

RAO

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Provider Rate Increases

Tricare Philippines Demonstration Project Update 08: The upward price war for medical services under the TRICARE Demonstration Project is well underway. A survey by the U.D. Military Retirees of the Philippines (USMRoP) indicates local providers have increased routine visits to as much as \$50.06. This is 4 times the normal rate paid by locals and 5 times the normal rate paid to local third party payers. Under the DEMO Project the Contract Maximum Allowable Charge (CMAC) will cover these higher rates under billing code 99214 and pay more than \$41 under billing code 99213. A likely trigger on increasing provider prices is a Baypointe Hospital and Medical Center TRICARE representative allegation of a conversation in which TRICARE informed them they could and should charge higher fees for Demo patients because they were not being paid enough.

It has been verified that at Makati Medical Center (MMC) they charge P1,000 for routine visits, 2 times the normal rate and 2.5 times the normal rate paid to local third party payers. The same seems to apply at Sacred Heart hospital. Angeles University Foundation Medical Center (AUFMC) charges \$26 or the current peso equivalent. So it seems some major providers have converted their rates to dollars for the DEMO patients who pay varying amounts depending on whatever exchange rate these hospitals want to charge. It has also been substantiated by USMRoP that AUFMC is charging 10% more for hospital based services than charged the general public which puts it 30% over what they are paid by third party payers. Multiple retirees have been told essentially the same story by multiple physicians and multiple hospitals that the fees were raised at the suggestion of TRICARE representatives.

TMA's position is that what is being charged is not out of line. They assert that that all providers in the Philippines are routinely paid 4 times their normal rates by local third party payers. However these assertions are not borne out by the evidence. USMRoP obtained a copy of a recent contract between physicians and the Association of Health Maintenance Organizations of the Philippines that represents more than 16 national HMOs and medical insurance plans where the physician agrees to accept discounted fees for all his services provided to beneficiaries of these plans. They also have testimony from multiple senior employees of local third party payers who said they routinely obtain discounts from physicians and hospitals for their beneficiaries.

It is anticipated that once the DEMO Project certified providers and hospitals in Angeles and Manila become aware that Baypointe is charging higher fees for visits, they will follow suit. Given TMA's reversal of policy on payment of deductibles, providers could easily charge say \$75 per visit and collect 100% under the deductible. If they never file a claim, and there is absolutely no requirement in their agreements that they ever file a claim, the amount of copay paid by beneficiaries upfront will never be lower than the CMAC rates so providers could retain the full amount. This would make it an even greater disincentive to file a claim in these cases. As long as they don't file claims where the full amount was paid under the deductible the beneficiary will never get credit and continue to pay for most of the cost of their outpatient care at greatly increased rates. Information gathered from multiple retirees by USMRoP reflects many retirees have paid hundreds of dollars more in copays than they previously would as a result of rate increases.

USMRoP would like to help Philippine beneficiaries insure they are getting the proper credit for deductibles and copays and are not being overcharged. To that end they ask that those that receive an EOB from care received under the Demonstration Project to contact them at us_mil_ret_of_the_pi@123mail.org so they can confirm they were not. [Source: USMRoP Report on Philippine TRICARE Demonstration Project 13 Apr 2013 ++]

Servicemembers' Civil Relief Act Update 02: The Department of Justice announced last week that under its 2011 settlements with BAC Home Loans Servicing LP, a subsidiary of Bank of America Corporation, and Saxon Mortgage Servicing Inc., a subsidiary of Morgan Stanley, 316 service members whose homes were unlawfully foreclosed upon between 2006 and 2010 are due to receive over \$39 million in monetary relief for alleged violations of the Service Members Civil Relief Act (SCRA).

- Under the first settlement, Bank of America is required to pay over \$36.8 million to service members whose homes were unlawfully foreclosed upon between 2006 and 2010. Each service member will receive a minimum of \$116,785, plus compensation for any equity lost with interest. Bank of America has already begun compensating 142 service members whose homes were illegally foreclosed on between 2006 and the middle of 2009. Under the same agreement, Bank of America agreed to provide information about its foreclosures from mid-2009 through the end of 2010. As a result of that review, Bank of America will now pay 155 service members upon whose homes it illegally foreclosed. Borrowers receiving payment under this settlement may receive an additional payment under a settlement between Bank of America and federal banking regulators -- the Office of the Comptroller of the Currency and the Board of Governors of the Federal Reserve System -- if the foreclosure occurred in 2009 or 2010. Payments provided under the federal banking regulators' settlement will bring the total amount received by eligible borrowers to \$125,000 plus equity where applicable.
- Under the second settlement, Saxon Mortgage Services Inc. is in the process of paying out over \$2.5 million to 19 service members whose homes were unlawfully foreclosed upon between 2006 and 2010. Each service member will receive a minimum of \$130,555.56, plus compensation for any equity lost with interest.

Bank of America is one of five mortgage servicers that entered into a settlement, known as the National Mortgage Settlement, with the Justice Department in 2012 regarding its foreclosure practices. Pursuant to the National Mortgage Settlement, the Justice Department is overseeing ongoing audits of the five largest mortgage servicers in the country (Wells Fargo, Bank of America, Citibank, JP Morgan Chase and Ally) to identify violations of the SCRA's foreclosure provisions between Jan. 1, 2006 and April 4, 2012 and its 6 percent interest rate cap provision between Jan. 1, 2008 and April 4, 2012. The \$36.8 million currently being paid by Bank of America to 297 service members is pursuant to the 2011 consent decree (which predated the National Mortgage Settlement), and represents only the non-judicial foreclosures conducted by Bank of America.

As the National Mortgage Settlement audits progress, the Justice Department will be requiring payments by Bank of America for judicial foreclosure and interest rate violations, and by the other four servicers for judicial and non-judicial foreclosure and interest rate violations. Under the National Mortgage Settlement most service members wrongly foreclosed on will receive \$125,000 plus any lost equity. For the foreclosure violations that took place in 2009 and 2010, the Justice Department is coordinating closely with the Office of the Comptroller and the Federal Reserve Board, which are conducting separate reviews of 12 mortgage servicers under the Independent Foreclosure Review process. [Source: TREA News for the Enlisted 12 Apr 2013 ++]

Prescription Drug Disposal Update 05: Got any old, outdated prescription drugs you want to get rid of safely? The Drug Enforcement Administration (DEA) has scheduled another National Prescription Drug Take-Back Day which will take place on Saturday, April 27, 2013. This is a great opportunity for those who missed previous Take-Back events or who have subsequently accumulated unwanted, unused prescription drugs, to safely dispose of those medications. On the 27th from 10:00 a.m. to 2:00 p.m. (your time), collection sites will be available

across the nation at designated police departments, military installations, fire departments and schools. To find the collection site that's closest to you, use one of the following:

- a. Go to the "LINKS FOR MIL\RET\VETS" web site at <http://www.hostmtb.org> and click on the "NATIONAL PRESCRIPTION DRUG TAKE BACK DAY: Sat, 27 Apr 13, From 10:00 to 1400" link (middle of web page), and then click on "Locate Collection Site Near You" or;
- b. Go to the "DEA" web site at <http://www.dea.gov> and click on the "Locate Collection Site Near You" link.

If you do not find a collection site near you, check back frequently as new sites are added every day. Take-Back Day pamphlets, posters, banners, etc., in English and Spanish, are available at http://www.justice.gov/dea/take-back/takeback-day_2013.html. If you are unable to connect to the above web . contact Take-Back officials at 1-800-882-9539. [Source: Tricare News Milton Bell msg. 12 Apr 2013 ++]

Physician Assisted Suicide Update 01: Patients, their families, and physicians have been satisfied with a "death with dignity" physician-assisted suicide program made available to terminal cancer patients at a Seattle clinic, clinicians there reported. Among 114 patients who asked about the program at the Seattle Cancer Care Alliance, the outpatient clinic for the city's major cancer treatment centers, 40 passed screening examinations and ultimately received lethal prescriptions for secobarbital (barbiturates) , although only 24 actually took the drug, according to Elizabeth Trice Loggers, MD, PhD, and colleagues at the clinic and its affiliated centers. "Patients, caregivers, and family members have frequently expressed gratitude after the patient obtained the prescription, regardless of whether it was ever filled or ingested, typically referencing an important sense of control in an uncertain situation," the authors wrote in the 11 APR issue of the New England Journal of Medicine.

"Our Death with Dignity program both allows patients with cancer who wish to consider this option to do so within the context of their ongoing care and accommodates variation in clinicians' willingness to participate," they added. "The program ensures that patients (and families) are aware of all the options for high-quality, end-of-life care, including palliative and hospice care, with the opportunity to have any concerns or fears addressed, while also meeting state requirements." Linda Ganzini, MD, MPH, of the Oregon Health and Science University in Portland, in an interview with MedPage Today said, "I think what they have done is both very responsible and really improves the quality of the safeguards that are already in the law." Ganzini, who had helped the Seattle group in designing their program, noted that the report had certain limitations -- mainly that it didn't address the larger experience in Washington and Oregon with physician-assisted suicide, and that the report was not an independent, outside assessment of the Seattle clinic's implementation.

The program was instituted following Washington state's enactment of legislation in 2008 allowing physician-assisted suicide. Loggers and colleagues explained that the law set certain ground rules to be followed before a physician could write a lethal prescription.

- Patients must make two oral requests, with an interval of at least 15 days between, plus a written request in order to begin the process.
- Prescribing physicians as well as a different consulting physician must then confirm that the patient's disease is terminal (life expectancy 6 months or less), and also that the patient is competent and voluntarily requesting the prescription. An informed consent process is required, and, when the prescription is being written, physicians must give the patient a chance to rescind the request.

- Prescriptions must be given directly to a pharmacist, who gives the lethal drug directly to the patient or an authorized agent.

However, after what Loggers and colleagues called "considerable internal debate," officials at the Seattle Cancer Care Alliance added additional safeguards. For example, the clinic will not accept patients who come with the sole purpose of obtaining a lethal drug dose. It also adopted a policy against advertising or promoting the program, with no information about it posted in public spaces. In addition, whereas the state legislation indicated that physicians should "recommend" that patients not take the lethal dose in a public area, the clinic requires that patients sign a statement promising not to do so. And the clinic decided that it would permit staff and faculty physicians to opt out of participating in the program. A preliminary survey in which 81 clinicians responded found that nearly 40% were either unwilling or undecided about serving as prescribing or consulting physicians. Some 26% indicated that would act as consulting physicians but would not write prescriptions themselves.

Patients referred to the program are assigned a licensed social worker who acts as an advocate, helping patients, family members, and physicians navigate the process and also ensuring compliance with the state's regulations. For those patients who express interest in participating, the advocate performs an initial chart review and, if appropriate, links patients with physicians willing to write lethal prescriptions. Of the 114 patients who asked about the program, 44 never made a request to participate or did not meet eligibility criteria. Another 30 made an initial request but either did not make the requisite second request or died before receiving the prescription. One patient was refused because of unwillingness to take the medication in private. In all of Washington state, 255 patients have received lethal prescriptions since the 2008 law was adopted, including the 40 at the Seattle Cancer Care Alliance, Loggers and colleagues indicated. All of the 40 clinic patients died, including 24 after ingesting the secobarbital (chosen when pentobarbital became hard to obtain). The other 16 died of other causes.

Mean time to death from the first oral request to participate was 16.6 weeks. One patient had what could be considered an adverse outcome: death occurring a day after taking the lethal drug dose, "causing distress on the part of family members and clinicians," Loggers and colleagues reported. But no complaint was filed with the clinic in this case or any others. The authors noted that, in the debates about physician-assisted suicide in Washington and Oregon (which enacted a similar law in 1997), critics argued that "vulnerable" populations might be selectively steered into such programs. But Loggers and colleagues said their experience has not borne that out. Of the 40 patients who received prescriptions at the Seattle clinic, 73% were non-Hispanic white, all but one had at least a high school diploma, 55% were male, and 90% had some form of insurance. The authors indicated that this profile does not differ markedly from the general Washington state population. Loggers and colleagues indicated that, whereas all of their patients had terminal cancer, about 20% of the wider group of patients in the two states undertaking physician-assisted suicide had other diagnoses, primarily neurodegenerative diseases. [Source: MedPage Today | John Gever | 10 Apr 2013 ++]

DoD 2014 Budget Update 01: The \$526.6 billion defense base budget request included in President Barack Obama's fiscal year 2014 budget proposal reflects "great uncertainty," but maintains national defense strategy and Pentagon leaders' commitment to careful use of taxpayer dollars, according to Defense Department budget request documents released 10 APR. "Even while restructuring the force to become smaller and leaner and once again targeting overhead savings, this budget [request] made important investments in the president's new strategic guidance -- including rebalancing to the Asia-Pacific region and increasing funding for critical capabilities such as cyber, special operations and global mobility," Defense Secretary Chuck Hagel noted in a written statement issued today.

The budget request largely is consistent with 2013's, and it calls for a round of base realignment and closure, savings in managing military medical treatment facilities, cuts in low-priority and poorly performing weapons programs and slowed growth in military pay and benefits. The Pentagon statement accompanying the request notes the fiscal 2013 sequester cuts will mean training cutbacks, civilian furloughs, maintenance delays and deployment curtailments that "will inevitably have rippling effects into [fiscal] 2014." The statement notes the president's budget request "includes balanced deficit reduction proposals that ... allow Congress to replace and repeal the sequester-related reductions" required by the 2011 Budget Control Act. The fiscal 2014 request doesn't include a request for overseas contingency operations funding, which together with the base budget request make up the defense top-line funding proposal. OCO funding primarily covers operations in Afghanistan. "Decisions regarding force levels in Afghanistan were delayed until February of this year to provide commanders time to assess wartime needs fully," the Pentagon statement said. "A separate OCO request is being prepared and will be submitted to Congress in the coming weeks."

The base budget request asks for \$209.4 billion for operations and maintenance; \$137.1 billion for military personnel; \$99.3 billion for procurement; \$67.5 billion in research, development, testing and evaluation; \$11 billion for military construction and \$2.3 billion in other costs. By department, the budget request assigns \$155.8 billion to the Navy, \$144.4 billion to the Air Force, \$129.7 billion to the Army and \$96.7 billion to other defense activities. Military compensation in the 2014 request includes a proposed 1 percent pay raise and housing and subsistence allowance increases to 4.2 percent and 3.4 percent, respectively. Today's statement noted the request includes some changes in military health care enrollment fees and pharmacy co-pays that Congress denied last year. Those proposals, which largely involve retiree health insurance fees, have been modified to accommodate concerns expressed by Congress, officials said. The 2014 budget request also includes a proposal for base realignment and closure in 2015, though Congress rejected the Pentagon's BRAC request last year. "BRAC is the only effective means of achieving infrastructure consolidation," today's statement notes. "This BRAC round adds \$2.4 billion to costs in the next five years, but would eventually save substantial sums. The actual closing of bases would involve a multiyear process that would not start until 2016, after the economy is projected to have more fully recovered." Officials noted the fiscal 2014 request further aligns defense programs to support the nation's strategic emphasis on the Asia-Pacific and Middle East.

Requested funds supporting the rebalance to the Asia-Pacific region will be used to harden airfields, support critical strike capabilities such as bombers and F-22 squadrons, develop Guam as a strategic hub and strengthen regional partnerships, officials said. The request continues funding for three variants of the F-35 joint strike fighter and asks for \$10.9 billion for new ship construction, \$9.2 billion for missile defenses and \$379 million for the ongoing development of a new penetrating bomber. Other critical investments the request supports, officials said, include \$4.7 billion for cyberspace operations, \$10.1 billion for space capabilities, and \$2.5 billion in intelligence, surveillance and reconnaissance systems. Officials said the fiscal 2014 request supports efforts to set a new readiness posture for the post-Afghanistan period, emphasizing regional alignment, full-spectrum training and readiness, global capabilities and ongoing presence operations. "Despite the critical importance of this [readiness] goal, sequestration cuts in [fiscal 2013] -- combined with issues relating to funding of wartime operations -- place it in jeopardy," officials noted in budget request documents released today. "The large shortfalls in fiscal year 2013 operating funds will force the military services to shut down training for some units, which will seriously harm readiness," officials said. "Unless sequestration is replaced soon, the degraded readiness in fiscal year 2013 may leave the military unable to meet its readiness goals for fiscal year 2014." [Source: AFPS | Karen Parrish | 10 Apr 2013 ++]

VA Budget 2014 Update 02: The President has proposed a \$152.7 billion budget for the VA. Unlike other federal agencies, that would mean an 10.2 percent increase over the current year according to the VHA. The additional money will pay for three major goals: eliminating the disability claims backlog, expanding access to benefits like health care and ending homelessness among veterans, plus major health care costs:

1. **Eliminating the Claims Backlog** - Using people and a \$291 million investment in technology in the coming fiscal year, the goal is to eliminate the backlog and process all claims within 125 days with 98 percent accuracy. That's the goal of VA Secretary Eric Shinseki.

- \$136 million for Veterans Claims Intake Program (VCIP); and
- \$155 million for the next generation of the electronic claims processing system Veterans Benefits Management System (VBMS).

2. **Expanding Access** - Whether its making health care more accessible to veterans in rural areas or expanding veterans' college transition programs, there's funding to expand access. Some examples:

- \$460 million in home telehealth funding, which helps patients monitor chronic health care problems through innovative uses of the telephone, a 4.4 percent increase over the current year;
- \$422 million for women-specific medical care, an increase of nearly 14 percent over the present level;
- \$799 million for the activation of new and enhanced health care facilities;
- \$16 million for the construction of three new national cemeteries; and
- \$8.8 million for "VetSuccess on Campus" at 84 facilities, a program that helps Veterans transition to college life.

3. **Ending Veterans Homelessness** - This is a strategic goal for the VA - to end homelessness among Veterans in 2015. The budget request targets \$1.4 billion for programs to prevent or reduce homelessness, which includes:

- \$300 million for Supportive Services for Veteran Families (SSVF) to promote housing stability;
- \$278 million for the HUD-VASH program wherein VA provides case management services for at-risk Veterans and their families and HUD provides permanent housing through its Housing Choice Voucher program; and
- \$250 million in grant and per diem payments that support temporary housing provided by community-based organizations.

4. **Major Health Care Costs** - The budget proposal also covers the health care costs for more than 6.5 million veterans and items like:

- \$6.9 billion for mental health;
- \$4.1 billion for health care for Veterans of Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn;
- \$2.5 billion for prosthetics;
- \$601 million for spinal cord injuries;
- \$246 million for traumatic brain injuries;
- \$230 million for readjustment counseling; and
- \$7.6 billion for long-term care.

[Source: Off the Base | Bobbie O'Brien | 10 Apr 2013 ++]

TRICARE User Fees Update 96: As in years past, the administration seeks to cut health costs by having retirees and families pay more under all three options of TRICARE. Here are details of these proposals:

TRICARE Prime – The current family enrollment fee of \$539 for working-age retirees (under age 65) would increase next year to equal 2.95 percent of the individual's gross retired pay. But for 2014 the fee would be subject to an annual minimum, or floor, of \$548 and a ceiling of \$750 (\$900 for flag officers). The fee would be raised to 3.3 percent of gross retired pay in 2015 with a floor of \$558 and ceiling of \$900 (\$1200 for flag); 3.65 percent in 2016 with floor of \$569 and ceiling of \$1050 (\$1500 for flag); and so on until reaching 4 percent of gross retired pay in 2018 with a floor of \$594 and ceiling of \$1226 (\$1840 for flag). Fees for single coverage would be half these amounts.

TRICARE Standard/Extra – For the first time, users of these options would face an annual enrollment fee, starting at \$70 for single coverage or \$140 for family, and rising each year until reaching \$125 (individual) and \$250 (family) in 2018. Also, the current annual deductible of \$150 (individual) and \$300 (family) would gradually increase, starting in 2014 and until it reached \$290 (individual) and \$580 (family) in 2018. After 2018, all TRICARE enrollment fees, floors and ceilings, and deductibles for retirees would climb yearly by the same percentage increase of cost-of-living adjustments (COLAs) for military retired pay to keep pace with inflation.

TRICARE for Life – Beneficiaries 65 and older can use TRICARE for Life as a golden supplement to Medicare. Officials said a comparable individual policy in 2009 would cost \$2100 in the private sector. So, they reason, military elderly should at least pay a small enrollment fee. The fee would equal one half of one percentage point of gross retired pay in 2014; one percent in 2015; 1.5 percent in 2016, and two percent in 2017 and in 2018. But the fees would have ceilings: no more \$150 a year in 2014; no more than \$300 in 2015, \$450 in 2016, \$600 in 2017 and no more than \$618 in 2018. Flag officers would face higher ceilings though not substantial. After 2017, these fees would be adjusted by the percentage of retiree COLAs.

Pharmacy Fees – The administration wants to follow last year's increases in pharmacy co-pays with additional increases phased in to encourage greater use of mail order and generic drugs.

Catastrophic Cap – The current cap on total out-of-pocket costs TRICARE costs of \$3000 a year would be raised for retirees in two ways: by excluding any TRICARE enrollment fees from counting toward the cap; and by raising the cap annually by the percentage of retiree COLA.

Officials hope tying the size of fees to level of retired pay will soften resistance in Congress. Also, this year's plan would exempt from any fee increases the survivors of members who die on active duty and persons medically retired from service. And the department no longer is asking that TRICARE fees be adjusted annually based on medical inflation. That concession to use retiree COLAs instead might be less than it appears. The Obama budget proposes, as part of a larger debt-reduction deal, that all federal COLAs, including for social security, veteran benefits and retirement plans, switch to a "chain" Consumer Price Index to measure inflation. This CPI would save the billions of dollars annually by shaving every COLA by a fraction of a percentage point. Obama's support for it is conditional; Republicans must agree to close some corporate tax loopholes and to raise taxes on the wealthy. Still, Obama support of chain CPI has drawn fire from some Democrats and liberals in Congress. Sen. Bernie Sanders, an independent from Vermont who chairs the veterans affairs committee, added language to the Senate's non-binding budget resolution to oppose it. If the chain CPI is adopted, said Sanders, "veterans who started receiving VA disability benefits at age 30 would have their benefits reduced by \$1,425 [a year by] age 45."

In unveiling the 2014 defense budget request, Defense Secretary Chuck Hagel said the smaller pay raises and TRICARE changes would save \$1.4 billion next year and \$12.8 billion over just five years. The TRICARE changes, he said, would "bring the beneficiary's cost-share closer to the levels envisioned when the program was first implemented." In 1996, officials said, retirees covered 27 percent of total TRICARE costs with enrollment fees, deductibles or co-payments. Today, their out-of-pocket costs cover only 11 percent. Asked to recall how hard it was

to vote for higher TRICARE fees when he was a senator, Hagel said times are different now. When he left Congress in 2009 the global financial crisis was just beginning. Today, the Department of Defense is struggling with \$41 billion in automatic cuts this year from budget sequestration. It faces \$500 billion in more cuts over the next decade if the administration and Congress can't partner on a solution. The \$527 billion defense budget for 2014 assumes that a large debt-reduction deal is reached and sequestration ends. The defense share of the deal would be \$150 billion in cuts over the decade versus \$500 billion under sequestration. If slowing compensation growth isn't as part of that \$150 billion cut, Defense officials said, deeper force cuts are inevitable.

What can we do about the proposed fee increases? Let your elected officials know how you feel about them.
[Source: Veteran Affairs Office Frederick MD msg. 12 Apr 2013 ++]

VA End of Life Care Update 02: Nearly half of the men who will die in the United States this year — one in every four dying Americans — will be veterans. Department of Veterans Affairs says nearly 630,000 American veterans die every year. That's more than a fourth of those who die each year in the country, which is roughly 2.5 million. "This is the big World War II tsunami, and it's overlapping with the Korean War tsunami," said Kathie Supiano, an assistant professor at the University of Utah College of Nursing. The numbers of Americans who served in past wars still living as of the fall of 2012 are:

- World War II: 16,112,566 served worldwide during the war. 1,462,809
- Korean War: 5,720,000 served worldwide during the war. 2,100,735
- Vietnam War: 8,744,000 served worldwide during the war. 7,247,414

Such statistics are startling, even for those who work every day with the dying. And it's one reason that professionals in end-of-life care — such as nurses, social workers, chaplains, doctors working in hospices and nursing homes — need to know more about how veterans' needs differ as they die. Supiano, director of the college's Caring Connections: A Hope and Comfort in Grief program, is organizing a workshop for that purpose. Titled "Improving Care for Veterans Facing Illness and Death," the April 18 event is geared to professionals but is open to anyone interested in the topic, Supiano said. The workshop is part of the Hospice Foundation of America's annual Living With Grief Program and will feature a 2 ½-hour video about veterans, followed by a panel discussion. Amy Tucci, chief executive officer of the foundation, said it's an important topic not just because World War II and Korean War veterans are dying in big numbers; the country is beginning to lose its Vietnam veterans at a faster pace. In fact, the Department of Veterans Affairs predicts that by 2015, the number of Vietnam War veterans dying will eclipse the number of veterans from each of the two previous wars who die every year. Vietnam veterans who bore the brunt of their fellow Americans' disgust with the war may struggle with that as they die, she said. "It's hard to imagine right now what Vietnam vets went through when they came home. For many of them, it has affected their entire lives. And consequently, that affects how they die," Tucci said.

Supiano said that old traumas often arise when one is dying. "Things bubble up to the surface that they have been able to keep under wraps. It's their last chance to be aired and voiced," she said. "This is something we need to be very attentive to and learn how to listen, how to allow thoughts and feelings and memories." Kelly Otteson, a social worker at the George E. Wahlen Ogden Veterans Home, said post-traumatic stress disorder (PTSD) clearly affects veterans of all generations. "It doesn't go away when you're 90," said Otteson, who will be on the panel at the Salt Lake City workshop. "We see that with our older veterans; it's still an issue." One difficulty for clinicians is trying to assess and alleviate veterans' pain, Tucci said. "If you were in the military, you're pretty much conditioned to endure pain and suffering and to not complain and keep a stiff upper lip at all times," she said. Providers also need to care for grieving families, who often learn details of their loved one's war experiences only as death nears.

"Often, families at the bedside don't realize that PTSD has been an issue until the end of life," Tucci said. [Source: The Salt Lake Tribune | Kristen Moulton | Apr 08 2013 ++]

Government Drug Procurement: According to Gerard Anderson, director of the Center for Hospital Finance and Management at Johns Hopkins University, U.S. citizens and taxpayers pay prices sometimes twice as high as most other countries for identical drugs. "From a policy standpoint, we are supporting the drug companies' innovation for the rest of the world," Anderson said. Countries sometimes do things differently from other countries and gain reputations for doing certain things well or poorly. But within a country, within the same federal government, does it make sense to do things differently among departments or programs that are providing essentially the same service? To that point, does it make any sense that Medicare, Medicaid, the Department of Veterans Affairs and the Department of Defense (whose Tricare health plan costs big bucks) buy pharmaceuticals and negotiate the prices in different ways?

Anderson, who is a coauthor of one of the studies on drug pricing published 8 APR in the journal Health Affairs, said, "No, there is absolutely no legitimate reason - economic or ethical - for why we have benefits programs with multiple negotiators within the government." However, before we automatically blame all career government staff members for protecting their jobs and not caring about how taxpayer dollars are spent, we must consider a couple of other factors:

- Congress passed particular laws related to Medicare and how it can -- or mostly can't -- clamp down on prices paid to drug companies. Some members of Congress might complain loudly about entitlement spending, but some also take campaign money from pharmaceutical companies to help push such laws.
- When Medicare Part D was pushed and passed under Republican George W. Bush, it had no funding mechanism behind it, meaning no taxes raised to pay for it. Seniors and drug companies like the program, but it is a cost to taxpayers.
- This is true of most of the U.S. healthcare system, one person's "waste" is another person's job. For better or for worse, there are thousands of people employed in the private sector whose job is to sort through the drug pricing system. Likewise, people tend to want to cut costs for others. "Does that guy over there really need that expensive drug? I do, of course, but I'm not sure about that guy over there. And raise his fees and taxes, but not mine."

Still, having Veterans Affairs negotiate with drug manufacturers directly and Medicare negotiate not at all gives some reason to pause. "A drug is just as valuable to a veteran as it is an active duty soldier in the army as it is to a Medicare beneficiary," Anderson says. For additional info on this subject go to :

- http://www.philly.com/philly/business/20130409_U_S_consumers_pay_more_for_drugs.html to link to the 9 APR Inquirer story on why consumers pay more for drugs
- <http://content.healthaffairs.org/content/32/4/753.abstract> to link to the Health Affairs study that Anderson helped write.

[Source: The Inquirer | David Sell | April 9, 2013 ++]

Doolittle's Raiders Update 01: As the end of an era approaches, three of the last four surviving members of the famed Doolittle Raiders – the airmen who bombed Tokyo in April 1942 in response to the Japanese attack on Pearl Harbor – will assemble for one last reunion in Ft. Walton Beach where they trained for their historic mission 71 years ago. A series of commemorative events, including rides aboard five B-25 bombers and a flyover of

numerous other historic WWII-era aircraft, will be offered to the public at various times April 17-21. The restored, B-25 Mitchell bombers are the same model of bombers the Doolittle Raiders used to launch their attack on Japan. They will be displayed at the Destin Airport 17 -21 APR and will be available for flights for the general public at a charge of \$425 per person. “We are honored to have these true American heroes together for their final official gathering here in Okaloosa County,” says Dan O’Byrne, director of Okaloosa County’s Tourist Development Department. “This is a one-of-a-kind opportunity to experience living history firsthand. These men and their comrades risked everything to protect the freedom Americans enjoy today, and we know it is a special privilege to have them back here seven decades later.”

Visitors will see an array of airworthy historic WWII-era aircraft across the area’s skies arriving from all corners of the country. They will also participate in “Thirty Seconds Over the Emerald Coast,” a flyby on Friday, April 19, at 6 p.m. The B-25s and other historic aircraft over the beaches of Okaloosa Island, the very same sands where they flew during the Raiders’ training at Eglin Field in March of 1942. The prime viewing location for this event will be the Boardwalk on Okaloosa Island. The planes will also fly in formation over the “Parade of Heroes” on Saturday, April 20, at 11:00 a.m. This special community salute to the military will feature World War II veterans, veterans from the Korean War, The Vietnam War, the Gulf Wars, in addition to active duty personnel. Visitors are invited to participate in this grand celebration of the country’s military heritage. Anyone needing accommodations should visit <http://www.emeraldcoastoffers.com> , where they can find room discounts of up to 45 percent across the Ft. Walton Beach area through May 23. For more information and a full schedule of events refer to <http://www.fwbchamber.org/events/eventdetail.aspx?EventID=459>. [Source: Veteran News | PRNewswire | 9 Apr 2013 ++]

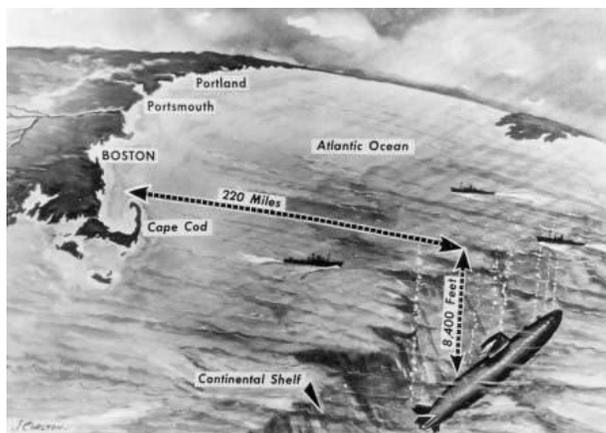


DEERS Update 02: A modification in the Defense Enrollment Eligibility Reporting System (DEERS) is expected to streamline personal records for better efficiency, the director of the Defense Manpower Data Center said 9 APR. In an interview with American Forces Press Service and the Pentagon Channel, Mary Dixon said information will now be entered into DEERS in personnel offices, rather than identification card offices. Family members can continue to use the identification card office to change their vital information, Dixon added, and others will be referred to their personnel office when the change takes effect, expected to be by the end of April. Record accuracy in the DEERS system helps ensure eligibility for benefits and mitigates identity theft, fraud and abuse,

Dixon said. Safeguards include vetting people who have access to the system and ensuring DEERS has a strong audit capability, she added. Dixon encouraged people enrolled in DEERS to check their records at <https://www.dmdc.osd.mil/milconnect/> to make sure their information is accurate and to report any errors they find to their personnel office.

DEERS is used for benefits determination in the Defense and Veterans Affairs departments. It includes active-duty service members, active reservists, retirees, and certain civilians and contractors, as well as members of the Coast Guard, Public Health Service and National Oceanic and Atmospheric Administration. The system comprises 44 million people. The change is expected to increase accuracy of records, Dixon said, noting that any time data is moved around, there's the possibility of typing mistakes. "It won't solve all the problems," she added. "Data quality is an issue that's a continuing journey and process." While cost-saving figures are not yet available, Dixon said, the change will be a time-saver. In the past, she explained, the hope was that in addition to going to the ID card office to update DEERS information, people also went to the personnel office and changed the information in their personnel records so the records would match. When employees didn't go to both places, she said, it created "a lot of work" to figure out how to reconcile mismatched data. [Source: AFPS | Terri Moon Cronk | 10Apr 2013 ++

USS Thresher Memorial Service: Family and friends who lost loved ones when the USS Thresher sank 50 years ago on 10 APR, joined in tossing wreaths into the water in an emotional service 6 APR in remembrance of the 129 Navy crew members and civilian technicians who lost their lives in the deadliest submarine disaster in U.S. history. Hundreds gathered for the memorial service at New Hampshire's Portsmouth High School that concluded with a small group tossing three wreaths into the Piscataqua River. During the service, a bell tolled 129 times. The event, along with the dedication of a flagpole Sunday in Kittery, Maine, aim to call attention to the tragedy 220 miles off Cape Cod, which became the impetus for submarine safety improvements. Vice Adm. Michael Connor, commander of the Navy's submarine forces, acknowledged Saturday that the safety upgrades came at a steep cost to Thresher families. "I've talked a lot about the good that comes from the Thresher and the Thresher's loss, but that's probably not a consolation to the families who've lost a father or a son," Connor told a packed high school auditorium.



The USS Thresher, built at Portsmouth Naval Shipyard and based in Connecticut, was out for a routine deep-diving test when it ran into trouble on April 10, 1963. The Navy believes the failure of a brazed weld allowed sea water to spray onto an electrical panel, causing an emergency shutdown of the sub's nuclear reactor. The ballast system also failed, preventing the sub from surfacing. Filling with water, Thresher descended deeper and

disintegrated under the crushing force of the ocean. The vessel's remains rest on the ocean floor at a depth of 8,500 feet. Don Wise Jr., 59, of Plaistow, N.H., whose lost his dad in the disaster, said the Thresher crew members were doing something special, serving on what was a technological marvel, the Navy's fastest and deepest-diving nuclear submarine at the time. "They were going deeper and faster than anyone. I always considered my dad a hero and an adventurer," Wise said Saturday. "These memorials are how I connect my children and grandchildren with my dad."

Former Thresher crew member Frank DeStefano, 79, of Orange Park, Fla., said he owed his life to a three-day assignment to Washington that took him away from the submarine during the fateful sea trials. DeStefano said he's happy to see that annual memorial events provide an outlet for families and friends to grieve. "The only good part about these memorials is that we can help those who were really affected, like the families," DeStefano said. "And it's great to see the children that have come along." Lynne Lawrence of Alexandria, Va., whose father, Richard DesJardins, was one of the civilian technicians who died, attended the service with two siblings. In a recent interview, she described her father as a fun-loving, busy engineer, and said she was sad he didn't get to see his children become adults or meet his grandchildren. "It's a profound loss that affects you forever, but you grow from it and move on," she said. "Because you don't really have any other choice." After the ceremony, a rifle team fired shots as the wreaths — one each for Navy personnel and civilian technicians who died, and one for previous Thresher crew members — were tossed into the river.



At Portsmouth Naval Shipyard a bell has tolled 129 times Wednesday morning , once for each of the men who died aboard the USS Thresher

Gov. Maggie Hassan directed flags to half-staff on Wednesday in recognition of the 50th anniversary of the loss of the Thresher. Available at <http://www.seacoastonline.com/apps/pbcs.dll/section?category=NEWS51> is a yearlong collection of stories on Seacoastonline's USS Thresher disaster 50th anniversary page, as well as photo galleries showing all 129 men who died. The wreckage of USS Thresher more than 200 miles off the New England coast has never posed a threat to the environment, according to the U.S. Navy. [Source: AP | CBS Boston | 6 Apr 2013 ++]

IRS Tax Filing: The federal tax deadline is April 15th in most years, unless that date falls on a holiday or weekend. In that case, the tax deadline will fall on the next business day. That is the case this year, with the tax filing deadline landing on April 17th (the 15th was on Sunday, and the 16th was Emancipation Day in Washington, DC). Hopefully the extra two days gave you enough time to finish your taxes and get them filed in time. If not, then

it is strongly suggested filing a tax extension, otherwise, you may owe the IRS stiff penalties or fees for not filing or filing your taxes late. Let's look at a couple situations and how they might work out for different tax filers.

- **File Your Taxes Late?** There are two classes of tax payers when it comes to late filers. Those who owe the IRS money, and those who are owed money by the IRS. If you are owed money by the IRS, then you don't have as much to worry about if you file late. You won't receive your refund in a timely fashion, but you will only have yourself to blame. On the other side of the equation are those who owe the government money. If you file late, you may be subjecting yourself to penalties and fees.
- **Filing Late Penalties.** The most important thing you can do is file your taxes, even if you can't pay them right away. The reason is because the failure to file penalty is usually worse than the failure to pay penalty. Because of this, it's usually best to file, then work with the IRS to figure out a payment schedule or other arrangement. The penalty for filing your taxes late is usually 5% of the tax liability, per month, until the taxes are filed. The cap for the failure to file penalty is 25% of your unpaid taxes. The clock starts rolling the day after the due date your return was not filed. If you wait at least 60 days beyond the due date or extended due date, the minimum penalty you will pay is the lesser of \$135 or 100% of the unpaid taxes. (Keep in mind, this is the minimum penalty).
- **Failure to Pay Penalties.** Not paying your taxes can also bring about some hefty penalties and fees. Not paying your taxes by the due date usually results in a penalty of ½ of 1 percent of your unpaid taxes for each month or part of a month after the due date that the taxes are not paid. This penalty can accrue to as much as 25 percent of your unpaid taxes.
- **Failure to File.** The failure to file and failure to pay penalties both assume you will pay your taxes within a reasonable time frame. If you are a few months late, chances are good that you will only be subjected to penalties – assuming your tax return checks out fine. The IRS may take a deeper look into your tax return and determine if you owe underpayment penalties. These include (from least severe to most severe) a Frivolous Return, Negligence, Civil Fraud, and Criminal Fraud (tax evasion). At the low end of the scale, you will be subjected to additional fees on top of the late penalties and fees mentioned above. At the high end of the scale, you could face jail time.

If you know you will file your taxes late, then do yourself a favor and file an extension. It is free, and easy to do – just fill out a simple form and file it electronically, or mail it to the IRS. Once you file your deadline, you have until October 15th to file your taxes. Keep in mind that if you owe money to the IRS, that is due by the April 15th deadline (17th in 2012). You can get around owing additional fees if you pay at least 90% of your tax bill by the April deadline. Some military members may be eligible to extend their tax deadline if they served in a combat zone in the previous or current tax year. At the IRS website <http://www.irs.gov/uac/Extension-of-Deadlines-%e2%80%94-Combat-Zone-Service> are some of the common questions about this benefit. It's important to note that this extension will be approved, but you should notate this when you file your taxes. This additional military extension can help you avoid the failure to file and failure to pay penalties, provided you file your tax return by your new tax deadline, as determined by your extension eligibility. [Source: The Military Wallet | Ryan Guina | 9 Apr 2013 ++]

Consumer Price Index Update 03: The National Deficit now in excess of \$16,787,000,000,000 continues to grow every second of the day. You can watch it live on the US Debt Clock <http://www.usdebtclock.org>. America needs to confront the national economy, deficit, and unemployment yet

remain responsible to its citizens. Balancing the budget on the backs of those who can least afford it is wrong. President Obama has stated that use of a Chained Consumer Price Index (CPI) to adjust the annual Cost of Living Adjustment (COLA) is a part of his budget plan. The COLA is used to adjust federal entitlements to keep pace with inflation. The Non Commissioned Officers Association (NCOA) strongly rejects the Chained CPI proposal because its formula produces a cumulative impact over the years where consumer purchasing power will be lost to rises in the economy. The Chained CPI will reduce the purchasing "power" of America 's seniors and all others who receive federal entitlements such as social security retirement, children and worker disability benefits, retired military personnel, disabled veterans and their survivors. Over time, the lives of all recipients, including disabled children, will be dramatically impacted.

All recipients of earned federal entitlements should not have their benefits and healthcare disrupted to pay the debt that our elected officials created. President Obama's inclusion of a Chained CPI formula to adjust the annual COLA as part of a deficit reduction plan is unjust for beneficiaries. Let us not forfeit the lives and lifestyles of those on fixed incomes. Let's demand that Congress find other ways to solve this national issue. The President's Budget Roll Out in April will no doubt contain more than a few issues that will impact America 's Veterans, their beneficiaries, and all seniors. NCOA's message is Direct: Reject the concept of a Chained CPI to adjust the annual COLA. Elected officials squeaked through the past election by delaying budget decisions and avoiding confrontation with Voters. Now, let us remind our elected officials that they represent "WE THE PEOPLE" and that their legislative action should stop the notion of a Chained CPI.



Help preserve earned military and veteran entitlements . Encourage your extended family, friends, and neighbors to join military advocates and NCOA to stop enactment of the Chained CPI and ensure that all Federal Health Care Programs do not become cost prohibitive for federal program beneficiaries. Congress receives the President's FY2014 Budget the week of 8 APR and began their Congressional budget process. Let's keep OUR "WE THE PEOPLE" message foremost in their deliberation. One way to do this is to use NCOA's Action alert preformatted editable text message at [http://capwiz.com/ncoausa/issues/alert/?alertid=62577521&queueid=\[capwiz:queue_id\]](http://capwiz.com/ncoausa/issues/alert/?alertid=62577521&queueid=[capwiz:queue_id]) and forward it to your legislative representatives. [Source: NCOA Legislative Action message 9 Apr 2013 ++]

Military Sexual Trauma Update 01: April is Sexual Assault Awareness Month, which provides VA an opportunity to reaffirm their commitment to supporting Veterans who have experienced Military Sexual Trauma (MST). This year's national theme is "Outreach to Veterans Who Experienced MST: Opening Doors and Building Bridges," to highlight the importance of ensuring all Veterans are aware of the free MST-related services VA provides. About one in five women and one in a hundred men seen in VA medical facilities report they have experienced MST-- that is, sexual assault or repeated, threatening sexual harassment that occurred during military service. MST can affect Veterans' physical and mental health for many years afterward. To assist in recovery, treatment for MST-related physical and mental health conditions is available at every VHA facility and provided to Veterans free of charge, regardless of service-connection status. Veterans may be able to receive this MST-related care, even if they are not eligible for other VA care. Every VHA facility has an MST Coordinator who serves as a

point person for Veterans and staff. Every VA employee has the power to help Veterans recover from MST by responding sensitively to inquiries about MST, remaining knowledgeable about VA's MST-related services, and ensuring information about Veterans' MST status is kept confidential. For more information, contact your facility's MST Coordinator, or visit the MST Resource home page at <http://vaww.mst.va.gov> . Veterans can access information at <http://www.mentalhealth.va.gov/msthome.asp> . [Source: VA Secy Vet Group Liason Officer | Kevin Secor | 8 Apr2013 ++]

Unused Federal Buildings

Homeless Vets Update 37: Legal advocates for the nation's homeless population are hoping that a recent federal judge's decision in a 25-year-old lawsuit against the federal government could lead to thousands more unused federal buildings being converted into shelters, health clinics and other services for the homeless. A 21 MAR decision by the U.S. District Court for the District of Columbia found that many government agencies have been inaccurately reporting their number of unused federal properties — thus violating a federal law that requires agencies to list unused buildings that can potentially be used for homeless services. The ruling orders the General Services Administration and the Department of Housing and Urban Development to take additional steps to ensure agencies are following the law, including creating new training programs. “The court finds troubling indications of widespread noncompliance” with the law, Judge Royce Lamberth wrote in the opinion. “Landholding agencies appear to be hiding potentially eligible properties from the Title V process.”

The law in question is Title V of the McKinney-Vento Act, which requires federal agencies to list unused, surplus or underutilized properties in the Federal Register, and reach out to homeless services providers — nonprofits and state and local governments — that can apply to lease the properties at no charge. Under the law, providers are to get a 60-day period where they get right of first refusal to those properties. This is important because one of the greatest costs to running homeless services is real estate, and the law is meant to allow nonprofits to gain access to buildings they may not be able to afford on the open market. “We’re very hopeful this order will result in potentially thousands of properties that have never been made available to homeless services providers to be screened for suitability and be made available,” said Tristia Bauman, an attorney at the National Law Center for Homelessness and Poverty, a D.C. legal nonprofit that filed the lawsuit. “We expect we’re going to be able to more closely monitor whether the government is complying, and have access to buildings that were unbeknownst to us before.” Nearly 500 properties in 30 states and D.C. have been obtained through Title V, and now house homeless services, including the largest shelter in the District, the Community for Creative Non-Violence. Others include Foodlink, a California group that provides food and job training on a former military base, and an emergency shelter in Joplin, Mo., that housed people displaced by a tornado in 2011.

The Justice Department declined to comment. Lamberth's ruling is the latest twist in a long-standing dispute between the National Law Center for Homelessness and Poverty and the federal agencies tasked with carrying out Title V. The original lawsuit was filed in 1988 by the NLCHP and several other nonprofits serving the homeless, accusing federal agencies of violating Title V. The agencies named in the suit were the Department of Veterans Affairs, Defense Department, Department of Housing and Urban Development, the GSA and D.C.'s Department of Health and Human Services. In 1993, a judge issued a permanent injunction ordering the government to implement the law. The order preserved the right for the nonprofits to bring the issue before a court again for enforcement if agencies were not complying with the law. In 2011, government lawyers tried to do away with that order, saying that agencies had been consistently complying with the law for 18 years and the injunction was no longer necessary. Lamberth denied that request in his decision last month. In the opinion, Lamberth acknowledged a major discrepancy between the number of unused federal properties reported through the Title V process and the number of properties that the Office of Management and Budget counts as unused or surplus. Between 2005 and 2011, there

were fewer than 28,000 unused properties reported in the Federal Register through the Title V process. But a 2010 memorandum by the OMB found that there were 69,000 excess, unused and underutilized federal properties. [Source: Capital Business | Catherine Ho | April 7, 2013 ++]

Agent Orange Legacy: Vietnam Veterans of America Agent Orange/Dioxin Committee is asking the children of Vietnam veterans exposed to Agent Orange; adult children (we recommend you register your children also) who are ill and/or have birth defects, learning disabilities and/or mental health issues; to register with Birth Defect Research for Children, Inc. National Birth Defect Registry at <http://www.birthdefects.org/registry>. The registry includes an online questionnaire. It will ask about you (the child) or your disabilities; health and family history of both parents; exposures during pregnancy and occupational exposures. A special section will ask about the veteran's service in Vietnam. This section was designed in collaboration with the New Jersey State Agent Orange Commission. Collected data will be used for a study of the pattern of birth defects and disabilities that have been most frequently reported in the children of Vietnam veterans. All data provided is confidential. Your permission would be requested before any researcher would get in touch with you. For more information contact Betty Mekdeci, 407-895-0802 or send email to betty@birthdefects.org. [Source: <http://agentorangezone.blogspot.com> 30 Mar 2013 ++]



International Vet Benefits: How do Military Veterans Benefits vary from one nation to the next? Check out the below countries.

1. **Australia:** "The ... program provides a range of assessment, coordination and home care services across Australia to eligible veterans and war widows/widowers to enable them to remain in their own homes for longer." See <http://www.agedcareaustralia.gov.au/internet/agedcare/publishing.nsf/Content/Veterans-3> and Gold, White and Orange card holders at http://www.dva.gov.au/benefitsAndServices/health_cards/Pages/index.aspx.
2. **Canada:** "Allied Veterans who have lived in Canada for 10 or more years after their period of service may be eligible for long-term care in community facilities." See <http://www.chartwell.com/living/affordability/veterans/index.php>. Also: "Located in the heart of a vast pastoral setting just half an hour from Montréal, Ste. Anne's Hospital provides its clientele of Veterans with an exceptional environment designed to promote an optimal level of care, and the highest possible quality of life." See <http://www.veterans.gc.ca/eng/steannes-hospital>.
3. **Denmark:** PTSD: "Currently, veterans have to document that they are suffering from PTSD within six months of arriving home from a tour of duty in order to successfully claim compensation for a work injury." See <http://cphpost.dk/news/national/veterans-march-ptsd-compensation>.

4. **New Zealand:** "The Montecillo Veterans Home and Hospital, together with the Trustees, CEO, Nurse Manager and Staff, are committed to the provision of quality care for Veterans and their Dependents." See <http://www.freewebs.com/montecillo/>.

5. **Philippines:** (US) The new Outpatient Clinic (OPC) proudly opened its doors for business on January 31, 2011. This is the only VA healthcare facility located in a foreign country. See <http://www2.va.gov/directory/guide/facility.asp?ID=682>.

6. **Russia:** " According to a survey printed in *Komsomolskaia Pravda* in 1989, 71% of ex-soldiers considered that the "benefits were only on paper." See Para 15 <http://pipss.revues.org/873>.

7. **Sweden:** "Despite the fact that Sweden has conducted military operations overseas for more that 60 years we have not had any coordinated policy for veteran soldiers," the defence minister Sten Tolgfors argued in an opinion article in the Dagens Nyheter daily on Friday. See <http://www.thelocal.se/25618/20100319/>.

8. **United Kingdom:** "A veteran is someone who has served in the armed forces for at least one day, and there are around 4.5m veterans in the UK." See <http://www.nhs.uk/NHSEngland/Militaryhealthcare/Veteranshealthcare/Pages/veterans.aspx>. Homeless and PTSD veterans at http://veterans-uk.info/welfare/case_study.html.

9. **United States:**

a. NASVS: "The National Association State Veterans Homes' primary mission is to ensure that each and every eligible U.S. veteran receives the benefits, services, long term health care and respect which they have earned by their service and sacrifice." See <http://www.nasvh.org/index.cfm>.

b. "The Veterans Health Administration is America's largest integrated health care system with [over 1,700 sites of care](http://www.va.gov/health/default.asp), serving 8.3 million Veterans each year." See <http://www.va.gov/health/default.asp>.

10. **World Veterans Federation:** "The World Veterans Federation (WVF) is the world's largest international veteran organization. The federation currently consists of 170 veterans organizations from 93 countries, representing some 42 million veterans worldwide." See <http://wvf-scea.org/>.

[Source: Pentagon Maverick | Robert F. Sawallesh | 29 Mar 2013 ++]

my Social Security Update 01: To avoid calling or going to your local Social Security office to get information about your account, you may want to consider creating an online "my Social Security" account. An online "my Social Security" account will serve as a valuable source of information beginning in your working years and continuing throughout the time you receive Social Security benefits. If you currently receive Social Security benefits or have Medicare, you can use the online account to:

- o Get your benefit verification letter
- o Check your benefit and payment information and your earnings record
- o Change your address and phone number
- o Start or change direct deposit of your benefit payment

If you are not currently receiving Social Security benefits, you can use your online account to:

- o Get Your Social Security Statement
- o Get Estimates of your retirement, disability, and survivors benefits
- o Check your earnings record

- o Review the estimated Social Security and Medicare taxes you've paid

In order to create a "my Social Security" account, you must be able to verify some information about yourself and have a valid E-mail address, a Social Security number, a U.S. mailing address, and be at least 18 years of age. To get started, go to <http://www.ssa.gov/myaccount/>, click on the "SIGN IN OR CREATE AN ACCOUNT" button and follow the prompts.

NOTES:

1. To create a "my Social Security" account, you must provide some personal information about yourself and give answers to some questions that only you are likely to know. Next, you create a username and password that you will use to access your online account. This process protects you and keeps your personal Social Security information private.
2. You can create a "my Social Security" account only to gain access to your own personal information. Even with a person's written consent, you cannot use this online service to access the records of a person with whom you have a business relationship; or for whom you are an appointed representative. Unauthorized use of this service may subject you to criminal or civil penalties, or both.
3. You may be unable or unwilling to create an online account if you:
 - Blocked electronic access to your personal Social Security information.
 - Recently moved or changed your name.
 - Placed a freeze on your credit report. To create a my Social Security account in person without removing the security freeze or fraud alert, visit your local Social Security office
 - Have been the victim of domestic violence or identity theft.
 - Are uncomfortable with or unable to use the online process for some other reason

[Source: TFL Mailing List | Milton Bell | 31 Mar 2013 ++]



Bananas: Have you ever seen Rafael Nadal have a slice of banana during the breaks in any match? The world number one tennis player doesn't depend upon any canned juice or dry fruits to get his source of replenishment during a crucial match. Bananas help him feel fuller alongside providing the required nourishment to cope with all the energy loss and fluid draining from his body. But how do bananas help in this regard? The answer is bananas contain fiber and many other nutrients, which have numerous health benefits not just for an athlete but also for normal individuals like you and me. There are many health benefits of bananas, like preventing high blood pressure due the presence of potassium and sodium, helping to make stronger bones through absorption of calcium, and cheering up the mood due to the presence of tryptophan. Along with these benefits, it is also a rich source of fiber. Bananas contain about 105 calories each of which only 4 are from fat. According to the dietary guidelines issued by United States Department of Agriculture, a person consuming 2000 calories per day should invariably have 28 grams of fiber in his / her diet. The fiber content in a banana is about 3 grams. So, along with foods like oatmeal,

lentils and apples, you can fulfill your daily requirement of fiber with the help of bananas at an average cost of about \$0.18 each. Banana is the most easily available and fast-ripening fruit. Also, since it is sweet, it can be a good replacement for chocolates for growing children, in case you are able to convince them to have one.



Bananas contain soluble fiber (scientifically termed as pectin) which helps to lower blood cholesterol levels by binding with the bile salts. This is present mostly in the interior fleshy part of banana. About half of the fiber present in a banana is soluble fiber. It means about 1.5 grams of soluble fiber in banana goes a long way in preventing heart diseases like atherosclerosis and even keeps diabetes in check. The actual banana fiber benefits are:

- Banana is the best source of food, which makes us feel fuller without eating too much. Also, contrary to the fact that bananas increase weight, it can instead help an obese person to reduce weight. But certainly, if you consume it in excess, the possibility of weight-gain increases manifold.
- Banana fiber slows down the absorption of carbohydrates so that sugar is gradually released into the bloodstream, thus managing the glucose levels. This is extremely beneficial for diabetes patients.
- The insoluble fiber in banana is indigestible, thus speeding the transit time of food through the body. It helps in **preventing constipation**, thus making the stools softer and easier to pass.
- As the passage of food through the body is sped up, it prevents harmful substances from affecting the colon, thus protecting against colon cancer and related condition of diverticulitis and hemorrhoids.

There are two banana diet plans. In the first plan, you can eat bananas proportionately having two each before breakfast and lunch and one before dinner. This will provide for your fiber intake gradually without making you feel too full. On the other hand, in the second plan, you can have as many bananas as you like in your breakfast with a glass of lukewarm water, thus bringing down your overall food intake for the day and providing the necessary fiber. So, next time, if you are reluctant to have that banana, think of how this fiber can deliver the much required replenishment in adequate amounts with all the health benefits. Go, get yourself a banana and warn anybody who interrupts you while eating, as Ryan Stiles had warned, Never interrupt me when I'm eating a banana! [Source: <http://www.buzzle.com/articles/how-much-fiber-is-in-a-banana.html> | Rohan Bhalerao | 15 Mar 2011 ++]

Consumer Complaints: The Federal Trade Commission (FTC) received more than two million complaints in 2012, the first time they've topped two million in one year. Nine of the top 10 were repeated from last year. While record numbers and consistent complaints might not sound like good news, there's a bright side: Learning solutions to recurring problems allows simple protection. Here's the complete list of the FTC's top 10 consumer complaints of 2012 along with tips to help prevent becoming a statistic.

- 1) Identity theft. Identity theft comes in many forms, and tops the 2012 list with 369,000 complaints – about 18 percent of the total. There are many ways your identity can be stolen, but about half the complaints were associated with tax- and wage-related fraud. To help avoid tax scams, file early, use a trusted tax preparer, and send returns electronically. To read about six common tax scams check out <http://www.moneytalksnews.com/2013/02/08/6-tax-scams-to-avoid/>. Tax time is also a good time to check your credit reports by requesting free copies at annualcreditreport.com. If someone's opened an

account in your name, this is how you'll catch it. Be careful with your Social Security number. Shred documents with sensitive information before throwing them out.

- 2) Debt collection. Debt collectors have earned a reputation for being ruthless. They call, send messages, and sometimes use illegal tactics to get you to pay. They were responsible for about 10 percent of consumer complaints in 2012. Know your rights when dealing with debt collectors. They can't harass you, lie, or do anything else on this list of illegal practices. If you're sick of being called, read advice to make them stop at <http://www.moneytalksnews.com/2012/07/10/ask-stacy-how-do-i-stop-collection-agency-calls/>.
- 3) **Banks and lenders.** Problems stemming from banks and other lenders spawned more than 132,000 complaints last year. Read over everything before signing on the dotted line. If you're not willing or able, ask a friend who is. The bigger the potential for problems, the more important this becomes – for example, mortgages. When it comes to bank fees, before you open an account, make sure you understand what the charges will be. After you open an account, read your mail: If terms change, banks should notify you. Before opening any bank account, refer to <http://www.moneytalksnews.com/2011/10/13/5-ways-to-lower-your-banking-fees/> for tips to lower banking fees. If you're charged a fee you believe is unfair, call customer service. If it's still unresolved, submit a complaint to the Consumer Financial Protection Bureau. Before entering into a mortgage, review the archive of posts for help with numerous potential problems at <http://www.moneytalksnews.com/search/mortgage>.
- 4) **Shop-at-home and catalog sales.** Shopping from home saves a trip to the store, but about 115,000 consumers complained about these transactions last year. Primary problems? Not getting what you expected, or not getting anything at all. Before you buy, investigate the retailer. Check with the Better Business Bureau or do a search for the business name and "complaint." When in doubt, stick to merchants you trust. Always use a credit card and check return policies before you buy. Find out how long you have to send items back and how return shipping works. If your stuff never shows up, file a dispute on your credit card. For info on how disputes work refer to <http://www.moneytalksnews.com/2013/02/04/what-happens-when-you-dispute-a-credit-card-charge>.
- 5) **Prizes, sweepstakes, and lotteries.** If you get an email or postcard telling you to "Claim your prize!", there's a good chance it's a scam. About 5 percent of consumer complaints fall into this category. One way to tell: When you attempt to collect your winnings, you're asked to pay taxes or fees. Just say no. The FTC says legit sweepstakes and lotteries don't charge fees to claim a prize. Most promoters offering real prizes identify their company prominently, while scammers might hide their identity. Watch for lookalike names of reputable and trustworthy businesses. As for postcards and letters: It's unlikely you won a "big" prize if it was mailed at a bulk rate, so check the postage.
- 6) **Impostor scams.** Scammers prey on the trust of consumers by posing as authorities, your bank, the IRS, and even friends and family. Almost 83,000 complaints about impostors were fielded by the FTC in 2012. Use the FTC's advice at <http://www.consumer.ftc.gov/articles/0204-family-emergency-scams> for spotting impostors: Watch for fakes, and don't assume calls and letters are from places you trust. Be cautious giving out any personal and financial information when a caller or email asks for it. When in doubt, initiate contact on your end by using the contact information on the company's bill or website instead. Finally, don't fall for fake emails from a "friend" who's trapped in London (or anywhere else).
- 7) **Internet services.** Ever had computer problems with spyware, malware, and antivirus software you can't uninstall? About 81,000 people complained about similar issues last year. Make sure you understand what you're installing before you click, as it could be one of the common Internet scams listed at

<http://www.moneytalksnews.com/2012/09/12/how-to-avoid-4-common-tech-scams>. Sketchy sites can harm your computer and steal information. Uninstalling malware can be a huge hassle too.

- 8) Auto-related complaints. According to a Gallup poll, car salesmen are among the least-trusted professionals, so there's little surprise this industry made the list. The roughly 78,000 FTC complaints last year account for 4 percent of the total. Heading to the mechanic or car dealership armed with knowledge is the key to avoiding rip-offs. Before shopping for a car, read Tricks of the trade: Car Dealers at <http://www.moneytalksnews.com/2012/12/27/tricks-of-the-trade-car-dealers> to learn what to watch for, from bait-and-switch sales to a bad deal on financing. Then there's maintenance. When getting an oil change, watch for costly and unnecessary up-sells. When looking for a mechanic, get recommendations from friends and family and check out "19 Tips for Finding a Great Car Mechanic" at <http://www.moneytalksnews.com/2012/05/21/19-tips-for-finding-a-great-car-mechanic>.
- 9) **Telephone and mobile services.** Almost 77,000 consumers filed an FTC complaint about phone-related issues last year. Toll-free calls that aren't free and other phone scams fall into this category. Remember, numbers starting with "900?" aren't toll-free. For unwanted phone calls, read the advice to make them stop at <http://www.moneytalksnews.com/2012/11/30/how-to-stop-unwanted-phone-calls>. Tips for blocking scam text messages can be found at <http://www.moneytalksnews.com/2013/02/05/how-to-block-scam-text-messages>.
- 10) **Credit cards.** Credit cards had more than 51,000 complaints in 2012. This category includes a wide range of disputes with credit card issuers, from billing problems to interest rate hikes. Stay up to date on the latest credit card scams which can be found at <http://www.moneytalksnews.com/2010/08/09/3-tips-to-avoid-the-latest-credit-card-scam/> and always look over your statement and challenge suspicious charges. Watch for sneaky credit card fees buried in the fine print. Check out Tricks of the Trade: Credit Cards to avoid bad deals at <http://www.moneytalksnews.com/2012/11/02/tricks-of-the-trade-credit-cards>.

[Source: MoneyTalksNews | Jeffrey Trull | 13 Mar 2013 ++]

Citizens Medal : The Presidential Citizens Medal is an award bestowed by the President of the United States. It is the second highest civilian award in the United States, second only to the Presidential Medal of Freedom. Established on November 13, 1969, it recognizes individuals "who [have] performed exemplary deeds or services for his or her country or fellow citizens." The award is only eligible to United States citizens, and may be awarded posthumously. Nominations for the 2013 award closed 31 MAR 2013. A new nomination form is made available each year. In order for an individual to be considered for the Medal:

- Nominees must be citizens of the United States, as required by the 1969 Executive Order.
- The nominee's service must have been performed outside of their regular job.
- All questions on the nomination form must be fully answered.
- Nominations must be received by 31 MAR of the current year at 11:59 p.m. ET.

If there is someone in your life who deserves this medal who you would like to nominate, refer to the 2013 criteria for the award nomination and be prepared to provide similar data when the 2014 nomination forms become available. The 2013 Criteria for Nomination applied to citizens of the United States of America who had performed exemplary deeds of service for their country or their fellow citizens. These included citizens:

- Who had a demonstrated commitment to service in their own community or in communities farther from home. Someone who has engaged in activities that have had an impact in their local community, on a

community or communities elsewhere in the United States or on fellow citizens living or stationed around the world.

- Who had helped their country or their fellow citizens through one or more extraordinary acts. Individuals who have demonstrated notable skill and grace, selflessly placed themselves in harm's way, taken unusual risks or steps to protect others, made extraordinary efforts to further a national goal, or otherwise conducted themselves admirably when faced with unusually challenging circumstances.
- Whose service related to a long-term or persistent problem. Individuals who had made efforts to combat stubbornly persistent problems that impact entire communities, for example those who had taken innovative steps to address hunger, homelessness, the dropout crisis, lack of access to health care, and other issues that plague too many Americans.
- Whose service has had a sustained impact on others' lives and provided inspiration for others to serve. The ideal nominee for a Citizens Medal is a person whose work has had a meaningful and lasting impact on the lives of others.

In 2012 over six thousand Americans from across the country were nominated and staff at the White House reviewed every single submission. Here are just a few examples:

- Mary Jo Copeland has offered a safety net for Minneapolis families since 1985 -- offering food, clothing, shelter, and medical assistance to the needy.
- Adam Burke, an Iraq combat veteran, runs "Veterans Farm," a 19-acre, handicap-accessible farm that helps returning veterans.
- Janice Jackson founded a Baltimore nonprofit to serve women with varying degrees of disabilities.

The medal is a disc of gilt and enamel, based on the Seal of the President of the United States, with the eagle surrounded by a wreath of leaves. The medal is suspended on a ribbon, dark blue with a light blue central stripe and white edge stripes.



[Source: The white House Blog & Wikipedia encyclopedia Mar 2013 ++]

Military Health Care Reform Update 02: The loud, insistent calls in Washington to rein in the rising costs of Social Security and Medicare ignore a major and expensive entitlement program - the military's health care system. Despite dire warnings from three defense secretaries about the uncontrollable cost, Congress has repeatedly rebuffed Pentagon efforts to establish higher out-of-pocket fees and enrollment costs for military family and retiree health care as an initial step in addressing a harsh fiscal reality. The cost of military health care has almost tripled since 2001, from \$19 billion to \$53 billion in 2012, and stands at 10 percent of the entire defense budget. Even more daunting, the Congressional Budget Office estimates that military health care costs could reach

\$65 billion by 2017 and \$95 billion by 2030. On 4 APR, when President Barack Obama submitted his fiscal 2014 budget, the Pentagon blueprint expected to include several congressionally unpopular proposals - requests for two rounds of domestic base closings in 2015 and 2017, a pay raise of only 1 percent for military personnel and a revival of last year's plan to increase health care fees and implement new ones, according to several defense analysts.

Defense Secretary Chuck Hagel insisted this past week that the military has no choice as it faces a \$487 billion reduction in projected spending over the next decade and possibly tens of billions more as tea partiers and other fiscal conservatives embrace automatic spending cuts as the best means to reduce the government's trillion-dollar deficit. The greatest fiscal threat to the military is not declining budgets, Hagel warned, but rather "the growing imbalance in where that money is being spent internally." In other words, money dedicated to health care or benefits is money that's not spent on preparing troops for battle or pilots for missions. Hagel echoed his predecessors, Leon Panetta, who said personnel costs had put the Pentagon on an "unsustainable course," and former Pentagon chief Robert Gates, who bluntly said in 2009 that "health care is eating the department alive." In his speech last past week, Hagel quoted retired Adm. Gary Roughead, the former Navy chief, who offered a devastating assessment of the future Pentagon. Without changes, Roughead said, the department could be transformed from "an agency protecting the nation to an agency administering benefit programs, capable of buying only limited quantities of irrelevant and overpriced equipment."

The military's health care program, known as TRICARE, provides health coverage to nearly 10 million active duty personnel, retirees, reservists and their families. Currently, retirees and their dependents outnumber active duty members and their families - 5.5 million to 3.3 million. Powerful veterans groups, retired military officer associations and other opponents of shifting more costs to beneficiaries argue that members of the armed forces make extraordinary sacrifices and endure hardships unique to the services, ones even more pronounced after a decade-plus of wars in Iraq and Afghanistan. Members of the military have faced repeated deployments, had to uproot their families for constant moves and deal with limits on buying a home or a spouse establishing a career because of their transient life. Retirement pay and low health care costs are vital to attracting members of the all-volunteer military. "If you don't take care of people, they're not going to enlist, they're not going to re-enlist," said Joe Davis, a spokesman for the Veterans of Foreign Wars. Resistance in Congress to health care changes was evident in the recently passed spending bill to keep the government running through Sept. 30. Tucked into the sweeping bill was a single provision stating emphatically that "none of the funds made available by this act may be used by the secretary of defense to implement an enrollment fee for the TRICARE for Life program."

The program provides no-fee supplemental insurance to retirees 65 and older who are eligible for Medicare. The Pentagon repeatedly has pushed for establishment of a fee, only to face congressional opposition. The provision in the spending bill blocking an enrollment fee had widespread support among Republicans and Democrats, according to congressional aides. The Pentagon, nonetheless, is expected to ask again in the 2014 budget for an enrollment fee. The department also is likely to seek increases in fees and deductibles for working-age retirees and try again to peg increases in them to rising costs as measured by the national health care expenditure index produced by the Centers for Medicare and Medicaid Services. That index rose 4.2 percent in 2012 and is projected rise by 3.8 percent this year. In recent years, Congress has agreed to tie any future increases to the typically smaller percentage increase in military retirees' cost-of-living adjustment, which this year is 1.7 percent. Either way, a military retiree under age 65 and their family members pay a far smaller annual enrollment fee than the average federal worker or civilian - \$230 a year for an individual, \$460 for a family. There is no deductible.

Lawmakers' other response was to establish the Military Compensation and Retirement Modernization Commission to study the issue of benefits and offer recommendations on how the Pentagon can address the problem. The commission was created in this year's defense authorization bill. "Nobody wants to touch it because people are confused about who it impacts," said Lawrence Korb, a former assistant defense secretary and now a senior fellow at the liberal-leaning Center for American Progress. "It's not going to impact people on active duty. It's

not going to impact veterans because they're taken care of by the VA. Basically (it's) working-age retirees." Korb said he wished Hagel has been more explicit in his warning about the impact of benefit costs. "He did lay it out that we're going to have to do something or we're going to end up like General Motors and spending everything on people not working for us anymore." Gordon Adams, a professor at American University who was a senior official at the Office of Management and Budget, said limited savings in the short term from changes in retirement rules or other benefits present a challenge in making the case for change. "The savings are downstream, but you only get downstream if you get in the boat now," Adams said. "Otherwise you never get downstream, you're just waiting at the dock all the time because you don't think it'll save you money up front." [Source: The Associated Press | Donna Cassata | April 8, 2013 ++]

Health Care Fact Sheets: Following is a list of Fact Sheets that are available on the Health Administration Center (HAC) website that help explain health related programs available to the military community. Click on title to open:



General Information

- [Fraud, Waste and Abuse \(06-03\)](#)
- [Health Administration Center \(01-14\)](#)
- [Participating Providers \(01-15\)](#)

CHAMPVA

- **General Program Information**
 - [Eligibility \(01-03\)](#)
 - [CHAMPVA Program \(01-04\)](#)
 - [CITI Program \(01-18\)](#)
 - [Instructions for Applicants \(02-01\)](#)
 - [FEHBP \(02-04\)](#)
 - [Reconsideration and Appeal Rights \(06-02\)](#)
- **Information for Providers**
 - [Payment Methodology \(01-11\)](#)
 - [Fact Sheet for Outpatient Providers and Office Managers \(01-16\)](#)
- **Medicare and CHAMPVA**
 - [Medicare and CHAMPVA \(04-01\)](#)
 - [Medicare Prescription Drug Coverage and CHAMPVA \(05-03\)](#)
 - [Creditable Prescription Coverage Letter](#)
- **Information on Specific Benefits**
 - [Mental Health and Substance Use Disorder Benefits \(01-01\)](#)
 - [Durable Medical Equipment \(DME\) \(01-08\)](#)
 - [Pharmacy Benefits \(01-24\)](#)
- **Information for Students**
 - [School Certifications \(01-02\)](#)
- **Pharmacy Information**

- [Pharmacy Benefits Manager \(PBM\) \(01-09\)](#)
- [Pharmacy Benefits \(01-24\)](#)
- [SXC Health Solutions Inc. \(SXC\) \(02-03\)](#)
- **Other Insurance**
 - [Supplemental Insurance \(01-22\)](#)
 - [Other Health Insurance \(01-23\)](#)
 - [Supplemental Information OHI \(02-02\)](#)

Spina Bifida

- [Spina Bifida Health Care Program \(01-06\)](#)
- [Spina Bifida Payment Methodology \(01-10\)](#)
- [Spina Bifida Fact Sheet for Providers and Office Managers \(01-12\)](#)

Foreign Medical Program

- [FMP Program \(01-05\)](#)
- [FMP Fact Sheet for Providers and Office Managers \(01-17\)](#)
 - [Fact Sheet 01-17 in Foreign Languages](#)
- [FMP Fact Sheet - How to File a Claim \(01-30\)](#)
- [FMP Fact Sheet - HISA Program \(02-05\)](#)
- [FMP Fact Sheet - Dental Benefits \(07-01\)](#)

Children of Women Vietnam Veterans

- [CWVV Program \(01-26\)](#)
- [CWVV Payment Methodology \(01-27\)](#)

[Source: <http://www.va.gov/hac/hacmain.asp> Mar 2013 ++]

Troop ID: Businesses, non-profits and even the government have long been wary of offering exclusive deals online to military personnel, veterans and their families. The problem, as two former Army Rangers realized, is that veterans and those on active duty weren't being provided with any sort of digital identification to show that they qualify. So Matt Thompson, a Stafford High School graduate, and Blake Hall, whom he met at Harvard Business School, have teamed up to provide a solution. They've founded Troop ID, a McLean-based business that allows people to digitally verify their military credentials in order to get the same sorts of discounts and other benefits online that are already available in bricks-and-mortar locations. Participating partners, which include Baltimore-based sports apparel outfitter Under Armour and the U.S. Department of Veterans Affairs, get a Troop ID widget to put on the checkout page of their website.

The concept is appealing because so many people shop online, especially those stationed at bases in rural areas, said Thompson, who served four tours of duty in Iraq and Afghanistan. "When I think of the different places that I've been stationed, most were out in the boonies and I didn't have access to the brands I wanted," he said. Currently, about 1,000 active-duty military, veterans and their spouses are signing up through TroopID.com each day. The company has a total of 125,000 members so far. "It's an efficient way for them to prove who they are, and we hold that information with the upmost secrecy and privacy," Thompson said. Military personnel and veterans can set up an account with Troop ID by going onto its website <http://www.troopid.com> and entering such personal identification information as the last 4 digits of their Social Security number and date of service or their .mil email address. The information is then checked against a government database. Once verified, members select an email address and password that becomes their digital ID card, and they control how much of their personal information is shared.

“Certain retail brands and organizations need different information in order to provide benefits,” Thompson said. “If it’s a 10 percent discount, all they need to know is if someone has been in the military. For higher levels of transactions, organizations may need more information.” Thompson is a Virginia Military Institute graduate who spent 11 years in the Army. When he got out, he was looking for new opportunities and enrolled in the Harvard Business School. “You learn so many skills in combat that are invaluable when running your own company,” he said. “You have to be flexible and make decisions fast and operate under pressure.” He and Hall discussed their military experiences while they were at Harvard, and began developing what would become their company as a yearlong academic study. They formed a limited-liability company with Hall as CEO and Thompson as COO in 2010 with the goal of rewarding people for their military service. They launched two businesses, TroopSwap and Troop ID, the following year.

TroopSwap.com is a members-only site that offers daily deals and discounts from local and national businesses exclusively to those who serve or have served in the military and their spouses. Thompson likened it to livingsocial.com and retailmenot.com. Troop ID was initially used just on the TroopSwap site and was made available to third parties on Veterans Day last year. The first to sign up was Under Armour, which has long offered a 10 percent discount to active duty service members and veterans who show a military ID at its stores. It now offers the same discount to them online. Other participants are Overstock.com, which waives the \$19.95 membership fee for those who verify with Troop ID, and the Department of Veterans Affairs Innovation Initiative, which offers them a free, one-year membership in its TechShop program. Thompson said that Troop ID is approaching a number of Fortune 500 companies about joining the program, and hopes to sign some of them up soon. “The conversations have been very rewarding,” he said. “It’s given me a way to continue to serve now that I’m out of uniform.” [Source: The Free Lance-Star | Cathy Jett | 10 Mar 2013 ++]

Costs of Wars Update 01: Ten years after the launch of the Iraq War, a number of critics and analysts have been pointing to war’s extravagant financial cost—to say nothing of its toll on human lives. But a surprising report shows that nearly 150 years after the Civil War’s conclusion, the U.S. government is still paying relatives of veterans. An analysis from the Associated Press found that more than \$40 billion annually is being spent on veterans and survivors of wars dating from the Spanish-American War of 1898 up through the Afghanistan and Iraq wars. There are only two recipients of Civil War benefits, both children of veterans and receiving \$876 per year. Juanita Tudor Lowrey, 86, received Civil War benefits tied to her late father from the age of 2 until her 18th birthday.



Juanita Tudor Lowrey

Military veteran and former Republican Sen. Alan Simpson said the government should consider means testing veterans as the burden on the federal debt continues to grow. "Without question, I would affluence-test (i.e. means test) all of those people," Simpson told the AP. Simpson co-chaired President Barack Obama's deficit reduction committee in 2010, which offered a number of recommendations for reducing the federal budget deficit. And while it would be natural to assume the Iraq and Afghanistan wars are the most costly, the payments to Vietnam War veterans nearly double the cost of our two current wars, \$22 billion and \$12 billion, respectively. Simpson said a number of new ailments added to veterans coverage, including heart disease, has been driving up costs. "That has been terribly abused," he said. Meanwhile, World War II still costs the federal government about \$5 billion a year. And the Korean War still costs taxpayers about \$2.8 billion annually. Amazingly, \$20 million is still being paid each year to 2,289 family members of veterans from World War I, many of whom are over 100. But perhaps even stranger, 47 benefit recipients were not even born until after the war ended. [Source: Yahoo! News | Eric Pfeiffer | 19 Mar 2013 ++]

Veterans Day 2013: Gov. John Kitzhaber signed into law 4 APR a bill allowing all veterans to get a day off on Veterans' Day which will be celebrated on 11 NOV in 2013. Senate Bill 1 allows private employers to make other arrangements with employees if giving a day off would create a hardship for businesses. Cameron Smith, Oregon Department of Veterans' Affairs director, said agencies are focused on securing education, health care and jobs for returning veterans. "At the same time, we recognize that symbolism is real," said Smith, a Marine who has done three tours of duty in Iraq. "It is powerful – and it matters." The bill's chief sponsor was Senate President Peter Courtney, D-Salem, who said it arose as a result of a conversation with Lucy Van Oort, who sells him coffee at a gas station most mornings. On Veterans Day 2010, Courtney recalled, Van Oort mentioned to him that neither her first husband nor her second ever got the day off even though they were veterans. Courtney sponsored legislation that passed the Senate but died in the House in 2011. The current version won final legislative approval in the House last week. "She still works there and she gives me a bad time," Courtney said. Van Oort's first husband, Steve Lippert, was a Vietnam War veteran. Courtney displayed a photo, furnished by Van Oort, inscribed with the words of Civil War Gen. William Sherman that "war is hell." Among those present at the ceremony was Rep. Greg Matthews, D-Gresham, an Army veteran who leads the House Veterans' Affairs Committee. While he supported the bill, he said, "I think our focus needs to continue to be more about programs and policies for veterans and less about photo opportunities and parades." Kitzhaber offered praise for veterans and "thanks to all of Oregon's employers that have done an amazing job of hiring veterans and helping re-employ veterans who are returning from overseas." [Source: Statesman Journal | Peter Wong | 4 Apr 2013 ++]

Traumatic Brain Injury Update 26: Brain injury is confusing to people who don't have one. It's natural to want to say something, to voice an opinion or offer advice, even when we don't understand. And when you care for a loved one with a brain injury, it's easy to get burnt out and say things out of frustration. Here are a few things you might find yourself saying that are probably not helpful:

1. **You seem fine to me.** The invisible signs of a brain injury — memory and concentration problems, fatigue, insomnia, chronic pain, depression, or anxiety — these are sometimes more difficult to live with than visible disabilities. Research shows that having just a scar on the head can help a person with a brain injury feel validated and better understood. Your loved one may look normal, but shrugging off the invisible signs of brain injury is belittling. Consider this: a memory problem can be much more disabling than a limp.
2. **Maybe you're just not trying hard enough (you're lazy).** Lazy is not the same as apathy (lack of interest, motivation, or emotion). Apathy is a disorder and common after a brain injury. Apathy can often get in the way of

rehabilitation and recovery, so it's important to recognize and treat it. Certain prescription drugs have been shown to reduce apathy. Setting very specific goals might also help. Do be aware of problems that mimic apathy. Depression, fatigue, and chronic pain are common after a brain injury, and can look like (or be combined with) apathy. Side effects of some prescription drugs can also look like apathy. Try to discover the root of the problem, so that you can help advocate for proper treatment.

3. You're such a grump! Irritability is one of the most common signs of a brain injury. Irritability could be the direct result of the brain injury, or a side effect of depression, anxiety, chronic pain, sleep disorders, or fatigue. Think of it as a biological grumpiness — it's not as if your loved one can get some air and come back in a better mood. It can come and go without reason. It's hard to live with someone who is grumpy, moody, or angry all the time. Certain prescription drugs, supplements, changes in diet, or therapy that focuses on adjustment and coping skills can all help to reduce irritability.

4. How many times do I have to tell you? It's frustrating to repeat yourself over and over, but almost everyone who has a brain injury will experience some memory problems. Instead of pointing out a deficit, try finding a solution. Make the task easier. Create a routine. Install a memo board in the kitchen. Also, remember that language isn't always verbal. "I've already told you this" comes through loud and clear just by facial expression.

5. Do you have any idea how much I do for you? Your loved one probably knows how much you do, and feels incredibly guilty about it. It's also possible that your loved one has no clue, and may never understand. This can be due to problems with awareness, memory, or apathy — all of which can be a direct result of a brain injury. You do need to unload your burden on someone, just let that someone be a good friend or a counselor.

6. Your problem is all the medications you take. Prescription drugs can cause all kinds of side effects such as sluggishness, insomnia, memory problems, mania, sexual dysfunction, or weight gain — just to name a few. Someone with a brain injury is especially sensitive to these effects. But, if you blame everything on the effects of drugs, two things could happen. One, you might be encouraging your loved one to stop taking an important drug prematurely. Two, you might be overlooking a genuine sign of brain injury. It's a good idea to regularly review prescription drugs with a doctor. Don't be afraid to ask about alternatives that might reduce side effects. At some point in recovery, it might very well be the right time to taper off a drug. But, you won't know this without regular follow-up.

7. Let me do that for you. Independence and control are two of the most important things lost after a brain injury. Yes, it may be easier to do things for your loved one. Yes, it may be less frustrating. But, encouraging your loved one to do things on their own will help promote self-esteem, confidence, and quality of living. It can also help the brain recover faster. Do make sure that the task isn't one that might put your loved one at genuine risk — such as driving too soon or managing medication when there are significant memory problems.

8. Try to think positively. That's easier said than done for many people, and even harder for someone with a brain injury. Repetitive negative thinking is called rumination, and it can be common after a brain injury. Rumination is usually related to depression or anxiety, and so treating those problems may help break the negative thinking cycle. Furthermore, if you tell someone to stop thinking about a certain negative thought, that thought will just be pushed further towards the front of the mind (literally, to the prefrontal cortex). Instead, find a task that is especially enjoyable for your loved one. It will help to distract from negative thinking, and release chemicals that promote more positive thoughts.

9. You're lucky to be alive. This sounds like positive thinking, looking on the bright side of things. But be careful. A person with a brain injury is six times more likely to have suicidal thoughts than someone without a brain injury. Some may not feel very lucky to be alive. Instead of calling it "luck," talk about how strong, persistent, or heroic the person is for getting through their ordeal. Tell them that they're awesome.

[Source: Off the Base | Bobbie O'Brian | 6 Apr 2013 ++]

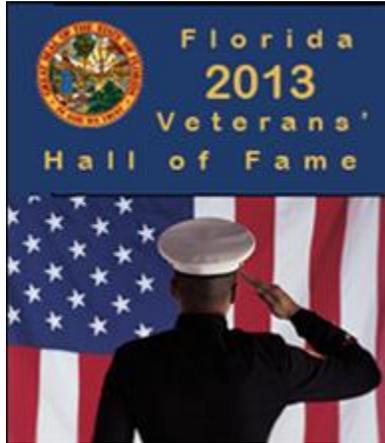
Tax Freedom Day: MarketWatch reports that Tax Freedom Day will come five days later than last year, on April 18. The day was created by a businessman in the 1940s and has been carried on by the Tax Foundation, a 76-year-old think tank. It marks the day when Americans will have earned enough at work to pay their collective tax bill for the year. The date is calculated “using federal budget projections, data from the U.S. Census and the Bureau of Economic Analysis, and projections of state and local taxes.” The later the day in the calendar, the more taxes we’re paying. While it may sound like the date moved a lot this year, historically it’s been worse. The latest Tax Freedom Day was May 1, 2000. It fell on April 15 or later every year from 1968 to 2002 and from 2004 to 2008. Why did it get moved back this year? It’s the fallout from the Congressional failure to resolve the fiscal cliff. Higher taxes on the rich – the new top tax bracket introduced in January is nearly 40 percent for individuals making more than \$400,000 – and the expiration of the payroll tax cut. Some new taxes created by the Affordable Care Act also kicked in this year. By the Tax Foundation’s calculations, our total tax bill for the year is \$4.22 trillion, or about 29.4 percent of American income. [Source: MoneyTalksNews | Brandon Ballenger | 6Apr 2013 ++]



Florida Veterans Hall of Fame: The State of Florida has established the Florida Veterans Hall of Fame (FVHOF) in 2013 to recognize and honor those military veterans who, through their works and lives during or after military service, have made a significant contribution to the State of Florida. The permanent home for the FVHOF will be on the Plaza Level of Florida’s Capitol Building in Tallahassee. The FVHOF Council is seeking nominees for the inaugural class of inductees. In selecting nominees for submission to the Governor and Cabinet, the Council will give preference to veterans who were born in Florida or adopted Florida as their home state or base of operation and who have made a significant contribution to the state in civic, business, public service, or other pursuits. The FVHOF is not intended to recognize solely military achievement and is therefore not a Military Hall of Fame. The Nominee must meet the following criteria:

- a. Meets the definition of “Veteran” as defined by section 1.01 of the Florida Statutes as determined by the Department of Defense documentation such as a DD Form 214.
- b. Received an honorable discharge from the United States Armed Forces and provided official documentation which verifies the discharge status.
- c. Has exhibited good moral character and has no felony convictions.
- d. Posthumous nominations will be accepted. (Records to document Military service are still required. If no DD Form 214 is available, provide other documentation, to include discharge papers, news articles, affidavits, of service or other documentation that can be verified.)
- e. Employees of the Governor’s staff, all elected or appointed officials in the state of Florida, members of County Veteran Service Offices and members of the Florida Department of Veteran’s Affairs, its

Foundation and the Veterans' Hall of Fame Council are ineligible for induction until two years after they have left their position. The Veterans' Hall of Fame Council may recommend a waiver of the two-year requirement for nominees over the age of 70.



A seven-member advisory panel will submit a list of recommended nominees to the Governor and Cabinet. The Selection Process will be conducted, using a uniform nomination form. This form is available on the Florida Veterans' Hall of Fame Web site <http://www.floridaveteranshalloffame.org> and is to be submitted to the Florida Veterans' Hall of Fame Council either by mail or e-mail. The submission period is from March 1 until June 1, 2013 or until the first 250 nominations are received whichever occurs first. The Council will review only the first 250 submissions and from those, transmit a list of nominees to the Florida Department of Veteran's Affairs for submission to the Governor and Cabinet for final selection of up to 20 inductees. Only the nominator will be notified if the nominee is NOT selected. Mail nominations to: Florida Department of Veterans' Affairs, Attn: Florida Veterans' Hall of Fame, The Capitol, Suite 2105, 400 South Monroe Street, Tallahassee, FL 32399 or E-mail nominations to: FVHOF@fdva.state.fl.us More information is available at Florida Veterans Hall of Fame.org. [Source: Off the Base | Bobbie O'Brian | 7 Apr 2013 ++]

Philippine Embassy VA Office: Their numbers may be dwindling because of age and sickness but Filipino veterans of World War II can always count on the government for its support and help particularly in their claims for benefits from the United States government. The government, through House Bill 724, is seeking the creation of an Office of Veterans Affairs in the Philippine Embassy in the United States of America. Under the bill, the Office of Veterans Affairs is mandated with the task to represent, negotiate and lobby for the rights, privileges and benefits of the Filipino veterans with the appropriate US offices. "Veterans who have fought for our country deserve our gratitude," said Rep. Herminia B. Roman (1st District, Bataan), Chairperson of the House Committee on Veterans Affairs. "There are many of them who live under conditions that are lower than the standard of living they deserve. The very least we can do is support them and find the means within our government to do so."

The proposed Office of Veterans Affairs shall have a staff consisting of a head of office appointed by the President of the Philippines and two administrative assistants assigned by the Secretary of the Department of National Defense. The measure also mandates the Veterans Federation of the Philippines to submit a list of five persons who could head the Office of Veterans Affairs and one of whom shall be appointed by the President of the Philippines. The appointed head shall be considered a special presidential representative who shall have a comparable diplomatic rank. The office shall be maintained for five years after its date of establishment or until the Filipino veterans shall have availed of their legitimate claims, the time of which shall not exceed another five years.

The measure states that for its first year, the necessary funds shall be provided through the budget of the Department of Foreign Affairs. HB 724 has already been approved on third and final reading while its Senate bill counterpart still remains pending at the Senate. [Source: GlobalPost | Asianet | 4 Apr 2013 ++]

OBIT ~ Benjamin H. Purcell: Forty years after he was released as a prisoner of war in North Vietnam, former Columbus resident and retired Army Col. Benjamin Harrison Purcell Jr. died 2 APR of natural causes at his home in Clarksville, Ga. He was 85. "He was faithful in his duty to his country, and he was a soldier of honor," said his widow, Anne Purcell. "He was also a warrior for his Lord. It took both the soldier and the Lord to bring him home." Purcell was the highest ranking Army officer held as prisoner of war after the helicopter he was riding in was shot down Feb. 8, 1968, in Quang Tri City, Vietnam. He was released from the Hanoi Hilton more than five years later on March 27, 1973. The funeral with full military honors was scheduled for 6 APR.



Army Col. Benjamin Harrison Purcell Jr.

Purcell was born Feb. 14, 1928, in Banks County, Ga., to the late Benjamin H. and Hattie Oliver Purcell. He first enlisted in the U.S. Navy in 1946 and left two years later. Under the Army Reserve Officers Training Corps program at North Georgia College, Purcell was commissioned a lieutenant March 15, 1950. After serving in the Korean War, he had assignments at Fort Benning, in Europe and other locations across the United States before he was sent to Vietnam in August 1967. He was executive commander of the 80th General Support Group when the helicopter he was riding in started taking ground fire and flames ignited inside before it crashed. Purcell and the crew were soon surrounded by 12 Viet Cong soldiers. During the crash, Pfc. James E. George was seriously burned on his hands and face. As the soldiers and other crew members were forced to march to a camp, Purcell recalled how the young George asked him to pray. The commander said he later heard a shot fired and never saw the soldier again. In an interview shortly after his 1973 release, Purcell said he was beaten, knocked down a few times and held in a 3-by-6-foot room with wooden floors. Most of the time he was held in solitary confinement with no one around him until shortly before he was released.

"Ben was 40 when he was captured so he had a good bit of living behind him," his wife said. "He survived that. His age concerned me. He was captured in the south, and I was afraid he was going to be held in jungle camps and exposed to the elements and at that age might not make it like a younger man. But he was taken to North Vietnam and that was a blessing. At least he had a roof over his head. Conditions weren't perfect but they were better than being in a jungle." Near his cell, Purcell told the Ledger he trained a chicken to squawk and flutter its wings if a guard came near him. He used the time to drill holes in the bottom of his door to escape. He slipped out of the K-77 prison camp in December 1969, but he was quickly caught. He was at another prison in March 1972 when he escaped again while soldiers were eating breakfast. He was ambushed on a road and taken back to prison about two hours later. By November 1972, Purcell was able to talk with other Americans held captive for the first time since he was held. Four months later, he finally left Hanoi on March 27, 1973, and arrived at Clark Air Base in the Philippines on his way to Bush Field in Augusta, Ga. "Words cannot express what a joy it was to see my family

again," he said in an interview. "One has to experience it. It may sound melodramatic, but it's almost like coming back from the dead."

During his military career, Purcell was awarded the Silver Star, the Legion of Merit, the Bronze Star, the Purple Heart and Parachutist and Combat Infantryman badges. He and his wife co-authored a book, "Love & Duty," about the wartime experiences while Purcell was held captive. At the National Infantry Museum and Soldier Center, there is a display featuring Purcell in the Cold War gallery. It holds his ditty bag, a cup and spoon he used as a captive and a crude chisel made from a six-penny nail, which he used in his escape attempts. Purcell tells the compelling story of his capture in a two-minute oral history, said Cyndy Cerbin, director of communications at the National Infantry Foundation. Shortly after the museum opened in June 2009, Purcell was spotted in his uniform telling his story to visitors. "He may have visited the museum numerous times, but never asked to be singled out," Cerbin said. After retiring from the Army in 1980, Purcell he served in the Georgia House of Representatives as a Democrat, representing State District #9 and as a member of the State Veterans Service Board. Survivors other than his wife of 62 years include three daughters, Debbie, Sherri and Joy Purcell, all of Clarksville; two sons, David Purcell of Alexandria, Va; and Clifford Purcell of Winston-Salem, N.C.; a brother, Vernon Purcell, and a host of grandchildren, great-grandchildren, nieces and nephews. [Source: Columbus Ledger-Enquirer | Ben Wright | 4 Apr 2013 ++]

Tricare Region West Update 04: April 1, 2013 was the first day of health care delivery for UnitedHealthcare Military & Veterans' in the TRICARE West Region. All beneficiaries in the West Region should have already received a Welcome Packet from UnitedHealthcare. As the West Region contractor, UnitedHealthcare will:

- Manage the West Region Provider Directory.
- Operate TRICARE Service Centers.
- Operate toll-free customer service call centers (1-877-988-9378).
- Manage enrollment, authorization and claims processing for: TRICARE Prime, TRICARE Prime Remote, TRICARE Standard and Extra, TRICARE Reserve Select, TRICARE Retired Reserve and TRICARE Young Adult.
- Distribute marketing and educational materials.

You will work closely with UnitedHealthcare on many issues, such as enrollment, referral and prior authorization requests, claims processing and customer service. Register online at <http://www.uhcmilitarywest.com> to track referrals, authorization, claims and much more. UnitedHealthcare will not provide customer service or support for TRICARE For Life (TFL), the US Family Health Plan or for pharmacy or dental benefits. Welcome Packets were sent to TFL beneficiaries as an announcement of a change in TRICARE in the West Region, but no action is required. WPS continues to serve as the TFL contractor, providing assistance with claims and customer service. If you have questions, contact WPS at 1-866-773-0404 or on their web site at <http://www.tricare4u.com>. [Source: TRICARE News Release 2 Apr 2013 ++]

TRICARE Region West Update 05: On April 1, 2013, UnitedHealthcare Military & Veterans took over health care delivery in the 21-state TRICARE West Region. Since then, UnitedHealthcare experienced a very high volume of phone calls to its customer service lines, and high use of its new web portal by both beneficiaries and providers. Many of the questions have dealt with how the contract transition affects beneficiaries, or sought information about health care benefits. Remember, even though there is a new regional health care

contractor, the TRICARE benefit remains unchanged. A few additional things to remember about referrals, authorizations and transition:

- TriWest Healthcare Alliance authorizations are good until the end date or May 30, 2013, whichever comes first.
- TriWest maternity care authorizations are good for 312 days after the start date; the May 30, 2013 end date doesn't apply.

If a beneficiary needs care beyond May 30, they should ask their provider to submit a new referral for an authorization review and determination. And remember, in an emergency, call 911 or go to the nearest emergency room immediately. UnitedHealthcare appreciates beneficiaries' patience in accessing these services during this busy initial period, and wait times are continuing to decrease each day. TRICARE and UnitedHealthcare hope beneficiaries and providers will continue to check back through UnitedHealthcare's extended call center hours of service from 7 a.m. to 7 p.m. across all West Region time zones. For more information please read below listed message or go to <http://www.tricare.mil/westtransition>. [Source: TRICARE News Release 2 Apr 2013 ++]

TRICARE Beneficiary Surveys: Researchers compared annual beneficiary survey data from 2008 to 2011 to the 2005 to 2007 period. Physicians outside TRICARE's managed-care network, known as TRICARE Prime, accepted 76 percent fewer patients compared to the earlier period. Overall, about 31 percent of non-enrolled beneficiaries, defined as individuals not enrolled in TRICARE Prime, reported problems finding a physician. Researchers found that reduced access to mental care was one of the biggest problems. Only 39 percent of civilian mental healthcare providers took in new TRICARE patients compared to 67 percent of civilian primary-care providers and about 77 percent of civilian specialty-care providers. Providers ranked reimbursement rates as the top reason why providers did not accept new TRICARE patients. TRICARE's reimbursement rates are largely based on Medicare reimbursement rates with out-of-network providers allowed to charge as much as 15 percent more. In one California area that accepts TRICARE Prime, the leading reason providers cited was lack of awareness about the program. The report found that accessibility varied by location. Central and Southern California, Texas and Louisiana were the areas that reported the heaviest concentration of problems with access. To read the APR 2013 GAO report refer to <http://www.gao.gov/assets/660/653487.pdf>. [Source: NAUS Weekly Update 5 Apr 2013 ++]

TRICARE Prime Update 21: On 4 APR the TRICARE Management Activity issued a press release that said, although only 3 percent, or 171,000 beneficiaries will be losing access to TRICARE Prime due to the drawdown of the Prime Service Areas, 97 percent of all TRICARE beneficiaries would still be eligible for Prime if they choose. While this may be arithmetic truth, it totally fails to take into account the real personal affect of 171,000 beneficiaries who are losing Prime. It's sad to see TMC take a body count and decide the contract it worked out in 2007 is entirely within bound for those who served and sacrificed to earn health for themselves and their family. Many of them chose where they would live in retirement with great care only to see the bases and Military Treatment Facilities close due to BRAC rounds. They have had no chance for input prior to the rug being pulled from under them. NAUS believes they deserve consideration and some type of compromise should be made to preserve their PRIME access. NAUS encourages the military community to continue to bring up this issue to congressional representatives—the more letters of concern and requests for reconsideration the better the chance for legislative relief from this administrative action. [Source: NAUS Weekly Update 5 Apr 2013 ++]

VAMC Jackson MS: On 3 APR a Town Hall meeting was held at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, MS. VA Under Secretary Dr. Robert Petzal joined hospital officials in trying to address many on-going concerns. News reports say the majority of the dialog came from the officials and did not give concerned veterans much of a chance to ask questions. In frustration veterans in the audience started interrupting VA speakers in an attempt to get answers as several audience members accused the officials of evading and not answering honestly. What brought on the investigations were five staff members at the hospital writing to the VA IG and complaining about shoddy cleanliness and sterilization practices at the center. Veterans claim there's a shortage of doctors and 12-hour wait times in the emergency room continue. "Our cleanliness at the hospital is just fine," said Joe Battle, the medical center's director. Dr. Petzel said past problems at the VA have been reviewed and corrected. The Under Secretary dismissively told reporters, "What we heard today does not represent what goes on at the Jackson VA Medical Center," and contemptuously added, "We have tens of thousands of satisfied customers here." Unfortunately it appears there may be many veterans at this medical center who are not as satisfied as the currently serving Under Secretary, using hospital briefing papers, may indicate. [Source: NAUS Weekly Update 5 Apr 2013 ++]

VA Caregiver Program Update 19: A letter will be sent to Primary Family Caregivers receiving benefits under VA's Program of Comprehensive Assistance for Family Caregivers on or around April 15, 2013, to inform them of the increase or continuance of their current stipend rate. 38 U.S.C. 1720G (a)(3)(C)(ii) requires VA to ensure, to the extent practicable, "the amount of the monthly personal caregiver stipend provided to ... [Primary Family Caregivers] is not less than the monthly amount a commercial home health care entity would pay an individual in the geographic area of the eligible veteran to provide equivalent personal care services to the eligible veteran." The VA Caregiver Program uses the Bureau of Labor Statistics (BLS), Occupational Employment and Wages for Home Health Aides (HHA), to determine stipend rates paid to Family Caregivers. Because this rate is based on the prior year, VA also factors in a cost of living adjustment based on the Consumer Price Index (CPI) to calculate the current year's hourly stipend rate.

The BLS wage rate tables and CPI are updated yearly. The current update reflected both an increase and decrease in the hourly wages of Home Health Aides in various geographic areas of the United States. Strict application of the BLS hourly wage rate would have resulted in decreases in monthly stipend payments for some approved Primary Family Caregivers. Thus, VA decided to apply increases where indicated by BLS geographic regions and to maintain the current rate for Family Caregivers who reside in geographic regions where a decrease was reflected on the published table. The implementation date of the stipend rate adjustment will be May 1, 2013. Caregivers who would have received an increase will be paid the additional amount retroactively to January 1, 2013. For Caregivers who receive an increase based on the new BLS table, the May stipend payment will include the new rate as well as any additional retroactive amount the Caregiver is owed. If you have any questions or further concerns – please feel free to call Laura Taylor, National Director, Caregiver Support Program at 202-461-6083. [Source: NAUS Weekly Update 5 Apr 2013 ++]

DoD Fraud, Waste, & Abuse Update 02: A recent report by the DoD Inspector General's office showed that in a huge warehouse in Auburn, WA, nearly \$900 million in spare parts for Army Stryker vehicles had been accumulated with neither the Army nor the Stryker manufacturer General Dynamics taking ownership of the problem or the parts. According to the IG report, the Army believed that it did not have to take delivery until the parts were actually installed and General Dynamics believed that the Army was taking inventory

when the parts were delivered. Adding to the unbelievable massive incompetence is that many, if not most of the warehoused parts, are already out-of-date and cannot be installed on the current models of the Stryker vehicles. One instance is a small part called a pinion that was devised as a temporary fix for a suspension problem that the Army fixed by 2010. Not only was the part out of date, the Army needed only 15 of the pinions but continued to order a stockpile of 9,164 pinions at a cost of \$572,000. And there they rest sitting in boxes, never to be used. The IG report also noted obsolete infrared detection gear and other high cost items sitting gathering dust never to be installed due to obsolescence.

The National Association of Uniformed Service (NAUS) is aghast that two organizations like the Army and General Dynamics make could make such colossal errors? Presumably they both have accountants and personnel responsible for tracking spare parts? If this is for just one weapons system (Stryker), what may be lurking in numerous other DoD warehouses around the country and world? Yet DoD still wants to increase copays and premiums for TRICARE beneficiaries. It simply does not make sense for the Department to turn to retirees to make up the costs of these types of blunders or to become the billpayers for cost overruns within various unsupervised defense accounts. In his first major policy speech 3 APR, Secretary of Defense Hagel said that no budget cuts would be off-limits as the Pentagon initiates severe belt tightening. One of SecDef Hagel’s major points was that the DoD does not need to look at declining or flat-lined budgets but the “growing imbalance” of **how money is spent internally**. Sec. Hagel added that any serious effort to reform or reshape the DoD must confront the principle causes of growth in the base budget—acquisitions, personnel and overhead. [Source: NAUS Weekly Update 5 Apr 2013 ++]

CRSC Update 43: Some Combat-Related Special Compensation (CRSC) retirees saw their monthly CRSC payments increase on 1 APR as a result of a change in the FY2013 National Defense Authorization Act. Dubbed the “CRSC-Glitch” fix for chapter 61 and TERA retirees, Senate concurrent receipt champion and Majority Leader, Harry Reid (D-NV), added the legislative provision to the defense bill that eliminated a CRSC calculation glitch that affected many combat-disabled retirees effective 1 January 2013. According to Defense Finance and Accounting Service (DFAS) officials, the April increase is the new, prospective amount retirees will now receive. DFAS is still determining the retroactive amounts (currently under review) and will send letters to affected retirees over the next few months. [Source: MOAA Leg Up 5 Apr 2013 ++]

Stock Act: MOAA is concerned about the pending implementation of Section 11 of the Stop Trading on Congressional Knowledge (STOCK) Act, a poorly thought out provision that requires publication on the Internet – by 15 APR -- detailed financial information on senior 28,000 federal employees and their families, including all currently serving flag and general officers. MOAA President Vice Adm. Norbert R. Ryan Jr., USN (Ret), sent a letter to the leadership of the House and Senate Armed Services Committees, as well as leadership of the House Committee on Oversight and Government Reform, and the Senate Committee on Homeland Security & Governmental Affairs. Last summer, a bipartisan letter signed by numerous senior national security officials criticized the provision as a jackpot for our nation’s enemies and a threat to the safety and security of public officials and their families. This led Congress to delay implementation (from the original implementation date of August 31, 2012) and direct the National Academy of Public Administration (NAPA) to prepare a report on the risks posed by Internet publication. The NAPA task force issued findings last week that the risks of internet publication significantly outweigh any possible benefit. Specifically, NAPA said internet publication of this information would “pose unwarranted risk to national security and law enforcement, as well as threaten agency missions, individual

safety, and privacy.” NAPA urged indefinite suspension of the provision. The statutory deadline for implementation is 15 APR if Congress doesn’t act before then to stop it. [Source: MOAA Leg Up 5 Apr 2013 ++]

Fort Hood Purple Hearts: In a position paper addressed to Rep. John Carter (R-TX) whose district includes Fort Hood, the Pentagon is again opposing the award of the Purple Heart to the 13 dead and 32 wounded by alleged shooter Maj. Nidal Hasan on Nov. 5, 2009. According to ABC News, the position paper says awarding the Purple Hearts "will be viewed as setting the stage for a formal declaration that Major Hasan is a terrorist," and that, in turn, will allow Defense counsel to "argue that Major Hasan cannot receive a fair trial because a branch of government has indirectly declared that Major Hasan is a terrorist." The Department prepared the paper in response to legislation introduced by Carter. The Fort Hood Families Benefits Protection Act would award both military and civilian casualties of the Fort Hood attack combatant status. The congressman wants the Fort Hood victims to receive the same status that was awarded to 9/11 Pentagon casualties, who received the Purple Heart or the DOD civilian equivalent. Purple Hearts were also denied for the two Army privates who were shot outside a Little Rock, Ark., military recruiting center on June 1, 2009. Pvt. Andy Long's killer, Abdulhakim Muhammad, pled guilty, and is now serving life in prison without the possibility for parole.



A memorial to victims of the Fort Hood shooting

Carter re-introduced the legislation in February in the wake of an ABC News investigation detailing claims by victims that they have been neglected by the military. In a report that aired on "World News with Diane Sawyer" and "Nightline," former police sergeant Kimberly Munley, who helped stop the Ft. Hood shooting, said she felt "betrayed" by President Obama and that he broke a promise to make sure the victims would be well taken care of. There has been no comment from the White House about Munley's allegations. To read more about Fort Hood, to include a link to the Pentagon position paper, refer to <http://abcnews.go.com/Blotter/purple-hearts-fort-hood-victims-pentagon/story?id=18845771&singlePage=true>. [Source: VFW Washington Weekly 5 Apr 2013 ++]

Employment Agency Scam: Don't be fooled by a new wave of fake phone calls. Scammers are posing as an employment agency and fooling job hunters into parting with personal information. Here's how it works:

- You receive a call from a business named WN Positions. The caller is supposedly an employment agency wanting to interview you in response to a job survey you allegedly completed online. The caller sounds

very natural, like a real customer service agent, and it takes you a few moments to realize it's actually a pre-recorded robo-call.

- The teleprompter asks you questions typical of a preliminary job interview, such as your name, educational background and salary requirements. Then, it goes on to ask about whether you want to return to school and/or advance in your education.
- After the survey, a live person comes on the phone. The caller tells you that the business is not a hiring agency but rather one that "helps connect people with education opportunities." When prompted, the caller claims WN Positions is BBB Accredited (it's not!) and even provides an email address.

It is unclear if the calls are a true phishing scam or just a shady way to collect sales leads. Either way, be careful and don't give any personal information. One recipient reported receiving numerous calls from unknown numbers after talking to the WN Positions representative. As always, watch out for variations of this scam. Currently, the calls appear to come from North Carolina and Connecticut exchanges, but that is likely to change. Also, some callers say they are recruiting for positions at Wal-Mart, but they are likely to reference other large corporations too. Even the business name "WN Positions" may change. Scam phone calls are common. Even if you list your number with the Do Not Call Registry or Canada's Do Not Call List, you are still likely to receive them. Here's how to protect yourself:

- Hang up, don't press any buttons and don't call the scammer back. We all like to have the last word, but returning the phone call may just give the con artist information he can use.
- Never give out personal information such as credit card numbers, bank account numbers, dates of birth or social security numbers to unfamiliar callers.
- Never give a caller remote access to your computer.
- If you do want to make a purchase, always ask for the salesperson's name, business, phone and address (and verify this information!) before handing over money. Legitimate businesses understand that you want more information about their company and are happy to comply.
- File a complaint with the Federal Trade Commission to help track down scammers.

To learn about what the FTC is doing to stop robo-call scams, check out this BBB blog post at <http://www.bbb.org/blog/2013/04/is-an-end-to-illegal-robocalls-in-sight/>. To find out more about scams, check out BBB Scam Stopper at <http://www.bbb.org/scam-stopper>. [Source: Better Business Bureau Scam alert 5 apr 2013 ++]

Airport Security Update 04: Disabled veterans can now move through airport security checkpoints without having to remove shoes, light jackets or hats, according to a new policy announced March 27, 2013, by the Transportation Security Administration. The new policy is part of TSA's Wounded Warrior Screening program, (<http://www.tsa.gov/traveler-information/wounded-warrior-accommodations>) which was established in 2005 in an effort to ease the screening process for wounded service members. These individuals will be escorted through the security checkpoint and will be eligible for expedited screening through TSA Pre-Check. They also will not be required to remove their shoes, light outdoor jackets or hats when passing through security checkpoints. To be eligible for the service, a wounded warrior or traveling companion must contact the Military Severely Injured Joint Services Operations Center at MSIJSOC@dhs.gov, or 1-888-262-2396, in advance of their travel to provide itinerary information. Those traveling with injured troops or veterans must receive standard screening. According to TSA, the number of wounded service members using the Wounded Warrior Screening Program is steadily increasing, with approximately 4,252 in 2011, 5,914 in 2012, and 3,315 since the start of 2013. TSA also offers expedited screening for service members including reservist and National Guard members at several airports across the country. The agency also supports the Honor Flight Network, which transports U.S. veterans and their escorts to

Washington, D.C. area airports in order to visit the war memorials build and dedicated to honor their service.
[Source: VA Secy Vet Group Liason Officer message 3 Apr 2013 ++]

VA NVGAG Update 02: The applause of local hotel managers and travel officials gathered 29 MAR in the Buffalo Niagara Convention Center said it all, as Sen. Charles E. Schumer and Rep. Brian Higgins announced reinstatement of the Buffalo Golden Age Games for veterans, abruptly canceled last month. Following the lawmakers' intense lobbying, the Department of Veterans Affairs has reversed its decision to cancel the games' 27th annual edition. That means more than 1,000 veterans 55 and older will descend on Buffalo, after all, from May 30 to June 4, resulting in bookings for about 5,000 hotel rooms and an approximate \$2.2 million boost to the local economy. Indeed, Schumer and Higgins were vocal in their criticism of the VA's decision to cancel the games, especially after local hotels and athletic venues placed the affair on their schedules and veterans from across the country made plans to compete in Buffalo. Schumer said Monday he believed the VA was anticipating the need for budget constraints and targeted the games without investigating the overall effects. "It seems it happened in haste," he said.

The situation changed, he said, after he personally spoke with VA Secretary Eric K. Shinseki. "We explained the magnitude of how bad this was and how unnecessary this was," Schumer said. "I don't think this had bubbled up to the highest levels." The rest of Western New York's House delegation also joined the effort to reverse a VA decision that Schumer called devastating news. "We were all stunned when they said they would be scrapped," he said. But the senator noted the decision's reversal means the event will now allow veterans to compete in some of the area's top athletic venues, including aging veterans of Vietnam who may have not been appreciated as much as they should have at the end of that war. "For them to now gather and compete and share stories from around the country is a great thing," Schumer said. "Above all, it means our brave veterans that have trained so extensively for these games will not have the opportunity ripped away from them," he added. Higgins said that he and Schumer approached the situation determined not to accept "no" for an answer. "It's good that Buffalo stood up for itself," he said. He and Schumer then posed holding a replica "bronze" medal they said they would award to the VA for reversing its decision. "It's not quite gold," Schumer said. "But to admit to being wrong and changing your mind is a very good and fine thing. And now we have the games." Events are scheduled for several locations across Buffalo, Niagara Falls and Western New York, including the Buffalo Niagara Convention Center, Erie Community College, Audubon Golf Course and the Made in America Store. [Source: The Buffalo News | Robert McCarthy | 4 Apr 2013 ++]

Iraq Commitment Medal: The promise of a medal from the government of Iraq to more than 1 million American service members has yet to materialize. So far, the only person to have received the Iraq Commitment Medal is Vice President Joe Biden, according to a report this week in Army Times. The medal was mentioned two years ago in a letter from the Iraqi defense minister to then-Defense Secretary Leon E. Panetta. It was to be given to any service member who served in Iraq, its territorial waters or its airspace for 30 consecutive days or 60 nonconsecutive days during the nine years of war. Saadoun al-Dulaimi told Panetta that more than 1 million current or former service members would be eligible. Army Times described the medal as being gold-colored ceramic featuring an outline of Iraq. Two clasped hands symbolize the friendship of the two nations and a star represents a vision for unity for the Iraqi people. An inscription in English and Arabic reads, "There is no one that can forget, and let nothing be forgotten." More details are on the back, including crossed scimitars and the words "Joint Commitment." The published report quotes a Pentagon spokesman saying no medal has been received and so there is no medal to distribute. [Source: NGAUS Washington Report 2 Apr 2013 ++]



VA H-Pact Program: A new VA program that is sending teams of health care providers into the streets — literally — to find and help an invisible army of sick, discouraged Veterans who spend their nights under bridges, on park benches, or on the sidewalk. The technical term for this growing movement within the Department of Veterans Affairs is ‘H-PACT,’ which stands for Homeless Patient Aligned Care Teams. Currently VA has 31 of these teams across the country that are providing health care and other services to over 5,000 homeless Veterans. And counting. “Our goal is to help homeless Veterans engage in care without a lot of the bureaucratic challenges,” explained Dr. Tom O’Toole, director of VA’s National Homeless Veterans PACT Program. “We want to provide the care they need, where they are, and when they need it. We also strive to provide those ‘wraparound’ services including mental health, social supports, benefits, and housing assistance — all with the intent of helping get them into permanent housing and stay there.”



Street medicine: health care and related services that are delivered directly to persons sleeping on the streets, along the river banks, and in the abandoned buildings

Heading up one of VA’s 31 Homeless Patient Aligned Care Teams is Simha Reddy, a doctor at the VA Medical Center in Seattle. Rounding out Reddy’s ‘H-PACT’ team is a VA registered nurse and a social worker. So many of these guys are hard to find because they’ve become disengaged. These are the guys who are the most vulnerable. “There are about 250 Vets that we see on a regular basis,” Reddy said. “We try to provide these homeless Veterans

with the medical and psychiatric care they need to help them move beyond their current situation. We help them with their medical issues, mental health issues, housing issues... whatever it is they're dealing with." Reddy, 32, said he and his team perform outreach at three or more sites each week. In addition to a clinic every morning at the main hospital, they visit Veterans in homeless shelters, 'day centers' (also called drop-in centers or hygiene centers where the homeless can shower, do laundry, or get something to eat) or any other location where tired, hungry people are likely to be found. "When you go out into the community, seek these people out and treat them, they don't need to rely on the emergency room as much," Reddy observed. "Meanwhile, overwhelmed emergency rooms have less walk-ins to cope with. So everybody wins."

Dr. Reddy said the Veterans he treats on the street tend to be considerably sicker than the average person, with medical needs 50 percent more complex than the typical Seattle patient. "We're trying to take care of the 'high needs' Veteran," Reddy explained. "These are the Veterans who have difficulty managing a chronic illness, the Vet who needs intensive outpatient care, the Vet who comes to the emergency room a lot. These are people with diabetes, liver failure, heart failure... people who need a lot of attention. The goal is to get them stabilized, help them avoid long waits at the ER, let them know they have a team watching over them.. Our primary goal at these drop-in centers and hygiene centers is to make ourselves visible and accessible," the physician explained. "We want to reach our hand out to Vets who otherwise might not regard VA as an option." Easier said than done, in many cases, since Veterans not enrolled in any kind of health care system tend to be the most withdrawn, and distrustful. "The most important thing we can do is to create relationships with these Vets," Reddy said. "We're trying to figure out how to meet people where they're at, both physically and emotionally. We're not always successful, but we try. We just want to create an atmosphere where people feel welcome... where they feel they can come to us for help with their medical troubles. We try to give them some support. A lot of times these Veterans will tell me, 'Right now I'm just in survival mode.' Our goal is to make them feel comfortable enough to start thinking ahead so they don't need to function in survival mode anymore. We want them to start thinking about their future." I just pick up my black bag and go see people. It's like 1950 again, only my black bag has a laptop in it.

"We come across a lot of people who've just dropped off the radar screen," said Brian Hopps, a registered nurse and member of Reddy's H-PACT. "These are the people you can only find when you physically go out into the community. A lot of them aren't going to show up at the VA medical center way up on the hill. You have to come down from the hill, you have to go out and find these Veterans... you have to go where they live. "Until you start doing this work, you really have no idea how many homeless Vets there are out there," he continued. "Homeless Vets with dementia, homeless Vets with multiple sclerosis, homeless vets with cancer..." Hopps said the key to helping these forgotten Veterans is forming relationships with them. "I met an elderly Veteran on the verge of losing his transitional housing and being back out on the street," Hopps said. "He was in the early stages of developing dementia, and was very limited physically. He couldn't take his medication on his own, and it would take him 30 minutes just to change his socks. "Because I spent a lot of time with him I was able to ascertain just how incapacitated he really was. You can't ascertain these things with only superficial contact with a person... you need to spend time with them. We ended up finding a place for him at the Soldier's Home, where they're taking care of him. He's much happier there than at the shelter."

Social Worker Megan Krampitz, the third member of Seattle's H-PACT, agreed that getting to know someone is critical to providing them with quality care. "There's a Vet in his 70s, and he's been homeless for years," Krampitz said. "He's blind in one eye, and he's losing his vision in the other. He has all this crazy white hair, and this huge smile, but only one tooth. He's so endearing when he smiles. He's tiny and he's frail... you don't realize how small he is because he has all these layers of clothing on. "When we found him," she continued, "he was living in a shelter. His Social Security checks had stopped coming. So we got his Social checks coming again... we got him into transitional housing... we got him enrolled in VA health care... we got him connected with the blind rehab folks at our medical center. For now, he's in a safe place." More detailed information on all of VA's Programs for Homeless Veterans can be found at <http://www.va.gov/homeless> . If you or a Veteran you know are at risk of homelessness,

contact VA's National Call Center for Homeless Veterans at 1-877-4AID-VET (1-877-424-3838) to speak to a trained VA responder. [Source: <http://www.va.gov/health/NewsFeatures> | Tom Cramer | 28 Mar 2013 ++]

Social Security Taxes: The SSA issues Form SSA-1099 each year in January telling a recipient what he or she received in benefits during the preceding year. The SSA-1099 form specifically reports the benefits paid and repaid and any federal income taxes withheld during the previous year. To determine whether any of a Social Security recipient's benefits, as shown on Form 1099-SSA, is taxable, the recipient needs to first compare the base amount (see below) with the total of one-half of the recipient's Social Security benefits plus all of the recipient's other gross income including tax-exempt interest. When making this comparison, the recipient should not reduce their income for any adjustments to including interest from qualified U.S. Savings Bonds and the foreign earned income or foreign housing exclusion.

Those recipients who are married and file a joint tax return must combine their incomes to figure whether any of their combined Social Security benefits are taxable. But even if only one spouse received Social Security benefits, both spouses' incomes are included in determining whether the spouse's Social Security benefits are taxable. When making this comparison, the recipient should not reduce their income for any adjustments to including interest from qualified U.S. Savings Bonds and the foreign earned income or foreign housing exclusion. Those recipients who are married and file a joint tax return must combine their incomes to figure whether any of their combined Social Security benefits are taxable. But even if only one spouse received Social Security benefits, both spouses' incomes are included in determining whether the spouse's Social Security benefits are taxable.

Base Amount - A Social Security recipient's base amount is:

\$25,000 if the recipient files as single, head of household or qualifying widow(er);

\$25,000 if the recipient files as married filing separately and lived apart from one's spouse for all of 2012;

\$32,000 if the recipient files married filing jointly; or

\$0 if the recipient files as married filing separately and lived with one's spouse at any time during 2012.

Many annuitants have gross incomes that may result in as much as 85 percent of their Social Security benefits being subject to federal income tax. Some states also tax as much as 85 percent of a recipient's Social Security benefits. The following are some strategies to minimize or avoid the amount of taxes they may pay on their current or future Social Security benefits:

- **Convert to a Roth IRA.** One strategy is to convert all or some of one's traditional IRA into a Roth IRA. Distribution from traditional IRAs is considered as income that is used to calculate how much of one's Social Security benefits are taxable. Roth IRA distributions are nontaxable income and will not affect the taxation of Social Security benefits. One suggestion: Since the amounts from Roth conversions count towards table annual income, the conversions should be performed before one starts to draw Social Security benefits.
- **Transfer traditional TSP accounts to a Roth IRA.** Since 2010, upon retiring from federal service TSP account owners have been able to transfer all or part of their account to a Roth IRA. While the transferred amount is fully taxable in the year of transfer, all future Roth IRA distributions will be nontaxable and therefore not affect how much of one's Social Security benefits will be taxable. Ideally, this transfer will be performed before a TSP account owner starts to receive Social Security benefits.
- **Convert 'countable' income into 'non-countable' income.** If an annuitant is already collecting Social Security benefits and has investment income that they do not need and that income pushes them into taxable Social Security territory, then they should consider converting countable income into non-countable

income. For example, if one has a certificate of deposit (CD) generating \$10,000 of unneeded income that may trigger Social Security taxation, then selling the CD and with the CD funds buy a deferred nonqualified annuity in which income grows tax-deferred (and not taxed each year like CD interest) would be a wise strategy.

[Source: My Federal Retirement | Edward A. Zurndorfer | 1 Apr 3023 ++]

Disabled Veterans Sports Clinic: An Iraq war veteran now serving as a senior Department of Veterans Affairs official opened the world's largest and longest-running disabled sports event 31 MAR, and he challenged almost 400 veterans to reach for new heights through teamwork and mental and physical toughness. "We all know the importance of sports and the incredible results that they can play in not only healing our minds and bodies, but our spirits as well," Tommy Sowers, VA assistant secretary for public and intergovernmental affairs, told participants at opening ceremonies for the 27th annual National Disabled Veterans Winter Sports Clinic. "Sports are more than just activity and competition," he said. "They improve us, they teach us, they challenge us and make us stronger -- and they do it in ways that we cannot imagine." Sowers urged the participants, including many that were wounded during operations Enduring Freedom and Iraqi Freedom, to push their limits as they tackle events designed to help them discover new abilities. "It is you and the mountain," he said. "Good luck. Have a wonderful week -- with determination, with toughness, and with joy."



The clinic, co-sponsored by VA and the Disabled American Veterans, is open to U.S. military veterans with disabilities ranging from spinal cord injuries and orthopedic amputations to visual impairment and neurological conditions. During the six-day program, veterans learn adaptive Alpine and Nordic skiing and are introduced to rock climbing, scuba diving, trapshooting, snowmobiling, sled hockey and other sports and activities. But Larry Polzin, the DAV national commander, emphasized that the clinic is no vacation. "You came here with a mission. Your job is to learn something new [and] to take that and make the most of it," Polzin told the veterans. "When you leave here, it is going to be a totally different feeling for you." Those new discoveries will remain with the participants and help in their rehabilitation long after they return to their communities, Sower told American Forces Press Service. "These sorts of events are absolutely critical, not just for the one week that they are here, but for the 51 other weeks [of the year] as well," he said. "We see the benefits going forward -- not just for the veterans themselves, but also for their caregivers and families."

As the veterans cheer on and inspire each other during the winter sports clinic, Sowers said they're also setting an example for others. He noted, for example, that disabled athletes around the world benefit from adaptive equipment pioneered at the winter sports clinic, and the techniques taught here. Sowers offered high praise to the DAV, the Snowmass Village and Aspen communities, and the hundreds of volunteers and sponsors who come together to make the clinic a success. "It is not an example, it is THE example of the right type of public-private-local

partnership," he said. Each year registration for volunteers begins in June and participants can sign up beginning in August. [Source: APFS | Donna Miles | 1 Apr 2013 ++]

VA Yellow Ribbon Program: As veterans look to build lives beyond the battlefields of Iraq and Afghanistan, those opting for a career in law now have a chance to attend a growing number of the nation's elite private law schools without paying a dime in tuition. Federal education aid for people who served in the military after the 2001 terrorist attacks covers the full cost of tuition and fees at public schools. But payments for those who attend private institutions are capped and only cover about 35% to 45% of tuition at the top private law schools, which can cost as much as \$55,000 per year. To help close the gap, this fall Stanford Law School, New York University School of Law and Columbia Law School are maxing out their contributions to a government matching plan known as the Yellow Ribbon program that provides qualifying veterans with additional money to supplement the benefits offered under the GI Bill. Essentially, the schools have pledged to cover half the remaining tuition and fees, and the Department of Veterans Affairs will pay the rest. Veterans must have served at least 36 months of active duty since Sept. 11, 2001 and have been honorably discharged to be eligible for the aid, which comes from agreements between the department and participating private schools.

The move is a shift from the sometimes fractious relations between some elite universities and the military that date back to the Vietnam War and run through recent debates over the treatment of gay personnel. Reaching out to veterans carries multiple advantages for law schools. There are public relations and marketing benefits to helping cover the cost of enrollment for veterans at a time when concerns about rising tuition are running high. The payments can also help schools recruit high-quality students they otherwise might have lost to public competitors without too much damage to the bottom line. Other private schools, including Duke University School of Law and Northwestern University Law School, have also ramped up financial aid for former members of the armed forces, raising award amounts or increasing the number of veterans who can receive the benefits. The Department of Veterans Affairs limits education aid for veterans attending private, foreign or out-of-state schools; this year the limit for most former service members is about \$19,000 a year. That is despite the fact that some top public graduate programs—such as UC Berkeley School of Law—charge nearly as much as private ones. For law school, the difference between what standard veterans benefits cover and the full cost of tuition at a private institution can come to more than \$25,000 per year, although many veterans also qualify for additional financial aid and other help, such as state grants. For additional info on the Yellow Ribbon Program refer to http://www.gibill.va.gov/benefits/post_911_gibill/yellow_ribbon_program.html. [Source: The Wall Street Journal article 30 May 2013 ++]

VA Fraud Waste & Abuse Update 71:

- A Nashville woman pleaded guilty 29 MAR in U.S. District Court to giving false statements to the government to qualify for grants and misappropriating about \$360,000 public money. **Birdie Mae Anderson**, 54, applied for a grant of about \$80,600 in 2006 from the Department of Veteran Affairs to buy property in Nashville to provide housing for homeless veterans. She claimed to the VA that she already had a certain amount of funds to purchase the property, which was a specific condition to receive the grant, according to the indictment. About a year later, in May 2007, Anderson applied for and received a mortgage of \$75,000, but she had falsely claimed that she had a monthly income of \$5,250 and that she had a “vested interest in a retirement fund” of \$80,600 so she could qualify for the loan, the indictment claims. Using the loan and the grant — a fact she did not tell the VA — she bought the property. She also didn’t tell the VA that she had retained to herself \$25,600 of the grant. She has subsequently lost the house to

foreclosure. In December 2007, Anderson knowingly converted \$280,000 of additional federal grant money to her own use. That money was supposed to be used to buy a specialty van and property to benefit the veterans. It wasn't. Sentencing is scheduled for June 17. [Source: The Tennessean | Amanda Gambill | 2 Apr 2013 ++]

- **Bangor ME** — **Stephen John Longstaff**, 55, was sentenced 5APR in U.S. District Court to five years of probation in connection with his falsification of mileage vouchers to the U.S. Department of Veterans Affairs over a nearly three-year period. He was also ordered to pay more than \$17,000 in restitution. Since waiving indictment in September and pleading guilty to making false, fictitious and fraudulent claims, he has repaid \$2,000 of the \$17,361.83 he received illegally. Between June 15, 2009, and Feb. 27, 2012, Longstaff submitted 156 fraudulent claims for VA travel benefits by overstating the distance he was driving between the Togus VA Medical Center and locations in Washington and Hancock counties, where he claimed he lived, according to the U.S. Attorney's Office. An investigator with the VA conducted surveillance and found that Longstaff was living less than three miles from the Togus Medical Center. The investigation was conducted by the Office of the Inspector General for the U.S. Department of Veterans Affairs and the Police Department at the medical center. [Source: Bangor Daily News | Judy Harrison | 5 Apr 2013 ++]
- **Tampa FL** — U.S. District Judge Steven D. Merryday on 3 APR sentenced **Remesa Buemer** to 5 years and 5 months in federal prison for wire fraud and aggravated identity theft. As part of the sentence, the court also entered a money judgment in the amount of \$159,265.60, a portion the proceeds of the charged criminal conduct. Buemer was also ordered to pay restitution in the amount of \$462,039.60. Buemer pleaded guilty on January 17, 2013. According to court documents, from at least as early as January 21, 2011, through at least September 15, 2011, Buemer engaged in a scheme to file false tax returns in order to obtain fraudulent refunds. She generated fraudulent tax refunds using the identities of other individuals including veterans on tax returns without their permission. "IRS Criminal Investigation has made investigating refund fraud and identity theft a top priority," stated James Robnett SAC, Tampa Field Office. "Filing fraudulent tax returns in the names of other individuals results in significant harm to those individuals whose identities were stolen. Today's sentence reflects the harm inflicted upon the victims." This case was investigated by the Internal Revenue Service Criminal Investigation, the Department of Veterans Affairs Office of Inspector General, and the Tampa Police Department. It was prosecuted by Assistant United States Attorney Sara C. Sweeney. [Source: USDOJ News Release 3 Apr 2013 ++]
- **Buffalo NY** ---U.S. Attorney William J. Hochul, Jr. announced today that a federal grand jury returned a 17 count indictment charging **Samilyn Olson**, 46, of Jamestown, N.Y., with unlawfully distributing oxycodone, obtaining oxycodone through fraud, forgery and subterfuge and conspiring to do so. The conspiracy and distribution counts each carry a maximum sentence of 20 years in prison and a \$1,000,000 fine. The remaining counts each carry a maximum sentence of four years in prison and a \$250,000 fine. Olson is a former nurse at the Veterans Affairs Community Based Outpatient Clinic, in Jamestown which provides medical services to VA patients in the area. On eight occasions between May and September 2010, the defendant stole prescription forms from a nurse practitioner at the clinic, forged the nurse practitioner's name and wrote prescriptions for oxycodone. The prescriptions were then filled by Olson or others at a local pharmacy in Jamestown, New York. The fact that a defendant has been charged with a crime is merely an accusation and the defendant is presumed innocent until and unless proven guilty. [Source: USDOJ News Release 21 Mar 2013 ++]

Medal of Honor Citations:



Rank and organization: Private First Class, U.S. Army, Company A, 127th Infantry, 32d Infantry Division. Place and date: Villa Verde Trail, Luzon, Philippine Islands, 10 March 1945. Entered service at: Campobello, S.C. Birth: Campobello, S.C. G.O. No.: 95, 30 October 1945. Citation: He fought gallantly on the Villa Verde Trail, Luzon, Philippine Islands. With 2 companions he occupied a position on a ridge outside the perimeter defense established by the 1st Platoon on a high hill. At about 3 a.m., 2 companies of Japanese attacked with rifle and machinegun fire, grenades, TNT charges, and land mines, severely wounding Pfc. Atkins and killing his 2 companions. Despite the intense hostile fire and pain from his deep wound, he held his ground and returned heavy fire. After the attack was repulsed, he remained in his precarious position to repel any subsequent assaults instead of returning to the American lines for medical treatment. An enemy machinegun, set up within 20 yards of his foxhole, vainly attempted to drive him off or silence his gun. The Japanese repeatedly made fierce attacks, but for 4 hours, Pfc. Atkins determinedly remained in his fox hole, bearing the brunt of each assault and maintaining steady and accurate fire until each charge was repulsed. At 7 a.m., 13 enemy dead lay in front of his position; he had fired 400 rounds, all he and his 2 dead companions possessed, and had used 3 rifles until each had jammed too badly for further operation. He withdrew during a lull to secure a rifle and more ammunition, and was persuaded to remain for medical treatment. While waiting, he saw a Japanese within the perimeter and, seizing a nearby rifle, killed him. A few minutes later, while lying on a litter, he discovered an enemy group moving up behind the platoon's lines. Despite his severe wound, he sat up, delivered heavy rifle fire against the group and forced them to withdraw. Pfc. Atkins' superb bravery and his fearless determination to hold his post against the main force of repeated enemy attacks, even though painfully wounded, were major factors in enabling his comrades to maintain their lines against a numerically superior enemy force.



Thomas E. Atkins



Fellowship Baptist Church Cemetery Inman SC

[Source: <http://www.history.army.mil/html/moh/wwII-a-f.html> Apr 2013 ++]

VA Claims Backlog Update 88: With the backlog of compensation claims at the Department of Veterans Affairs having ballooned in recent years, one would expect major veterans' service organizations to be among VA's harshest critics. If so, they would join a rising chorus. Recently network news programs have turned cameras and commentary on the mountain of 598,000 overdue claim decisions pending, suggesting bureaucratic

neglect of returning ill and injured vets from Iraq and Afghanistan. Time magazine columnist Joe Klein even asked VA Secretary Eric Shinseki to resign. One veteran association, Iraq and Afghanistan Veterans of America (IAVA), says the administration isn't doing near enough to end the backlog with its average wait, from filing to decision, now at 273 days and some veterans in the largest cities reportedly waiting more than 600 days. But most veteran service organizations aren't joining that chorus, for perhaps two major reasons.

One, they believe they understand better than the loudest critics why the backlog has grown so. Some contributing factors these veterans' groups actually fought for. Two, criticism of Shinseki and his team rings hollow to many veteran groups given the administration's support over the past four years for robust funding of VA, unprecedented cooperation with vet advocates, and the depth of its commitment to reform a 20th Century paper-driven claims process. That's why groups including Veterans of Foreign Wars and the American Legion came to Shinseki's defense after Klein's call to resign. That's why Joseph Violante, legislative director of Disabled American Veterans, told the Senate Veterans Affairs Committee that VA is moving "down the right path" with many of its reform plans even while "processing over a million claims annually, which in my mind is something phenomenal." Violante described VA leadership as the most open he has seen in almost 30 years working veterans issues in Washington D.C. He had particular praise for Allison A. Hickey, under secretary for benefits. At the same hearing, Bart Stichman, executive director of the National Veterans Legal Services Program, praised Shinseki.

The NVLSP successfully has sued VA, initially more than 20 years ago, to compensate Vietnam veterans for diseases presumed caused by wartime exposure to herbicides including Agent Orange. Stichman said Shinseki showed courage when, facing a rising claims backlog in 2009, he added three new diseases to VA's list of diseases compensable for Vietnam veterans due to Agent Orange. This required VA to re-adjudicate 150,000 claims previously denied and to process more than 100,000 fresh claims from Vietnam veterans, including for most anyone with heart disease who ever served in Vietnam. The Veterans Benefits Administration put more than 2300 experienced claims staff – 37 percent of its workforce – on the effort for two and a half years, paying out more than \$4.5 billion in retroactive benefits. "While the decision was absolutely the right thing to do," Hickey said, "it did have an impact on our ability to keep up with news claims coming in and on aging claims already in the system."

One of Klein's criticisms is that VA should be giving priority to claims from returning Iraq and Afghanistan veterans versus the steady stream of "supplemental" claims from older generations seeking to upgrade ratings. One factor encouraging supplemental claims from military retirees is Congress' decision to lift the ban on concurrent receipt of both retired pay and VA disability compensation for retirees with ratings of 50 percent or higher. That threshold encourages some to file again and again for reconsideration given the financial stakes. Until a retiree is rated 50 percent disabled, their retired pay is offset dollar for dollar by VA disability compensation. VA claims data give some credence to Klein's argument because 52 percent of the current backlog is veterans who had an earlier claim decided in the past five years. But critics also should note only 20 percent of backlogged claims are from Iraq and Afghanistan vets. Vietnam veterans represent 37 percent, 1991 Gulf War veterans 23 percent and 20 percent are claims from World War II, Korean War and peacetime-era veterans.

Hickey pointed to several developments that should allow VA to reach its two goals of eliminating the backlog by 2015 and raising the quality of claim decisions to an average accuracy rate of 98 percent, up from 86 percent in 2012. One is electronic claim processing through the Veterans Benefits Management System (VBMS), which will be operating at all 56 regional offices by December. Hickey said this will result in faster and more accurate claim decisions, in the same way automation was used to end long waits for payments under the new Post-9/11 GI Bill. Also, military services now have teams collecting for the VA service and medical records, including from TRICARE civilian physicians, for former service members filing claims. And these teams are certifying to VA that files are complete and accurate. "That is a game changer," Hickey said. VA continues a massive project of scanning into computers all paper claims so that adjudicators can use Google-like searches rather than physically flipping

pages, to verify information. And VA also has established quality review teams at every regional office to monitor claims processing in real time to catch and correct errors before decisions become final.

All of this is encouraging the support of most veteran groups. But the political pressure on VA remains intense, and the generational rift among advocates likely won't ease until the backlog is in full retreat. Joseph Thompson, who formerly held Hickey's job as VA benefits chief, told senators that, for VA to meet its ambitious goals for 2015, every one its many initiatives must succeed, which is an unlikely outcome. The quantity of claims, the unproven technology solutions and the vast number of other initiatives working, Thompson said, "is the heaviest lift I can imagine." What VA needs most, Thompson said, "are more people...thousands more." That is one initiative that Hickey said VA isn't yet ready to embrace. [Source: Stars & Stripes | Tom Philpott | 4 Apr 2013 ++]

VA Claims Backlog Update 89: The Department of Veterans Affairs is under growing pressure to reduce a mountain of pending veteran disability claims, and a new voice has been added to the chorus — the U.S. Army. The Army has spent tens of millions of dollars and doubled staffing for a joint program with the VA aimed at cutting the Army's backlog of soldiers waiting to leave the service because of being wounded, ill or injured. The number of ailing soldiers waiting to leave the service has grown from 18,000 in 2011 to more than 27,000, largely because the VA is not bringing more manpower to the task, Army officers told USA TODAY. "The ideal situation would be if they could add some capacity. That means adding some people to do (disability) ratings," says Brig. Gen. Lewis Boone, director of the Army's disability evaluation system.

The VA says its resources are taxed to the limit trying to reduce its own caseload of 900,000 pending disability claims from veterans of all past and present wars. It cannot spare more rating evaluation specialists for the Army program, VA official Danny Pummill says. "We're providing the maximum effort that we can in both areas," says Pummill, who coordinates VA efforts with the Pentagon. The Army backlog of soldiers waiting to leave the service because of health issues is not included in the VA's 900,000 pending disability claims from veterans. The Pentagon and VA agreed in 2011 to fashion a "seamless" process for servicemembers to separate from the military because of wounds, illness or injury. The idea was to conduct VA disability ratings for these troops before leaving the service so that within 30 days of becoming civilians, they would begin receiving VA disability checks. The Army faced the most daunting task. After years of multiple combat deployments and physical wear and tear, far more soldiers faced medical separations than sailors, Marines and Airmen combined. It was taking an average of 400 days for soldiers to go through medical examinations, evaluation boards, VA rating and out-processing before finally receiving disability checks as civilians.

Since 2011, there have been improvements, the Army says. Data show that some processes controlled by the Army are moving more quickly than expected. But the flow of cases is stalling in the VA portion of the assembly line. Army data show 6,500 soldiers were waiting to receive VA disability ratings in February, 80% more than what the program was designed to handle at that stage. The slow-down occurred even after the VA had increased the number of rating specialists handling Army cases from 119 in October to 135 in January, according to VA statistics. "Right now, there is a bulge of cases sitting right there awaiting (VA) ratings," says Army Col. Daniel Cassidy, a disability evaluation program director. As a result, the process was still taking 400 days on average, data show. Army officials says that unless the VA more quickly conducts disability ratings for ailing soldiers, the backlog could persist well into next year. It impacts the Army's defense role, officers say, particularly as the service becomes smaller in the years ahead. The 27,000 soldiers awaiting medical separations cannot go to war but cannot be replaced until gone. "It impacts readiness," Cassidy says. [Source: USA TODAY | Gregg Zoroya | 4 Apr 2013 ++]

VA Claims Backlog Update 90: Administration officials said they will consider a presidential commission to deal with the mounting veterans claims backlog, but said top officials from every federal agency are already working on the problem. Members of Iraq and Afghanistan Veterans of America delivered a 34,000-signature petition to the White House last month asking for a presidential commission to deal with the backlog issue. VA officials have promised that recent processing advances and new electronic claims systems will eliminate the backlog -- cases which take more than 125 days to process -- in 2015. But veterans groups, including the American Legion and Veterans of Foreign Wars, remain skeptical that goal is realistic. In a meeting with reporters 5 APR, White House Chief of Staff Denis McDonough said the commission idea is under discussion, and no decision has been made yet. But he also emphasized that the president has ordered an "all-of-government effort" to address the backlog problem and is aware of the growing frustration.

In addition to already existing coordination between the Defense Department and veterans affairs, McDonough said members of the National Security Council have discussed possible solutions. "The president has directed that everybody in the government who has a piece of this action needs to address this effort," he said. "We're involved with this on a daily basis to try and bring that number down." Veterans Affairs Secretary Eric Shinseki said the backlog is likely to increase in coming months as new electronic processing systems are deployed at regional centers, but he is still confident the department will meet the 2015 goal. The average wait for new disability and compensation claims to be processed is almost nine months, with almost 70 percent of the pending 825,000 claims past the department's stated completion goal of four months. Both Shinseki and the department have come under heavy criticism from lawmakers and the media in recent weeks for a lack of progress on the effort, but numerous veterans groups have supported Shinseki's long-term approach to the problem. McDonough said the president closely follows those backlog numbers, and is focused on finding solutions. "He wants results on this," McDonough said. [Source: Stars & Stripes | Leo Shane | 6 Apr 2013 ++]

PTSD Update 134: Posttraumatic stress disorder (PTSD) can occur after a person has been through a traumatic event. A traumatic event is something terrible and scary that someone sees, hears about or that happens to the person, such as:

- Combat exposure/military sexual trauma.
- Child sexual or physical abuse.
- Terrorist attack.
- Sexual or physical assault.
- Serious accidents, like a car wreck.
- Natural disasters, like a fire, tornado, hurricane, flood or earthquake

During a traumatic event, the person thinks their life or others' lives are in danger. They may feel afraid or feel that they have no control over what is happening around them. Most people have some stress-related reactions after a traumatic event; but, not everyone gets PTSD. If these reactions don't go away over time and they disrupt life, then the person may have PTSD. Most people have some stress-related reactions after a traumatic event. If the reactions don't go away over time and they disrupt your life, you may have PTSD. Most people who go through a trauma have some stress-related symptoms at the beginning. Only some will develop PTSD over time. It isn't clear why some people develop PTSD and others don't. Whether or not a person gets PTSD depends on many things:

- How intense the trauma was or how long it lasted.
- If the person was injured or lost someone important to him or her.
- How close the person was to the event.
- How strong the person's reaction was.

- How much the person felt in control of events.
- How much help and support the person got after the event

PTSD symptoms usually start soon after the traumatic event, but they may not appear until months or years later. They also may come and go over many years. If the symptoms last longer than four weeks, cause the person great distress, or interfere with work or home life, the person might have PTSD. There are four types of symptoms of PTSD:

- 1) Reliving the event (also called re-experiencing symptoms). The person may have bad memories or nightmares and may even feel like he or she is going through the event again. This is called a flashback.
- 2) Avoiding situations that remind you of the event. The person may try to avoid situations or people that trigger memories of the traumatic event. The person may even avoid talking or thinking about the event.
- 3) Feeling numb. The person may find it hard to express his or her feelings or may not be interested in activities he or she used to enjoy. This is another way to avoid memories.
- 4) Feeling keyed up (also called hyperarousal). The person may be jittery, or always alert and on the lookout for danger. This is known as hyperarousal.

People with PTSD may also have other problems. These include

- Feelings of hopelessness, shame or despair.
- Depression or anxiety.
- Drinking or drug problems.
- Physical symptoms or chronic pain.
- Employment problems.
- Relationship problems, including divorce.

In many cases, treatments for PTSD will also help these other problems, because they are often related. The coping skills learned in treatment can work for both PTSD and these related problems. There are two main types of treatment, psychotherapy (sometimes called counseling) and medication. Sometimes people combine psychotherapy and medication. Psychotherapy, or counseling, involves meeting with a therapist. There are different types of psychotherapy. Cognitive behavioral therapy (CBT) is the most effective treatment for PTSD. There are two different types of CBT for PTSD that are broadly offered at VA. One type is Cognitive Processing Therapy (CPT) where patients learn skills to understand how trauma changed their thoughts and feelings. Another type is Prolonged Exposure (PE) therapy where patients talk about their trauma repeatedly until memories are no longer upsetting. They also go to places that are safe, but that they have been staying away from because they are related to the trauma. Medications can be effective, too. A type of drug known as a selective serotonin reuptake inhibitor (SSRI), which is also used for depression, is effective for PTSD. Another medication called Prazosin has been found to be helpful in decreasing nightmares related to the trauma. Benzodiazepines and atypical antipsychotics should generally be avoided for PTSD treatment because they do not treat the core PTSD symptoms. More information about PTSD can be found at www.ptsd.va.gov/public/index.asp. [Source: www.ptsd.va.gov/public/pages/what-is-ptsd.asp Apr 2013 ++]

PTSD Update 135: Department of Veterans Affairs doctors are continuing to prescribe tranquilizers such as Valium and Xanax to veterans diagnosed with post-traumatic stress disorder — despite VA guidelines advising against their use for the condition. Almost a third of veterans being treated for PTSD are prescribed benzodiazepines, a class of sedatives commonly used to treat insomnia, anxiety, seizures and other conditions, according Dr. Nancy Bernardy, a clinical psychologist with the VA’s National Center for PTSD. Benzodiazepine prescriptions by VA doctors for PTSD patients declined from 37 percent to 30 percent between 1999 and 2009,

Bernardy and fellow researchers found in an earlier study. But it remained at 30 percent through 2012, Bernardy said, citing data that will be published soon. The current clinical practice guidelines for managing PTSD, co-authored by the VA and Department of Defense, caution medical providers against using benzodiazepines “due to lack of efficacy data and growing evidence for the potential risk of harm,” Bernardy wrote in the PTSD center’s current newsletter. The VA health-care system experienced a huge increase in the number of veterans being treated for PTSD, increasing three-fold in 10 years to about a half-million patients in 2009, Bernardy wrote.

Benzodiazepines have been around since the 1960s, when they became the sedative of choice and replaced barbiturates, which carried a high risk of overdose and abuse. Benzodiazepines became the preferred PTSD drug treatment because of their usefulness in managing anxiety and insomnia. Studies, however, have not shown benzodiazepines as effective treatment for what are called the core PTSD symptoms of avoidance, hyperarousal, numbing and dissociation. In fact, the drugs may impede other effective treatments for PTSD. Studies on animals and humans suggest that benzodiazepines interfere with the “first-line recommended” PTSD treatment called “prolonged exposure therapy,” by which patients are exposed to trauma-related thoughts and situations in order to reduce their power to cause panic, Bernardy wrote. She concluded that “mounting evidence suggests that the long-term harms imposed by benzodiazepine use outweigh any short-term symptomatic benefits in patients with PTSD.” A 1990 study that compared the use of a benzodiazepine called alprazolam and a placebo for alleviating PTSD symptoms found that the slight reduction of anxiety was offset by withdrawal symptoms after only five weeks of use.

The use of benzodiazepines is especially problematic in PTSD patients who also have substance-abuse disorders or mild traumatic brain injuries. The DOD/VA guidelines especially caution their use with patients suffering from combat-related PTSD because more than half of such patients abuse alcohol or drugs. “Once initiated, benzodiazepines can be very difficult, if not impossible, to discontinue due to significant withdrawal symptoms compounded by the underlying PTSD symptoms,” the VA/DOD guidelines state. Most of the VA prescriptions for benzodiazepines for PTSD patients are made by mental health providers – rather than primary care physicians – who likely should be more aware of the VA/DOD guidelines, according to a study published last month in the journal *Psychiatric Services*.

The study, of which Bernardy was a co-author, analyzed VA prescription records from 2009 of 357,000 veterans with PTSD. It found that 37 percent had been prescribed benzodiazepines for the condition; just over two-thirds of those prescriptions were made by mental health providers. The finding suggests that these particular providers contribute considerably to “the misalignment between guideline-based care and actual practice.” The study did not determine the causes of such a misalignment but offered a few possible reasons. “Many mental health providers ‘inherit’ patients who previously received benzodiazepines from other clinicians, creating an immediate tension as the clinician seeks to balance individual patient factors with the need to provide guideline-supported care,” the study stated. The majority of PTSD patients in the study were Vietnam War-era vets, who perhaps began taking benzodiazepines years before guidelines were in place, the study said. The authors concluded that further study was needed to determine whether the high prescription rates for benzodiazepine were due to ignorance about the guidelines. [Source: Stars and Stripes | Wyatt Olson | April 8, 2013 ++]

Mobilized Reserve 9 APR 2013: The Department of Defense announced the current number of reservists on active duty as of 09 APR 12 MAR 2012. The net collective result is 1288 more reservists mobilized than last reported in the 1 APR 2013 RAO Bulletin. At any given time, services may activate some units and individuals while deactivating others, making it possible for these figures to either increase or decrease. The total number currently on active duty from the Army National Guard and Army Reserve is 39,102; Navy Reserve 4,420; Air

National Guard and Air Force Reserve 8,408; Marine Corps Reserve 2,477; and the Coast Guard Reserve 539. This brings the total National Guard and Reserve personnel who have been activated to 54,946 including both units and individual augmentees. Since 911 there have been 818,465 reservists deactivated. A cumulative roster of all National Guard and Reserve personnel who are currently activated may be found online at <http://www.defense.gov/news/MobilizationWeeklyReport040913.pdf>. [Source: DoD News Release No. 226-13 dtd 10 Apr 2013 ++]

Vet Jobs Update 106: The Home Depot is ramping up for a busy spring, and that means the world's largest home improvement retailer is looking to hire more than 80,000 seasonal associates to assist their customers during the company's busiest season. As both the company's busiest hiring and selling period, spring is their annual peak season, similar to the Christmas season for many retailers. This year, The Home Depot is hiring 10,000 more spring associates than it did last year to support an anticipated increase in sales. "Spring is always a special season for us when we can offer employment opportunities for literally tens of thousands of Americans," said Tim Crow, executive vice president—Human Resources. "We find some of our best associates during our peak season, and many of them have built long, meaningful careers with us." Job opportunities range from part-time to full-time and are available across the U.S. based on individual store needs and geographical differences in weather. Job seekers can begin applying online today at <http://www.careers.homedepot.com>. [Source: VetJobs Veteran Eagle April 2013 ++]

Vet Jobs Update 107: The Veteran Employment Services Office (VESO) oversees the VA for Vets Program which is a comprehensive career management program that enables Veterans to successfully join the federal civilian workforce. VESO offers a host of tools and resources through this program. It makes no difference if you signed up for a VA for Vets account yesterday, created a resume six months ago, or are currently employed and seeking other opportunities, it could benefit you to periodically check back to see what updates have been incorporated in the system to offer you the best round-the-clock service. Through VA for Vets, participants are offered

- Military Skills Translator - This state-of-the-art translator helps you transfer your military skills, experience, training and any collateral duties into civilian language that can be easily understood in the civilian workplace.
- Resume Builder - Build several resumes that market your skills and abilities and put you in a better position to compete for jobs.
- Career or Reintegration Coaches -These dedicated individuals, many of whom are Veterans themselves, are available to provide you with one-on-one assistance before, during, and after your military service.

With VESO's constant enhancement of tools and resources, vets are provided with the most current job opportunities, training and career development programs, and other guidance on Veteran recruitment, retention and reintegration. VA for Vets exists to serve you and support you in your career endeavors. Visit the website <http://vaforvets.va.gov/Pages/default.aspx> to explore the many options available for our Nation's Veterans. [Source: VA Secy Vet Group Liason Officer notice 1 Apr 2013 ++]

WWII Vets [41]: Calvin Graham, dropped out of the seventh grade to join the Navy in 1942. At the age of 12, Calvin broke the law to serve his country, at a time when the U.S. military might well be accused of having had

a 'Don't ask, don't tell' policy with regard to underage enlistees. For fear of losing their benefits or their honorable discharges, many 'Baby Vets' never came forward to claim the nation's gratitude. It wasn't until 1994, two years after he died, that the military relented and returned the seaman's last medal-his Purple Heart-to his family. An astounding number of American teenagers, both male and female, altered their birth dates in order to serve their country during World War II. The practice reached its peak in 1943. Over time, nearly 50,000 were detected and sent home. Among the many who eventually managed to enlist, a handful was discovered - court martialed - and then stripped of any valor awards they might have earned. But the great majority - some 200,000 -- went unnoticed and served honorably for the duration. To read more about Graham's story and what he experienced aboard the USS South Dakota (a.k.a. Battleship X) refer to the attachment to this Bulletin titled, "**WWII Vets - Calvin Graham**". [Source: Smithsonian.com | Past Imperfect | 19 Dec 2012]



Calvin Graham, the USS South Dakota's 12-year-old gunner, in 1942.

POW/MIA Update 40: "Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II (73,000+), Korean War (7,900+), Cold War (126), Vietnam War (1,655), 1991 Gulf War (0), and OEF/OIF (6). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to http://www.dtic.mil/dpmo/accounted_for . For additional information on the Defense Department's mission to account for missing Americans, visit the Department of Defense POW/Missing Personnel Office (DPMO) web site at <http://www.dtic.mil/dpmo> or call (703) 699-1420. The remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:



Family members seeking more information about missing loved ones may call the following Service Casualty Offices: U.S. Air Force (800) 531-5501, U.S. Army (800) 892-2490, U.S. Marine Corps (800) 847-1597, U.S. Navy

(800) 443-9298, or U.S. Department of State (202) 647-5470. The remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:

Vietnam

- None

Korea

- The DPMO announced 5 APR that the remains of a U.S. serviceman, missing in action from the Korean War, were recently identified and will be returned to his family for burial with full military honors. Army Master Sgt. **Earnest W. Grainger**, 28, of Conway, S.C., will be buried April 13, in his hometown. In early July 1950, Grainger, and elements of the 21st Infantry Regiment (IR), 24th Infantry Division (ID), were deployed along the Kum River in western South Korea to maintain their positions long enough for the Republic of Korea (R.O.K) forces to retreat to a more defensible position in the south. From July 10-12, 1950, North Korean forces struck and overran the U.S. positions, inflicting heavy casualties on the 21st IR. During this attack, Grainger was reported missing near the town of Chochiwon. When no further information on Grainger was received by U.S. forces, and when he failed to return to U.S. control during the Prisoner of War exchanges with the Chinese and North Korean forces during the Armistice, a U.S. military review board re-examined his status, and in 1956, concluded that Grainger was presumed dead and his remains non-recoverable. In June 2012, personnel from the R.O.K Ministry of National Defense Agency for KIA Recovery and Identification (MAKRI) were canvassing South Korea towns and villages to find information regarding unaccounted-for R.O.K soldiers from the Korean War, when the team located human remains near the town of Chochiwon. Grainger's remains were among those found and transferred into U.S. custody. To identify the remains, scientists from the Joint POW/MIA Accounting Command (JPAC) and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence, and forensic identification tools such as dental comparison which matched Grainger's records. They also used mitochondrial DNA - which matched Grainger's sister and nephew.
- The DPMO announced 10 APR that that a U.S. serviceman, who was unaccounted-for from the Korean War, has been identified and will be returned to his family for burial with full military honors. Army Lt. Col. **Don C. Faith, Jr.**, 35, of Washington, Ind., will be buried April 17, in Arlington National Cemetery near Washington, D.C. Faith was a veteran of World War II and went on to serve in the Korean War. In late 1950, Faith's 1st Battalion, 32nd Infantry Regiment, which was attached to the 31st Regimental Combat Team (RCT), was advancing along the eastern side of the Chosin Reservoir, in North Korea. From Nov. 27 to Dec. 1, 1950, the Chinese People's Volunteer Forces (CPVF) encircled and attempted to overrun the U.S. position. During this series of attacks, Faith's commander went missing, and Faith assumed command of the 31st RCT. As the battle continued, the 31st RCT, which came to be known as "Task Force Faith", was forced to withdraw south along Route 5 to a more defensible position. During the withdrawal, Faith continuously rallied his troops, and personally led an assault on a CPVF position. Records compiled after the battle of the Chosin Reservoir, to include eyewitness reports from survivors of the battle, indicated that Faith was seriously injured by shrapnel on Dec. 1, 1950, and subsequently died from those injuries on Dec. 2, 1950. His body was not recovered by U.S. forces at that time. Faith was posthumously awarded the Medal of Honor – the United States' highest military honor – for personal acts of exceptional valor during the battle. In 2004, a joint U.S. and Democratic People's Republic of North Korea (D.P.R.K) team surveyed the area where Faith was last seen. His remains were located and returned to the U.S. for identification. To identify Faith's remains, scientists from the Joint POW/MIA Accounting Command (JPAC) and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence,

compiled by DPMO and JPAC researchers, and forensic identification tools, such as dental comparison. They also used mitochondrial DNA – which matched Faith’s brother.

World War II

- The DPMO announced 4 APR that the remains of a U.S. serviceman, missing in action from World War II, have been identified and are being returned to his family for burial with full military honors. Army Staff Sgt. **Ray E. Thompson**, of Portland, Ore., will be buried on April 10, in Pendleton, Ore. On May 7, 1944, Thompson was a member of the crew of a B-24D Liberator that departed Nadzab, New Guinea on a bombing mission. Due to mechanical troubles, the B-24D was delayed in departing the airbase and was unable to join the formation after takeoff. Neither the aircraft, Thompson, nor the nine other crewmen aboard the plane were seen after takeoff. In 1946, the War Department declared all ten men to be presumed dead. In 1973, a Papua New Guinea Forest Department official reported a wartime aircraft in the mountains northeast of the city of Lae. In October 1973, a team of Royal Australian Air Force (RAAF) responded to the report and visited the site, where they found aircraft wreckage that corresponded to that of a B-24D. At that time the RAAF recovered possible human remains, which were transferred to the U.S. Army Mortuary in Tachikawa, Japan; however, giving the limited technology at the time, no human remains were individually identified. In 1974, the remains were buried as a group at Arlington National Cemetery. In April 2008, a Joint POW/MIA Accounting Command (JPAC) team was sent to investigate and survey the crash site. The team recovered aircraft wreckage, including a radio call sign data plate, that matched the aircraft from a B-24D and additional remains. To identify the remains, scientists from JPAC and the Armed Forces DNA Identification Laboratory used circumstantial evidence and forensic identification tools such as dental comparisons and mitochondrial DNA, which matched Thompson’s cousins.

[Source: http://www.dtic.mil/dpmo/news/news_releases Apr 2013 ++]

Notes of Interest:

- **Bankruptcy.** A federal appeals court ruled creditors can't demand Social Security benefits be used to repay debts in Chapter 13 bankruptcy.
- **Sequestration.** The National Museum of the U.S. Air Force Presidential and Research and Development Galleries will close until further notice as well as the Museums e-newsletters beginning May 1, 2013, as part of budget reduction requirements due to sequestration.
- **Invocation speech.** Check out Getting Old at <http://stg.do/9i0c>
- **Multiple Sclerosis.** The VA is seeking stronger understanding of multiple sclerosis (MS), its impact on veterans, and effective treatments to help manage MS symptoms. To aid in those efforts, VA's Multiple Sclerosis Centers of Excellence provides a webpage <http://www.va.gov/ms> where vets can keep up with latest developments and treatments.
- **Distracted Driving.** To determine the law in the state in which you plan to drive on Cellphone use refer to <http://www.distraction.gov/content/get-the-facts/state-laws.html>.
- **Long Term Care.** To help prepare for decisions that will have to be made as you and your spouse age, check out <http://www.va.gov/GERIATRICS/Guide/LongTermCare/index.asp>.
- **Privacy.** A 2009 IRS handbook says online transmissions – including email, Facebook chats and Twitter private messages – “generally lose their reasonable expectation of privacy and thus their Fourth Amendment protection once they have been sent from an individual’s computer.”
- **Burial Allowance.** Public Law 111-275, the Veterans’ Benefits Act of 2010, increased to \$700 the burial/funeral allowance for Veterans who die while hospitalized at certain VA facilities and the plot/interment allowance for certain Veterans eligible for burial in a national cemetery. The law also

authorized an annual COLA based on the percentage increase in the Consumer Price Index for the 12-month period ending on June 30. The first COLA for burial effective October 1, 2012, is 3.2%. Effective October 1, 2012, the \$700 burial/funeral and plot/interment allowance is increased to \$722.

[Source: Various 1-15 Apr 2013 ++]

Spanish American War Image 07



A black and white photo taken in 1898 of people walking between ships and trains toward the Port Tampa Inn at the end of the docks at Port Tampa.

Saving Money: Pay phone booths are a relic of the recent past, but they may soon offer smartphone users something new: free Wi-Fi. The New York Times reports NYC has just converted 10 booths into Wi-Fi hotspots, with plans to do the same to a few more of its 12,360 pay phones soon. With booth maintenance contracts set to expire in 2014, they might decide to convert more. If successful, it's easy to imagine this initiative taking off in other cities. Many have tried and failed to implement public networks – most recently in Hollywood, Fla. On 2 UL, the local paper called the city's effort “a \$3.8 million Wi-Fi debacle.” As more people buy laptops, smartphones, or Wi-Fi-only e-readers and tablets, the demand for Wi-Fi will probably keep growing. There are security risks when using public Wi-Fi. Check out OnGuardOnline.gov's tips for protecting yourself at <http://onguardonline.gov/articles/0014-tips-using-public-wi-fi-networks#protect> . Here are some easy ways to get free access...

1. Corporate chains - Whether they sell fries or office supplies, several chains offer free Internet access at many (and sometimes all) locations. Here's a partial list of places that usually have free Wi-Fi:

- Whole Foods (some; check store Web pages) <http://wholefoodsmarket.com/stores/>
- Barnes and Noble (all) http://www.barnesandnoble.com/u/Wi-fi-at-Barnes-and-Noble/379001240?cm_mmc=AFFILIATES-_-Linkshare-_-je6NUbpObpQ-_-10:1
- McDonald's (11,500-plus searchable locations) http://www.mcdonalds.com/us/en/services/free_wifi.html
- Burger King (some; call) <http://www.bk.com/en/us/restaurant-locator/index.html?>
- Chick-Fil-A (some; check the wireless box) <http://www.chick-fil-a.com/Locations/Locator>
- Denny's (some; call) <http://dennys.com/#/location>
- Starbucks (all) <http://www.starbucks.com/coffeehouse/wireless-internet>
- Dunkin' Donuts (some; look for Wi-Fi button) <http://www.dunkindonuts.com/content/dunkindonuts/en/stores.html>
- Panera Bread (all; often capped during peak afternoon hours) <http://www.panerabread.com/find.php>
- FedEx (1,800-plus searchable locations) <http://www.fedex.com/us/office/services/computer/wi-fi.html?vid=K205747&aff=k244266>

2. Cable/phone/Internet companies - You may notice that many of the major chains use AT&T to power their free Wi-Fi. If you're an AT&T Wireless or U-Verse customer, you probably have free access to thousands of hotspots that use AT&T's infrastructure but normally charge access fees. In May 2012, five of the biggest cable providers – Bright House Networks, Cablevision, Comcast/Xfinity, Cox Communications, and Time Warner Cable – teamed up to offer more than 50,000 shared Wi-Fi hotspots in major cities including NYC, Los Angeles, Tampa, Orlando, and Philadelphia. If you're a subscriber to any of those providers, you get free wireless Internet from all of them. The list keeps expanding, and you can learn more at <http://www.cablewifi.com>.

3. Hotel loyalty programs - Take a look at HotelChatter's 2012 list of best hotels for free Wi-Fi at <http://www.hotelchatter.com/special/Best-WiFi-Hotels-2012>. You can sometimes broaden the list by signing up for a brand's free loyalty program but be prepared to put up with all the email advertising that brand once you are on their list.

4. Check a database - Free Wi-Fi at <http://www.wififreespot.com/index.html> is well-documented online. Head to WiFiFreeSpot.com and you'll find state-by-state and city-by-city lists of locations, as well as categories of hotspots such as airports, campgrounds, and chain stores. Want Wi-Fi data mapped out? Try WeFi, which lets you punch in an address and pull up the area with free Wi-Fi stores and hotspots marked. They also have an app for Android phones at <http://www.wefi.com/download>. All free.

[Source: MoneyTalksNews Brandon Ballenger article 15 Jul 2012 ++]

Medicare Fraud Update 116: TV ads that show smiling seniors enjoying an "active" lifestyle on a motorized scooter have driven the nearly \$1 billion U.S. market for power wheelchairs and scooters. But the spots by the industry's two leading companies, The Scooter Store and Hoveround, also have drawn scrutiny from critics who say they convince some seniors that they need a scooter to get around when many don't.

- Members of Congress say the ads lead to hundreds of millions of dollars in unnecessary spending by Medicare, which is only supposed to pay for scooters as a medical necessity when seniors are unable to use a cane, walker or regular wheelchair;
- Government inspectors say up to 80 percent of the scooters and power wheelchairs Medicare buys go to people who don't meet the requirements; and

- Doctors say more than money is at stake: Seniors who use scooters unnecessarily can become sedentary, which can exacerbate obesity and other disorders

“Patients have been brainwashed by The Scooter Store,” says Dr. Barbara Messinger-Rapport, director of geriatric medicine at the Cleveland Clinic. “What they’re implying is that you can use these scooters to leave the house, to socialize, to get to bingo.” The scooter controversy, which has escalated with a raid by federal authorities last month on The Scooter’s Store’s headquarters in New Braunfels, Texas, underscores the influence TV ads can have on medical decisions. Like their peers in the drug industry, scooter companies say direct-to-consumer advertising educates patients about their medical options. But critics argue that the scooter spots are little more than sales pitches that cause patients to pressure doctors to prescribe unnecessary equipment. The Scooter Store and Hoveround, both privately held companies that together make up about 70 percent of the U.S. market for scooters, spent more than \$180 million on TV, radio and print advertising in 2011, up 20 percent from 2008, according to advertising tracker Kantar Media. Their ads often include language that the scooters can be paid for by Medicare or other insurance: “Nine out of ten people got them for little or no cost,” states one Hoveround ad. Hoveround did not respond to a half-dozen requests for comment.

The Scooter Store, the nation’s biggest seller of scooters, said in a statement that most people who contact the company after seeing the ads do not ultimately receive a scooter: “The fact that 87 percent of the persons who seek power mobility products from The Scooter Store under their Medicare benefits are disqualified by the company’s screening process is powerful evidence of the company’s commitment to ensuring that only legitimate claims are submitted to Medicare.” Insurance executives say doctors who don’t understand when Medicare is supposed to pay for scooters are partly to blame for unnecessary purchases. Scooters — which are larger than power wheelchairs and often include a handlebar for steering — are covered by Medicare if they are prescribed by a doctor who has completed an evaluation showing that a patient is unable to function at home without a device. Medicare pays about 80 percent of that cost, which can range from \$1,500 to \$3,500. The remainder is often picked up by supplemental insurance or the government-funded Medicaid program for low-income and disabled Americans. The process can help immobile seniors get equipment that improves their lives. Yet doctors can often be as uninformed about the appropriate role of scooters as patients, Dr. Stephen Peake, medical director for the insurer Blue Cross Blue Shield in Tennessee, said in testimony before the Senate Committee on Aging last year.

One reason for the confusion? Doctors say scooter companies are just as aggressive with health professionals as they are in marketing to their patients. Dr. Jerome Epplin of Litchfield, Ill., who also testified before the Senate, estimates that one of every 10 patients who ask him for a scooter actually needs one, but sales representatives from some scooter companies put pressure on him by accompanying patients to his office. The effect is coercive, he says. “It can be intimidating,” Epplin said. “I see it as an inappropriate attempt to influence my clinical judgment when I’m evaluating a patient.” Allegations of Medicare fraud within the industry go back nearly a decade. In 2005, the U.S. Justice Department sued The Scooter Store, alleging that its advertising enticed seniors to obtain power scooters paid for by Medicare, and the company then sold patients more expensive scooters that they did not want or need. The Scooter Store settled that case in 2007 for \$4 million. [Source: The Associated Press | Matthew Perrone | 29 Mar 2013 ++]

Medicare Fraud Update 117:



- Miami FL** — A patient recruiter for a Miami health care company was sentenced 1 APR to serve 36 months in prison for his participation in a \$20 million home health Medicare fraud scheme, announced Acting Assistant Attorney General Mythili Raman of the Justice Department’s Criminal Division. **Vladimir Jimenez**, 43, was sentenced in the Southern District of Florida. In addition to his prison term, Jimenez was sentenced to serve two years of supervised release and ordered to pay \$950,000 in restitution, jointly and severally with co-defendants. In January 2013, Jimenez pleaded guilty to one count of conspiracy to receive health care kickbacks. According to court documents, he was a patient recruiter who worked for Serendipity Home Health, a Miami home health care agency that purported to provide home health and therapy services to Medicare beneficiaries. From approximately April 2007 through approximately March 2009, Jimenez recruited patients for Serendipity, and in doing so solicited and received kickbacks and bribes from the owners and operators of Serendipity in return for allowing Serendipity to bill the Medicare program on behalf of the patients Jimenez had recruited. These Medicare beneficiaries were billed for home health care and therapy services that were medically unnecessary and/or not provided. From approximately January 2006 through March 2009, Serendipity submitted approximately \$20 million in claims for home health services that were not medically necessary and/or not provided. Medicare actually paid approximately \$14 million for these fraudulent claims. As a result of his participation in the illegal scheme, the Medicare program was fraudulently billed more than \$400,000 for purported home health care services. In a related case, on June 21, 2012, Ariel Rodriguez and Reynaldo Navarro, the owners and operators of Serendipity, were sentenced to 73 and 74 months in prison, respectively, following guilty pleas in March 2012 to one count each of conspiracy to commit health care fraud.
- Slidell LA** — The owner and the director of nursing of a Louisiana home health agency were each convicted late Friday for conspiring to defraud Medicare of \$17.1 million announced Acting Assistant Attorney General Mythili Raman of the Justice Department’s Criminal Division. After a six-day trial, **Louis T. Age, Jr.**, 64, and **Verna S. Age**, 60, both of Slidell, La., were each convicted by a federal jury of one count of conspiracy to commit health care fraud. Louis Age was also convicted of one count of conspiracy to defraud the United States and to pay and receive illegal health care kickbacks. Verna Age was previously convicted in this case of one count of conspiracy to defraud the United States and to pay and receive illegal health care kickbacks. Louis Age owned South Louisiana Home Health Care Inc. and operated this company along with his former wife, Verna Age, who served as the company’s director of nursing. According to evidence presented at trial, Louis and Verna Age paid recruiters, including **Mary L. Johnson**, to obtain Medicare beneficiary information. The evidence showed that Louis Age hired and paid medical doctors, including **Michael S. Hunter**, to sign referrals and certifications for home health services that were not medically necessary. As a registered nurse and director of nursing for South Louisiana Home Health Care, Verna Age falsified and directed others to falsify certification evaluations and other forms to make it appear that the home health services were medically necessary. Evidence at trial showed that South Louisiana Home Health Care fraudulently billed Medicare for home health care claims and was paid \$17.1 million between 2005 and 2011. At trial, Ayanna Age Alvarez, who previously pleaded guilty in this case, testified that she was trained by her father, Louis Age, and her stepmother, Verna Age, to pay recruiters kickbacks to recruit beneficiaries, to falsify patient files and to pay doctors kickbacks for their signatures on home health certifications. Medicare beneficiaries testified that they did not need the services that South Louisiana Home Health Care billed to Medicare. Age Alvarez, Johnson and Hunter have pleaded guilty in this case and await sentencing. Co-defendant Milton L. Womack, who was also charged in the August 2011 indictment, died in July 2012. Sentencing dates for Louis and Verna Age have not yet been scheduled. The conspiracy to commit health care fraud count carries a maximum potential penalty of 10 years in prison and a \$250,000 fine, and the conspiracy to pay health care kickbacks carries a maximum penalty of five years in prison and a \$250,000 fine.

- Miami FL** — About 25 relatives and friends packed a federal courtroom 5 APR to support three members of a Miami-Dade family convicted of running a mental health clinic to steal millions from Medicare. Almost all of them openly cried for clinic owner Antonio Macli, 73, and his two grown children — son Jorge Macli, 41, the company’s operating officer, and daughter Sandra Huarte, 49, the bookkeeper. Their clinic was named Biscayne Milieu. Despite their tears, U.S. District Judge Robert Scola sentenced Antonio Macli to 30 years, Jorge Macli to 25 years and Huarte to about 22 years in prison. The trio used their Miami Gardens clinic to steal more than \$11 million from the taxpayer-funded federal program for the elderly and disabled. Scola reminded the defendants that their crime — in the country’s healthcare fraud capital — was multifaceted: They ripped off Medicare, preyed on vulnerable patients with substance abuse problems who weren’t necessarily mentally ill and ruined the lives of some clinic employees who went to work there with good intentions. Scola also scolded the father for dragging his family into the corrupt clinic. “You got your children involved, and you can look behind you and see the devastating impact that has had,” Scola said, referring to the sobbing relatives and friends. Last summer, a jury convicted the three family members of conspiracy to commit healthcare fraud by submitting \$57 million in bogus bills for mental health services that were not provided or needed between 2007 and 2011, according to prosecutors. Nearly 1,100 patients attended the clinic for purported therapy to treat schizophrenia, bipolar disorder and other conditions. The jury in the case also convicted five other people, including the clinic’s medical director, Dr. Gary Kushner, 72, a psychiatrist from Plantation, who was sentenced last month to 12 years in prison by Scola. Before trial, 20 other defendants who had worked at the clinic pleaded guilty.
- Saltville VA** — The former Saltville, Va., Rescue Squad president was sentenced to a four-year prison term for his role in a nearly \$1 million Medicare-billing scheme. **Eddie Wayne Louthian Sr.**, 60, was convicted of one count each of conspiracy to commit health care fraud, health care fraud, making a false statement to a jury and four counts of making false statements in relation to a health care matter. Louthian was sentenced in the U.S. District Court in Abingdon, Va., after being convicted of running a scheme whereby the rescue squad billed the government for unnecessary ambulance transportation. Specifically, the rescue squad sent bogus billing statements to Medicare and Anthem Blue Cross and Blue Shield indicating it took immobile patients to a dialysis center when they really could have made the trip themselves. The court also ordered Louthian to pay \$907,521, the total amount illegally collected from Medicare and Anthem. Another member of the squad, **Monica Hicks**, previously pleaded guilty to one count of conspiracy to commit healthcare fraud. Other squad members were charged but exonerated.
- Philadelphia PA** — The owner and operators of Penn Choice Ambulance Inc. have been charged with health care fraud. The ambulance company serves Philadelphia, Huntingdon Valley and Camp Hill. In federal court in Philadelphia on 10 APR, Penn Choice Ambulance owner **Anna Mudrova**, and operators Yury Gerasyuk, Mikhail Vasserman, Irina Vasserman, Aleksandr Vasserman, **Valeriy Davydchik** and **Khusen Akhmedov** were charged with conspiracy to commit health care fraud. The alleged scheme involved more than \$3.6 million in fraudulent claims submitted to Medicare. The defendants conspired to defraud Medicare by recruiting patients who were able to walk and could travel safely by means other than ambulance and who therefore were not eligible for ambulance transportation under Medicare requirements, according to the indictment. The defendants themselves, or through others, paid illegal kickbacks to the patients as part of the scheme, according to the indictment. They allegedly billed Medicare for these ambulance services as if those services were medically necessary and, as a result of the allegedly fraudulent billing, the Medicare program sustained losses of more than \$1.5 million. If convicted, the defendants face substantial terms of imprisonment and fines. If convicted, Penn Choice Ambulance Inc. faces significant financial penalties, including criminal fines, restitution and forfeiture obligations.

- New York NY** — A New York City cardiologist with offices on Fifth Avenue and in New Jersey admits he intentionally misdiagnosed up to 80 percent of his patients with heart problems so he could collect millions in extra Medicare money. Dr. **Jose Katz**, 68, pleaded guilty to falsifying charts diagnosing patients with angina and other heart ailments so he could prescribe extra tests and treatments when hundreds of patients did not need them. Prosecutors said it was the largest fraud ever executed by a single doctor in New York or New Jersey. "After years of prominence in his field, Jose Katz will now be remembered for his record-setting fraud," said U.S. Attorney Paul Fishman. In court 10 APR he agreed his actions could have caused "serious bodily harm" to his patients. He and his lawyer disagreed when prosecutors said some patients were at risk of death due to his actions. In all, Katz admitted his scheme took in over \$19 million. Katz's crimes went on from at least 2004 through 2012. His resume said he is affiliated with NewYork-Presbyterian Hospital, but a spokeswoman said he has not been linked there since 2003. Fishman said many patients who were exploited went to Katz's clinics, called Cardio-Med Services in Union City, Paterson and West New York. He also ran clinics called Comprehensive Healthcare in Manhattan and Queens. Katz said he performed many so-called EECF procedures based on false diagnoses to overbill Medicare and private insurers like Blue Cross and Aetna. In court, Katz told the judge as a doctor he had "done everything he could to help patients." The judge told him he would have time to speak at sentencing set for July 23. After the court hearing, Katz and his attorney, Blair Zwillman, left the courthouse admitting mistakes were made but insisting Katz always cared for his patients. Katz faces up to 10 years in prison on the conspiracy to commit health care fraud charges. He also admitted creating a no-show job in his office in order to rip off more than \$250,000 in Social Security benefits. Katz was born in Cuba but is a U.S. citizen. Prosecutors said he spent \$6 million advertising on Spanish-language television and radio to try to lure in patients.



Dr. Jose Katz

[Source: Various 1-15 Apr 2013 ++]

Medicaid Fraud Update 83:

- Palm Beach FL** — A 75-year-old Illinois woman is facing Medicaid fraud charges in Palm Beach County after she allegedly had since 2008 billed the program more than \$500,000 for services that she did not provide. **Irene Terrero** was arrested 2 MAR and faces charges of Medicaid fraud and grand larceny. She is being held in the Palm Beach County Jail in lieu of \$100,000 bail. Terrero, who is a speech pathologist and is licensed in the state of Florida, was billing Medicaid for children who were attending two West Palm Beach day-care centers — the Ismaelillo Learning Center I at 3501 Georgia Ave. and the Ismaelillo Learning Center II at 724 Bunker Road. The centers are licensed and owned by Maria Estela Edward. From January 2008 to February 2013, Terrero billed Medicaid a total of \$526,236.08 for services she did not administer, according to a medicaid Fraud Control Unit probable-cause affidavit. Authorities started investigating Terrero in December once they received a complaint that she was providing services during

the day for between seven and 15 hours, even though a regular school day is only seven hours long, the affidavit said. According to the Florida Medicaid Therapist Handbook, services must be conducted face to face. While she reported to Medicaid that her address was the Georgia Avenue address, investigators found that she had actually been living in Illinois for the past eight years. The handbook also requires the Medicaid provider to sign each patient entry the day that the service is completed. Investigators found that Terrero was not providing the services. Unlicensed employees Elaine Cooper and Madelyn Brave Rodriguez were, the affidavit said.



Terrero

[Source: Various 1-15 Apr 2013 ++]

State Veteran's Benefits: The state of Michigan provides several benefits to veterans as indicated below. To obtain information on these refer to the attachment to this Bulletin titled, “**Veteran State Benefits –MI**” for an overview of the below those benefits. Benefits are available to veterans who are residents of the state. For a more detailed explanation of each refer to <http://www.military.com/benefits/veteran-state-benefits/michigan-state-veterans-benefits.html>.

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

[Source: <http://www.military.com/benefits/veteran-state-benefits/maine-state-veterans-benefits.html> Apr 2013++]

Veteran Hearing/Mark-up Schedule: Following is the current schedule of recent and future Congressional hearings and markups pertaining to the veteran community. Congressional hearings are the principal formal method by which committees collect and analyze information in the early stages of legislative policymaking. Hearings usually include oral testimony from witnesses, and questioning of the witnesses by members of Congress. When a U.S. congressional committee meets to put a legislative bill into final form it is referred to as a mark-up. Veterans are encouraged to contact members of these committees prior to the event listed and provide input on what they want their legislator to do at the event. Membership of each committee and their contact info can be found at <http://www.congress.org/congressorg/directory/committees.tt?commid=svete>. Missed House Veteran Affairs committee (HVAC) hearings can viewed at <http://veterans.house.gov/in-case-you-missed-it>. Text of completed Senate Veteran Affairs Committee (SVAC) hearings are available at <http://www.gpo.gov/fdsys/browse/committee.action?chamber=senate&committee=va&collection=CHRG&plus=CHRG>:

- **April 16, 2013 (T).** The House Committee on Veterans Affairs, Subcommittee on Disability Assistance and Memorial Affairs is expected to hold a legislative hearing on Disability Benefits and other purposes.

The tentative bill list is as follows:

- *H.R. 569* Veterans' Compensation Cost-of-Living Adjustment Act of 2013 (Rep. Jon Runyan (NJ))
- *H.R. 570* American Heroes COLA Act (Rep. Jon Runyan (NJ))
- *H.R. 602* Veterans 2nd Amendment Protection Act (Rep. Jeff Miller (FL))
- *H.R. 671* Ruth Moore Act of 2013 (Rep. Chellie Pingree (ME))
- *H.R. 679* Honor America's Guard-Reserve Retirees Act (Rep. Tim Walz (MN))
- *H.R. 733* Access to Veterans benefits Improvement Act (Rep. Jon Runyan (NJ))
- *H.R. 894* Improve Supervision of Fiduciaries of Veterans (Rep. Bill Johnson (OH))
- *H.R. 1405* Inclusion of an appeals form in any notice of decision issued for the denial of a benefit claim

- **April 18, 2013.** HAC-MILCON-VA FY14 Budget Hearing. 10:30 A.M. - 1:00 P.M.; H-140, Capitol
- **April 18, 2013.** SAC-MILCON-VA FY14 Budget Hearing. 2:00 P.M. - 5:00 P.M.; 125 Dirksen

[Source: Veterans Corner w/Michael Isam 14 Apr 2013 ++]

Military History: History buffs gathered in early April near the New Jersey coast to commemorate a major airship disaster. Newsreel footage and radio announcer Herbert Morrison's plaintive cry, "Oh, the humanity!" made the 1937 explosion of the Hindenburg at the Lakehurst Naval Air Station probably the best-known crash of an airship. But just four years earlier, a U.S. Navy airship seemingly jinxed from the start and later celebrated in song crashed only about 40 miles away, claiming more than twice as many lives. The USS Akron (ZRS-4), a 785-foot dirigible, was in its third year of flight when a violent storm sent it plunging tail-first into the Atlantic Ocean shortly after midnight on April 4, 1933. "No broadcasters, no photographers, no big balls of fire, so who knew?" said Nick Rakoncza, a member of the Navy Lakehurst Historical Society. "Everybody thinks that the Hindenburg was the world's greatest (airship) disaster. It was not."

A ceremony to commemorate the 80th anniversary of the crash, the deadliest airship disaster on record, is being held 7 APR at a veterans park where there is a tiny plaque dedicated to the victims. Below it is a small piece of metal from the airship. Few in the area seemed to know about the disaster, let alone the memorial plaque; even a Navy officer sent on an underwater mission to explore the wreckage many years later had not heard of the Akron. "It's almost a forgotten accident," said Rick Zitarosa, historian for the Navy Lakehurst Historical Society. "The Akron deserves to be remembered." The Akron crashed off the community of Barnegat Light just a few hours after taking off from Lakehurst, killing 73 of the 76 men aboard, largely because the ship had no life vests and only one rubber raft, according to Navy records and the Navy Lakehurst Historical Society. They had been moved to another airship and were never replaced. Lt. Cmdr. Herbert Wiley, Moody Erwin and Richard Deal were pulled from the frigid waters by a German tanker that had been nearby. Erwin and Deal had been hanging on a fuel tank. Wiley was clinging to a board, according to an account he gave to a newspaper the next day.

In a newsreel interview, Wiley, standing next to the other survivors, said he was in the control car just before the crash. He said crew members could not see the ocean until they were about 300 feet above the water. "The order was given to stand by for a crash," Wiley said. "The ship hit the water within 30 seconds of that order and most of us, I believe, were catapulted into the water." Among the casualties was Rear Adm. William Moffett, the first chief of the Bureau of Navy Aeronautics. When the wreckage was found, Zitarosa said, the airship had collapsed to about 25 feet in height. It had originally stood at about 150 feet. "It was a catastrophic disintegration of the ship once it hit the

water," Zitarosa said. Part of the wreckage was lifted from the sea a few weeks after the accident. The Goodyear Tire & Rubber Co. (GT) in Akron, Ohio, had been awarded a Navy contract in 1928 to build the Akron and a second rigid airship, the Macon. Construction of the Akron by the Goodyear-Zeppelin Corp. was completed in 1931.



Construction Began: November 7, 1929 by Goodyear Zeppelin
Christening: August 8, 1931 by Mrs. Herbert Hoover
Maiden Flight: September 23, 1931 3:37pm
Commissioned

It was plagued by problems from the start. It was involved in three accidents before its final flight, including one in which its tail slammed into the ground several times. Another accident killed two sailors. Some men who died in the Akron had survived the airship crash of the USS Shenandoah less than a year before. A day after the Akron disaster, a blimp sent out to look for bodies malfunctioned and crashed in Barnegat Light, killing two more crew members. A year later, Wiley was the commanding officer on the USS Macon when it was lost in a storm off of Port Sur, Calif., also killing two crew members. Wiley survived, but that was it for him and airships. In June 2002, the Navy ordered a mission to explore the wreckage of the Akron. The NR-1 explored several hundred feet of debris 120 feet deep. The officer of the NR-1 at the time, Dennis McKelvey, said that they could not see much of the wreckage through murky waters, but that some metal along the ocean floor resembled "ribs sticking out of the mud." Even McKelvey, now a retired Navy captain, had not heard of the Akron disaster before he was dispatched to view the site. "I had to go do my own research," McKelvey said. "I thought I would have learned about it at some point.



- Dimensions: Length, over-all, 785 feet; Diameter of Hull, 132 feet 9 inches; Designed operational gas volume, 6,500,000 cubic feet of helium.
- Weights: Structure, 242,356 pounds; Total lift, 403,000 pounds
- Powerplants: Eight 560 horsepower Maybach 12-cylinder V-type water-cooled engines, mounted inside the hull and driving their propellers via extension shafts.

- Performance: Maximum Speed (designed), 75.6 knots; Maximum Range, 5940 nautical miles at 55 knots speed.
- Flight Crew: 10 Officers and 50 Enlisted Men, plus a Heavier-Than-Air group of 4 Officers and 15 Airplane Mechanics.
- Airplane Complement: Up to four Curtiss F9C-2 "Sparrowhawk" fighters, launched and recovered via a mechanical trapeze extended below the airship's hangar compartment.

[Source: AP | Rema Rahman | 31 Mar 2013 ++]

Military History Anniversaries: Significant 16–30 April events in U.S. Military History are:

- Apr 16 1945 – WW2: American troops enter Nuremberg Germany
- Apr 16 1947 – Cold War: Bernard Baruch, an American financier and presidential advisor, delivered a speech saying we are today in the midst of a cold war. Although no official dates are set it is generally acknowledged it did not end until 1991.
- Apr 16 1953 – Korean War: Battle of Pork Chop Hill (Hill 255) began .
- Apr 17 1864 – Civil War: The Battle of Plymouth begins – Confederate forces attack Plymouth, North Carolina.
- Apr 17 1961 – Bay of Pigs Invasion: A group of CIA financed and trained Cuban refugees lands at the Bay of Pigs in Cuba with the aim of ousting Fidel Castro.
- Apr 18 1775 – American revolutionaries Paul Revere and William Dawes ride through the towns of Massachusetts warning that "the British are coming."
- Apr 18 1848 – Mexican–American War: American victory at the battle of Cerro Gordo opens the way for invasion of Mexico.
- Apr 18 1942 – WW2: James H. Doolittle bombs Tokyo and other Japanese cities.
- Apr 18 1943 – WW2: The mastermind of the Japanese attack on Pearl Harbor (Admiral Isoroku Yamamoto) is shot down by American P-38 fighters while traveling in a bomber.
- Apr 18 1944 – WW2: USS Gudgeon (SS-211) missing. Most likely sunk by Japanese naval aircraft (901st Kokutai) southwest of Iwo Jima. 79 killed.
- Apr 18 1988 – Iran–Iraq War: The United States launches Operation Praying Mantis against Iranian naval forces in the largest naval battle since World War II.
- Apr 19 1775 – American Revolution: The war begins with an American victory in Concord during the battles of Lexington and Concord.
- Apr 19 1861 – Civil War: Baltimore riot of 1861 – a pro–Secession mob in Baltimore, Maryland, attacks United States Army troops marching through the city.
- Apr 19 1951 – Korean War: General Douglas MacArthur retires from the military.
- Apr 19 1989 – A gun turret explodes on the USS Iowa, killing 47 sailors.
- Apr 20 1775 – Revolutionary War: the Siege of Boston begins, following the battles at Lexington and Concord.
- Apr 20 1861 – Civil War: Robert E. Lee resigns his commission in the United States Army in order to command the forces of the state of Virginia.
- Apr 20 1945 – World War II: US troops capture Leipzig, Germany, only to later cede the city to the Soviet Union.
- Apr 21 1836 – Texas Revolution: General Sam Houston defeats Santa Anna at the Battle of San Jacinto. Texas wins independence from Mexico

- Apr 21 1918 – WWI: German fighter ace Manfred von Richthofen, known as "The Red Baron", is shot down and killed over Vaux sur Somme in France.
- Apr 21 1942 – World War II: The most famous (and first international) Aggie Muster is held on the Philippine island of Corregidor, by Brigadier General George F. Moore (with 25 fellow Texas A&M graduates who are under his command), while 1.8 million pounds of shells pounded the island over a 5 hour attack.
- Apr 22 1898 – Spanish–American War: The United States Navy begins a blockade of Cuban ports and the USS Nashville captures a Spanish merchant ship.
- Apr 22 1915 – WWI: The use of poison gas in World War I escalates when chlorine gas is released as a chemical weapon in the Second Battle of Ypres.
- Apr 22 1943 – WW2: USS Grenadier (SS-210) scuttled after Japanese seaplane attacks (936 Kokutai) damaged the boat the previous day, off Penang, Malaysia. 76 POWs, 4 later died.
- Apr 22 1945 – WW II: Fuehrerbunker – After learning that Soviet forces have taken Eberswalde without a fight, Adolf Hitler admits defeat in his underground bunker and states that suicide is his only recourse.
- Apr 22 1951 – Ticker–tape parade for General MacArthur in NYC
- Apr 23 1899: Quingua, Luzon, Philippine Islands — An American force consisting of four battalions of infantry from Nebraska and Iowa plus a battery of guns from the Utah Light Artillery, is fiercely engaged by Filipino insurgents about 20 miles north of the capital of Manila.
- Apr 24 1805 – U.S. Marines attack and capture the town of Derna in Tripoli from the Barbary pirates.
- Apr 24 1918 – WWI: First tank–to–tank combat, at Villers–Bretonneux, France, when three British Mark IVs met three German A7Vs.
- Apr 24 1944 – WW2: 1st Boeing B–29 arrives in China "over the Hump"
- Apr 24 1948 – Cold War: The Berlin airlift begins to relieve surrounded city.
- Apr 24 1967 – Vietnam: American General William Westmoreland says that the enemy had gained support in the U.S. States that gives him hope that he can win politically that which he cannot win militarily.
- Apr 24 1980 – A rescue attempt of the U.S. hostages held in Iran fails when a plane collides with a helicopter in the Iranian desert.
- Apr 25 1846 – Mexican–American War: Thornton Affair – Open conflict begins over the disputed border of Texas, triggering the Mexican–American War.
- Apr 25 1862 – Civil War: Forces under Union Admiral David Farragut demand the surrender of the Confederate city of New Orleans, Louisiana.
- Apr 25 1864 – Civil War: The Battle of Marks' Mills.
- Apr 25 1945 – WW2: Elbe Day – United States and Soviet troops meet in Torgau along the River Elbe, cutting the Wehrmacht of Nazi Germany in two, a milestone in the approaching end of World War II in Europe.
- Apr 25 1951 – Korean War: After a three day fight against Chinese Communist Forces, the Gloucestershire Regiment is annihilated on Gloucester Hill in the Battle of the Imjin River.
- Apr 25 1960 – The U.S. Navy submarine USS Triton completes the first submerged circumnavigation of the globe.
- Apr 25 1975 – Vietnam: As North Vietnamese forces close in on the South Vietnamese capital Saigon, the Australian Embassy is closed and evacuated, almost ten years to the day since the first Australian troop commitment to South Vietnam.
- Apr 26 1865 – Civil War: Confederate General Joseph E. Johnston surrenders his army to General William Tecumseh Sherman at the Bennett Place near Durham, North Carolina. Also the date of Confederate Memorial Day for most states.
- Apr 26 1865 – Union cavalry troopers corner and shoot dead John Wilkes Booth, assassin of President Lincoln, in Virginia.

- Apr 26 1945 – World War II: Filipino troops of the 66th Infantry Regiment, Philippine Commonwealth Army, USAFIP–NL and the American troops of the 33rd and 37th Infantry Division, United States Army were liberated in Baguio City. All had fought against the Japanese forces under General Tomoyuki Yamashita.
- Apr 26 1945 – WW2: Battle of Bautzen – last successful German tank–offensive of the war and last noteworthy victory of the Wehrmacht.
- Apr 27 1813 – War of 1812: United States troops capture the capital of Upper Canada York (present day Toronto, Canada).
- Apr 27 1975 – Vietnam: Saigon is encircled by North Vietnamese troops.
- Apr 28 1942 –: As result of a Gallup Poll the war is titled WW2
- Apr 28 1965 – Latin America Interventions: The U.S. Army and Marines invade the Dominican Republic.
- Apr 28 1965 – U.S. Marines invade Dominican Republic, stay until October 1966
- Apr 28 1970 – Vietnam: U.S. President Richard M. Nixon formally authorizes American combat troops to fight communist sanctuaries in Cambodia.
- Apr 29 1945 – WW2: The German Army in Italy surrenders unconditionally to the Allies.
- Apr 29 1975 – Vietnam War: Operation Frequent Wind: The U.S. begins to evacuate US citizens from Saigon prior to an expected North Vietnamese takeover. U.S. involvement in the war comes to an end.
- Apr 29 1990 – Cold War: Wrecking cranes began tearing down Berlin Wall at Brandenburg Gate
- Apr 30 1943 – WW2: Operation Mincemeat – The submarine HMS Seraph surfaces in the Mediterranean Sea off the coast of Spain to deposit a dead man planted with false invasion plans and dressed as a British military intelligence officer.
- Apr 30 1945 WW2: Adolf Hitler commits suicide in his bunker. Karl Donitz becomes his successor.
- Apr 30 1972 – Vietnam: The North Vietnamese launch an invasion of the South.
- Apr 30 1975 – Vietnam: North Vietnamese troops enter the Independence Palace of South Vietnam in Saigon ending the Vietnam War.

[Source: Various Apr 2013 ++]

Military Trivia 72: Crazy Cold War Projects Part 3

1. In 1959, Project Horizon was developed by the US Army Ballistic Missile Agency to create a military base where none had existed before. Where did they plan on putting it?

The moon | Normal orbit around Earth | Geostationary orbit above the Soviet Union | Mars

2. Despite the fact that Project Mercury had just begun at NASA when Project Horizon was conceived, it was expected to go into effect in January 1965. What actual mission was launched in that month?

Mercury-Atlas 7 | Gemini 10 | Gemini 2 | Apollo 3

3. In 1952, Britain conducted Operation Cauldron, where they tested agents such as bubonic plague and brucellosis on monkeys and guinea pigs. Where were the experiments conducted?

Bethnal Green Cemetery, London | Fort William, Scotland | Central Rousay Island | At sea off of the Isle of Lewis

4. Towards the end of Operation Cauldron, the trawler "Carella" sailed through the middle of the biological agent testing area. Instead of admitting to biological testing, the ship was allowed to land at Blackpool for shore leave. When did the crew find out about their exposure?

While they were still in Blackpool | In 1964 once the Conservative Party was no longer in power | In 1955 once Winston Churchill was no longer in power | In 2005 when preparing for a BBC interview about the incident |

5. In September 1954, the United States conducted Operation Big Itch over the Dugway Proving Ground in Utah. It involved testing possible entomological infection dispersal using an uninfected insect inside cluster bombs. What insect was used?

Ticks | Horseflies | Fleas | Mosquitoes |

6. Operation Big Itch was determined to be a success, as the insects used in the test survived the fall and attached themselves to the target guinea pigs on the ground. How long did the insects stay active once dropped?

1 day | 6 hours | 1 week | It was undeterminable, as most were never recovered

7. One of the few strictly voluntary projects, Operation Whitecoat, went on for twenty years at Fort Detrick in the United States. Over 2,000 Army volunteers were infected with diseases in order to find ways to treat possible biological attacks by the Soviet Union in the future. What disease was NOT used in the trial?

Q fever | Yellow fever | AIDS | Venezuelan equine encephalitis

8. Over the twenty years (1954-1973) that Operation Whitecoat spent studying the effects of vaccinations and treatments of possible biological agents, many treatments used today were developed. During the testing period, how many of the 2,300 subjects died of their diseases? 1,395 | 482 | 0 | 17

9. The subjects for Operation Midnight Climax did not have the luxury of volunteering for the experiment. They were lured to hotel rooms using prostitutes under CIA hire and then dosed with powerful substances. What was the main substance the CIA wanted to test the effects of?

Mescaline | Ecstasy | LSD | Psilocybin

10. Due to its serious ethical and political problems, Operation Midnight Climax was shut down in 1966 and most of the records of the trials were destroyed. However, a few documents made their way to the "New York Times," prompting an investigation into the larger Project MKULTRA that Midnight Climax was a part of. What were the main subjects that Project MKULTRA wanted to study?

Drugs and medical treatments | Interrogation and mind control | Telepathy and telekinesis | Its own ability for domestic espionage and willingness of agents

Answers

- 1) **The moon.** Two years before President Kennedy's challenge for NASA to put a man on the moon and bring him back alive by the end of the 1960s, Heinz-Hermann Koelle decided that by the middle of the decade the United States could send dozens of missions to the moon for the aim of keeping men there for

the long-term. The main building would be only ten feet by twenty feet, and was supposed to hold up to twelve people at one time. It also included two nuclear reactors, two lunar rovers, and eventually a bioscience and physics laboratory.

- 2) **Gemini 2.** Project Horizon was in no way short of daring in its aims. In 1964, it planned forty Saturn rocket launches followed by stocking and manning missions the following year. By late 1966, the entire outpost was meant to be operational after nearly 150 launches, all of which would land on the moon. However, the project was deemed not feasible and was scrapped early on.
- 3) **At sea off of the Isle of Lewis.** Operation Cauldron included infecting several thousand guinea pigs and dozens of monkeys with multiple biological agents through various means at sea. After their exposure, they would be taken on board the "Ben Lomond" and if the animals died, they would be dissected and studied.
- 4) **In 2005.** On September 16, 1952, one minute before the "Ben Lomond" released another trial of biological agents, the "Carella" came into view and was warned to stay clear of the area. The "Carella" ignored the warnings, and sailed within two miles of the "Ben Lomond." The British government was not want to admit to biological testing with the bubonic plague, so the ship was allowed to dock at Blackpool while being shadowed by several vessels monitoring radio signals to see if they called for medical help. When no symptoms were reported, they determined that there was no point in telling the crew after the fact. It was not until 2005, when BBC radio was going to broadcast a report about the experiment, that the surviving crew find out about the incident.
- 5) **Fleas.** Two types of cluster bombs were used to hold either 100,000 or 200,000 fleas to be dropped. However, the E23 bomb (which was supposed to hold 200,000 fleas) misfired inside the aircraft and the smaller bomb was used for the rest of the trials.
- 6) **1 day.** The fleas dropped around the area suffered very little die-off and they were able to find the guinea pigs with no problems, although they did not live for more than a day. A similar experiment, Operation Big Buzz, was used with mosquitoes and included far more detailed statistics, including the specific cost per death that the infection would cause with yellow fever.
- 7) **AIDS.** Operation Whitecoat allowed all potential subjects to know what would happen to them and were also allowed to contact their family and clergy (many were Seventh-day Adventists) for advice. All of them were conscientious objectors, and therefore were the perfect group for the Army to test as they would not be fighting. In the end, 80% of those invited to participate chose to go ahead with the project.
- 8) **Zero.** During the time that the testing went on, no subjects died from their diseases, although a few claimed to feel effects of the trial after it was completed. For the scientific community, the operation was a success, leading to FDA-approved vaccines for yellow fever and hepatitis, and also drugs for several other diseases. The US Army Medical Research Institute of Infectious Diseases (USAMRIID) also developed equipment and procedures to contain and treat the diseases properly.
- 9) **LSD.** The prostitutes brought the men back to CIA safe houses, where the subjects were given doses of LSD in order for the agency to study its effect behind one-way mirrors inside the house. In the end, the CIA gained ample information on the possible use of drugs in the field as well as the possibility of using the same techniques against Soviet assets.
- 10) **Interrogation and mind control.** While members of the CIA insist it was not trying to create mind control techniques, several projects were developed for the specific purpose of attempting to make subjects perform actions against their own will. Still, its main purpose was to create the most effective ways to perform interrogations. The agency knew that while controlling someone's mind could have its perks, it was far too risky, and getting reliable information from assets was much more reliable.

[Source: <http://www.funtrivia.com/playquiz/quiz35674628d6db8.html> Apr 2013++]

Tax Burden for Washington Retirees: Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden. States raise revenue in many ways including sales taxes, excise taxes, license taxes, income taxes, intangible taxes, property taxes, estate taxes and inheritance taxes. Depending on where you live, you may end up paying all of them or just a few. Following are the taxes you can expect to pay if you retire in Washington:

Sales Taxes

State Sales Tax: 6.5% (food and prescription drugs exempt) Local taxes may increase total tax to 9.5%. Tax is 6.8% on sales and leases of motor vehicles.

Gasoline Tax: 55.9 cents/gallon (Includes all taxes)

Diesel Fuel Tax: 61.9 cents/gallon (Includes all taxes)

Cigarette Tax: \$3.025/pack of 20

Personal Income Taxes

No state personal income tax

Retirement Income: Not taxed.

Property Taxes

Property taxes account for about 30% of Washington's total state and local taxes. Properties are appraised at 100% of fair market value. A property tax exemption program is available for persons age 61 or older, or persons unable to work due to a physical disability. The property, which can include up to an acre of land, must be owner/buyer occupied.

The state offers a senior property tax exemption program for those whose household income does not exceed \$35,000. (http://dor.wa.gov/Docs/Pubs/Prop_Tax/SeniorExempt.pdf). If your income is between \$35,000 and \$40,000, you may qualify for the tax deferral program. If your annual income for the application year does not exceed \$35,000 your home will be exempt from all excess and special levies approved by voters. If your household income is between \$25,001 and \$30,000, you are exempt from regular levies on \$50,000 or 35% of the assessed value, whichever is greater (but not more than 70,000 of the assessed value. For more information, call 360-570-5867. For senior exemptions and deferrals, refer to <http://dor.wa.gov/Content/FindTaxesAndRates/PropertyTax/IncentivePrograms.aspx>.

The state's tax deferral program works in conjunction with the exemption program. A senior citizen or disabled person may defer property taxes or special assessments on their residence if they meet certain age, disability, ownership, occupancy and income requirements. The state pays the taxes on behalf of the claimant and files a lien on the property to indicate the state has an interest in the property. The deferred taxes must be repaid to the state plus 5% interest when the owner dies, sells or moves from the home, or doesn't have sufficient equity in the property. Qualified people may participate in both or one of these programs. For more information refer to <http://dor.wa.gov/docs/forms/proptx/forms/sencitdisprnsproptxexdeffprogs.doc>. Also:

- Refer to http://dor.wa.gov/Docs/Pubs/Prop_Tax/LimitedIncomeDef.pdf for information on the property tax deferral program for homeowners with limited income.
- Refer to http://dor.wa.gov/docs/Pubs/Prop_Tax/SeniorDefs.pdf for information on the property tax deferral program for seniors and disabled persons
- Refer to http://dor.wa.gov/Docs/Pubs/Prop_Tax/HOMeOwn.pdf or call 800-647-7706 for more details on property taxes.

Inheritance and Estate Taxes

Washington replaced the inheritance tax in 1982 with an estate tax. Effective January 1, 2009 the Washington State filing threshold is different from the federal filing threshold for completing the estate tax return. If the decedent has a gross estate or a taxable estate plus taxable gifts of \$2,000,000 or more, the estate is required to file a Washington State estate tax return.

For further information, visit Washington Department of Revenue website <http://dor.wa.gov> or call 800-647-7706.
[Source: www.retirementliving.com Apr 2013 ++]

Aviation Art (37):



The Long Short Days
by Robert Taylor

A group of Bf109Gs from III./JG26 are shown here as they return to their forward base after a long fighter sweep along the Channel coast in early 1944.

It was known as the Jagdverbände, the fighter arm of the Luftwaffe, and by June 1940 it boasted some of the world's greatest fighter pilots. With tactics honed to perfection, these battle-seasoned veterans dominated the skies of Europe. But as the war progressed, the Luftwaffe fighter pilots faced another battle, the increasingly desperate war of attrition as the Allied air forces slowly, but inevitably, ground the German war machine into defeat. By early 1945 Allied air supremacy was overwhelming. And yet despite overwhelming odds, from within their ranks came

the most successful air Aces ever to fly in combat - names such as Hans-Joachim Marseille, the top-scoring fighter pilot in the West, the legendary Erich Rudorffer who scored more multiple victories than any other pilot and of course the Fighter General, Adolf Galland, who achieved all of his 104 victories in the West. In total more than 100 Luftwaffe fighter pilots are known to have scored 100 or more victories, and 568 Jagdverbände flyers were holders of the Knight's Cross, Germany's highest awarded military honor. [Source: <http://www.brooksart.com/Outrunthunder.html> Apr 2013 ++]

Sequestration Update 26:

1. **Will DFAS employees be furloughed?** Yes; the only exemptions from furlough in DFAS are those deployed in theater, our non-appropriated employees and our foreign national employees. DFAS employees will be taking one day of furlough each week, generally either Monday or Friday.

2. **Do you expect delays in payment or speed of answer in call centers?** We will make every effort to pay our people and our vendors on time. Given this reduction of productive hours under furlough, we are prioritizing workload to ensure payrolls continue uninterrupted, but there may be delays in our vendor and travel payments. There may also be an increase in customer wait times in our call centers.

3. **Will military retirees or their family members be paid as usual if DFAS employees are furloughed?** Yes. All payroll activity will continue uninterrupted. There is the potential that pay to vendors and travelers could be delayed under a furlough in some cases, but DFAS leadership is working to make sure all vital activities continue in their normal time frames to the maximum extent possible. You will be paid your regular pay; CRDP and CRSC will be on time, and your normal allotments will continue.

[Source: <http://www.dfas.mil/retiredmilitary/newsevents/newsletter/sequestration.html> Apr 2013 ++]

Sequestration Update 27: More than a dozen Air Force fighter squadrons were grounded 9 APR at U.S. bases around the world, including some in Europe and the Pacific, as the cash-strapped service confronts the effects of steep defense budget cuts brought on by sequestration. About one-third of active-duty Combat Air Force warplanes were to be grounded in connection with the elimination of about 45,000 flying hours by 1 OCT, according to a news release from Air Combat Command. The Air Force's budget for flying hours was reduced by \$591 million for the remainder of fiscal 2013, which makes it impossible to keep all squadrons ready for combat, Defense News reported. "We must implement a tiered readiness concept where only the units preparing to deploy in support of major operations like Afghanistan are fully mission capable," Gen. Mike Hostage, commander of Air Combat Command, said, according to the release. "Units will stand down on a rotating basis so our limited resources can be focused on fulfilling critical missions." "The current situation means we're accepting the risk that combat airpower may not be ready to respond immediately to new contingencies as they occur," Hostage said.

Additionally, the U.S. Navy has canceled the remainder of the elite Blue Angels demonstration team's 2013 season. The Blue Angels have performed at air shows around the world for more than 60 years. A spokesman for the Navy said team members would be allowed to fly minimal hours to maintain flight proficiency in the F/A-18 fighter jets, but the six-jet squadron would discontinue group practices for the remainder of the season. Senior Air Force officials had earlier made clear that the across-the-board defense cuts, known as sequestration, would quickly eat away at the service's readiness. "Some of the aircraft that we have that aren't tied to one of the standing missions right now, they will begin to go into a much reduced fly or grounded rate, possibly as early as the middle of April,"

Gen. Philip Breedlove, commander of U.S. Air Forces in Europe-Air Forces in Africa, said in an interview with Stars and Stripes in March.



A U.S. Air Force F-15 from RAF Lakenheath, England, flies the skies above Europe after refueling from a KC-135R Stratotanker.

The command's fighter fleet, spread among seven of 11 flying squadrons in Europe, will be the first to slow down operations, Breedlove said. The exception would be combat aircraft preparing to go to Afghanistan, those engaged in standing missions, or postured to quickly respond to hot spots in Africa, particularly North Africa, where USAFE-AFAFRICA is still supporting operations in Mali. The same goes for tanker aircraft committed to North Africa, Breedlove said. "We will be able to keep them in the appropriate mission readiness for a much longer time," he said. "We'll be shortening the flying time of the remaining aircraft." Among the Air Force units grounded Tuesday were two F-15 fighter squadrons from the 48th Fighter Wing at RAF Lakenheath in the United Kingdom, F-16s from the 555th Fighter Squadron, according to Defense News. The 81st Fighter Squadron, which flies A-10s, is inactivating in May. [Source: Stars & Stripes | John Vandiver | 9 Apr 2013 ++]

Veteran Legislation Status 12 APR 2013: For a listing of Congressional bills of interest to the veteran community introduced in the 113th Congress refer to the Bulletin's "**House & Senate Veteran Legislation**" attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-mail; signing a petition; or making a personal visit, Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting legislators know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov/bss/d111/sponlst.html> your legislator's phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to http://www.thecapitol.net/FAQ/cong_schedule.html for dates that you can access your legislators on their home turf.

[Source: <http://www.loc.gov> & <http://www.govtrack.us/congress/bills> Apr 2013 ++]

Have You Heard? Your Duck is Dead

A woman brought a very limp duck into a veterinary surgeon. As she laid her pet on the table, the vet pulled out his stethoscope and listened to the bird's chest.

After a moment or two, the vet shook his head and sadly said, "I'm sorry, your duck, Cuddles, has passed away."

The distressed woman wailed, "Are you sure?" "Yes, I am sure. Your duck is dead," replied the vet..

"How can you be so sure?" she protested. "I mean you haven't done any testing on him or anything. He might just be in a coma or something."

The vet rolled his eyes, turned around and left the room. He returned a few minutes later with a black Labrador Retriever. As the duck's owner looked on in amazement, the dog stood on his hind legs, put his front paws on the examination table and sniffed the duck from top to bottom. He then looked up at the vet with sad eyes and shook his head.

The vet patted the dog on the head and took it out the room. A few minutes later he returned with a cat. The cat jumped on the table and also delicately sniffed the bird from head to foot. The cat sat back on its haunches, shook its head, meowed softly and strolled out of the room.

The vet looked at the woman and said, "I'm sorry, but as I said, this is most definitely, 100% certifiably, a dead duck."

The vet turned to his computer terminal, hit a few keys and produced a bill, which he handed to the woman.. The duck's owner, still in shock, took the bill. "\$150!" she cried, "\$150 just to tell me my duck is dead!"

The vet shrugged, "I'm sorry. If you had just taken my word for it, the bill would have been \$20, but with the Lab Report and the Cat Scan, it's now \$150."

007

Military Lingo/Jargon/Slang:

USA Academy: *Boodler's* - The cadet snack store

USA Acronyms: *CF* - (Charlie Foxtrot) Cluster F__k

USA Equipment: *Cracker Box* - An ambulance mounted on a pick-up truck frame

USA Field Slang: *Mad Minute* - A Vietnam-era term for a furious minute of firepower used to discourage infiltrators around a defensive position, to do "reconnaissance by fire" or to clear a landing zone upon arrival. It is also called a "mike-mike" and can mean a furious session of test-firing weapons.

USA Misc: *Blast* - A parachute jump; the first parachute jump after Parachutist (Jump) School; i.e., the sixth parachute jump is a "cherry blast." A person qualified to wear the Master Parachutist Badge is a "Master Blaster." "Hollywood blast" is a parachute jump, usually done simply for pay purposes, without all the encumbering equipment

necessary in real or simulated airborne assaults.

USA Rank: *Cherry* - New recruit or private

USA Soldiers: *Black Hat* - Airborne instructor

USA Unit Nicknames - *All African* - 82nd Airborne Division From the stylized "AA" cypher on the division patch. (WW2, pejorative)

USAF: *basement* - The hangar deck of an aircraft carrier.

USMC: *782 gear or deuce gear* - Standard issue web gear, combat gear, or field equipment, such as ALICE, MOLLE, or ILBE. Named after standard Marine Corps Form 782, which Marines formerly signed when they took custody of and responsibility for their equipment.

USN: *Aiguillette* - Is of French origin and goes back to the use of horses in battle. The Generals Aide carried a loop of cord to tie up the Generals horse when he dismounted. As a practical approach the aides would loop the cord around the buttoned down flap on the shoulder of their shirt. Modern days worn by Aides to Flag officers and Boot Camp Company Commanders.

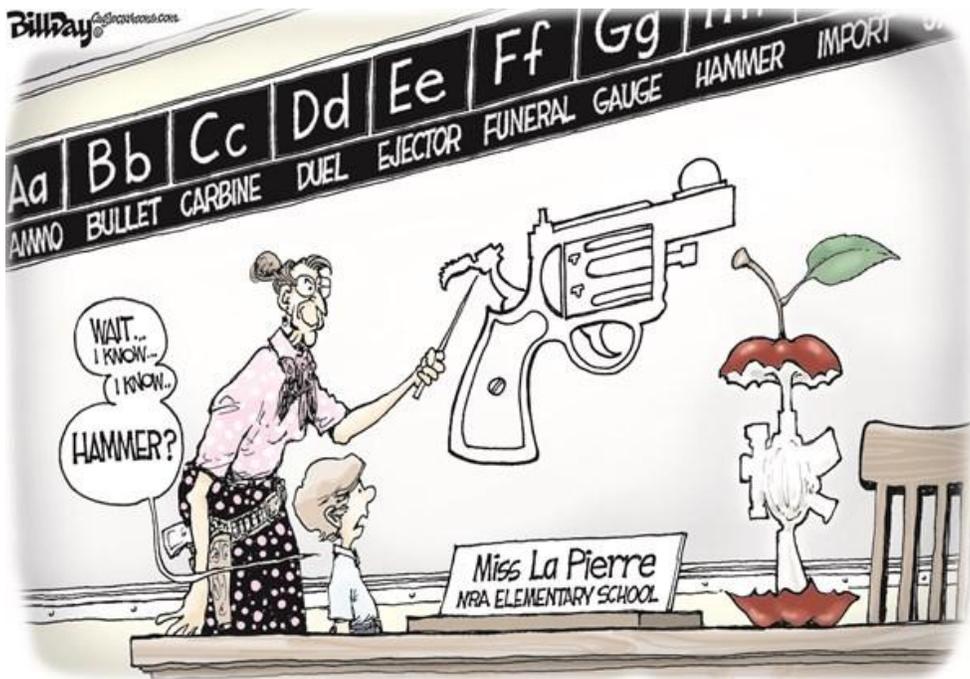
Vets: *Airicide* - Doing something guaranteed to get you killed in an aircraft; flying slowly over enemy-held territory; doing a BDA.

[Source: Various 15 Apr 2013 ++]

"When I lost my rifle, the Army charged me 85 dollars. That is why in the Navy the Captain goes down with the ship."

— **Dick Gregory** (60's comedian, social activist, social critic, writer, and entrepreneur)





MARGARET THATCHER 1925-2013

North Korea has won the coin toss.



They have elected to receive.

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Notes:

1. The Bulletin will be provided in the above format until further notice. This was necessitated by SPAMHAUS who alleged the Bulletin's size and large subscriber base (94,000+) were choking the airways interfering with other email user's capability to use it. They directed us to stop sending the Bulletin as before to individual subscribers and to validate the subscriber base with the threat of removing all email capability if we did not.

2. Subscribers who have not yet validated their email address who desire to continue to receive the Bulletin can send a message to raoemo@sbcglobal.net with the word "KEEP" in the subject line to restore their subscription. Validation could take up to six months to complete because of the number of "KEEP" messages being received and the time I have available to reinstate subscribers to the validated mailing list. This Bulletin notice was sent to the 8,811 subscribers who have responded to the validation request to date. Validation request messages are being sent to subscribers in email address alphabetical group order in groups of 1,000.

3. Bulletin recipients with interest in the Philippines can request to be added to the RAO's Philippine directory for receipt of notices on Clark Field Space 'A', U.S. Embassy Manila, and TRICARE in the RP.

4. New subscribers and those who submit a change of address should receive a message that verifies their addition or Change of Address being entered in the mailing list. If you do not receive a message within 3 days it indicates that either I never received your request or your server will not allow me to send to the email addree you provided. Anyone who cannot reach me by email can call (951) 238-1246 to ask questions or confirm info needed to add them to the directory.

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6. To obtain past Bulletin articles, which are available on request to raoemo@sbcglobal.net, refer to the RAO Bulletin Index alphabetically listing of article and attachment titles previously published in the Bulletin. The Index is available under pinned topics at <http://s11.zetaboards.com/CFLNewsChat/forum/27519/>. Bear in mind that the articles listed on this index were valid at the time they were written and may have since been updated or become outdated.

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

Associate Director, Retiree Assistance Office, U.S. Embassy Warden & IRS VITA Baguio City RP

PSC 517 Box RCB, FPO AP 96517

Tel: (951) 238-1246 in U.S. or Cell: 0915-361-3503 in the Philippines.

Email: raoemo@sbcglobal.net

Web Access: <http://www.veteransresources.org>, <http://frabr245.org> or <http://vets4vets.zymichost.com/rao.html>

Office: Red Lion, 92 Glen Luna, cnr Leonard Rd & Brent Rd. Baguio City 2400 RP TUE & THUR 09-1100

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