memo outlining medical appointment gaming, Schoenhard says: "It has come to my attention that in order to improve scores on assorted access measures, certain facilities have adopted use of inappropriate scheduling practices sometimes referred to as gaming strategies." The memo is available for viewing at [www.vawatchdog.org/10/nf10/nfjun10/jun10files/gamingthesysystem.pdf](http://www.vawatchdog.org/10/nf10/nfjun10/jun10files/gamingthesysystem.pdf) . Paul Sullivan, director of the veterans' advocacy group, Veterans for Common Sense (VCS), told AlterNet he believes Schoenhard's memo "forces a key leadership test upon VA Secretary Eric Shinseki" to end the shenanigans and solve the underlying problems." [Source: AlterNet Nora Eisenberg article 30 Jun 2010 ++]

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**VAMC St. Louis MO Update 01:** The Veterans Administration said 1 JUL that the chief of dental services at the St. Louis VA Medical Center has been placed on administrative leave after the hospital urged nearly 2,000 veterans to return for blood tests because inadequately sterilized equipment may have exposed them to viral infections during dental procedures. An independent board will also investigate how employees failed to properly sterilize the dental equipment that potentially exposed veterans to infections including hepatitis and HIV, the administration said. "The mistakes made at the St. Louis VA Medical Center are unacceptable, and steps have been and continue to be taken to correct this situation and assure the safety of our veterans," VA Secretary Eric Shinseki said. The VA sent letters out Monday to 1,812 veterans who had dental procedures at the St. Louis center from Feb. 1, 2009, through March 11 of this year, saying reviews determined that some sterilization steps in preparing dental instruments were not in compliance with standards.

Officials say the infection risk is extremely low, and no illnesses have been uncovered so far out of some 100 veterans who have come in for blood work that will screen for hepatitis B, hepatitis C and HIV. The VA said 184 people had signed up to be tested as of 1 JUL. VA Under Secretary for Health Dr. Robert Petzel said Thursday the problem arose because workers prewashing dental equipment failed to use a detergent before the equipment was sterilized. He said that failure allowed for a "phenomenally remote" chance that sterilization might not have been effective. Petzel said he found there was a need for an independent review by the national Administrative Investigation Board "to determine the reasons for failure to follow correct procedures." He said expects the investigation to begin next week and take 60 days at most. Rep. Russ Carnahan (D-MO) said the House Veterans' Affairs Committee also said they will investigate what happened at the center and planned to hold a hearing in St. Louis. The announced investigations follow demands for action by several lawmakers from Missouri and Illinois — the St. Louis region's five VA facilities serve veterans in both states. No date has been set for the Veterans' Affairs

Committee hearing in St. Louis. Two Missouri congressmen, Republican Blaine Luetkemeyer and Democrat William Lacy Clay, also asked the House Oversight and Government Reform Committee to investigate. Both serve on that committee.

Danny L. Turner, chief of dental services at the Cochran VAMC, "says he welcomes investigations into the handling of dental equipment at the hospital and blamed politics for distorting the controversy. 'I have a lot of information that proves we were doing things correctly,'" Turner "said in an interview after he had been put on administrative leave." Lawmakers also want to know why it took so long for the VA to inform the veterans about the mistakes. The problem was uncovered in March and letters went out 28 JUN. Marcena Gunter, a spokeswoman for the St. Louis center, said the delay was because officials were evaluating the risk posed to veterans. The VA said patients who have had dental procedures since 11 MAR are not at risk because procedures were corrected. Shinseki said that over the past 18 months, VA has implemented more stringent safety oversight at its medical facilities, and that oversight led to the identification of problems at the St. Louis facility. Barry Searle, director of the Veterans Affairs and Rehabilitation Division for the American Legion, testified before Congress in May about quality concerns at VA medical facilities." Searle "said in a phone interview that the VA health care system is strong overall, but that frequent turnover caused problems like the one that happened in St. Louis."

VA centers around the country have had problems in recent years. In 2007, Walter Reed Army Medical Center in Washington came under scrutiny over concerns about conditions at the hospital and treatment of veterans. At the time, St. Louis VA officials said they were working to fix similar problems. That same year, a surgeon at the VA hospital in Marion, Ill., resigned after a patient bled to death following gall bladder surgery. All inpatient surgeries were suspended. The VA found at least nine deaths between OCT 06 and MAR 07 resulted from substandard care at the Marion hospital, and another 10 patients died after receiving questionable care that complicated their health. [Source: AP Jim Salter article 1 Jul 2010 ++]

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**Virginia Vet Legislation:** The following bills have passed both chambers of the Virginia Congress and were approved by the Governor for enactment with an effective date of 1 JUL 2010:

- HB.262 & SB.455: Exempts veterans from paying the Department of Business Assistance's handling fee when establishing a small business through the one-stop small business permitting program.
- HJ.33 & SJ.13 : Constitutional amendment for property tax exemption for certain veterans. Directs the General Assembly to exempt from taxation real property that is the principal residence of a veteran (or widow or widower of a veteran) if the veteran has been determined by the United States Department of Veterans Affairs or its successor agency pursuant to federal law to have a 100% service-connected, permanent, and total disability.
- HJ.137: Designates the Honor and Remember Flag as the Commonwealth's emblem of service and sacrifice by the brave men and women of the United States Armed Forces who have given their lives in the line of duty.

[Source: <http://leg1.state.va.us> Jul 2010 ++]

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**VA Women Vet Programs Update 11:** On 29 JUN, U.S. Senator Patty Murray (D-WA) spoke on the Senate floor to request immediate passage of the Homeless Women Veterans and Homeless Veterans With Children Act. The bill was introduced in JUN 09 and passed the Senate Veterans' Affairs Committee on 28 JAN 2010 with strong bi-partisan support. Republican Senator Mitch McConnell objected to the legislation on the Senate floor on behalf of Senator Tom Coburn, preventing it from passing. "I am deeply disappointed that Senate

Republicans continued to put politics above people and blocked my bill that would provide support for homeless women veterans and their families," said Sen. Murray. "This is a bipartisan, common-sense bill that would support veterans in my home state of Washington and across the country. I am going to continue fighting for it to pass. And I urge Senate Republicans to end their obstruction and allow homeless women veterans across the country to get the support they have earned." S.1237 would expand assistance for homeless women veterans and homeless veterans with children and would increase funding and extend federal grant programs to address the unique challenges faced by these veterans. Female veterans are between two and four times as likely to be homeless than their civilian counterparts--and they have unique needs and often require specialized services. [Source: Vietnam Veterans of America News release 1 Jul 2010 ++]

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**Tricare Uniform Formulary Update 33:** Beneficiaries and providers can use the new Tricare formulary search tool to find the most up-to-date information about prescription medications. Located at [http://pec.ha.osd.mil/formulary\\_search.php](http://pec.ha.osd.mil/formulary_search.php), the new formulary search tool allows beneficiaries to easily find which medicines are in the uniform formulary. These are available at all full-service military treatment facilities and covered by Tricare. Once a user has identified if a drug is available, they can use the search tool to get information on a drug, such as restriction on use. The tool also shows if the medication is Tier One (with a \$3 copay,) Tier Two (with a \$9 copay) or non-formulary (requiring a \$22 copay.) It also shows when a generic equivalent is required. As an added benefit, the new Tricare formulary search tool has integrated the prior authorization and medical necessity forms and criteria into a search engine while still maintaining a page with a complete list of all criteria and forms. Any restrictions such as quantity or age limits are displayed in one location. "This should make it easier to find all relevant information about a specific drug instead of trying to click on different links to other Web pages and sort through vast amounts of information," said Jeremy Briggs, a pharmacy operations center official and search tool designer. "The idea is to have all that information available with one search, but still link back to pages for in-depth information." The search tool's functionalities will increase and become more refined, based on feedback provided by patients and providers. "The new Tricare formulary search tool is adaptable to meet the ever changing needs of our beneficiaries and we are planning to meet those needs," Mr. Briggs said. [Source: Tricare News Release 30 Jun 2010 ++]

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**National Cemetery Administration Update 02:** On 29 JUN the National Cemetery Administration (NCA) held their biannual meeting to discuss their budget, construction schedule and new services. Of note were:

- **New Medallion Benefit.** Upon request, the VA will provide a medallion to be affixed to an existing privately purchased headstone or marker to signify the deceased's status as a veteran. The medallion is provided in the place of a government headstone or marker for veterans who died on or after November 1, 1990 AND who have a grave in a private cemetery with a privately purchased headstone or marker. It comes in 3 sizes: 5", 3", 1-1/2". It has Veteran across the top and the branch of service at the bottom. Adhesive, instructions and hardware are also provided.



*1-1/2" Medallion*



*3" & 5" Medallion*

- **New national grave locator**, available both on their website [http://gravelocator.cem.va.gov/j2ee/servlet/NGL\\_v1](http://gravelocator.cem.va.gov/j2ee/servlet/NGL_v1) and on smart phones, that allows you to locate any grave in a VA National Cemetery, state veterans cemeteries, various other military and Department of Interior cemeteries, and for veterans buried in private cemeteries when the grave is marked with a government grave marker. This includes Arlington National Cemetery. The smart phone application will allow you to look up the grave of a loved one while you are in the cemetery, a useful feature.
- **New policy to determine when a new cemetery in a given region is needed.** The previous policy stated that there needed to be one cemetery for every 170,000 veterans in a given geographical area, now the standard is one cemetery for every 80,000 veterans. While 10% of veterans still do not have access to a veteran's cemetery, defined as being within 75 miles of their home, this is two percent better than in 2005, and NCA aims for 94% of veterans to have access to national or state veteran cemeteries within four years.

For more information or to request a Burial Flag, Government Headstone or Marker, Private Grave Medallion, or a Presidential Memorial Certificate, go to <http://www.cem.va.gov/>. [Source: TREA Washington Update 2 Jul 2010 ++]

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**Tricare Supplemental Insurance Update 04:** In the FY2007 National Defense Authorization Act Congress included a provision that was designed to prevent non-military employers from offering improper incentives to TRICARE beneficiaries not to enroll in the employer provided group health plan. However, in passing the law, their prohibition resulted in penalties being imposed on TRICARE beneficiaries unrelated to the stated intention of the legislation. One of the provisions in the law no longer allowed TRICARE beneficiaries to have their TRICARE supplement, co-pays and deductibles paid for on a pre-tax basis through their companies' authorized cafeteria plans. As a result, these employees no longer had the tax benefit other employees have and they had to pay TRICARE premiums on an after tax basis. Because of this many employees gave up their TRICARE Standard policies and elected to use TRICARE Prime. This, in turn, increased the costs to DoD since TRICARE Prime costs the government about 19% more than does TRICARE Standard. Secretary of Defense has the authority to make an exception to allow payment through tax advantaged plans, and he finally did so in APR 2010. Under a final rule published by DoD, starting 18 JUN non-military employers can now offer a TRICARE Standard supplement plan with their cafeteria-style health insurance options so TRICARE Standard beneficiaries can buy coverage with pre-tax dollars. [Source: TREA Washington Update 2 Jul 2010 ++]

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**HVAC Update 11:** On 29 JUN a hearing was held by the House Veterans Affairs Subcommittee on Disability Assistance and Memorial Affairs on five new bills of importance to veterans. The hearing was the first opportunity for a Congressional committee to review each bill and receive testimony about them from veterans groups and the Department of Veterans Affairs. The bills were:

- HR3407, the **Severely Injured Veterans Benefit Improvement Act of 2009**: Would increase aid and attendance for severely injured veterans, qualify severely burned veterans adaptive grants, increase pension for housebound veterans, expand aid and attendance to cover veterans with traumatic brain injury (TBI), and increase the service pension for Congressional Medal of Honor recipients.
- HR3787, the **Honor America's Guard and Reserve Retirees Act**: Would grant veterans status to members of the Reserve components who serve for at least twenty years, thus becoming military retirees, but who never served on active duty long enough to qualify for veterans status as currently defined by law. There would be no new federal benefits conferred upon these individuals, but they would have the honor of being officially recognized as veterans.
- HR4541, the **Veterans Pensions Protection Act of 2010**: Would protect pension payments from including insurance settlements of any kind from the calculation amount in determining pensions. Further, the bill would require the VA to make determinations on the fair market value and replacement value of any assets claimed for exclusion under the insurance settlement.
- HR5064, the **Fair Access to Veterans Benefits Act of 2010**: Would provide some flexibility in the equitable tolling of timeliness for the Board of Veterans' Appeals, and for other purposes. (Equitable tolling is a doctrine or principle of tort law: a statute of limitations will not bar a claim if despite use of due diligence the plaintiff did not or could not discover the injury until after the expiration of the limitations period.)
- HR5549, the **Rating and Processing Individuals' Disability Claims Act** or the Rapid Claims Act: Would provide VA a mechanism for identifying and expediting claims that are "ready-to-rate" by granting the Secretary the authority to waive the mandatory 60-day development period with the written permission of the veteran. If a veteran submits a statement which indicates the veteran's intent to submit a fully developed claim, the veteran would have one year from the date of submission to provide the Secretary with a fully developed claim and access to the expeditious treatment of their claim. If the Secretary determines the claim is not fully developed, the VA will notify the veteran within 30 days of the evidence and information required to rate the case.

[Source: TREA Washington Update 2 Jul 2010 ++]

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**COLA 2011 Update 03:** The Bureau of Labor Statistics announced the May 2010 CPI-W of 214.1 which is an increase of 0.1% from the March CPI-W of 213.9. The May CPI-W of 214.1 is now down .6% from the 2008 COLA base of 215.5. The 2008 COLA base will be used to calculate the 2010 COLA since there was no 2009 COLA as a result of negative inflation from the third quarter of 2008 to the third quarter of 2009. [Source: MOAA News Exchange 30 Jun 2010 ++]

**TSA Guidance for Passengers:** In order to meet new security procedures the Transportation Security Administration (TSA) encourages all international passengers on flights to the U.S. to use the following guidance which will help make their passage through the airport as efficient and comfortable as possible.

### **Pack Smart**

- Pack an organized carry-on bag using layers. A layer of clothes, then electronic, more clothes, and then any heavier items. This will help transportation security officers see what's in your bag. Innocent items can actually appear to be potential threats in an X-ray image, simply by the way they're packed.
- Do not pack oversized electronics (laptops, full-size video game consoles, DVD players and video cameras that use cassettes) in your checked baggage when possible. However, be advised that you will be required to remove these items from your carry-on bag and submit them separately for x-ray screening. Small electronics, such as iPods, can remain in your carry-on. For more information on laptop bag procedures, refer to
- [http://www.tsa.gov/press/happenings/simplifying\\_laptop\\_bag\\_procedures.shtm](http://www.tsa.gov/press/happenings/simplifying_laptop_bag_procedures.shtm) .
- Prepare your 1 quart-sized, clear, plastic, zip-top bag of liquids before arriving at the airport. For more information on liquid rules refer to <http://www.tsa.gov/311/>
- Pack all your coats and jackets in your checked baggage when possible. All coats and jackets must go through the X-ray machine for inspection.
- Do not wrap gifts. If a security officer needs to inspect a package, they may have to unwrap your gift. Wait until you've reached your final destination to wrap gifts.
- Film. Undeveloped film should go in your carry-on bag. You will be able to declare film that is faster than 800-speed to a transportation security officer for physical inspection to avoid being X-rayed.
- When in doubt, leave it out. If you're not sure about whether you can bring an item through the checkpoint, put it in your checked bag or leave it at home. For a list of prohibited items refer to <http://www.tsa.gov/travelers/airtravel/prohibited/permitted-prohibited-items.shtm>.

### **Dress the Part**

- Transportation security officers have to identify any metal that is detected at the checkpoint. If the metal detector alarms when you pass through, you will be required to undergo additional screening. This includes a hand-wand and pat-down inspection. Items that might set off an alarm on the metal detector include:
  - 1.) Keys, loose change, mobile phones, pagers, and personal data assistants (PDAs).
  - 2.) Heavy jewelry (including pins, necklaces, bracelets, rings, watches, earrings, body piercings, cuff links, lanyards or bolo ties).
  - 3.) Clothing with metal buttons, snaps or studs. Also, belt buckles and Under-wire bras
  - 4.) Metal hair barrettes or other hair decoration.
  - 5.) Body Piercings. Certain metal body piercings may cause you to alarm at the metal detector, which will result in you getting additional screening. If additional screening is required, you may ask to remove your body piercing in private as an alternative to the pat-down search.
- Head Coverings. You are permitted to wear head coverings and religious garments during the screening process. You may be directed to additional screening if your headwear or clothing (religious or other-wise) is loose fitting or large enough to hide prohibited items. For more information refer to [http://www.tsa.gov/travelers/airtravel/assistant/editorial\\_1037.shtm](http://www.tsa.gov/travelers/airtravel/assistant/editorial_1037.shtm).
- Shoes. Travelers are required to remove their shoes before entering the walk-through metal detector at all U.S. airports and put them through the x-ray machine for inspection. This allows officers to see if the shoes have been tampered with in any way.

**Acceptable Documents** - The items you'll need to present to a Transportation Security Officer at the checkpoint are:

- Boarding pass.

- Identification (see [www.tsa.gov/assets/pdf/apis\\_documents.pdf](http://www.tsa.gov/assets/pdf/apis_documents.pdf) )

Note: Each adult traveler should keep his/her airline boarding pass and government-issued photo ID available until exiting the security checkpoint (children are not required to show identification). If you do not have identification (i.e. it lost, stolen, etc.), you will be required to provide the document checking officer with some information to help verify your identity. This will slow down your screening process and will result in additional screening.

### Hassle-Free Security Tips

- Arrive on time. Arrival time recommendations vary by airline and day of travel, so check with your carrier. Remember to give yourself adequate time to check your baggage and move through security.
- Wear slip-on shoes. This will allow you to take them off and put them back on quickly, without having to sit down.
- Remove all animals from their carrying cases and send the case through the X-ray machine. Hold your pet in your arms and proceed through the metal detector.
- Children. Take your infants and children out of baby carriers and strollers and take them through the metal detector with you. Strollers and baby carriers go through the X-ray machine with your bags. If possible, collapse your stroller before you get to the metal detector. For more information about traveling with children refer to <http://www.tsa.gov/travelers/airtravel/children/index.shtm>
- Think before you speak. Belligerent behavior, inappropriate jokes and threats will not be tolerated. They will result in delays and possibly missing your flight. Local law enforcement may be called as necessary.
- Helpful Videos. Make your screening experience as smooth as possible. Select a video at [www.tsa.gov](http://www.tsa.gov) to help you understand the screening process.

[Source: U.S. Embassy Manila ACS Newsletter Jun 2010 ++]

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**Debt Collector's Rules:** Debt collectors are infamous for some of their underhanded tactics used to collect debts from consumers. Many collectors get away with these tricks because consumers are not aware of the laws dictating how collectors can – and how they cannot – deal with consumers when collecting a debt. The Fair Debt Collection Practices Act, better known as the FDCPA, is a federal law that governs the actions of parties acting as debt collectors for personal debts. Auto loans, home loans, medical bills, and credit card accounts are all considered personal debts. Whenever one of your creditors uses a third-party to collect a debt, that third-party is obligated to follow the rules of the FDCPA. If your rights under the FDCPA have been violated, you have one year from the date of the violation to file a lawsuit against the debt collector. You could receive up to \$1,000 in addition to actual damages and attorney fees. There are several things that a debt collector cannot do under the FDCPA. They cannot:

- Call you before 8am or after 9pm
- Call you at work, provided the debt collector is aware your employer does not approve of these phone calls
- Harass, oppress, or abuse you
- Lie to you or falsely imply that you have committed a crime
- Use unfair practices in an attempt to collect a debt
- Conceal his or her identity on the phone
- Disregard a written request from you to cease further contact

The law also dictates how the debt collector must act when communicating with a person other than the debt collector.

- The collector is prohibited from giving out information pertaining to your debt to anyone but you or your spouse (or your parent if you're a minor).

- Debt collectors are not allowed to communicate via post card or use any kind of symbol or language on an envelope that indicates they are a debt collector. Once the debt collector learns you are represented by an attorney – and has the contact information for the attorney – the debt collector can only communicate with the attorney.
- Debt collectors are prohibited from using any form of harassment or abuse while attempting to collect. They cannot threaten violence against the debtor, their reputation, or their property. In addition, debt collectors cannot use obscene or profane language when communicating with the debtor via phone or through mail. Collection agencies and their collectors cannot publish any kind of listing of consumers that have not paid debt, except to a consumer bureau.

[Source: About.com Credit/Debt Management LaToya Irby article 22 May 2010 ++]

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### Medicare Fraud Update 43:

- **Tennessee** - Benchmark Physical Therapy has entered into a settlement with the federal government and the state of Tennessee to pay over \$1.8 million resolving allegations that it improperly billed the Medicare and TennCare/Medicaid programs for physical therapy services. Benchmark violated the federal False Claims Act and the Tennessee Medicaid False Claims Act by submitting claims to the TennCare program for physical therapy that were not reimbursable. Specifically, the government's claim was that between 2001 and 2006, Benchmark submitted claims representing that it had provided therapeutic exercise for TennCare patients when medical records indicated that the patients had instead received aquatic therapy, a service subject to reimbursement restrictions. It was also alleged that Benchmark submitted claims through the Medicare program for physical therapy services which did not qualify for payment or were not medically necessary.
- **Chicago IL** - A group of doctors at Rush University Medical Center's prestigious orthopedic department routinely overbooked their schedules and relied heavily on residents to perform surgeries, violating federal Medicare billing rules, according to a newly unsealed whistle-blower lawsuit filed in U.S. District Court in Chicago. The suit alleges that in one instance, a surgeon never entered the operating room to supervise a procedure. In others, a surgeon monitored residents performing operations via video feed while simultaneously performing his own operations in nearby rooms. The lawsuit, filed by another Rush surgeon, Dr. Robert Goldberg, along with a former hospital executive, portrays Rush's orthopedic center as a business focused on quantity over quality, risking patient health in pursuit of "monetary rewards and celebrity status." To do that, doctors sidestepped specific Medicare billing rules that require teaching physicians to be present during critical portions of procedures, the suit said. Six surgeons are named as defendants; the lawsuit mainly focuses on procedures performed in 2004 and 2005. Whistle-blower lawsuits relate to claims in which the government is victimized, and plaintiffs stand to share in a portion of any monetary awards. In this case, some of the plaintiffs' accusations, related to the use of office space in return for patient referrals, have been settled by the Justice Department, with the medical center agreeing to pay more than \$1.5 million but not admit wrongdoing. After that settlement in March, the other accusations relating to surgical practices were unsealed.
- **Orange Cnty CA** - A heart monitoring Services Company has agreed to pay \$3.6 million to resolve allegations it defrauded government health care programs. The settlement was finalized 8 JUL with National Cardio Labs LLC, the company's manager Adrienne Stanman and her husband and former manager Robert Parsons. A lawsuit accused the company of submitting false health care claims to Medicare, TRICARE and health insurance carriers contracted through the Federal Employee Health Benefits Program between JAN 98 and FEB 04. The defendants paid the United States nearly \$2.3 million in late May, forfeited \$584,000 in assets and will pay the remaining \$720,000 by 21 JUL.

- Dearborn MI - Ali Makki, M.D pleaded guilty 8 JUL to health care fraud, falsifying an immigration form for a patient, and underreporting income taxes. From JUL 04 through SEP 09, he admitted to knowingly submitting false claims to Medicare about X-rays provided to his Medicare patients. He obtained \$113,777 in false claims, he said. Makki, 50, also said he falsified an immigration form for a patient applying for naturalization in an effort to exempt his patient from certain requirements necessary for naturalization and failed to report cash receipts on his 2003 federal income tax return. Under his plea agreement, he faces up to 30 months in federal prison. Under the False Claims Act, Makki also forfeited commercial real property with an appraised value of more than \$4.7 million in Canton and Dearborn, and some \$76,000 in cash.

[Source: Fraud News Daily reports 1-14 Jul 2010 ++]

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## Medicad Fraud Update 17:

- **Medi-Cal** - California Medi-Cal officials paid \$273,000 from JAN 07 thru JUN 08 to health providers who claimed to have rendered care to 35 patients who were already dead at the purported time of the service, raising questions about the agency’s accounting and potential health provider fraud. In a response to auditors, California officials said they would send money back to federal funders to cover their half of the claims paid for dead people, since half of the Medi-Cal program’s funding comes from federal dollars and half from state funds. Medi-Cal leaders said they had systems in place to stop payment for care rendered to dead people and had sent letters demanding health providers to send back \$7,300. But the Department of Health Care Services, which operates Medi-Cal, noted there were potential delays in updating their data files that enabled the payments in question. Doctors and other health providers tend to render services to patients, such as a prostate exam or psychotherapy, and bill Medi-Cal later. In the future the state plans to cut off Medi-Cal payment to caregivers who bill more than \$50,000 for services to the dead.
- **Woburn MA** - A Woburn-based clinical testing laboratory has been indicted for allegedly orchestrating an extensive Medicaid Fraud and kickback scheme using “straw companies” and overcharging the state’s Medicaid program. A Middlesex Grand Jury returned 42 indictments yesterday against Callow Laboratories, Inc. (“Calloway”), two of its principals, and two employees of a sober house. The indictments allege that Calloway, Chief Executive Officer Arthur Levitan, and Chief Operating Officer Patrick Cavanaugh, engaged in a pervasive kickback scheme involving two straw companies which funneled kickbacks to sober houses, as well as paid middlemen and a medical office to illegally obtain urine drug screening business paid by MassHealth, the Commonwealth’s Medicaid program. The Commonwealth alleges that MassHealth paid in excess of \$10.6 million for urine drug screen business obtained by Calloway as a result of these illegal kickbacks. Other indictments returned 6 JUN allege submission of false claims to MassHealth, Larceny Over \$250, and Corruption of a Witness.
- **Las Vegas NV** - Nelida Calina, 55, pleaded guilty to a felony offense after submitting false claims regarding care for Medicaid patients through her company, ABC Home Care Services, officials said. Information suggesting that personal care aid services were not being provided to Medicaid recipients prompted the investigation in 2007, officials said. The investigation revealed Calina was submitting false claims to Medicaid about providing home health services to Medicaid recipients. Calina was not at patients’ homes during the times she claimed to be providing services, according to the attorney general. District Court Judge Valerie Adair on 9 JUL suspended a jail sentence for Calina but ordered her to perform 16 hours of community service each month she is unemployed and pay \$44,000 in restitution, penalties and costs, in addition to 5 years probation.

[Source: Fraud News Daily reports 1-14 Jul 2010 ++]

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**State Veteran's Benefits:** The state of Arizona provides several benefits to veterans. To obtain information on these refer to this **Bulletin's Attachment** for an overview of those listed below. Benefits are available to veterans who are residents of the state. For a more detailed explanation of each click on "**Learn more about ...**" wording highlighted in blue on the attachment.

- Housing Benefits
- Financial Assistance Benefits
- Employment Benefits
- Education Benefits
- Other State Veteran Benefits

[Source: [www.military.com/benefits/veteran-benefits/arizona-state-veterans-benefits](http://www.military.com/benefits/veteran-benefits/arizona-state-veterans-benefits) Jul 2010 ++]

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**Military History:** The only plane ever to drop a bomb on the United States during WWII was a submarine based Glen float plane on September 9, 1942. On that day its carrier, an I-25 class Japanese submarine, was cruising in an easterly direction raising its periscope occasionally as it neared the United States Coastline. Japan had attacked Pearl Harbor less than a year ago and the Captain of the attack submarine knew that Americans were watching their coast line for ships and aircraft that might attack our country. Dawn was approaching; the first rays of the sun were flickering off the periscopes lens. Pilot Chief Warrant Officer Nobuo Fujita and his crewman Petty Officer Shoji Okuda were making last minute checks of their charts making sure they matched those of the submarine's navigator. Their mission; attack the west coast with incendiary bombs in hopes of starting a devastating forest fire. If this test run were successful, Japan had hopes of using their huge submarine fleet to attack the eastern end of the Panama Canal to slow down shipping from the Atlantic to the Pacific. The Japanese Navy had a large number of I-400 submarines under construction, each capable of carrying three aircraft.

Aboard the submarine the Captain's voice boomed over the PA system, "Prepare to surface, aircrew report to your stations, wait for the open hatch signal" During training runs several subs were lost when hangar door were opened too soon and sea water rushed into the hangars and sank the boat with all hands lost. You could hear the change of sound as the bow of the I-25 broke from the depths, nosed over for its run on the surface. A loud bell signaled the "All Clear." The assigned crew for the single engine Yokosuki E14Ys floats equipped observation and light attack aircraft sprang into action. They rolled the plane out its hangar built next to the conning tower. The wings and tail were unfolded, and several 176 pound incendiary bombs were attached to the hard points under the wings. This was a small two passenger float plane with a nine cylinder 340 hp radial engine. It was full daylight when the Captain ordered the aircraft to be placed on the catapult. Warrant Officer Fujita started the engine, let it warm up, checked the magnetos and oil pressure. There was a slight breeze blowing and the seas were calm. A perfect day to attack the United States of America. When the gauges were in the green the pilot signaled and the catapult launched the aircraft. After a short climb to altitude the pilot turned on a heading for the Oregon coast.

The small Japanese float plane had climbed to several thousand feet of altitude for better visibility and to get above the coastal fog. The pilot had calculated land fall in a few minutes and right on schedule he could see the breakers flashing white as they hit the Oregon shores. The pilot of the aircraft checked his course and alerted his observer to be on the lookout for a fire tower which was on the edge of the wooded area where they were supposed to drop their bombs. These airplanes carried very little fuel and all flights were in and out without any loitering. The plane reached the shore line and the pilot made a course correction 20 degrees to the north. The huge trees were easy to spot and certainly easy to hit with the bombs. The fog was very wispy by this time. The pilot activated the release locks so that when he could see a drop site the bombs would release. His instructions were simple, fly at 500 feet, drop the bombs into the trees and circle once to see if they had started any fires and then head back to the submarine.

The bombs tumbled from the small seaplane and impacted the forests, the pilot circled once and spotted fire around the impact point. He executed an 180 degree turn and headed back to the submarine. There was no air activity, the skies were clear. The small float plane lined up with the surfaced submarine and landed gently on the ocean, then taxied to the sub. A long boom swung out from the stern. His crewman caught the cable and hooked it into the pickup attached to the roll over cage between the cockpits. The plane was swung onto the deck, The plane's crew folded the wings and tail, pushed it into its hangar and secured the water tight doors. The I-25 submerged and headed back to Japan.

This event, which caused no damage, marked the only time during World War II that an enemy plane had dropped bombs on the United States mainland. What the Japanese didn't count on was coastal fog, mist and heavy doses of rain made the forests so wet they simply would not catch fire. Fifty years later the Japanese pilot, who survived the war, would return to Oregon to help dedicate a historical plaque at the exact spot where his two bombs had impacted. The elderly pilot then donated his ceremonial sword as a gesture of peace and closure of the bombing of Oregon in 1942.

- Refer to [www.historynet.com/japan-bombs-the-west-coast-november-98-aviation-history-feature.htm](http://www.historynet.com/japan-bombs-the-west-coast-november-98-aviation-history-feature.htm) for a more detailed account if this event.
- For pictures of the plane, Warrant Officer Fujita, and the Oregon memorial plaque refer to [www.eugeneleeslover.com/Japanese\\_bomb\\_Oregon.html](http://www.eugeneleeslover.com/Japanese_bomb_Oregon.html) .
- For photos of the I-14 class Japanese submarine capable of carrying two aircraft refer to [www.eugeneleeslover.com/AMMUNITION/SUB-RAIDERS-OF-TOMORROW.html](http://www.eugeneleeslover.com/AMMUNITION/SUB-RAIDERS-OF-TOMORROW.html).
- For an audio narrative and videos on Japanese Balloon bombs refer to [www.eugeneleeslover.com/VIDEOS/Japanese\\_Balloon\\_Bomb.html](http://www.eugeneleeslover.com/VIDEOS/Japanese_Balloon_Bomb.html).

[Source: [www.eugeneleeslover.com/Japanese\\_bomb\\_Oregon.html](http://www.eugeneleeslover.com/Japanese_bomb_Oregon.html) Gene Slovers U.S. Navy Pages Norm Goyer article Jun 2010 ++]

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## Military History Anniversaries:

- Jul 16 1779 - Revolutionary War: American troops capture Stony Point, N.Y.
- Jul 16 1945 - WWII: The United States detonates the first atomic bomb in a test at Alamogordo, N. M.
- Jul 17 1898 - Spanish-American War: U.S. troops take Santiago de Cuba.
- Jul 17 1966 - Vietnam: Ho Chi Minh orders a partial mobilization of to defend against American airstrikes.
- Jul 18 1915 - WWI: 2nd Battle of Isonzo begins & ends with loss of 280,000 men
- Jul 18 1942 - WWII: German Me-262, the first jet-propelled aircraft to fly in combat, makes its first flight.
- Jul 18 1971 - Vietnam: New Zealand and Australia announce they will pull their troops out of Vietnam.
- Jul 19 1942 - WWII: German U-boats are withdrawn from positions off the U.S. Atlantic coast due to American anti-submarine countermeasures.
- Jul 20 1917 - WWI: Draft lottery held; #258 is 1st drawn
- Jul 20 1944 - WWII: Adolf Hitler is wounded in an assassination attempt by German Army officers.
- Jul 20 1950 - Korean War: The U.S. Army's Task Force Smith is pushed back by superior forces.
- Jul 21 1861 - Civil War: In the first major battle of the War, Confederate forces defeat the Union Army along Bull Run near Manassas Junction, Virginia. The battle becomes known as Manassas by the Confederates, while the Union calls it Bull Run
- Jul 21 1944 - WWII: U.S. Army and Marine forces land on Guam in the Marianas.
- Jul 21 1954 - Vietnam: The French sign an armistice with the Viet Minh that ends the war but divides Vietnam into two countries.
- Jul 22 1775 - Revolutionary War: George Washington took command of the Continental Army.

- Jul 22 1814 - Five Indian tribes in Ohio make peace with the United States and declare war on Britain.
- Jul 22 1966 - Vietnam: B-52 bombers hit the DMZ between North and South Vietnam for the first time.
- Jul 22 1987 - Gulf War: US began escorting re-flagged Kuwaiti tankers in Persian Gulf
- Jul 23 1944 - WWII: US forces invade Japanese-held Tinian.
- Jul 23 1962 - The Geneva Conference on Laos forbids the United States to invade eastern Laos.
- Jul 24 1990 - Gulf War: U.S. warships in Persian Gulf placed on alert after Iraq masses nearly 30,000 troops near its border with Kuwait
- Jul 25 1944 - WWII: Allied forces begin the breakthrough of German lines in Normandy.
- Jul 25 1990 - Gulf War: U.S. Ambassador tells Iraq, US won't take sides in Iraq-Kuwait dispute.
- Jul 27 1861 - Civil War: Confederate troops occupy Fort Fillmore, New Mexico
- Jul 27 1944 - WWII: U.S. troops complete the liberation of Guam.
- Jul 27 1953 - Korea: Representatives of the United Nations, Korea and China sign an armistice at Panmunjon ending the war.
- Jul 27 1964 - Vietnam: President Lyndon Johnson sends an additional 5,000 advisers to South Vietnam.
- Jul 28 1914 - WWI: War begins when Austria-Hungary declared war on Serbia followed by Germany declaring war on France (3 AUG). On 4 AUG Germany invaded Belgium, Britain declared war on Germany, and President Woodrow Wilson declared policy of U.S. neutrality.
- Jul 28 1945 - A B-25 bomber crashes into the Empire State Building in New York City, killing 13 people.
- Jul 28 1965 - Vietnam: LBJ sends 50,000 more soldiers to Vietnam (total of 125,000)
- Jul 29 1915 - U.S. Marines land at Port-au-Prince to protect American interests in Haiti.
- Jul 29 1967 - Fire aboard carrier USS Forrestal in Gulf of Tonkin kills 134. \$100 million damage
- Jul 30 1942 - FDR signs bill creating women's Navy auxiliary agency (WAVES)
- Jul 30 1944 - US 30th division reaches suburbs of St-Lo Normandy
- Jul 30 1945 - WWII: After delivering parts of the first atomic bomb the U.S. cruiser Indianapolis is torpedoed/sinks, 880 die.
- Jul 31 1813 - Revolutionary War: British invade Plattsburgh NY
- Jul 31 1991 - Senate votes to allow women to fly combat aircraft

[Source: Various Jul 2010 ++]

## **Military Trivia 08:**

- What auto maker built the first armored tanks used by U.S. troops in battle?  
A: Renault. The French-made tanks first saw service in the Battle of St. Mihiel on September 12, 1918. No American-made tanks were used in World War I.
- What baseball Hall of Famer was court-martialed for refusing to take a seat in the back of a U.S. Army bus?  
A: Jackie Robinson, in 1944, while a second lieutenant. He was acquitted.
- Which controversial hero graduated at the bottom of his West Point class in 1861?  
A: Gen. George Armstrong Custer.
- What twentieth-century American general had a grandfather who was a confederate brigadier general in the Civil War, and a great-great-grandfather who was a general in the Revolutionary War?  
A: George S. Patton.
- What was the name of Adolph Hitler's favorite dog--the Alsatian he used to make sure his cyanide capsules were lethal?  
A: Blondi. Hitler used the cyanide to commit suicide after seeing that it worked on Blondi.

- What childhood name was shared by Gen. George A. Custer and Chief Crazy Horse, the Oglala Sioux leader he faced at the Battle of the Little Bighorn?  
A: Curly.
- How long did it take Napoleon to send a message from Rome to Paris--almost 700 miles--using a semaphore system to signal from mountaintop to mountaintop?  
A: Four hours.
- The walls of what structure--made entirely of natural material--stand up better to modern artillery than a concrete barricade, according to tests conducted by the Swedish army?  
A: The igloo. Not only do its walls absorb an artillery blast, but they are almost invisible from the air and can't be spotted by the infrared sensors that guide today's missiles.
- What film was based on the Civil War exploits of the 54th Massachusetts Infantry Regiment?  
A: Glory. The 54th was one of two black regiments formed by Massachusetts in 1862. Massachusetts was the first state to have blacks in its organized militia.
- Where did Napoleon Bonaparte bid farewell to his imperial guard in 1814?  
A: In the courtyard at Fontainebleau Palace which is now known as the Adieux Courtyard. In French, adieux means "farewell."
- In World War II Navy slang, what was an airdale?  
A: A naval aviation recruit.
- What was the daily ration of hard liquor for soldiers in the Continental Army during the Revolutionary War?  
A: Four ounces--when available.
- During World War II, what wearing apparel were American women encouraged to turn in for use in making parachutes?  
A: Their nylon stockings--which were melted down and turned into parachute fabric.
- What army did the Greeks defeat at the battle of Marathon in 490 B.C.?  
A: The Persian army. The marathon race commemorates the run a Greek courier made from the battlefield to Athens to deliver news of the victory before collapsing and dying of exhaustion.
- How many members of Lt. Col. George Armstrong Custer's family were killed at the Battle of Little Big Horn?  
A: Five, counting Custer. Those who died with him were his half-brothers, Tom and Boston; nephew, Harry Armstrong Reed; and a brother-in-law; James Calhoun.
- A pin-up photo of what actress adorned the first test bomb dropped on Bikini atoll in the Marshall Islands in July 1946?  
A: Rita Hayworth.

[Source: [www.triviafool.com/page93.htm](http://www.triviafool.com/page93.htm) Jul 2010 ++]

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**Tax Burden for New York 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 New York:

**State Sales Tax:** 4.0% (food, prescription and non-prescription drugs exempt); Other taxing entities may add up to 5.00% in additional sales tax.

**Gasoline Tax:** 44.6 cents/gallon

**Diesel Fuel Tax:** 43.8 cents/gallon

**Cigarette Tax** \$2.75 per pack of 20; New York City adds an additional \$1.50.

### Personal Income Taxes

**Tax Rate Range:** Low - 4.0%; High - 8.97%. The state has enacted two new temporary income tax rates in its 2010 budget levied on the highest-income filers. For households with taxable income above \$500,000, regardless of filing status, the tax rate rises to 8.97% from 6.85%; for those with taxable income below \$500,000 but above \$200,000 for single individuals, \$250,000 for heads of households, and \$300,000 for married couples filing joint returns, the rate increases to 7.85% from 6.85%.

**Income Brackets:** 5: Lowest - \$8,000; Highest - \$500,000 (For joint returns, the taxes are twice the tax imposed on half the income.)

**Personal Exemptions:** Single - \$0; Married - \$0; Dependents - \$1,000

**Standard Deduction:** Single - \$7,500; Married filing jointly - \$15,000

**Medical/Dental Deduction:** Federal amount

**Federal Income Tax Deduction:** None

### Retirement Income:

**Retirement Income Taxes:** Social Security, military, civil service, New York state/local government pensions are exempt. Also, up to \$20,000 of qualified private pensions for those 59½ and older. Out-of-state government pensions can be deducted as part of the \$20,000 exemption. For more information on senior citizen and retiree benefits refer to [www.tax.state.ny.us/pdf/publications/income/pub36.pdf](http://www.tax.state.ny.us/pdf/publications/income/pub36.pdf) .

**Retired Military Pay:** Exempt from taxes.

**Military Disability Retired Pay:** Disability Portion -- Length of Service Pay: Member on September 24, 1975 -- No tax; Not Member on September 24, 1975 -- Taxed, unless combat incurred. Retired Pay -- Based solely on disability. member on September 24, 1975 -- No tax. Not Member on September 24, 1975 -- Taxed, unless all pay based on disability, and disability resulted from armed conflict, extra-hazardous service, simulated war, or an instrumentality of war. For information on taxes for military personnel in New York State refer to [www.tax.state.ny.us/pit/military\\_page.htm](http://www.tax.state.ny.us/pit/military_page.htm).

**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

Property taxation is limited to real property. New York State law gives local governments and public school districts the option of granting a reduction on the amount of property taxes paid by qualifying senior citizens. This is accomplished by reducing the assessed value of residential property owned by seniors by 50%. To qualify, seniors must be 65 years of age or older and meet certain income limitations and other requirements. For the 59% exemption, the law allows each county, city, town, village or school district to set the maximum income limit at any figure between \$3,000 and \$24,000. Localities have the further option of granting an exemption of less than 50% to senior citizens whose incomes exceed the local income limit by less than \$1,000 in three income ranges or \$900 in six other income ranges. For example, in a community that has taken this "sliding-scale" option and has adopted the \$21,500 income maximum, an eligible resident whose income is more than \$21,500 but less than \$22,500, is entitled to a 45% exemption. If a person's income is more than \$29,000 but less than \$32,400, the exemption is 5%.

There is no general, statewide homestead property tax exemption. However, a taxpayer's primary residence may be partially exempted from school taxes under the state's School Tax Relief Program (STAR) program. Seniors can take advantage of this program that provides a partial exemption from school property taxes. All New Yorkers who own and live in their one-, two-, or three-family home, condominium, cooperative apartment, manufactured home, or farm dwelling are eligible for a STAR exemption on their primary residence.

There are three parts to the STAR program:

The Basic STAR exemption is available for owner-occupied, primary residences regardless of the owners' ages or incomes. Basic STAR works by exempting the first \$30,000 of the full value of a home from school taxes.

The Middle Class STAR Rebate program has been repealed for 2009. No rebates will be issued.

The Enhanced STAR exemption is available for the primary residences of senior citizens (age 65 and older) with yearly household incomes not exceeding the statewide standard. For qualifying senior citizens, the Enhanced STAR program works by exempting the first \$60,100 of the full value of their home from school property taxes. For property owned by a husband and wife, or by siblings, only one of them must be at least 65 years of age as of December 31 of the year in which the exemption will begin to qualify for the Enhanced exemption. Their combined annual income, however, must not exceed the STAR income standard. Call 877-678-2769 for details.

For general information on senior citizen and retiree benefits in New York refer to

[www.tax.state.ny.us/pdf/publications/income/pub36.pdf](http://www.tax.state.ny.us/pdf/publications/income/pub36.pdf).

**Inheritance and Estate Taxes** - There is no inheritance tax. Regarding the estate tax, if the date of death is on or after January 1, 2004, the estate must file a New York State estate tax return if any one of the following conditions are met: (1) The decedent was domiciled in New York State at the time of death and the total of the federal gross estate, federal taxable gifts and specific exemption exceeds \$1 million; (2) The decedent was not domiciled in New York State at the time of death and the estate includes real or tangible personal property with a situs in New York State, and the total of the federal gross estate, federal taxable gifts and specific exemption exceeds \$1million; or (3) The decedent was neither a resident nor a citizen of the United States, the estate includes real or tangible personal property with a situs in New York State, and the estate is required to file a federal estate tax return.

For further information, visit the New York Department of Taxation and Finance site [www.tax.state.ny.us](http://www.tax.state.ny.us) . [Source: [www.retirementliving.com](http://www.retirementliving.com) Jul 2010 ++]

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**Congressional Alphabet:** To better understand what is happening to veteran legislation as it proceeds through Congress it is useful to know the language used by our representatives as they conduct business. Following are some of the words or expressions you will see while reading about or listening to House and Senate sessions:

- **DEAR COLLEAGUE LETTER.** Refers to a mass-produced letter sent by one member to all fellow members. They usually describe a new bill and ask for cosponsors or ask for a member's vote on an issue.
- **DELEGATE.** A member of the House from Samoa, Guam, Puerto Rico, Virgin Islands, or Washington, D.C. The Constitution prohibits delegates from voting on the House floor, but permits them to vote in Committee.
- **DEMONSTRATION PROJECT.** A project funded by the federal government in order to test new technology or policies. It is intended to demonstrate the feasibility of technology which might not find private funding.
- **THE DESK.** Refers to the rostrum where the presiding officer and the various clerks of the chamber sit.
- **DILATORY ACTION.** A parliamentary motion used not for its intended purpose, but to delay proceedings by using up floor time. Motions often used for dilatory purposes include those to adjourn, to reconsider, to table, and to call for unnecessary votes. The minority party most often uses dilatory strategies as leverage for negotiations with the majority party.
- **DISAPPEARING QUORUM.** This is when senators leave the floor and refuse to answer a quorum call. Disappearing quorums are planned to force the Senate to adjourn. In the absence of a quorum, the Senate

may not conduct legislative business. Instead, the Senate must either adjourn or leaders may continue to make motions to obtain a quorum.

- **DISCHARGE PETITION.** Starts a process to force a bill out of committee. A successful petition requires the signatures of 218 members, which is a majority of the House.
- **DISCRETIONARY SPENDING.** Refers to spending set by annual appropriation levels made by decision of Congress. This spending is optional, and in contrast to entitlement programs for which funding is mandatory.
- **DISTRICT.** The geographical area in a state represented by a House member, with about 600,000 citizens. Members have one or more district offices depending on the size of the area they represent.
- **DISTRICT WORK PERIOD.** The time set for House members to work in their district away from Washington. During these periods, the House is not in session. Some members use part of the time to travel.
- **DIVISION VOTE - HOUSE.** Requires members to stand and be counted. The chair first counts the ayes, then the nays. The numbers are announced, but names are not recorded. It is used mostly when the results of a voice vote is in doubt.
- **DIVISION VOTE - SENATE.** Requires Senators to either stand or raise their hands to be counted. The chair first counts the ayes, then the nays. The numbers are not announced nor are the names recorded. A division vote is used when the results of a voice vote are in doubt.

[Source: C-SPAN Congressional Glossary Jul 2010 ++]

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**Veteran Legislation Status 12 JUL 2010:** Senator Robert Byrd (D-WV), the Senate's longest serving member, died early morning of 28 JUN, at the age of 92. Senate rules state that no business may be conducted whenever a member is lying in state on the Senate floor. Therefore, the Senate adjourned late on 28 JUN and reconvened at 2 p.m. on 12 JUL 2010. The House adjourned the evening of 1 JUL and reconvened on 13 July 2010. Thus, little legislation was acted on until they were in adjournment. For or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111<sup>th</sup> Congress refer to the Bulletin's **Veteran Legislation attachment.** Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-mail; signing a petition; or making a personal visit, Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting legislators know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> your legislator's phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to [http://www.thecapitol.net/FAQ/cong\\_schedule.html](http://www.thecapitol.net/FAQ/cong_schedule.html) for dates that you can access your legislators on their home turf. [Source: RAO Bulletin Attachment 28 Jun 2010 ++]

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## Have You Heard? Military Lingo

In today's joint environment, it's important to speak the "language" of the other armed services. Here's a list of common expressions for each service:

### NAVY/USMC ~ ARMY ~ AIR FORCE

Head ~ Latrine ~ Powder Room  
Rack ~ Bunk ~ Single with ruffle and duvet  
Mess Deck ~ Chow Hall ~ Dining Facility/Cafe'  
"Cookie" ~ Mess Cook ~ Contract Chef  
Coffee/Mud ~ Cup of Joe ~ Vanilla Latte'  
Bug Juice ~ Kool-Aid ~ Shirley Temple  
Utilities ~ BDU's ~ Casual Wear  
Seaman/Private ~ Private ~ Bobby or Jimmy  
Chief/Gunny ~ Sergeant ~ Bob or Jim  
Captain/Skipper ~ Colonel ~ Robert or James  
Captain's Mast ~ Article 15 ~ Time Out  
Berthing/Barracks ~ Barracks ~ Apartment  
Skivvies / U-Trau ~ Underwear ~ Tee Shirt & Panties  
Thrown in the Brig ~ Put in confinement ~ Grounded  
Zoom ~ Bag ~ Flight Suit ~ Business Casual  
Cover ~ Beret ~ Optional  
NEX or MCXPX ~ PX ~ Shopping Mall  
TAD ~ TDY ~ Working vacation  
Cruise / Afloat ~ Deploy ~ Huh?  
Ground Grabbers ~ Athletic Shoes ~ Flip-Flops  
Boondockers ~ Jump Boots ~ Berkenstocks  
Low Quarters ~ Low Quarters ~ Patent Leather Pumps  
SEAL ~ Special Forces ~ High Altitude Recon  
Hoo-Rah ! ~ Hoo-Ah ! ~ Uh-Oh !  
MRE ~ MRE ~ Happy Meal  
Grinder ~ Drill Field ~ What?

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"It does not take a majority to prevail ... but rather an irate, tireless minority, keen on setting brushfires of freedom in the minds of men."

-- **Samuel Adams (1722 – 1803)**

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