RAO Bulletin Update
15 March 2007

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RAO

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam www.TF116.org

MOBILIZED RESERVE 14 MAR 07:

The Army, Navy, Air Force, Marine Corps and Coast Guard announced the current number of reservists on active duty as of 24 JAN 07 in support of the partial mobilization. The net collective result is 9,937 fewer reservists mobilized than last reported for 24 JAN 07. Total number currently on active duty in support of the partial mobilization for the Army National Guard and Army Reserve is 64,375; Navy Reserve 6,022; Air National Guard and Air Force Re serve 5,307; Marine Corps Reserve 5,149; and the Coast Guard Reserve 301. This brings the total National Guard and Reserve personnel, who have been mobilized, to 81,407, including both units and individual augmentees. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at http://www.defenselink.mil/news/Mar2007/d20070314ngr.pdf. [Source: DoD News Release 14 Mar 07 ++]

CREDIT SCORE:

Your credit score is a three digit number ranging from 350 to 850. Half of all Americans have a score above 720. The higher your credit score http://www.defenselink.mil/news/Mar2007/d20070314ngr.pdf the lower will be your assessed interest and fees on purchases and loans. Your credit report generally reflects how you have handled your credit in the last 24 months. There is no shelf life for a score. It is recalculated every time a lender requests it. If your 30 days late with a payment and your creditor reports it, a score in the mid 700s can plummet more than 50 points into the checkered 600 category. Typically a low score in the 600 range can be pulled up over time by doing the right things but it is a slow process. Your score might move up just 30 points in a year even if you are doing the right things. Factors that will hold you back are personal bankruptcy or more than one payment that exceeds the due date by three months or more. You can still build up your score; it will just take a little more time.

Five ways to raise your score are:

1. Pay your bills on time. Payment history affects about 35% of your score. To ensure timely payments set up automatic payments online, keep stamps on hand, and maintain your budget.

2. Keep credit balances at 30% of your credit limit or lower. Around 30% of you credit s core is based on how much credit you have access to and how much you are using.

3. Do not cancel credit cards to up your score. About 10% of your score is based on how long you have held you credit cards.

4. Do not apply for too many credit cards. About 10% of your credit score is determined by the number of times lenders request your credit reports. Lots of requests might indicate you are desperate for credit and might be headed for trouble, or are already there.

5. Watch the kinds of credit you use. About 10%of your score is based on the types of credit you are using. Secured loans such as car loans and mortgages, or unsecured loans such as student loans and credit cards. Unsecured loans are considered riskier in your credit report.

According to the Public Interest Research Group one out of four credit reports contain a serious error that could lower your score and/or could stop you from getting a loan, or one with the b est terms. You should check your report for outdated data, paid-off loans listed as due, or money owed by

someone with a similar name to yours. It can easily take up to six months to get an error fixed. Never using credit can actually hurt you because you have no record to rate. [Source: USAA Magazine Kerry Hanon article Winter 06 ++]

GUARD AND RESERVE PERSONNEL:

The Air Reserve Personnel Center released the 2007 Guard and Reserve Personnel Fact Sheets at http://arpc.afrc.af.mil/pa/fact/factsheet.asp. The fact sheets offer information on a variety of subjects as indicated below. ARPC Contact Center counselors are available, 0600-1800 MST, Mon-Fri and 0730-1600 MST the first weekend of each month. Call (800) 525-0102, or e-mail arpc.contactcenter@arpc.denver.af.mil.

- Drill Pay Chart
- Personnel Services Delivery transformation
- Reserve Force Development
- Officer promotions
- Officer performance reports
- Enlist ed promotions
- Enlisted performance reports
- Reserve assignments
- Reserve categories
- Finding new assignments
- Activation of individual reservists
- Retired Reserve
- Retirement point valuation
- Retired pay formula
- Age 60 retirement benefits
- Space-A travel
- Veterans benefits
- Reserve Component Survivor Benefit Plan
- Survivor benefits
- Servicemembers' Group Life Insurance
- SGLI coverage for families

- Veterans' Group Life Insurance
- Thrift Savings Plan
- DEERS
- Tricare
- Entitlements
- Survivor benefits tables
- VSI/SSB
- Ready Reference AFIs/manu

[Source: Military Report 12 Mar 07 ++]

VETERAN FEDERAL EMPLOYMENT UPDATE 03:

A recent federal appeals court ruling held that veterans who allege discrimination in government employment because of their military service are legally entitled to a hearing. In Kirkendall v. Department of the Army, the Federal Circuit Court of Appeals ruled that these veterans have a statutory right to a hearing from the Merit Systems Protection Board. That right comes from the Uniformed Services Employment and Reemployment Rights Act (USERRA), a law that protects veterans from discrimination resulting from their military service. In its decision, the court criticized the manner in which MSPB has denied hearings with no explanation. "Until now, it has been the board's practice to grant hearings as a matter of administrative grace, or deny one at its convenience," wrote Haldane Robert Mayer, a judge for the appeals court. "But it must administer the law as Congress wrote it. The board's consistent misapplication of the law can neither be used to defend its practice; nor to justify what Congress did not intend."

The case dates back to 1999 when Kirkendall, a disabled veteran with organic brain syndrome, a general disease in which a physical disorder causes decreased mental function, applied for a position as a supervisory equipment specialist with the Army at Fort Bragg, N.C. Kirkendall's service and resulting disability entitled him to a 10-point preference for the position. But in early 2000, the Army found that Kirkendall's application lacked sufficient detail on his experience and rated him ineligible for the position, offering it to another 10-point preference eligible veteran. Kirkendall filed several complaints with the Army contesting his ineligibility, but all of them were denied. He then filed a complaint with the Labor Department, which also rejected his claim because it was not filed within 60 days of the Army's alleged violation as required by law. In 2002, Kirkendall appealed to the MSPB. The MSPB administrative judge dismissed Kirkendall's claim on the grounds that it was untimely and that the Army selected another qualified and 10-point eligible veteran for the position. Kirkendall then appealed the board's decision to the federal circuit court.

According to a judge advocate in the Naval Reserve, who spoke under the condition of anonymity, many of the cases brought before the MSPB are pro se, meaning the claimants represent themselves without a lawyer. The source said MSPB often views these cases as less serious, and as a result, not worthy of a hearing. Matthew Tully, the founding partner of the New York law firm

Tully, Rinckey & Associates. Tully has represented hundreds of current and former federal employees in similar cases, though he did not represent John Kirkendall. Tully said the appeals court decision offers a "huge advantage" to veterans who cannot afford legal representation, especially because it allows veterans the ability to cross-examine their supervisors. He said the newly established right to cross-examine will make it much easier for veterans to win discrimination cases. Tully also said he hopes the ruling will encourage more training for federal managers on USERRA law. He said many federal managers are trained solely on Equal Employment Opportunity law and very little on USERRA, though the penalties for denying rights under both laws are almost equally harsh. "There doesn't seem to be any system in place in the federal government about USERRA," Tully said. "The publicity [from] this case will help educate people about its importance." [Source: GOVEXEC.com Daily Briefing Brittany R. Ballenstedt article 12 Mar 07 ++]

CENSUS BUREAU DATA BREACH:

The Census Bureau this week announced that it accidentally posted personal information concerning 302 American households on a Web site where it was publicly accessible intermittently for about five months. Bureau Director Charles Louis Kincannon said in a statement that as soon as agency officials learned of the improper posting, they shut the site down and started an investigation. The information did not include Social Security numbers, and bureau officials have no evidence that it was misused. Officials discovered the file on 15 FEB. It had been uploaded onto one of the Census Bureau's externally accessible servers, and contained names, addresses, phone numbers, birthdates, family income ranges and other demographic data for the 302 households. This information was mixed in with 250 fictitious test records. The information was posted multiple times between October and February to test new software applications. This site is typically used to make large public-use files available. The bureau said the public nature of the information and the mingling of actual data and test records make it unlikely it would have been useful to the casual user or someone with malicious intent. The bureau is in the process of notifying those affected and offering assistance with credit monitoring.

Census law prohibits the disclosure of sensitive data, and the bureau has strict policies protecting it. These prohibit the uploading of data to a nonsecure Web site, bureau officials said. The employees who posted the information also failed to follow a required review process to avoid placing confidential information on the agency's Web site, the bureau stated. Census officials said," Appropriate administrative action" has been taken against those employees, pending the results of the investigation. The matter has also been referred to the inspector general for the Commerce Department, of which the Census Bureau is a part. Over the past 10 months, federal agencies have reported dozens of incidents of exposing sensitive personal information—such as Social Security numbers and dates of birth—on millions of people. In SEP 06, Commerce released date [www.govexec.com/dailyfed/0906/092206p1.htm] showing the Census Bu reau reported 672 missing laptops over the last five years, of which 246 contained some degree of personal data. The agency employs a large number of temporary workers to conduct field work. Census employees will receive additional training on the proper handling of survey responses and telework policies. Despite Census' recent problems, the Ponemon Institute, a group that advocates responsible information and privacy management practices in business and government, named the bureau as one of the top agencies in terms of protecting privacy in a report released last month. [Source: GOVEXEC.com Daily Briefing Dainiel Pulliam article 9 Mar 07 ++]

TFL PRIOR TO AGE 65:

The Tricare program is essentially a modernized and upgraded version of the program called CHAMPUS from 1966 until 1995. To a great extent, they are the same program. Tricare is

governed by the same law (now amended) as CHAMPUS was in 1966. Before 1 OCT 01, all Tricare beneficiaries lost their Tricare eligibility automatically if they became entitled to Medicare Part A at age 65, even if they were enrolled in Part B. That was a result of the 1966 law that created CHAMPUS as an interim program. Congress never intended CHAMPUS to provide lifetime coverage. It was intended to provide health care coverage between the young age when most uniformed service members retire and when they become entitled to Medicare at age 65. That changed when Tricare for Life began on 1 OCT 01. For the first time, Tricare beneficiaries could retain their Tricare eligibility after gaining Medicare coverage at age 65. They were required to enroll in Part B of Medicare in order to do that.

Active-duty family members, as well as retirees and their families, were treated differently by the 1966 CHAMPUS law. Their benefits were described in two separate sections of the law. The 1966 law provides that a CHAMPUS benefici ary who becomes entitled to Part A of Medicare at any age or for any reason may not retain CHAMPUS eligibility. There was no mention of a Part B enrollment requirement in the original legislation. It was not until 1991 that Congress amended that provision of the 1966 law to allow a beneficiary of Medicare Part A to retain CHAMPUS eligibility, provided he was enrolled also in Part B of Medicare. With that amendment, a CHAMPUS beneficiary who became disabled, as defined by Medicare law and regulations, could have Medicare parts A and B, plus CHAMPUS. Such people were initially referred to as dual eligibles. There was no "CHAMPUS for Life". With the subsequent advent of the Tricare for Life (TFL) program it was decided to refer to them as TFL members even though it is possible they could recover from their disability and revert back to ordinary Tricare status. As it stands now, a Tricare beneficiary who qualifies for Medicare disability benefits has exactly the same coverage as the person entitled to Medicare because he has reached age 65. However, the legal requirement for Medicare Part B enrollment still stands for all but active-duty family members. Thus:

- A retiree or a retiree family member who becomes entitled to Medicare because of disability is eligible for Tricare for Life, provided he is enrolled in Medicare Part B.

- A disabled active-duty family member becomes eligible for Tricare for Life in the same way, but without the requirement for enrolling in Part B.

Under Social Security rules an individual who becomes disabled and is unable to work can draw social security benefits upon approval of their application. At that point they would retain their previous Tricare status and be subject to any associated deductibles and copays for their medical care. If after two years they are still unable to work they can apply for Medicare Part B and upon a pproval become eligible for TFL provided they have updated their DEERS status. At that point Medicare will cover 80% of most medical expenses and TFL would pick up the balance. For services that are covered by Medicare and not by Tricare (such as chiropractic care) Tricare will not make a payment and the beneficiary will be responsible. Services covered by Tricare but not Medicare (such as overseas claims) should be billed directly to Wisconsin Physicians Services (WPS) and Tricare will pay as primary insurer with beneficiaries responsible for any cost shares. Payments for services that are not covered by either program remain individuals sole responsibility. TFL beneficiaries may continue to use any of the Tricare pharmacy programs. Prescriptions can be filled at any military treatment facility pharmacy, through the Tricare Mail Order Pharmacy (TMOP) or through any Tricare network or non-network pharmacy. As is the case with those wh o become eligible for Tricare for Life because of age, only the beneficiary will be affected by transition from ordinary Tricare to TFL. Their family's Tricare eligibility will not be affected in any way. [Source: Tricare Help, Times News Service James Hamby article 12 Mar 07 ++]

VITAMIN SUPPLEMENTS:

People seeking to improve their health with vitamin supplements may want to think twice before popping pills containing vitamin A, vitamin E, and beta-carotene. New research suggests that these antioxidants may actually increase the risk of death by 5% according to a report in the Journal of the American Medical Association. Antioxidant supplements are popular among consumers based on studies claiming that antioxidants improve health and prevent disease. But other reviews and guidelines suggest that antioxidant supplements may be of no benefit. Researchers searched the medical literature through 2005 to identify trials involving a dult subjects comparing beta-carotene, vitamin A, vitamin C, vitamin E, and selenium, singly or combined, versus inactive "placebo" or versus no treatment. Their search turned up 68 trials with 232,606 participants. When all trials were considered:

- There was no convincing evidence that antioxidant supplements have beneficial effects on overall death rate.

- In 47 trials with 180,938 participants, the antioxidant supplements significantly increased the death rate.

- Beta carotene, vitamin A, and vitamin E given singly or combined with other antioxidant supplements significantly increase mortality.

- The potential roles of vitamin C and selenium on mortality need further study.

- Considering that 10% to 20% of the adult population in North America and Europe may consume the assessed supplements, the public health consequences may be substantial.

- Because the study examined only the influence of synthetic antioxidants, its findings should not be applied to the potential effects of eating fruits and vegetables.

[Source: Journal of the American Medical Association, 28 Feb 07 ++]

SSA-1099 UPDATE 01:

An SSA-1099 Benefit Statement is mailed to you in January showing the total amount of benefits you received in the previous year. If you are a nonresident alien who received or repaid Social Security benefits last year, you will receive an SSA-1042S instead. People who receive Supplemental Security Income (SSI) do not receive Benefit Statements, since SSI is based on need and is not considered taxable income. You can request online a copy of your most recent SSA-1099/1042S for yourself or on behalf of a deceased beneficiary if you are receiving benefits on the same record as the deceased at www.socialsecurity.gov/onlineservices. A copy of your SSA-1099/1042S will arrive in the mail in about 10 days (30 days if you live outside the United States) at the address on file at Social Security. If you have moved, you must first make an address change before you request your SSA-1099/1042S. This can be done on the same website. If you need a replacement SSA-1099 or SSA-1042S for an earlier tax year, refer to www.socialsecurity.gov/reach.htm for contact info. [Source: W-2 News Mar 07 ++]

MILITARY HEALTH CARE TF UPDATE 03:

On 7 MAR Military Coalition (TMC) representing more than 30 service organizations presented the Coalition's health care views and objectives to the Task Force on the Future of Military Health Care. Representatives from the Military Officers Association of America,

Fleet Reserve Association, National Military Family Association, the Retired Enlisted Association, National Association for Uniformed Services, and Reserve Officers Association were present for testimony. The majority of the Coalition members could not accept DoD arguments that fees had to be increased to restore government/beneficiary cost relationships from the 1990s. MOAA's director of government relations Col Steve Strobridge (USAF-Ret), noted that much of DoD's cost growth has been driven by the government's own decisions that beneficiaries had no control over. As for Pentagon arguments that fees need to be doubled and tripled now because there have been no increases since 1995, he said that ignores the flip side of the coin. He pointed out that there are plenty of military compensation elements that are set at flat rates and adjusted only occasionally. He also told the Task Force that the same population being targeted for higher Tricare fees has already suffered an average loss of 10% of retired pay because military pay raises were capped below the average American's throughout the 1980s and '90s.

The other Coalition witnesses agreed, and added their own objections to the DoD plan. The Fleet Reserve Associat ion's Joe Barnes highlighted five principles endorsed by The Military Coalition that: Members on active duty and their families should pay no fees other than retail and mail-order pharmacy copays except to the extent they choose to use Tricare Standard.

- Tricare fees should not rise in any year by a percentage that exceeds the percentage growth in their military compensation.

- The Tricare Standard inpatient copay ($535 per day) should not be increased in the foreseeable future, as it already exceeds the amount charged by most other plans.

- There should be no enrollment fee for Tricare Standard, since Standard does not provide assured access to a TRICARE-participating provider.

- There should be one fee schedule for all Tricare beneficiaries, just as all legislators, defense leaders, and federal civilians have a single fee structure, and it should be significantly lower than the lowest schedule envisioned in the DoD prop osal.

Although a member of the TMC, the Reserve Officers Association did not concur with the Coalition and presented independent testimony as noted in Update 04. [Source: MOAA Leg Up 9 Mar 07 ++]

MILITARY HEALTH CARE TF UPDATE 04:

On 7 MAR Military Coalition (TMC) representatives from the Military Officers Association of America (MOAA), Fleet Reserve Association (FRA), National Military Family Association (NMFA), the Retired Enlisted Association (TREA), National Association for Uniformed Services (NAUS), and Reserve Officers Association (ROA) presented their health care views and objectives to the Task Force on the Future of Military Health Care. The ROA provided the Task force with a slightly different viewpoint than the rest of the TMC. As indicated on their website their position is as follows:

- A moratorium on fee increases be continued to allow the Task Force for the Future of Military Health Care and Congress ti me to review this action.

- Any changes to the beneficiary cost share should be phased in. The 2-year period proposed by DOD is too abrupt.

- Tricare Prime enrollment fee adjustments are acceptable if tied to true health care costs. It is important to review an independently evaluation of the current total cost of DoD health care benefits. Such an audit will permit Congress to validate proposals made by all parties. Any cost-sharing adjustments should be spread over at least five years to permit household budgets to adjust. Annual increases should not be tied to the market-driven Federal Employee Health Benefits Plan (FEHBP).

- ROA is not in favor of Tricare Standard annual enrollment fee for either DoD or VA beneficiaries. If Tricare Standard requires beneficiary enrollment, it should be only a one-time minimal administrative fee. Adjustments to Tricare Standard should be made to the deductible. Because of larger co-payments of 2 5% after the deductible, the costs of TRICARE standard must be analyzed from a total cost rather than initial cost perspective. Presently, Tricare Standard's cost deductible automatically adjusts with escalating health care costs.

- Tricare Standard overseas retires over 65 pay for both Tricare Standard and Medicare Part "B". This form of double charge needs to be examined along with other fee discussions.

- TRS should not be included in any TRICARE Standard Fee increase. Family Premiums and deductible for a Tier I TRS operational Reservist are $3,336 per year for CY2007 compared to a proposed combined cost of $1,120 for TRICARE Standard in FY2008. This is inequitable.

- Tricare standard deductible increases should not be rolled over into TRS as Reservists pay more upfront.

ROA position regarding Tricare Reserve Select (TRS) was:

- Request a study as to why there is such a high drop during application to TRS.

- A llow a seamless transition between TRS, TRICARE and back.

- Improve the process and education for application to TRS.

- Continue to improve health care continuity to all drilling Reservists and their families by allowing demobilized Reservists involuntarily returning to IRR tier I TRS coverage, allowing demobilized Retirees to qualify for tier ITRS coverage, and allowing demobilized FEHBP eligible to qualify for tier I TRS coverage.

- Extend military coverage for restorative dental care following deployment as a means to insure dental readiness for future mobilization.

- Advocate that physicians who accept Medicare must accept TRICARE.

- Allow Gray area retiree buy-in to TRS.

- Include an Employer health care option as an additional option to TRS subsidized by DoD.

On Pharmacy ROA believes higher retail pharmacy co-payments should not apply on initial prescriptions, but on maintenance refills only. ROA supports DoD effort s to enhance the mail-order prescription benefit and identified an overseas Tricare Mail Order Pharmacy catch-22. While the Tricare system approves overseas licensed

doctors to provide service and insure quality in foreign country it doesn't recognize these same doctors to write prescriptions that are accepted by TMOP. As no one can use the TMOP outside of the US, DoD incurs increased cost for pharmacy because of higher administrative and retail drug cost when beneficiaries file individual claims. Apparently, all it would take to fix the problem is a change in an administrative regulation. [Source: www.roa.org/site/PageServer?pagename=testimony 7 Mar 07 ++]

VA COMP PAYMENT DISPARITY UPDATE 07:

An analysis by The New York Times has found that veterans face serious inequities in compensation for disabilities depending on where they live and whether they were on active duty or were members of the National Guard or the Reserve . Those factors determine whether some soldiers wait nearly twice as long to get benefits from the DVA as others, and collect less money, according to VA figures. The agency said it was trying to ease the backlog and address disparities by hiring more claims workers, authorizing more overtime and adding claims development centers. The problems partly stem from the their inability to prepare for predictable surges in demand from certain states or certain categories of service members, say advocates and former department officials. Numerous government reports have highlighted the backlog of disability claims and called for improvements in shifting resources. Veterans' advocates say the types of bureaucratic obstacles recently disclosed at Walter Reed Army Medical Center are eclipsed by those at the Veterans Affairs division that is supposed to pay soldiers for service-related ills.

The influx of veterans from the Iraq war has nearly overwhelmed an agency already struggling to meet the health care, disability payment and pension needs of more than three million veterans. Stephen Meskin, who retired last year as the VA's chief actuary, said he had repeatedly urged agency managers to track data so they could better meet the needs of former soldiers. VA officials say they have begun an aggressive oversight effort to determine if all disability claims are being properly processed and contracted for a study that will examine state-by-state differences in average disability compensation payments. Many new veterans say they are often left waiting for months or years, wondering if they will be taken care of. The backlogs are worst in some states sending the most troops, and discrepancies exist in pay levels. The agency's inspector general in 2005 examined geographic variations in how much veterans are paid for disabilities, finding that demographic factors, like the aver age age of each state's veteran population, played roles. But the report also pointed to the subjective way that claims processors in each state determined level of disability. Staffing levels at the VA vary widely and have not kept pace with the increased demand. The current inventory of disability claims rose to 378,296 by the end of the 2006 fiscal year. The claims from returning war veterans plus those from previous periods increased by 39% from 2000 to 2006. During the same period, the staff for handling claims has remained relatively flat, a problem the department highlighted in its 2008 proposed budget.

The department expects to receive about 800,000 new claims in 2007 and 2008 each. The growing strains on the veterans agency have affected some soldiers more than others. While the Reserve and National Guard have sent a disproportionate number of soldiers to the war, the average annual disability payment for those troops is $3,603, based on 2006 VA data for unmarried veterans with no dependents. Active-duty soldiers on average receive $4,962. Though the VA acknowledged that there were discrepancies, officials also said they believed that a significant factor might be length of service. Active-duty soldiers generally serve longer, and therefore more suffer from chronic diseases or disabilities that develop over time. Many who served in the Guard think they are losing the battle

against the bureaucracy. It is alleged that while active-duty soldiers often receive medical disability evaluations in about 30 days, many reservists wait two years or more to get an initial appointment. Active-duty personnel also routinely received legal advice about appeals and other issues from military lawyers, while reservists have to request those hearings.

For years, the VA's inspector general, the GAO, members of Congress and veterans' advocates have pointed out the need to improve how the VA tracks data on soldiers as they are deployed and when they are injured. That would help prepare for their future needs and ease delays in processing health and benefit claims. In 2004, a system was designed to track soldiers better, prepare for surges in demand and avoid backlogs. But the system was shelved by program officials under Secretary Jim Nicholson for financial and logistical reasons according to VA officials. The VA, which has said it has an alternate tracking system nearly operational, depends on paper files and lacks the ability to download Department of Defense records into its computers. President Bush has appointed a commission to investigate problems at military and veterans hospitals.

Dr. David S. C. Chu, the defense undersecretary for personnel and readiness, recently said he is not surprised that servicemembers get different disability ratings from each of the services, the Department of Veterans Affairs and the Social Security Administration. Each system has fundamentally different approaches to the basis on which you should rate the individual. They are three different systems governed by their own sets of laws and rate disabilities using scales unique to each department. Appearing before the House Armed Services Committee on March 8, Dr. Chu expressed confidence that, with legislative support, the system could be fixed. DOD currently is revising its disability evaluation system. Each service manages its own evaluation process within the framework of the DOD system. In fiscal 2006, service eligibility board caseloads were 13,162 for the Army; 5,684 for the naval services; and 4,139 for the Air Force. In 2001, the numbers were 7,218 for the Army; 4,999 for the naval services; and 2,816 in the Air Force. [Source: New York Times Ian Urbina/Ron Nixon article 9 Mar 07 ++]

VA CLAIM PROCESSING GOALS UP DATE 03:

A former Veterans Affairs official testifying before a House Veterans Affairs subcommittee panel 8 MAR said he the department as early as AUG 05 of backlogs in the VA health care system but officials instead shelved a program aimed at alleviating delays. Paul Sullivan, a former project manager for the VA, told the panel investigating veterans care that he helped develop a program to consolidate medical records with DoD but that the program suddenly ended once Secretary Jim Nicholson took office in late 2005. Sullivan also said he sent e-mails on several occasions warning of a surge in claims from veterans returning from Iraq and Afghanistan and that more staffing and funding was needed but never received a response. Testimony from Sullivan and the Government Accountability Office (GAO) painted a picture of neglect, bureaucratic delays and poor coordination in the nation's vast network of 1,400 VA hospitals and clinics.

Lawmakers from both parties expressed outrage. Rep. Harry Mitchell (D-AZ) who chairs the subcommittee said, "That's unacceptable and embarrassing, and the American people deserve answers. I am not convinced the Veterans Affairs Department is doing its part." Rep. Steve Buyer (R-IN) agreed, citing years of warnings. "I can't even begin to count the number of GAO reports over the years outlining the problems," he said. "It's been 20 years in the making trying to get the VA and DoD to cooperate." Responding, Michael Kussman, acting under secretary for health at the VA, told the House Veterans Affairs subcommittee that it was wrong to suggest that Nicholson had

shelved the program. The decision to abandon Sullivan's plan was made by program officials who determined it was logistically unsound. Since then, department officials have been working on a system to improve tracking of medical records, he said. Under questioning, Kussman also a cknowledged that the department was a bit "surprised" by the extent of reported cases of post-traumatic stress syndrome (PTSD) and traumatic brain injury (TBI) but were making adjustments to cope. "We are ideally poised to take care of" the growing caseload, he said. That drew an angry response from Rep. Bob Filner (D-CA) who said, "I find that kind of misplaced optimism, that defense of the system, a cause of where we are today," noting that VA officials in individual clinics themselves had reported an overstressed system.

Thursday's hearing was the latest to examine the quality of care for wounded veterans in the wake of disclosures of shoddy outpatient health care at Walter Reed, one of the nation's premier facilities for treating veterans wounded in Iraq and Afghanistan. The VA facilities provide supplemental health care and rehabilitation to 5.8 million veterans after they are treated at military hospitals such as Walter Reed . Earlier in the week, Nicholson made clear that he would not tolerate substandard conditions. Also, he explained in a separate setting to Sen. Jon Tester (D-MT)and Sen. Bernie Sanders (I-VT) steps being taken to reduce the backlog of 400,000 disability claims. The VA has recently expanded the network of centers designed to provide care to those with TBI and will be screening all patients who served in combat for PTSD, he said.

During the hearing Thursday, Cynthia Bascetta, director of health care at GAO, testified that while some improvements have been made by the VA, GAO investigators could not offer assurances that problems of veterans falling through the cracks wouldn't happen again.

In testimony 6 MAR before a joint hearing of the House and Senate Veterans Affairs Committees, the national commander Gary Kurpius of the Veterans of Foreign Wars of the U.S. said the claims processing system at the Department of Veterans Affa irs was broken. He said it was broken because VA has an unmanageable backlog of claims and that it takes a half year for a claims rating, and that more than 100,000 claims are decided wrongly every year, or one in every eight. "It is unacceptable, because each delay and every wrong decision have real human costs," he said. "Fixing the Veterans Benefits Administration is important because the VBA is the gateway to all of VA. No disabled veteran should have to wait for benefits many of them need to care for themselves and their families." [Source: AP Hope Yen/ Pauline Jelinek article 8 Mar 07 ++]

VA CLAIM PROCESSING GOALS UPDATE 04:

Investigators said 13 MAR that the Veterans Affairs' system for handling disability claims is strained to its limit, and the Bush administration's current efforts to relieve backlogs won't be enough to serve veterans returning from Iraq and Afghanistan. In testimony to a House panel, the Government Accountability Office (GAO) and Harvard professor Linda Bilmes detailed their study into the VA's claims system in light of growing demands created by wars. They found a system on the verge of crisis due to backlogs, cumbersome paperwork and ballooning costs. Daniel Bertoni, an acting director at the GAO, Congress' investigative arm, said the VA system has been riddled with problems for years. "After more than a decade of research, we have determined that federal disability programs are in urgent need of attention and transformation." According to GAO's findings, the VA:

- Took between 127 to 177 days to process an initial claim and an average of 657 days to process an appeal, resulting in significant hardship to veterans.

In contrast, the private sector industry takes about 89.5 days to process a claim.

- Had a claims backlog of roughly 600,000.
- Will see 638,000 new first-time claims in the next five years due to the Ir aq war (400,000 by the end of 2009 alone) creating added costs of between $70 billion and $150 billion.
- Maintained a system for determining a veteran's disability that was complex and applied inconsistently across regional centers. Results varied; for example, Salt Lake City took 99 days to process a claim, while Honolulu spent 237 days.
- Had antiquated technology for processing claims, such as unreliable old fax machines.

Bilmes, a professor at Harvard's Kennedy School of Government who co-authored a paper on the war's economic costs with Nobel laureate Joseph Stiglitz, described a failed system that could have been prevented after years of warnings. She urged simplifying the disability ratings system, reducing time VA staffers spend documenting disabilities, and conducting random audits instead. "The veterans returning from Iraq are suffering from the same problem that has plagued many other aspects of the war, namely a failure to plan ahead," she said.

Responding, Ronald Aument, deputy under secretary for benefits at the VA, told the House panel that the department was working to shorten delays. The VA also was consolidating some processing operations, and planned to add 400 new employees by the end of June. The findings drew fire from House members. Rep. John Hall, chairman of the House Veterans Affairs subcommittee on disability assistance, floated the possibility that the Veterans Affairs Department should be merged into the Defense Department. Colorado Rep. Doug Lamborn (R-CO) , said the overstressed claims system was courting a "financial and potentially emotional disaster." The hearing follows disclosures of roach-infested conditions and shoddy outpatient care at Walter Reed Medical Center, one of the nation's premier military hospitals. Since the disclosures by the Washington Post, three high-level Pentagon officials have been forced t o step down. President Bush has also appointed a commission led by former Sen. Bob Dole, R-Kan., and former HHS Secretary Donna Shalala, a Democrat, to conduct a broad review on veteran and troop care. The House hearing is the latest to review the quality of care for wounded troops returning from Iraq; from emergency medical care at military hospitals, to long-term rehabilitation at VA clinics and eventual transition to civilian life with VA disability payments. [Source: Associated Press Hope Yen article 14 2007]

VA HANDBOOK 2007:

A new edition of the Federal Benefits for Veterans and Dependents handbook by the Department of Veterans Affairs (VA) has been released. It updates the rates for certain federal payments and outlines a variety of programs and benefits for American veterans. Most of the nation's 25 million veterans qualify for some VA benefits, which range from health care to burial in a national cemetery. In addition to health-care and burial benefits, veterans may be eligible for programs providing home loan guaranties, educational assistance, training and vocational rehabilitation, income assistance pensions, life insurance and compensation for service-connected illnesses or disabilities. In some cases, survivors of veterans may also be entitled to benefits. The handbook describes programs for veterans with specific service experiences, such as prisoners of war or those concerned about environmental exposures in Vietnam or in the Gulf War, as well as special benefits for veterans with severe disabilities. In addition to describing

benefits provided by VA, the 2007 edition of the 160-page booklet provides an overview of programs and services for veterans provided by other federal agencies. It also includes resources to help veterans access their benefits, with a listing of toll-free phone numbers, Internet addresses and a directory of VA facilities throughout the country. The handbook can be downloaded free from VA's Web site at http://www1.va.gov/opa/vadocs/fedben.pdf or http://www1.va.gov/OPA/vadocs/current_benefits.asp or http://www1.va.gov/opa/feature/index.asp or purchased with credit card or check from the U.S. Government Printing Office (GPO). GPO accepts credit card orders for the publication at (866)512-1800 for a cost of $5 each to U.S. addresses, or $67 for bulk orders of 25 copies. It order is by mail make check out to Superintendent of Documents and mail to the GPO at Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954. [Source: www.va.gov Feb 07 ++]

VETERANS HOME SCAM:

The U.S. Department of Veterans' Affairs Regional Office in Portland, the Benton County Board of Commissioners and the Benton County Veterans Service Office urge veterans, their spouses, or their families to beware of unauthorized franchises or individuals offe ring representation for benefits from the Department of Veterans Affairs. The current scam targeting Veterans' is being run by Veterans Salute based in Florida. The company has been contacting nursing homes, assisted living facilities, and adult day-cares looking for veterans who maybe eligible for VA pension benefits. They try to get the home or facility to pay $800 for their service, which is free at all VA county service offices, or at the ODVA office in Salem for Marion and Polk county veterans. So far in Oregon, there have been a couple of near misses, but nobody has yet to report falling victim to the scam. The Portland VA Regional Office recommends anyone who has been contacted by an unauthorized franchise or individual to contact them at (800) 827-1000. [Source: Salem-News.com Kevin Hays article 8 Mar 07 ++]

VET CEMETERY FLORIDA UPDATE 04:

What began as a dream a decade ago will become reality when the first vetera n is laid to rest at the South Florida National Cemetery. The new cemetery is located in Palms Beach county in Lake Worth on U.S. 441 just south of Lantana Road and north of Boynton Beach Blvd. The burial ground opens 16 APR, two years after the original projected date that was rolled back several times. As many as a dozen interments are expected on the first day, said South Florida Cemetery Director Kurt Rotar. There would be more, but only one of the six shelters for services will be ready. The Rotar expects to keep up that pace for months, with as many as a dozen burials six days a week. veteran community can contact the cemetery staff at (561) 649-6489 for information about burial and eligibility. More than 700 families are holding cremated remains or planning to move their loved ones from other cemeteries to South Florida National. So many that the VA will not add new names to the waiting list until after 9 APR. Service and buria l scheduling for new national cemeteries will be handled by a centralized VA system in St. Louis, with requests being taken in the order they were received and juggled with the burials of the newly deceased. Living veterans cannot make reservations, and their interments, or those of their spouses, who are entitled to national cemetery gravesites, even if they die before the veterans, are handled by funeral homes at the time of death.

The first burials in the 50-acre "fast track" section near the cemetery entrance off U.S. 441, which has room for about 10,000 in-ground and cremated remains, were pushed back last year from this spring to late summer because of wet weather stalling site preparation. But Rotar said that when he came on board in January, VA officials told him to scramble and make an April deadline. "The feeling was the veterans were asking for it to open and had been waiting a long time," said Rotar, who previously was director of Massachusetts National Cemetery, on

Cape Cod, for nine years. Bulldozers and graders growled over the barren grounds this week as workers plumbed an irrigation system in advance of laying sod and planting trees. The South Florida site will have more water features than most national cemeteries. Three of its five lakes, required to offset environmental impacts, already circle the trailers serving as temporary administration and construction offices. A columbarium, for above-ground remains, probably won't be completed for up to another five years. When finished, the cemetery will cover 313 acres and have room for 115,000 veterans, enough to meet South Florida's needs for the next 50 years.

The 130 families seeking to move already buried remains to South Florida National will have to pay for the relocation, which can cost as much as several thousand dollars. The 570 others on the waiting list, with cremated remains, can bring their urns or boxes to the cemetery themselves. The VA does the burial and provides a gravesite, a marker, a grave liner and a military honor guard at no charge. South Florida National is the fifth VA cemetery in Florida, home to one of the nation's largest populations of World War II veterans. The VA is purchasing land near Jacksonville and Sarasota for two additional burial grounds. VA presently maintains other Florida National Cemeteries at:

- Barrancas National Cemetery, Naval Air Station, Pensacola, FL 32508-1099 Tel: (850) 452-3357 or 4196.

- Bay Pines National Cemetery, P.O. Box 477, Bay Pines, FL 33504-0477 Tel: (352) 793-7740.

- Florida National Cemetery, 6502 SW 102nd Ave, Bushnell, FL 33513 Tel: (352) 793-7740 or 1074.

- St. Augustine National Cemetery, 104 Marine Street, St. Augustine, FL 32084 Tel: (352) 793-7740.

[Source: South Florida Sun-Sentinel Diane C. Lade article 8 Mar 07 ++]

VETERANS HEALTHCARE EMPOWERMENT ACT:

Expressing strong confidence in the current healthcare system run by the U.S. Department of Veterans Affairs, the Ranking Member of the Committee on Veterans' Affairs (SCVA) U.S. Senator Larry Craig (R-ID) said 8 MAR that he is willing to see how the system might fare in competition with the free market. Under legislation he is introducing - The Veterans Healthcare Empowerment Act - veterans with service connected disabilities will be able to go to any hospital or medical clinic of their choice. "Many of my colleagues have spent the past week or so accusing VA of 'failing' our injured service-members. Most of their evidence is based on reports from the news media who have highlighted recently a number of veterans who were treated badly by VA or who do not have faith in VA's care. I take these concerns very seriously. But, I am also a little frustrated by it," said Craig. "That's why I will introduce l egislation that says: If you have a service- connected disability, go wherever you want. No strings. No ifs, ands, or buts. Let's find out where veterans chose to go."

Approximately 2.5 million veterans have service connected disabilities and approximately 1.7 million currently use the VA healthcare system. VA operates 154 hospitals and 881 outpatient clinics. Craig's healthcare bill would operate somewhat like the G.I. Bill, which allows veterans to choose the college or university of their choice. "It's very simple, if service-connected veterans leave in droves, we've learned something. But, if veterans overwhelmingly stay, and I think they will, we've also learned something," Craig said. "This bill is

about my confidence in VA." The senior senator from Idaho noted that VA's health care system has consistently been ranked as among the best in the nation. For the seventh year in a row, a study conducted by the VA's health care sy stem outscored the private sector in the University of Michigan's Consumer Satisfaction Survey

- VA outscored the private sector by 11 percent in inpatient care (84 to 73%)

- VA outscored them in outpatient care by 11% (82 to 71%)

- 91% of VA patients were satisfied with the overall customer service at VA

- VA also scored 94% in "veterans loyalty" category

Other national publications have also touted VA's healthcare system. Last year Time Magazine had a front page article titled "How VA Hospitals Became the best Health Care?" and Business Week called VA healthcare The Best Medical Care In The U.S." more recently Harvard University's Kennedy School of Government awarded VA it's "Innovations in American Government award" for the electronic health record and performance system." The SCVA regularly releases News Release of interest to veterans via their website http://veterans.senate.gov/. [Source: SCVA Press Release 8 Mar 07 ++]

VET CEMETERY ILLINOIS:

The Department of Veterans Affairs (VA) has awarded a construction contract for more than $10 million to a Chicago contractor to expand the Rock Island IL, National Cemetery. The expansion project encompasses approximately 25 acres and will provide more than 7,000 gravesites, including casket gravesites, pre-placed crypts and a columbarium for cremation remains. It will also provide a new committal service shelter, an assembly area, public restrooms, an information building, a maintenance area, and additions and renovations to the administration building. New and renovated infrastructure features for water distribution, roads and utilities are included. VA expects to begin construction within approximately one month and to be completed by late 2008. The expansion will permit burials for veterans and eligible family members to continue at Rock Island National Cemetery for at least the next de cade. Contact info on the Rock Island National Cemetery is Bldg 118, Rock Island Arsenal, Rock Island, IL 61299 Tel: (309) 782-2094/2097F www.cem.va.gov/CEM/cems/nchp/rockisland.asp.

Illinois' other six national cemeteries are:

- Abraham Lincoln National Cemetery (near Chicago) 27034 South Diagonal Road, Elwood, IL 60421 Tel: (815) 423-9958/5824F www.cem.va.gov/CEM/cems/nchp/abrahamlincoln.asp

- Danville National Cemetery, 721 Lee Street, Danville, VA 24541 Tel: (704) 636-2661/1115F http://www.cem.va.gov/CEM/cems/nchp/danvilleva.asp.

- Camp Butler National Cemetery, 5063 Camp Butler Road, Springfield, IL 62707 Tel: (217) 492 – 4070/4072F http://www.cem.va.gov/CEM/cems/nchp/campbutler.asp.

- Mound City National Cemetery, HWY Junction 37 & 51, Mound City, IL 62963 Tel: (314) 260-8691 or (800) 535-1117 or (314) 260-8723F http://www.cem.va.gov/CEM/cems/nchp/moundcity.asp.

- Quincy National Cemetery, 36th and Maine Street, Quincy, IL 62301 Tel: (309) 782-2094/ 2097F www.cem.va.gov/CEM/cems/nchp/quincy.asp.

- Alton National Cemetery, 600 Pearl Street, Alton, IL 62003 Tel: (314) 260-8691 or (800) 535-1117 or (314) 260-8723F www.cem.va.gov/CEM/cems/nchp/alton.asp.

Abraham Lincoln, Danville, Camp Butler and Mound City national cemeteries have space available for casketed and cremated remains. Alton has space available for cremated remains and can accommodate casketed remains in the gravesites of previously interred family members. Quincy is closed to new interments, but can bury family members in existing gravesites.

In the midst of the largest cemetery expansion since the Civil War to care for the aging veterans population, VA operates 124 national cemeteries in 39 states and Puerto Rico and 33 soldiers' lots and monument sites. More than three million Americans, including veterans of every war and conflict, are buried in VA national cemeteries. Veterans with a discharge other than dishonorable, their spouses and eligible dependent children can be buried in a national cemetery. Other burial benefits available for all eligible veterans, regardless of whether they are buried in a national or private cemetery, include a burial flag, a Presidential Memorial Certificate, and a government headstone or marker. Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at http://www.cem.va.gov, or by calling VA regional offices toll-free at 1(800) 827-1000. [Source: VA News Release 23 Feb 07 ++]

VET CEMETERY MINNESOTA:

The Department of Veterans Affairs (VA) has awarded a construction contract for more than $19 million to a Minnesota contractor to expand the Fort Snelling National Cemetery located at 7601 34th Avenue, South, Minneapolis, MN 55450-1199 Tel: (612) 726-1127/725-2059F. Sheehy Construction Company of St. Paul wil be developing approxi mately 25,000 gravesites, including graves with pre-placed crypts, and a columbarium for cremation remains. The expansion project encompasses nearly 60 acres. Besides burial space, it will include renovations and additions to the administration building, public information building and maintenance facility. New committal service shelters, signage, site furnishings, fencing and landscaping will also be included. VA expects construction to be completed by late 2009. The expansion will permit burials for veterans and eligible family members to continue at Fort Snelling National Cemetery for at least the next decade. For additional info regarding this cemetery refer to www.cem.va.gov/CEM/cems/nchp/ftsnelling.asp.

Eligible veterans or their dependents can also elect to be buried in the Minnesota State Veterans Cemetery located at 15550 Hwy 115, Little Falls, MN 56345 Tel: (320) 616-2527/2529F. Eligibility for burial is the same as the guidelines followed at Ft. Snelling National Cemetery. Members of the National Guard or Reserve forces are not eligible unless they meet current regulations, which are:

- Death while on active duty for training.

- Death under honorable conditions while hospitalized or undergoing treatment at the expense of the United States for injury or disease incurred while performing active duty for training.

- Any individual who, at the time of death, was entitled to retired pay as a result of non-regular service or would have been entitled to retired pay for credible non-regular service (20 years), but for the fact the person was not at least 60 years of age, is eligible for burial.

For questions or additional information on this facility refer to dswantek@uslink.net or www.mdva.state.mn.us/cemetery.htm

In the midst of the largest cemetery expansion since the Civil War to serve for the aging veterans' population, VA operates 124 national cemeteries in 39 states and Puerto Rico and 33 soldiers' lots and monument sites. More than three million Americans, including veterans of every war and conflict, are buried in VA's national cemeteries. Veterans with a discharge other than dishonorable, their spouses and eligible dependent children can be buried in a national cemetery. Other burial benefits available for all eligible veterans, regardless of whether they are buried in a national or a private cemetery, include a burial flag, a Presidential Memorial Certificate and a government headstone or marker. Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at http://www.cem.va.gov, or by calling VA regional offices toll-free at 1(800) 827-1000. For information on the Fort Snelling National Cemetery, call the cemetery office at (612) 726-1127. [Source: VA News Release 28 Feb 07 ++]

TF ON COMBAT BENEFITS:

President Bush has created a special, inter-agency task force under the leadership of Secretary of Veterans Affairs Jim Nicholson to thoroughly examine and cut through red tape affecting the latest generation of combat veterans seeking services and benefits from the Department of Veterans Affairs (VA) or any other federal agency. Called the "Task Force on Returning Global War on Terror Heroes," the panel held its first meeting 7 MAR. The task force consists of the secretaries of Defense, Labor, Health and Human Services, Housing and Urban Development, and Education, plus the administrator of the Small Business Administration and the director of the Office of Management and Budget. Nicholson said. "This task force will identify ways to cut red tape and ease the transition back home for our combat troops, especially our wounded heroes. They deserve less hassle and more action from their government, and that will continue to be our focus." Und er the terms of the executive order creating the task force, the group has 45 days to:

- Identify and examine existing federal services that currently are provided to returning Global War on Terror service members;
- Identify existing gaps in such services;
- Seek recommendations from appropriate federal agencies on ways to fill those gaps; and
- Ensure that appropriate federal agencies are communicating and cooperating effectively."

Executive secretary of the task force is retired Rear Adm. Patrick W. Dunne, VA's assistant secretary for policy and planning. Matt Smith, special assistant to Secretary Nicholson, will serve as the task force's senior advisor. [Source: VA News Release 7 Mar 07 ++]

WRAMC UPDATE 05:

Before recent exposés, the Pentagon called Walter Reed Army Medical Center the shining example of how the nation should treat its wounded soldiers. If this was the model, veterans are in deep trouble. Th e deplorable conditions uncovered at Walter Reed have brought complaints from veterans and their families across the country. Washington Post reporter Dana Priest, who broke the story, says the newspaper has received thousands of reports of similar problems at hospitals and medical facilities throughout the Veterans Affairs system. Only the naive

and the Pentagon brass would believe that Walter Reed was an isolated case. Incredibly, despite the rising numbers of those who will need care, the White House is proposing a VA budget that is essentially flat from last year. The administration wants to cut money for prosthetic research and provide inadequate financing for the backlog of cases that only will grow. Yet on 27 FEB, Mr. Bush called on Congress to "fund our war fighters."

Department of Veterans Affairs Secretary Jim Nicholson has compounded the administration's indifference with insulting rhetoric. Asked about the 200,000- plus who have tried to get care, Mr. Nicholson says, "A lot of them come in for dental problems." Mr. Nicholson isn't the only one who first underestimated reaction to the disclosures. On 1 MAR, Defense Secretary Robert Gates fired Maj. Gen. George Weightman as commander of Walter Reed. But Mr. Gates replaced him with Army Surgeon General Lt. Gen. Kevin Kiley. According to the Post, Gen. Kiley was warned about outpatient problems at Building 18 three years ago but never walked across the street to look. On 2 MAR, Gen. Kiley was out, and so was Frances Harvey, secretary of the Army. The House Committee on Oversight and Government Reform is investigating the role privatization may have played in the breakdown. The management staff at Walter Reed was cut from 300 to fewer than 60 this year. Chairman Henry Waxman [D-CA] wants to know why the Pentagon awarded a five-year, $120 million contract for support services at the center to IAP Worldwide Services, a Florida firm run by two former Halliburton executives, one of them a retired Army general. To hire IAP, the Army reversed its own findings that federal employees could do the work for less.

Sen. Bill Nelson (D-FL, has raised questions about care at a Tampa veterans hospital, where active-duty trauma patients are treated, during a Senate Armed Services Committee grilling of top defense officials about problems at Walter Reed Army Medical Center. The James A. Haley Veterans Hospital in Tampa is one of four VA hospitals in the country that specialize in traumatic brain injury (TBI) who handle veterans and active-duty military. Nelson said there have been delays in getting rehabilitation for troops with brain injuries — sometimes postponing care until the patient is moved from active duty to veteran status. Nelson cited a report showing that at model hospitals the delay in starting rehabilitation was slightly more th an two weeks, but for the VA it was six weeks. Carolyn Clark, spokeswoman for the James A. Haley facility, disagreed with Nelson's conclusions, saying the hospital provides state-of-the-art care for traumatic brain-injury patients.

The Senate committee's hearing was Congress' second in two days on Walter Reed. Reports of wounded troops battling excessive red tape and dilapidated living conditions have enraged Republicans and Democrats. They are worried that problems there point to a broader pattern of neglect at military hospitals During the House Oversight and Government Reform subcommittee hearing 5 MAR, two soldiers wounded in combat and a spouse of a wounded soldier recounted nightmarish stories of frustration as they tried to get medical attention and disability compensation. "I'm afraid this is just the tip of the iceberg, that, when we [get] out into the field, we may find more of this," said Rep. Tom Davis [R-VA] a mem ber of the committee. On 6 MAR, President Bush named former Sen. Bob Dole and former Health and Human Services Secretary Donna Shalala, the University of Miami president, to lead the administration's investigation into the Walter Reed scandal. They have a long year ahead. The government's failure of veterans goes far beyond the Washington hospital. [Source: Palm Beach Post.com 7 Mar 07 ++]

MEDICARE RATES 2008:

The Congressional Budget Office (CBO) estimates that Medicare spending in 2007 will rise ten times faster, by 15% this year. Part B premium rates are supposed to be set to match such program costs. However, in recent years Congress has routinely

enacted legislation that substantially affects program costs after the premium rates for the year have been set. This ongoing problem has made it very difficult to achieve adequate levels of funding for Part B. The 2006 Medicare Trustees Report on pages 22 and 23 describes this in detail www.cms.hhs.gov/ReportsTrustFunds/. Last year in May, and again in July, Medicare Trustees estimated the Part B premium for 2007 would be $98.20. The actual base premium announced in September was $93.50, or $4.70 less per month. One reason cited for the lower premium was lower payments to physicians. However, before adjourning for 2006, Congress increased reimbursements to physicians and certain other providers, affecting costs for 2007 after the September announcement of the 2007 premiums. In their 2006 report the Medicare Trustees forecast that correcting Part B's deficit would require an 11% increase in the 2007 premium. The Trustees further said that should legislative changes block pending physician reimbursement reductions (which they did), the premium increase would need to be even larger.

Instead of 11%, however, the Centers for Medicare and Medicaid Services announced a premium increase of only 5%. Based on this, this analysis assumes there is a 6% unaccounted for premium increase is still pending. Part B premiums have increased on average about 11.6% annually over the past five years. When the unaccounted for 6% premium increase is added to the 11.6% average Part B premium increase, a premium increase of at least 17% would appear to be required in 2008. Accordingly, the base Part B premium for 2008 could increase $15.90 to $109.40 per month. Average benefits in 2007 are $1044. The most recent CBO budget and economic report forecast that annual Cost-Of-Living Adjustments (COLAs) for Social Security recipients will increase by just 1.5% percent in 2008. A 1.5% COLA would increase the average increased benefit in 2008 by $15.70 per month. However, if Part B premiums increase $15.90, the entire COLA would be needed to help pay the increase in premiums. The net result of this is that as many half of Medicare beneficiaries would effectively not receive any increase to compensate for any increase in their out of pocket medical costs since the entire COLA increase would go to premium payment. [Source: TREA Senior Seniors League 6 Feb 07 report ++]

VA DATA BREACH UPDATE 31:

The Veterans Affairs Department needs a culture change to reverse long-standing information security weaknesses and to comply with a wide range of policies and federal laws in this area, congressional and agency auditors said 28 FEB. If the VA is moving toward the "gold standard" for information security as stated by department secretary James Nicholson, the department is in the early stages, said Greg Wilshusen, director for information security issues at the Government Accountability Office (GAO). Wilshusen testified at a House Veterans' Affairs Subcommittee on Oversight and Investigation hearing. The latest VA data breach entailed the loss of highly sensitive information on the 1.3 million physicians both living and deceased who have billed Medicaid and Medicare. That could lead to widespread fraud and places medical data for about 535,000 VA patients at risk. Maureen Regan, counselor to the VA inspector general, said at the hearing that the agency continues to have weaknesses in its information security. Policies implemented by the department following a May 2006 incident that jeopardized 26.5 million people's personal information were a step in the right direction, but more needs to be done, she said.

VA Deputy Secretary Gordon Mansfield said last year's incident, where the information was stored on computer equipment stolen from an agency employee's home and recovered later, was a wake-up call. VA still has a long way to go, he added. "I will be the first to acknowledge that we have not finished that," Mansfield said. "I sincerely wish I could promise you that no other incidents would occur. I cannot do that. But I can

promise that we are working hard to get the message out to our employees that we are doing everything we can to get this problem under control." Mansfield said the department still has a decentralized nonstandard IT system, making it impossible to implement "any simple fixes." He said he could not predict a final date when the department's systems will be secure. "It is not a question of technology or machines or software," Mansfield said. "It's a question of people. And we're dealing with 240,000 employees." A lack of senior personnel slots in IT keeps the department from being able to attract the people it needs, he said.

Robert Howard, the VA's chief information officer, said the department was closing in on a chief information security officer to replace Pedro Cadenas, who left abruptly last summer. But the candidate selected decided to take another job days before she was supposed to start. He said the department m ust start the hiring process all over again. There have been hundreds of violations of the department's information security policies and employees have been dismissed for the indiscretions, Mansfield said. In the most recent case, an employee violated the rules by failing to encrypt information on a hard drive and taking it off VA premises without permission from his supervisor, he said. [Source: GOVEXEC.com DailyBriefing Daniel Pulliam article 28 Feb 07 ++]

ARMED SERVICES COMMITTEE UPDATE 01:

On 1 MAR, the House Armed Services Military Personnel Subcommittee held a special hearing to get inputs from associations representing military beneficiaries. Subcommittee Chairman Vic Snyder (D-AR) and Ranking Minority Member John McHugh (R-NY) indicated they wanted a separate hearing for the subcommittee to focus solely on the inputs of these witnesses. Representatives from several other Military Coalition member associations cove red issues affecting active duty forces, Guard and Reserve forces, family members, retired members and survivors, and commissary/MWR programs. The witnesses' recommendations included:

- Opposing large DoD-proposed TRICARE fee increases and improving access to TRICARE–participating doctors.

- Ending the deduction of VA disability compensation and VA survivor benefits from earned military retired pay and Survivor Benefit Plan annuities, respectively.

- Immediate implementation of 30-year, paid-up SBP coverage.

- Full funding for Army and Marine Corps manpower increases and grave concerns about personnel cuts for the Air Force and Navy that are driven by budget considerations rather than military requirements.

- Increasing the military pay raise to continue progress toward restoring full military pay comparability with the private sector.

- Implementation of a "Total Force GI Bill" that eliminates severe inequities in current benefits for Guard and Reserve war veterans.

- Protections to ensure sustainment of support facilities for families at closing bases and availability of needed housing, education, child care and other facility upgrades before adding large populations to gaining bases.

- Correction of inequities in division of military retired pay with former spouses under the Uniformed Services Former Spouses' Protection Act (USFSPA).

Refer to http://www.moaa.org/lac/lac_resources/SiteObjects/published/FDC35966F5EE4F6AB7E0CDF75D58D9CE/CF2C938A302847B4C006BC0C37F6AE03/file/hasc_executive_testimony_070301.pdf for an executive summary of the Coalition's recommendations to the subcommittee. [Source: MOAA Leg Up 2 Mar 07 ++]

VA BUDGET 2008 UPDATE 05:

Democrats who control the House and Senate veterans' affairs committees have rejected the Bush administration's call for new enrollment fees and higher drug co-payments for some veterans and have proposed bigger budgets for health care. In the Senate, Daniel Akaka, D-Hawaii, the veterans' committee chairman, and his fellow Democrats are asking for a $2.9 billion increase over the Bush budget proposal for the Department of Veterans Affairs, specifically for medical care and $4.8 billion higher than the current level. This proposed funding for veterans health care is also above that recommended by the DAV and other veterans service organizations in their annual Independent Budget. The Bush administration had requested $39.4 billion for the VA for non-benefits items, including $34.6 billion for health care-related costs. "We believe that this is the amount necessary to treat all eligible veterans and maintain the quality of VA medical services through the upcoming fiscal year." Akaka said in a statement. Specifically, Democrats and Sen. Bernard Sanders (I-VT) who also serves on the Senate committee, have asked for an ad ditional $300 million for treatment of traumatic brain injuries, $357 million specifically for the health care of Iraq and Afghanistan war veterans, and $693 million more for mental health programs.

In the House, Bob Filner (D-CA) the veterans' committee chairman, and his Democratic colleagues are recommending a $1.3 billion increase in the 2008 veterans' health care budget, and also are asking for $5 billion for veterans' programs to be put into the 2007 wartime supplemental funding bill. Filner said in an interview that the $3 billion would be to pay for a post-traumatic stress disorder initiative, $1 billion would be for traumatic brain injury and polytrauma care, $500 million would be to try to eliminate once and for all the backlog of pending benefits claims and $500 million would be to pay for GI Bill improvements. House Democratic leaders have not signed off on putting $5 billion for veterans in the supplemental appropriati ons bill, but in a 1 MAR letter, Filner told them this should be a priority. Filner wrote, "I believe that a storm is brewing across the country, a storm of discontent regarding our treatment of veterans, and we must act now and act quickly". In an interview, Filner said his appeal is simple: If we can fund the war, we must fund the warriors. Democrats on both committees have rejected Bush administration proposals to increase out-of-pocket costs for priority seven and eight veterans, those with moderate incomes who do not have service-connected disabilities.

One rejected proposal would have increased the current $8 charge for prescription drugs to $15. A second proposal involved charging enrollment fees of as high as $750 a year, based on family income. The funding requests are being made in letters to the House and Senate budget committees, which are required to draw up an overall federal spending plan. The budget committees are supposed to prepare budget plans for approval by 15 APR, although that deadline is rarely met. Filner said he knows that the $1.3 billion increase in medical care spending is less than the amount sought by veterans' service organizations, but Democratic leaders have stressed the need to hold down costs. The $5 billion in supplemental spending would make up for a reduced 2008 budget, he said. It was not just Democrats who opposed the fees and who want more money for veterans. Rep. Steve

Buyer (R-IN) the former House veterans' committee chairman and now ranking Republican, also rejected the fee increases in his budget recommendations. Buyer and fellow Republicans on the committee recommended a $2.9 billion increase in administration's VA budget plan, including $1.5 billion to improve the GI Bill for National Guard and Reserve members.

In a statement, Buyer said the increases are aimed at what he sees as "enduring priorities" car ing for disabled veterans, the indigent, providing a seamless transition to civilian life, and giving veterans every opportunity to live full, healthy lives. That is an area where they all seem to agree. Akaka said, "It is important for both Congress and the administration to realize that meeting the needs of our veterans is an ongoing cost of war. Our nations' veterans deserve timely benefits and quality medical care. We can provide no less". A budget letter from Sen. Larry Craig (R-ID) the former chairman and now ranking minority party member on the Senate Veterans' Affairs committee, was not available for comment, but Craig has been one of the few lawmakers to support the idea of charging fees which he refers to as premiums and he is expected to endorse the administration's proposal for enrollment fees. The Veterans' Affairs Committees' funding recommendations now go to the House and Senate Budget Committees, where a fiscal year 20 08 budget blueprint will be crafted. That sets the stage for the annual appropriations process, which has often been delayed until well into the new fiscal year and has consistently under funded veterans health care and other programs. [Source: ArmyTimes Rick Maze article 3 Mar 07 ++]

DOD DISABILITY EVALUATION SYSTEM:

The Defense Department is putting in place reforms to its disability evaluation system and working to ensure the decisions of the Disability Advisory Council are fast and fair, Pentagon officials said today. The system is used to evaluate servicemembers' disabilities and separate or retain them, as appropriate. Servicemembers who are separated with at least a 30% disability rating receive disability retirement pay, medical benefits and commissary privileges. With a rating below 30%, veterans receive severance pay, but no benefits. In the past, each service had its own disability evaluation system. Now DoD has put in place an overarching DoD-level framework with a single information system, Pentagon officials said. Each service manages its caseload under that framework. The war on terrorism has taxed the system, officials said. Medical and transportation advances have allowed more servicemembers to survive more serious wounds than in previous wars. In fiscal 2006, service eligibility board caseloads were 13,162 for the Army, 5,684 for the naval services, and 4,139 for the Air Force. In 2001, the numbers were: 7,218 for the Army, 4,999 for the naval services and 2,816 in the Air Force.

DoD officials acknowledge that servicemembers have complaints about the system. According to recent media reports, servicemembers have complained that the military services are not consistent in evaluations and do not follow the Department of Veterans Affairs schedule of rating disabilities. They say it takes too long for evaluations to be processed, the process is unnecessarily complicated, and personnel running the system are inadequately trained in its nuances. DoD is aware of these problems and is working to address them, said Marine Maj. Stewart Upton, a Pentagon spokesman. "We are in the midst of a business-process review that will generate improvements to program effectiveness. We are especially concerned with a balance of what constitutes prompt adjudication, while maintaining reasonable flexibility within the system to ensure recoveries are not inappropriately rushed. The services have increased the number of people involved in the process. DoD is committed to providing quality health care to servicemembers and a "full and fair due process" for disability evaluation and compensation." In fiscal 2006 most cases were processed within 70 days, officials said.

The disability process begins with medical evaluation boards at military hospitals. Attending physicians evaluate each patient, looking at conditions that may make the servicemember unfit for duty. If the condition or wound is judged to make the servicemember unfit, the board refers the case to a physical evaluation board. The board has a mix of medical officers and line officers. They determine if the problem is service-related or not. The panel further recommends compensation for the injury or condition and recommends the disability rating. The Army has three boards at Fort Sam Houston, Texas; Walter Reed Army Medical Center here; and Fort Lewis, Wash. The Navy has a board at the Washington Navy Yard here. The Air Force board meets in San Antonio. Marine Maj. Stewart Upton said, "Servicemembers are afforded due process to ensure their cases and concerns can be fairly considered. Servicemembers also have rights of appeal at specific points in the process should they disagree with their ratings." [Source: American Forces Press Service Jim Garamone article 23 Feb 07 ++]

RESERVE REEMPLOYMENT RIGHTS UPDATE 03:

The Uniformed Services Employment and Re-employment Rights Act requires reservists to be fairly and quickly re-hired after deployment. However, it is often not enforced. The point of contact for reservists who cannot get their jobs back is the 'Employer Support of the Guard and Reserve (ESGR)' office. It is a staff group within the Office of the Assistant Secretary of Defense for Reserve Affairs (OASD/RA) www.esgr.org, which is in itself a part of the Office of the Secretary of Defense. Returning reservists are directed to contact OASD branches indicated on their website to air their complaints. Veterans with job problems can call an ombudsmen between 08-1700 CT M-F at 1(800) 336-4590. Sometimes you can get a real person. An investigation of the military's employer-support office last year for Denver magazine, by Maximillian Potter, argued that although it sho uld be a "tremendous resource" for returning U.S. troops, it is "a bureaucratic mess, mired in incompetence, undermined by conflict of interest and accountable to no one." A new report in FEB 07 by the Government Accountability Office (GAO) found that the Pentagon does not even know the scope of the problems reservists face when they try to go back to work.

In 2005, one out of seven was thought to return jobless. For example an Air Force nurse with 32 years in the military, seven in active duty, and nearly two-dozen medals for valor and service was terminated from her civilian health-care job of 10 years when she was sent to Iraq for four months last year. She is not alone. Increasingly, as reservists and Guard members return home after service in Iraq, they are finding their jobs were eliminated or their pay checks were smaller or promised promotions disappeared. The Denver magazine report told of a 53-year-old Marine, in the service for 29 years, who deployed for nine months in Kuwait and Iraq in 2002 and 2003. When he got home, he was fired from his $88,000-a-year job in a firm where he'd worked for 19 years. He was allegedly told by the Department of Labor, where his commanding officer referred him, that he didn't have a legal case unless he heard somebody say he was fired because of his military service. The officer, a lawyer, was so outraged, that he fought for the Marine, who won $324,082 in U.S. District Court in Colorado. As of late last year, reporter Potter said the Marine was still looking for a job with health insurance for his family.

Under the 1994 law, there are about 12,400 formal complaints filed each year alleging that employers refused to give returning reservists and Guard members their old jobs. The GAO said Congress hears about 2,400 of those complaints. Their report concluded that the Departments of Defense, Justice and Labor and the Office of Special Counsel have different ways of approaching the law and don't compare cases, one reason for the chaos and confusion. The Department of Veterans Affairs, which is taking heat for the problems

that returning soldiers face, oddly, is not involved in employee claims under the 1994 law. Last November, the U.S. Office of Personnel Management sent its annual report to Congress on veterans and disabled veterans working for the federal government. The press release said, "And by every measure, the Bush administration is living up to its commitment to make career opportunities available to soldiers, sailors and airmen." The report said the total number of veterans employed in 2005 out of a federal government work force of 1.8 million was 456,254. But the number of veterans newly hired in 2005 was only 5,000 more than the number hired in 2004. That was also when 36 members of the Florida National Guard got letters, while serving in combat in Iraq, informing them that their jobs in a federal drug-interdiction program were abolished. [Source: Scripps Howard Ann McFeatters amcfeatters@hotmail.com article2 Mar 07 ++]

CPR:

Cardiopulmonary Resuscitation (CPR) is a series of chest compressions and mouth-to-mouth rescue breaths given to cardiac-arrest victims. The process is designed to circulate blood and prolong life until medics arrive or an automated external defibrillator can be located. For years, CPR students were taught to alternate 15 chest compressions and two deep rescue breaths on adults, or five compressions and one breath on children and infants. Students were also taught to check for a pulse and to not give chest compressions to a victim who had a pulse. The new method, established by the American Heart Association in 2005, phased in by the Red Cross last year and made standard procedure this year, calls for alternating 30 chest comp ressions and two normal (not deep) breath for all victims, regardless of age. It also eliminates the need to check for a pulse, since many lay-responders are not skilled enough to correctly detect one. Following is a summary of the change:

Rescue breaths

Old method — Deep breath into a person's lungs for two seconds

New method — Normal breath for one second, until the person's chest rises

Chest compression-to-rescue breath ratio

Old method — 15:2 for adults; 5:1 for children and infants

New method — 30:2 for all

Chest compression rate

Old method — 100 per minute, adults and children; 120 per minute for infants

New method — 100 per minute for all

Chest compression landmarking method for placement of hands

Old method — Trace up the ribs for adults and children; one finger below the nipple line at the center of chest for infants

New method — Center of chest for adults and children; just below nipple line at center of chest for infants

[SOURCE: Stars & Stripes Charlie Coon article 4 Mar 07 ++]

TRAUMATIC BRAIN INJURY UPDATE 02:

The Department of Veterans Affairs (VA) is continuing to adapt its programs to meet the needs of veterans from the Global War on Terror, with a variety of new services in place or underway. The latest innovations for treating traumatic brain injury (TBI) includes mandatory TBI training for all VA health care professionals, screening all recent combat vets for TBI and creating an outside panel of experts to review VA's TBI services. TBI can be caused without any visible injuries when explosives jar the brain inside the skull. Symptoms can range from headaches, irritability, and sleep disorders to memory problems and depression. VA has developed a TBI course that is mandatory for all health care professionals. The course teaches primary care providers ways to diagnose TBI in patients who might not otherwise be a ware they suffer from it.

Also starting this spring is a program to screen all patients who served in the combat theaters of Iraq or Afghanistan for TBI. The new screening will be offered at all 155 VA medical centers. To ensure VA is taking advantage of the latest technology, treatment innovations and diagnostic insights, the Department will establish a panel of outside experts to review VA's complete polytrauma system of care, including its TBI programs. "Polytrauma" is a term that includes TBI and encompasses the other injuries typically found in blast victims, including amputations, burns, hearing and vision problems and psychological trauma. VA operates major polytrauma centers in Minneapolis MN; Tampa FL.; Richmond VA and Palo Alto, CA that have interdisciplinary teams of specialists working together on the complex medical needs of each patient. VA also has 17 regionally-based polytrauma facilities that provide speci alized care closer to veterans' homes. Each of VA's 21 regional health care networks is establishing polytrauma support clinic teams to further improve case management for veterans with TBI as they return home from the hospital, and to help them in their transition to their communities.

VA's innovations in the diagnosis and treatment of TBI patients began in 1992, when four VA medical centers dedicated special facilities to treatment, rehabilitation, professional education and research regarding brain injuries. In MAR 03, those facilities received their first patients from the Global War on Terror, and in APR 05, they were officially designated as polytrauma centers, featuring teams of specialists in various medical disciplines and case managers working together to help veterans overcome severe injuries. Among the special adaptations VA is providing for the care of TBI and polytrauma patients are case managers assigned to each patient, a greater emphasis and understanding of the problems of families during the initial care and long-term recovery, and state-of-the-art video-conferencing that permits top specialists to take an active role in the treatment of remote patients. [Source: TREA Update 3 Mar 07 ++]

PTSD UPDATE 11:

Patients with post-traumatic stress disorders (PTSD) are more likely to struggle with smoking, alcoholism and obesity, according to a new analysis of post-traumatic stress studies. Researchers say the findings shows that counselors need to deal not just with the mental aspects of PTSD, but also the physical challenges that patients face. Relieving the PTSD will help with some of the burden, but these risk behaviors will still be a problem, said Dr. Miles McFall, Director of Psychology Service at VA Puget Sound Health Care System and an author of the analysis. "They need to be treated specifically." The report, published in the latest issue of the Department of Veterans Affairs PTSD Research Quarterly, reviews various research performed over the last few years which shows PTSD patients are twice as likely to smoke, twice as likely to develop a drinking problem and nearly three times more likely to use drugs than the general population. Another study showed that nearly 83% of those

suffering from PTSD are overweight or obese, compared to just under 65% of the adult population in the United States. McFall said those symptoms are not necessarily indicators that someone might have PTSD but health professionals dealing with PTSD patients should be on the lookout for that type of destructive behavior as well. Ideally, counselors should treat both the PTSD and the secondary problems at the same time, he said. The report pointed to the high-risk health behavior as a possible reason for the shorter life space among PTSD patients. The report states, "It cannot be ass umed that these behaviors will resolve on their own without direct, targeted intervention". To review the complete study refer to www.ncptsd.va.gov/ncmain/nc_archives/rsch_qtly/V17N4.pdf. [Source: Stars & Stripes Leo Shane article 21 Feb 07 ++]

TRICARE HELP WHILE TRAVELING:

If you are planning a trip or move it would be prudent to determine in advance where you will be able to obtain health care. One option is to go to the nearest Military Treatment Facility (MTF). You can locate the locations of all of the 237 existing MTF's at www.tricare.mil/mtf/. Retirees and/or dependents should verify the MTF will provide them non-emergency treatment if needed. Depending on geographic location and available capacity, routine care may be restricted to active duty or local residents only. If there is no MTF available in the U.S. geographic area you plan to be in you can use any physician or facility that accepts Medicare. In the Philip pines and Puerto Rica you will have to locate a Tricare authorized physician or facility for routine care. If you do not use one that has been already certified by Tricare do not expect to have your Tricare claim to be paid. For more specific info on the overseas area you will be in refer to www.tricare.mil/overseas/Overseas. Most likely you will be expected to pay the bill in full and submit your own claim.

For overseas emergency care Tricare beneficiaries may seek medical treatment from any host nation provider and file a claim with the exception of those in the Philippines and Puerto Rico. If Tricare agrees it was a valid emergency situation beneficiaries can expect reimbursement. For the Philippines a complete listing of all Tricare authorized facilities and physicians in the country are available at http://tpaoweb.oki.med.navy.mil. For other countries contact your Tricare regional office (North, South, or West) for advice on where to go. If unable to obtain a plausible recommendation you can always refer to SOS international at www.internationalsos.com. This site will provide contact information on SOS offices throughout the world which should be able to give you a qualified and safe physician/ facility referral. Be sure to inquire if the medical care providers they recommend are Tricare authorized if you intend to submit a claim for reimbursement. [Source: Various Jan 06 ++]

VA FACILITY EXPANSION UPDATE 04:

Secretary of Veterans Affairs Jim Nicholson announced 2 MAR that the Department of Veterans Affairs (VA) will open a new outpatient clinic for veterans on the island of Lanai HI. The new facility joins nearly 900 existing VA outpatient clinics that provide primary health care for America's veterans. This year, VA outpatient clinics are expected to treat veterans during more than 64 million visits. The new facility will replace most outpatient care now provided under contract to veterans by the Lanai Community Hospital. VA will continue to purchase care from the hospital for certain inpatient and some outpatient services. Telemedicine — the use of telecommunications technology to provide health care from distant locations — will link the clinic to additional services at other VA clinics and hospitals. Additionally, VA is working with the Hawaiian Health Systems Corporation, the Native Hawaiian Health System and local providers to obtain Federally Qualified Health Clinic status for the Linai hospital, which would increase the availability of specialty care for all Lanai residents. Last year, VA spent $343

million in Hawaii to provide health care, disability compensation, pensions and other benefits to the islands' 102,000 veterans. VA currently operates a major medical center in Honolulu and outpatient clinics at Hilo, Kona, Maui and Lihue. [Source: VA News Release 2 Mar 07 ++]

VA FACILITY EXPANSION UPDATE 03:

Secretary of Veterans Affairs Jim Nicholson has announced final plans to build a new hospital for the Department of Veterans Affairs (VA) on Lake Nona Boulevard in the city of Orlando, ending speculation about the facility's location and clearing the way for purchase and site development. For the first time, VA's acute care, complex specialty care and advanced diagnostic services will be available for inpatients in east central Florida. More than 90,000 veterans already enrolled in VA health care will directly benefit from the location. The complex will include a 134-bed hospital, a 120-bed nursing home, a 60-bed domiciliary, an outpatient clinic, a veterans benefits office to help veterans with financial benefits and generous parking. Nicholson weighed public hearing testimony from veterans and other stakeholders, plus input from expert advisors in making the final location decisi on. Six sites originally were viewed as options, subsequently narrowed to Lake Nona and another site that was not chosen, a tract at International Corporate Park on Bee Line Expressway. The new Orlando VA Medical Center will be located in a health care and research district that includes the planned University of Central Florida medical school and a research institute, providing important clinical and research opportunities for VA. Scheduled to open in 2012, veterans can expect to see construction activity next year as grading and site preparation begin. VA has not yet received appropriations to allow it to close on the property, though funds were requested in the fiscal year 2008 budget currently being deliberated on Capitol Hill. The purchase price for the Lake Nona Boulevard tract is not yet firm, since VA has not finalized negotiations with the owner. [Source: VA News Release 2 Mar 07 ++]

CRDP UPDATE 41:

Concurrent Ret irement Disability Pay (CRDP) is a phased-in restoration of the retired pay deducted from military retirees' accounts due to their receipt of Department of Veterans Affairs (DVA) compensation (reflected on Retiree Account Statements as the "VA waiver"). The phased-in restoration began 1 JAN 04 with the first payments dated 2 FEB 04. The Defense Finance and Accounting Service (DFAS) processed the 2007 CRDP increase based on the new restoration rate of 49.60%. The increase became effective 1 JAN 07 and retirees received their recomputed pay on 1 FEB 07. Retirees are eligible for CRDP if they have a DVA-rated service-connected disability of 50% or higher, unless they are a disability retiree with less than 20 years of service or a retiree who combined military time and civil service time to qualify for a civil service retirement. For retirees who combined their military time and civil service time in order to enhance civil service retire ment from the Office of Personnel Management (OPM), they are eligible for CRDP payments once they coordinate with OPM to have their retired pay reinstated. Percentage of VA waiver restoration in coming years is 69.76% on 2008, 84.88% in 2009, 93.95% in 2010, 98.18% in 2011, 99.64% in 2012, 99.96% in 2013, and 100% in 2014. To determine how to compute your actual pay refer to www.dod.mil/dfas/dfasnewsletters/retpay/february07/CRDP.html. [Source: DFAS Retired Pay Newsletter 3 Mar 07 ++]

CNGR COMMISSION UPDATE 02:

Last year in the National Defense Authorization Act, Congress directed the Commission on the National Guard and Reserves (CNGR) to research and report back on the legislation known as the "National Guard Empowerment Act". On 1 MAR 07 the Commission announced its findings. The National Guard needs more money and

Pentagon clout Congress was told in their report. Arnold L. Punaro, chairman of the CNGR, said the situati on is part of a homeland security apparatus so fragmented that it could doom a response to a major disaster. Central to the problem, the 13-member panel said, is a Guard that is expected to perform like an operational force, yet is still treated like a strategic reserve. "That's a huge paradigm shift," said General Punaro, a retired Marine major general. "And yet our commission has found that DoD has not made any of the underlying changes in the laws, rules, regulations, policies, procedures, funding and equipment to make it truly a ready operational reserve."

Among their 23 recommendations, commissioners called for elevating the Guard Bureau chief to a four-star general, enhancing the Guard's homeland security role and giving governors and Guard officers command of federal forces during domestic emergencies. But the CNGR stopped short of recommending a Guard seat on the Joint Chiefs of Staff, which is a provision of the empowerme nt bill before Congress. The report recommends that the National Guard Bureau be made a joint activity of the Department of Defense, rather than remain a joint bureau of the Army and Air Force and that the charter of the National Guard Bureau be re-written to make the "Chief of the National Guard Bureau a senior advisor to the Chairman of the Joint Chiefs of Staff and, through him, to the Secretary of Defense on matters related to the National Guard when not in active federal service. You can download and view the entire report by going to www.NGAUS.org and clicking on the CNGR emblem. [Source: NGAUS Leg Up 2 Mar 07 ++]

DIGNITY FOR WOUNDED WARRIORS ACT:

Senator Barack Obama introduced on 28 FEB S. 713, the Dignity for Wounded Warriors Act, , by. This rather comprehensive bill would provide for improvements in six areas.

(1) On housing for outpatients, S. 713 would set minimum standards so that living conditions for wou nded and recovering service members would meet the all of the same standards that apply to permanent-party barracks. It would require regular inspections of outpatient housing for five or more patients at least twice a year by high-level military officials, create a zero-tolerance policy for pest infestation, and require a crisis counselor and an emergency medical technician to be available 24 hours a day at all outpatient residences. S. 713 also sets a 15-day limit for housing repairs to be made and, if that limit cannot be met, requires that alternative housing be provided.

(2) On paperwork, S. 713 would require overhaul of the cumbersome physical disability and evaluation system, title 10 US Code Chapter 61, which is part of the reason wounded service members are living at military hospitals even though they are no longer inpatients. It would have a single command responsible for a system that now varies among the services, require that the system be available for use online and also require any hospital with more than 100 recovering service members to have a single location for handling paperwork. The changes would have to be made within one year.

(3) On caseworkers, S. 713 would require a minimum standard of one caseworker and one supervising noncommissioned officer for every 20 recovering service members. The Pentagon would have 45 days to meet this standard. Within 60 days, the Defense Department would have to establish a better training program for caseworkers, to include a focus on suicide prevention and identifying mental health problems. All caseworkers would get annual re-training.

(4) For family members, S. 713 would break new ground by extending federal job protections — traditionally reserved for military members so they are rehired after separating from the military — to spouses and parents who leave their employment to help with the recovery of injured service members. Obama said family members should not have to choose between keeping a job or caring for a service member. Additionally, S. 713 would make family members living in military treatment centers eligible for military medical care, something not available to parents, grandparents or siblings of recovering service members. Family members helping with the care of injured service members also would get employment counseling from the military and have better crisis counseling and respite services.

(5) To better assist wounded service members and their families, S. 713 would require two bilingual 24-hour hotlines — one for crisis counseling and one for family assistance. Every major medical command would appoint an ombudsman for outpatient care.

(6) And, because of concerns that the problems at Walter Reed happened under the noses of military leaders, S. 713 would create a Wounded Warrior Oversight Board appoin ted by Congress to oversee implementation of S. 713 and serve as an advocate for recovering troops and their families. [Source: USDR Action Alert 3 May 07]

AFRH UPDATE 01:

The Armed Forces Retirement Home (AFRH) Agency maintains a home in Gulfport and Washington DC. Admission to Gulfport is currently suspended due to hurricane Katrinia damage. Veterans are eligible to become AFRH residents if their active duty service in the military was at least 50% enlisted, warrant officer or limited duty officer and they are:

1. Veterans with 20 or more years of active duty service and are at least 60 years old, or
2. Veterans unable to earn a livelihood due to a service-connected disability, or
3. Veterans unable to earn a livelihood due to injuries, disease, or disability, and who served in a war theater or received hostile fire pay, or
4. Female veterans who served prior to 1948.

Applicants must be free of drug, alcohol, and psychiatric problems, and never have been convicted of a felony. Married couples are welcome, but both must be eligible in their own right. At the time of admission applicants must be able to live independently. As an example of this, they must be able to take care of their own personal needs, attend a central dining facility for meals and keep all medical appointments. If increased health care is needed after being admitted, assisted living and long term care are available at both campuses.

Currently AFRH-W has a three to six month wait for move-in. Prospective residents and family are invited and encouraged to tour both locations. Simply call the location that you would like to visit to schedule an appointment. The numbers to call are: Gulfport (800) 332-3527 and Washington (800)422-9988. Individuals visiting the Washington location are entitled to complimentary lodging in the facility's guest rooms for two nights and a limited number of meals. Individuals interested in visiting the Gulfport campus are welcome to stay in one of the guest rooms there. Please call each campus directly to check on the availability of guest rooms. The

AFRH is an active, retirement community which encourages your independence. Residents can enjoy the many opportunities in the local area and have complete freedom to come and go as they wish. Residents can bring their vehicles for which parking space is available. Each campus may have local procedures for signing in and out. Once a prospective residents application is approved applicants are automatically placed on the waiting list. Move-in priority is based on original approval date.

The AFRH resident fee is 35% of your total current income for independent living and 40% for assisted living. For those who require permanent health care after being admitted into independent living, the monthly fee is 65% of income. There ar e maximum fees, which are adjusted annually for inflation, for each category and each campus. The maximum fees are $1144 for independent living residents, $1715 for assisted living residents, and $2858 for long term care residents. Total income for computing the monthly fee is:

5 All income reportable as Adjusted Gross income (AGI) on the U.S. Individual Income Tax Return and as adjusted by adding tax exempt income received during the same year.

6 Tax exempt income includes benefits administered by the Department of Veterans Affairs, Social Security Administration, disability retired pay, pensions, annuities and IRA distributions that are not included in the AGI.

7 Resident fees are computed on annual basis and adjusted for inflation.

The AFRH ensures that every resident, regardless of financial ability, will receive top-rated, long-term care when needed. Residents are financially responsible for care received from other medic al facilities or from visiting civilian medical practitioners. Residents must maintain medical insurance including a supplemental policy to cover medical care in the event the military/veteran medical facilities are not available. For additional info refer to www.afrh.gov. [Source: www.afrh.gov Mar 07 ++]

MARINE DET MEMORIAL USS ARIZONA:

On 24 NOV 05 the Commandant of the Marine Corps dedicated a memorial to the USS Arizona Marine Detachment. It is located on a point of land between the USS Arizona Memorial Visitor Center and the USS Bowfin Submarine Memorial and Park. The memorial consist of a 36 foot flagpole embedded in a seven-sided concrete base on which seven bronze plaques, inscribed with the names of the detachment, are fixed. The plaques are three feet and weigh 185 pounds. One hundred and nine Marines made the ultimate sacrifice during the attack at Pearl Harbor. The Arizona suffered 73 of those fatalities, 67% o f the total. Only 15 of her 88 man detachment survived 7 DEC 41. According to the final muster, the bodies of 16 Arizona marines were identified and buried in Red Hill Cemetery. These bodies were later exhumed and reburied at the National Memorial Cemetery of the Pacific. The remains of five additional Marines from the Arizona were identified after completion of the final muster. Fifty-two Marines remain entombed in the Arizona.

The US Navy has amended the property lease as of 1 MAY 07 to allow the National Park Service (NPS) who administers the USS ARIZONA Memorial to renovate as the old structure is sinking. A necessary project. Unfortunately, NPS Director Pacific Region Jon Jarvis, has decided the Memorial will not fit into the artist concept of what the water front should look like. In a press conference on the subject he noted that in spite of the huge support of all Marines for the Marine Remembrance the plan is to turn over the acreage as an parking lot. Those who would not like to see this happen should refer to

www.capveterans.com/help_save_marine_corps_memorial_at_pearl_harbor/id10.html for further information. [Source: Marilyn Stewart msg 3 May 07 ++]

ILLINOIS VET HIRING TAX CREDIT:

The State of Illinois is promoting the hiring of qualified veterans with a new tax incentive for businesses. Employers can earn the new Veteran's Tax Credit of 5% of total wages paid, up to a maximum of $600 annually, for wages paid to each veteran hired after 1 JAN 07. The veteran must work at least 185 days during the tax year for the employer to qualify. The credit is available for veterans who were members of the Armed Forces, the Armed Force reserves, or the Illinois National Guard on active duty in Operation Desert Storm, Operation Enduring Freedom, or Operation Iraqi Freedom. [Source: VetJobs Veteran Eagle – March 07]

HOW TO MAKE SURE YOU GET Y OUR EMAIL:

Because of spammers, many inboxes. Unfortunately, in the ever-escalating war between spammers and ISPs/mail services, many are accidentally caught in their cross-fire. The result is that ISPs or mail services often filter out email that you specifically ask to receive, such as this Bulletin. After you subscribe to the Bulletin, you should take the following "whitelisting" steps to ensure that you actually will receive it.

- "Whitelist" the Bulletin's Email addees in the Email Program on Your Computer

- "Whitelist" the Bulletin's Email addees in the Spam Filter Software on Your Computer

- "Whitelist" the Bulletin's Email addees at your ISP (Earthlink, Comcast, etc.) or Mail Service (Hotmail, Yahoo mail, etc.)

1. Whitelisting in the Email Program on Your Computer (ex., Outlook, Eudora): Put the e-mail addees (raoemo@sbcglobal.net & raoemo@mozcom.com) into your e-mail program's Address Book and any "approve d senders list" or "whitelist" it uses. This will help to get the Bulletins through corporate mail filters and other less-than-sensible blockers: Most e-mail software now has both built-in spam-filtering and whitelisting features. You can also create your own special filters to accept and file incoming e-mail, and to trash other ones. See your software's help menu for information about spam filters, whitelisting, and creating your own filters, so that you can indicate to your software to accept mail from addees you want to receive.

2. Whitelisting in the Spam Filter Program on Your Computer (ex., McAfee SpamKiller): If you are using third-party spam filter software on your computer (ex., McAfee SpamKiller) to augment your e-mail software, indicate to that filtering software to accept emails from raoemo@sbcglobal.net & raoemo@mozcom.com. Either add them to some kind of a white list (or a "good list" or similar name), or cli ck to indicate that mail filtered into a "Junk" folder is not junk — all systems follow similar patterns, but the names may change. It is usually pretty straightforward, but you may need to search the software's Help menu for a bit of direction. NOTE: Since the e-mail software-and-filter on your computer is the very end of the line, the Bulletin may be filtered out before it even gets to your computer. If you don't get e-mail that you are expecting, your ISP or mail service may be responsible.

3. Whitelisting Internet Service Providers (ISPs): Increasingly, Internet Service Provides that deliver your email (ex., earthlink.net, comcast.net) and mail services (ex., Hotmail, Yahoo) are using filtering systems to try to keep spam out of customers' inboxes. Sometimes, though, they accidentally filter the e-mail that you do want to receive. Even worse, they often do not tell you what they have filtered out, so you never know whethe r a legitimate email has been deleted. The volume of spam is enormous and the algorithms to figure out what is spam (and what is not) are complicated, thus mistakes frequently do happen. Here's how to add raoemo@sbcglobal.net & raoemo@mozcom.com to the "whitelist" of your ISP or mail service. However, the procedure varies from ISP/mail service to service, so find the one below that applies to you.

AOL - Place raoemo@sbcglobal.net & raoemo@mozcom.com in your Address Book. Check AOL help for details, if necessary. Different versions have different features. For example in version 7.0, go to Keyword Mail Controls — after you select your screen name and left-click on "Customize Mail Controls For This Screen Name," enter the above domains in the section "exclusion and inclusion parameters." For AOL version 8.0, select "Allow email from all AOL members, email addresses and domains." Then left-click on "Next" until the Save butt on shows up at the bottom. Left click on "Save."

ATT.net - If Spam-blocker is enabled and if the e-mail message is legitimate and was screened as spam, forward the original message as an attachment to this-is-not-spam@worldnet.att.net.

ATTGlobal.net - Your Graymail folder contains all possible spam e-mail. The Graymail folder shows up on the Spam Control page only after you activate the "Filter" option. Before you activate that option, there is no Graymail folder. Once you have enabled the Spam Control feature, they have created an e-mail addresses for you to send your feedback. If you receive e-mail identified as < > and it is not spam, send that information to notspammail@attglobal.net.

Bellsouth.com - You must opt-out of MailGuard to receive e-mail from us. Once it is received forward it (with full headers) to this_is_good@bellsouth.net to have raoemo@sbcglobal.net & raoemo@mozcom.com whitelisted.

Other ISPs - Each ISP is a little different, but the idea is the same. ISPs usually provide help or instructions about whitelisting. But... If you can't find how to add the Bulletin email addee to a whitelist, call or e-mail your ISP's tech support or postmaster@your-isp.com and specifically ask how you can be sure to receive all e-mail from raoemo@sbcglobal.net & raoemo@mozcom.com .

4. Whitelisting Mail Services:

Hotmail or MSN - Place raoemo@sbcglobal.net & raoemo@mozcom.com on what they call your Safe List. The "Safe List" can be accessed via the "Options" link, situated to the far right of the main menu tabs. NOTE: Hotmail's "safe list" often does not work.

USA.net - Login to your e-mail account and click on Services in the left-hand Navbar. You can Whitelist there. To configure your personal white list filters, follow these steps:

Determine what you would like done to the messages that match one of your filters. This generally fits into two categories, Override or Exclusive.

- Override allows you to override your spam filters, including system spam filtering, and is handy when you have mail that is occasionally incorrectly marked as spam by the system spam filters.

- Exclusive allows you to limit the mail you receive to only those messages that match your White List; all other mail messages will either be considered Junk Mail or automatically deleted. If you choose Exclusive, you will need to specify whether to keep the mail as Junk Mail or to delete the mail. If you choose to delete all mail that does not match your White List, this mail cannot be recovered later.

Yahoo! Mail - If the Bulletin is filtered to your 'bulk' folder, open the message and click on the "This is not spam" link next to the "From" field. You can also create a "filter" at Yahoo that sends the Bulletin e-mail into your Inbox and not the Junk/Bulk Mail folder. Here's how:

1) Open your Yahoo e-mail. Left-click on "Mail Options" (right side of your screen). In the right hand column, under "Management," left-click on "Filters." And then, left-click on "Add Filter."

2) Call this filter "PCOS Health Review".

3) See where it says... "if all of the following rules are true ..."? Go to the top row labeled "From header," choose "contains" in the drop-down menu and type in raoemo@sbcglobal.net & raoemo@mozcom.com.

4) At the bottom, choose "Inbox" from the drop-down menu where it says "Move the message to:"

5) Finally, left-click on the "Add Filter" button.

Other Mail Services - Each mail service is a little different, but the idea is the same. If you can't find how to add the email addees to a whitelist, try adding them to your address book, or moving the messages from the Junk folder to your 'inbox' or forwarding the message to yourself (if you're getting it at all, that is). If e-mail continues to be filtered out, call or e-mail your mail service tech support or postmaster@your-mailservice.com and specifically ask how you can be sure to receive all e-mail from raoemo@sbcglobal.net & raoemo@mozcom.com. [Source: http://www.wnd.com/resources/whitelist.asp Mar 07 ++]

CELL PHONE TIPS UPDATE 01:

It was called to my attention that the previous article on this subject was mostly urban legend. At www.snopes.com/inboxer/household/cellphones.asp I was able to confirm this. Looks like both myself and my source were duped as many other have been. To set the record straight the reality of what each of the tips noted offer is as follows:

1. The Emergency Number worldwide for Mobile is 112 - Calling 112 on your cell phone will (in some parts of the world, primarily Europe) connect you to local

emergency services, even if you are outside your provider's service area (i.e., even if you are not au thorized to relay signals through the cell tower that handles your call), and many cell phones allow the user to place 112 calls even if the phone lacks a SIM card or its keypad is locked. However, the 112 number does not have (as is sometimes claimed) special properties that enable callers to use it in areas where all cellular signals are blocked (or otherwise unavailable).

2. Locked your keys in the car - Cars with remote keyless entry (RKE) systems cannot be unlocked by relaying a key fob transmitter signal via a cellular telephone. RKE systems and cell phones utilize different types of signals and transmit them at different frequencies.

3. Hidden Battery Power - The claim that pressing the sequence *3370# will unleash "hidden battery power" in a cell phone seems to be a misunderstanding of an option available on some brands of cell phone (such as Nokia) for Half Rate Codec, which provides about 30% more talk time on a battery charge at the expense of lower sound quality. However, this option is enabled by pressing the sequence *#4720# — the sequence *3370# actually enables Enhanced Full Rate Codec, which provides better sound quality at the expense of shorter battery life.

4. Disabling a STOLEN mobile phone - Entering the sequence *#06# into a cell phone may display a 15-digit identification string, but that function only works with some types of cell phones, and the efficacy of reporting the ID number to a cellular service provider to head off unauthorized use of a lost or stolen phone is limited.

5. Cell phone company 411 charges - Some business outfits such as (800) FREE-411 do provide free directory assistance services to cell phone customers. However, users should note that the service is "free" in the sense that FREE-411 provides directory information to callers at no charge, but cellular service providers may still assess cha rges related to placing such calls.

[Source: www.snopes.com/inboxer/household/cellphones.asp 15 Feb 07 ++]

MILITARY RETIREMENT PAY RESTRICTIONS:

1. Payment Date: Unlike active duty pay, retired/retainer pay is only paid once per month. Your net retired/retainer pay should be sent to your financial institution by Direct Deposit unless you reside in a foreign country in which Direct Deposit is not available. Your retired pay will be deposited to your account on the first business day of the month following the end of the month. Your first payment for retired pay normally will arrive 30 days after your release from active duty, or, on the first business day of the month following the month of first entitlement to pay.

2. Foreign Employment: Any applicant who accepts employment with a foreign government without approval is subject to having reserve or retired pay withheld for the period of unauthorized employment. If you are r etired and contemplating employment by a foreign government, you must obtain approval from the Secretary of the service concerned and the Secretary of State. For more information contact:

- Navy: The Office of the Judge Advocate General, 200 Stovall Street, Alexandria, VA 22332-2100.

- Air Force: HQ AFMPC/DPMARR3, 550 C Street West, Suite 11, Randolph AFB TX 78150-4713.

- Marine: HQMC (MMSR-6), 2 Navy Annex, Washington, D.C. 20380-1775 or 1(800) 336-4629.

- Army: U.S. Army Reserve Personnel Command, Attn: ARPC-SFR-SCI, 1 Reserve Way, St. Louis, MO 63132-5200.

3. Federal Civil Service Retirement: If you retire from the military, and are retired/retiring from Federal Civil Service, you can elect to waive your military retired pay in order to include your military service in the computation of your civil service annuity. (Which, depending upon the circumstances can be financially worth it). However, for retired reser vists, this is true only if you are service retired years of service or disability retired. If you are age retired (age 60) then there is no waiver or offset (a technical loophole in the law). If you choose to do so, you need to notify DFAS, in writing, at least 60 days prior to your planned civilian retirement date. It is suggested that you contact your civilian personnel office prior to the submission of your waiver request to ensure that you are aware of all the available options. If you elect survivor coverage from your civil service annuity, your military SBP participation will be suspended while you receive the civil service annuity. If you want to retain military SBP you may do so, but you must then decline survivor annuity from the Office of Personnel Management. If your pay is subject to court-ordered distribution, you must authorize an allotment in an amount equal to the distribution, in order to include military service in the civil service annuity computation.

4. Garnishments/Withholdings: Unlike active duty pay, military retired/retainer pay cannot be garnished for commercial debts (i.e. credit cards, automobile loans, etc.). Military retirement pay can, however, be garnished for alimony, child support, IRS Tax Levies, and debts owed to the government (i.e. student loans, PX/BX Deferred Payment delinquencies, Officer/NCO Club payment delinquencies, etc..). Additionally, under the provisions of the Uniformed Services Former Spouse Protection Act (USFSPA), state courts may treat military retired pay as joint property between the member and the spouse during divorce proceedings. [Source: New Mexico e-Veterans News 6 Feb 06]

MILITARY LEGISLATION STATUS 13 MAR 07:

Refer to the Bulletin attachment for a listing of Congressional bills of interest to the military community that have been introduced in the 110th Congress. 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 cosponsor is a member of Congress who has joined one or more members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The first member to sign onto a bill is considered the Sponsor. Members subsequently signing on are Cosponsors. Any number of members may cosponsor a bill in the House or Senate. At http://thomas.loc.gov you can determine the current status of each bill, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. The key to increasing cosponsorship is letting our representatives know of veterans feelings on issues. At the end of some of the listed bills is a web link that can be used to do that. Otherwise, you can locate on http://thomas.loc.gov who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or

letter of your own making: [Source: http://thomas.loc.gov 13 Mar 07 ++]

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