

RAO

BULLETIN

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PDF Edition

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DFAS Allotment System Abuse: About 50,000 service members will get refunds averaging \$100 -- though some will be far higher --- after an enforcement action involving auto loans that Consumer Financial Protection Bureau (CFPB) officials announced 27 JUN. The bureau is ordering U.S. Bank and one of its nonbank partners, Dealers Financial Services, to return about \$6.5 million to service members across the country, CFPB Director Richard Cordray told reporters during a conference call. "We've determined that the companies developed a joint program that engaged in deceptive marketing and lending practices while providing subprime auto loans to tens of thousands of active-duty military members," he said. Cordray explained that U.S. Bank and DFS created the Military Installment Loans and Educational Services program, better known as MILES, to sell subprime auto loans to active-duty service members at communities across the country located near military bases.

The consumer bureau found that MILES used the military discretionary allotment system to its advantage. Service members were required to pay by allotment, which he noted is "straight from their paycheck before the money hit their personal bank accounts," without disclosing all associated fees and the way the program worked. Specifically, he said, MILES failed to accurately disclose the finance charge, annual percentage rate, payment schedule and total payments for the loans. "The examination also found that the MILES program deceived service members by understating the cost and scope of certain add-on products, such as a service contract, marketed and sold in connection with the loans," he said. CFPB's action requires return of at least \$3.2 million in undisclosed fees and costs, he said, and \$3.3 million for the cost of the add-on products. CFPB won't impose civil penalties, he said, in part because of the manner in which U.S. Bank and DFS cooperated with the bureau to resolve these matters. "Today's action reflects our determination to act to protect service members against harmful practices in the consumer financial marketplace. ... Everyone at the bureau will continue to stand side by side with our military and veterans," Cordray said. The director said he is pleased that Defense Secretary Chuck Hagel has ordered an interagency effort to determine whether the allotment system should be changed to further protect service members.

Holly Petraeus, CFPB's assistant director for service member affairs, echoed Cordray sentiments about allotments. The system has been around since long before electronic fund transfers existed, she noted, and has been extremely useful for troops who need to make regular payments to their creditors, especially when deployed or on the move. But allotments have drawbacks, she added. They may include costs for third-party processors, "as we saw in this case," she said, and they reduce budget flexibility, because an allotment comes out before a service member receives his or her pay. Allotments also offer less protection and less transparency than electronic bank transfers, she said. Noting Hagel's interagency working group to study allotments, she said, "I hope all of us can work together to try to eliminate the risks to military consumers that have grown up around the use of the allotment system." Service

members due refunds don't need to take action. They will receive them either through an account credit or by check. The enforcement action also mandates that MILES drop the allotment requirement, and that the institutions involved make no further deceptive statements or omissions. In concert with Consumer Financial Protection Bureau enforcement action aimed at financial services institutions abusing the Defense Department's payroll allotment system, Defense Secretary Chuck Hagel ordered an interagency effort to determine whether the allotment system needs changes to further protect service members. [Source: AFPS | Karen Parrish | 27 Jun 2013 ++]

Delaware Veteran Services Directory: Gov. Jack Markell was joined 18 JUN by Delaware Secretary of State Jeffrey Bullock, Rep. Earl G. Jaques Jr., D-Glasgow, and representatives from the Delaware Commission of Veteran Affairs to announce the launch of the Veterans Services Directory. The VSD is an online, searchable database of public and private organizations that provide services to Delaware military veterans and their families. The VSD can be accessed at www.delaware.gov/vsd and features links to employment services, housing services, medical services and education services, among others. The VSD currently has more than 30 organizations profiled, with information ranging from general knowledge and social media links to videos from some providers. To increase the user experience, VSD is searchable by geographic location and type of service offered, and also offers quick links to important state and federal veterans' agencies. VSD will provide an array of essential services for Delaware's vast military community and simplify the process of obtaining needed services for military veterans and their families. Markell said, "Veterans have served, and we are obligated to do everything in our power to ensure they get the services they have earned. The VSD is an innovative way to connect those in need of housing, healthcare, jobs and many other benefits with those organizations that have a passion to serve veterans. I want to personally encourage organizations to register for free today and help us get the word out about the Veterans Services Directory." [Source: CapeGazette.COM Article 24 Jun 2013 ++]

Vet Drivers License Update 07: Wyoming veterans have a new way to prove they once served in the armed forces. As of 30 JUN, The Wyoming Department of Transportation started issuing driver's licenses and identification cards with a special designation for honorably discharged veterans. Larry Barttelbort, director of the Wyoming Veterans Commission, said this is another way for the state to recognize its more than 56,400 veterans. But he added that the new designation also will help combat fraud and make it easier for residents to verify their status as veterans. He explained that when military personnel leave the service, they are given a DD 214. That document is officially known as a Certificate of Release or Discharge from Active Duty. "That is the golden piece of paper that puts you in the line for disability services, health care and everything else that is needed to prove your eligibility," Barttelbort said. But that document contains sensitive information, such as the service member's Social Security number. Barttelbort added it is not small enough to be easily carried in a wallet. And for many veterans, this is the only government-issued identification they can use to prove they are a veteran.

Having driver's licenses double as proof of service, he said, will make it easier on veterans and reduce the risk that their DD 214 will be lost or stolen. "There have been cases of people stealing (these) forms and using them for identify theft," he said. "So the more we can reduce that risk, the better." The veterans' designation will be marked with a red "V" on the upper right-hand corner of the drivers' license or identification card. Veterans can request the designation by submitting their discharge papers, such as the DD 214, to the Veterans Commission. Barttelbort said once the commission approves the designation, it will notify WYDOT Driver Services. It will report that the veteran is eligible for the designation when he or she comes in to renew or replace their license or identification card. Because of this process, it shouldn't result in longer lines at Driver Services offices, Barttelbort said. There are no extra fees to get the designation. But all other licensing fees still apply.

The Legislature overwhelming voted to approve the special licenses during its past session. Rep. Keith Gingery, R-Jackson, said he decided to sponsor the bill after learning a number of states were adopting the policy. “The main reasons are for the recognition and cracking down on fraud,” he said during the House floor debate on the bill. “It has becoming a consistent thing to do across the nation, and we don’t want to be one of the few states not recognizing our veterans.” Barttelbort said about 35 other states allow veterans to get the special designations on their drivers’ licenses or government-issued identification cards. Gingery added that the designation can help vets get perks for which they are eligible. “Veterans can get discounts at restaurants and other types of places,” he said. “If they just show them their drivers’ license with a ‘V’ on it, they can obtain that.” Barttelbort said there could be more benefits if law officers or medical personnel discover someone is a veteran by checking their license. For example, he said, a police officer might be discover that someone they have in custody is behaving erratically because he or she is a veteran who recently returned from duty and is suffering from combat-related mental health issues.

Barttelbort said there has been strong interest for the designation among the veterans who have heard about it. Aside from some costs for new Drivers Service software and a small amount of extra administrative time to process the verification requests, Barttelbort said the move will not cost the state any ongoing expenses. “It is a good investment to be able to prove that these folks are veterans,” he said. “It should make easier for them to take advantage of any opportunities available to them, and maybe it will help settle a few backroom disputes.” [Source: Wyoming Tribune-Eagle, Cheyenne | Trevor Brown | 25 Jun 2013 ++]

National Museum of the U.S. Navy: The National Museum of the U.S. Navy is devoted to the display of naval artifacts, models, documents and fine art, the museum chronicles the history of the United States Navy from the American Revolution to the present conflicts.. The Museum was established in 1961 and opened to the public in 1963. As one of 14 Navy museums throughout the country, it is the only one that presents an overview of U.S. naval history. Permanent and temporary exhibitions commemorate the Navy's wartime heroes and battles as well as its peacetime contributions in exploration, diplomacy, navigation and humanitarian service. Close to 200,000 individuals visit the Museum annually. Admission and its programs are free. It is architecturally accessible. Hours of operation are TUE thru FRI 08-1700 and SAT, SUN & Holidays 10-1700. It is closed Mondays, Thanksgiving Day, Christmas Eve, Christmas Day, and New Year’s Day. It is located in the WASHINGTON NAVY YARD, 805 Kidder Breese Street SE, Washington, DC 20374-5060. All non military, non DoD visitor Navy Yard entry on weekdays, weekends and holidays is the 11th St SE & O St SE (1022 O St SE). Visitors can park in the pay lot on M St. across from the 6th St. gate on weekdays as vehicular traffic is not allowed to the Museum Monday through Friday. Visitors may drive in through the 11th & O St. gate on weekends. This gate is also the entrance for buses arriving on weekdays, weekends and holidays.



A new exhibit, "1813 Don't Give Up the Ship" opened at the National Museum of the United States Navy at the Washington Navy Yard in Washington, D.C. The exhibit features ships' and Sailors' armament as well as posters describing the aide that the Navy rendered the U.S. Army during the Great Lakes battles two centuries ago. The new exhibit centers on that support the Navy gave the Army position and the soldiers who were drafted to fight. Once the museum takes down the exhibition it may never come back because a lot of the armaments are on loan, mostly from private collectors. For more information on the new exhibit, visit the National Museum of the United States Navy website at www.history.navy.mil/branches/org8-1.htm or the 1813 Don't Give Up the Ship Facebook page <https://www.facebook.com/1813DontGiveUpTheShipExhibit>. [Source: Military Report 24 Jun 2013 ++]

Vet Scholarships Update 08: Many job ratings in the military require security certification, and many veterans perform tasks in the military that could prepare them for work in the cybersecurity field if they received additional training. More organizations are coming on board to help train up and prepare military veterans for careers in information technology and cybersecurity. The (ISC)2 Foundation and Booz Allen Hamilton on 20 JUN announced the launch of the U.S.A. Cyber Warrior Scholarship program, which will provide scholarships to veterans to obtain specialized certifications in the cybersecurity field. The scholarships will cover all of the expenses associated with a certification, such as training, textbooks, mobile study materials, certification testing and the first year of certification maintenance fees. For more information on the scholarships refer to <https://www.isc2cares.org/USA-Cyber-Warrior-Scholarship/default.aspx>. [Source: NextGov.com | Brittany Ballenstedt | 21 Jun 2013 ++]

Elder Financial Abuse & Exploitation: Skip Humphrey's job is to protect 50 million older Americans from financial abuse and exploitation. As head of the Office for Older Americans at the Consumer Financial Protection Bureau (CFPB), Humphrey has a lot on his plate. The 70-year-old son of Hubert H. Humphrey, President Lyndon Baine Johnson's vice president, is part of the team bringing to life the agency, created in the wake of the economic meltdown of 2008, to protect consumers and to police banks, lenders and financial institutions. The bureau's potential impact is significant: The value of our retirement nest eggs is projected to reach \$22 trillion by 2016, a 30 percent increase in just four years. Of the army of agencies policing the nation's financial markets, the CFPB is the only one designated explicitly to target elder abuse. That gives Humphrey his mandate. He's acutely aware of the stakes for those 50-plus. "As bad as it's been for everyone, when it happens to you at age 70, you don't have another chance to recover from a financial scam," he says. "We can't allow that to happen."

Just consider: During the recent financial crisis, Americans 55 and older lost about 40 percent of their net worth. The group is vulnerable to financial advisers who boast meaningless credentials to sell bogus or inappropriate investments. Older Americans can even be victimized by loving family members who are clueless about their responsibilities as court-appointed money-managing guardians. Scam artists steal a documented \$3 billion a year from the 55-plus population, a mere fraction of the actual amount, considering that only an estimated 4 percent of retirement-age victims — just one in 25, according to various studies — ever report those crimes. As Humphrey knows from his time as Minnesota attorney general and as an AARP state president and national board member, older people sometimes make the problem worse. They're often reluctant to admit they've been exploited and are afraid that being exposed might jeopardize their independence. As a result, they end up getting deeper into financial trouble. Further, their financial decision-making ability usually declines with age. Humphrey and the Consumer Financial Protection Bureau want to change all that. "Our goal is to answer two questions," Humphrey says. "How

do we prevent these citizens from getting ripped off? And how do we help them make smart financial decisions as they age Already in the works for the CFPB

- User-friendly guides to help a range of financial advisers, from inexperienced appointed guardians and those with power-of-attorney authority to lawyers and Social Security and Department of Veterans Affairs personnel.
- Protocols for operators of nursing homes, assisted living facilities and senior housing to "spot and resolve problems at the earliest stage" — such as unpaid bills — before the person is evicted or threatened with eviction. Unpaid bills are often a signal that a person has been scammed or is losing mental acuity.
- A "Money Smart for Older Adults" program, in collaboration with the Federal Deposit Insurance Corp., to train people to recognize, prevent and report financial scams.
- Financial adviser certification and designations. Humphrey points to more than 140 different sets of abbreviations used on business cards, asking, "What do they mean?" His office is investigating qualifying criteria and enforcement capabilities so investors "can decide for themselves, is this a qualified person?"

Consumer advocates have taken note of Humphrey's work. "Under Humphrey, the CFPB has taken a broad approach to stopping the epidemic of elder financial abuse," says Ed Mierzewski of the U.S. Public Interest Research Group. Humphrey's work builds on the agency's ambitious launch. In its first year, the bureau simplified credit card agreements and essential terms. It tackled crushing student-loan debt and investigated credit-reporting bureaus to ensure that consumer credit reports are accurate and that mistakes are fixed quickly. The bureau's website invites people to register their complaints and lets them track their progress. In 2012, there were 74,100 complaints, nearly half of them related to mortgages. The bureau claims a 90 percent response rate from alleged corporate offenders. Also last year, the CFPB forced three credit card companies to pay about \$435 million in refunds over deceptive practices. The money was distributed among nearly 6 million customers. It also assessed penalties amounting to an additional \$101.5 million paid to its own and other federal coffers. In January, the bureau expanded its authority to debt collectors and announced new, simplified mortgage rules that protect both borrowers and lenders.

Such accomplishments show, Humphrey suggests, that government can work. He's even trying to mend broken fences, sharing ideas with leaders of financial services and other industries under the CFPB's microscope. And, surprisingly, there's more handshaking than finger-pointing. "What I learned is that most organizations and businesses want to understand what the rules are. And they want to know that [the rules] will be fairly enforced ... so they can compete effectively and succeed," says Humphrey, who as Minnesota attorney general led the first successful state litigation against Big Tobacco, winning billions for Minnesotans and others. "But they need someone who says, 'We're watching. We're expecting. And if you don't follow those rules, you're going to get slapped — and slapped pretty hard.'" Anyone who submits a complaint to CFPB about an issue they have with a company, a consumer financial product, or a service will receive email updates and can log in to track the status of their complaint. Submit complaints or issues at <http://www.consumerfinance.gov/complaint>. [Source: AARP Bulletin | Sid Kirchheimer | Mar 2013 ++]

Don't Ask, Don't Tell Update 10: A bill circulating in the House would upgrade the service records of gay, lesbian and bisexual troops who were discharged due to sexual orientation and eventually open the door to veterans' benefits. The Restore Honor to Service Members Act was proposed 20 JUN by Rep. Charles Rangel (D-NY) and Rep. Mark Pocan (D-WI) according to a joint statement from their offices. The congressmen are trying to muster co-sponsors before bringing it to committee in hopes of a floor vote. From World War II to the repeal of "don't ask, don't tell," roughly 114,000 servicemembers were discharged because of sexual orientation, the statement said. In many cases, depending on the discharge classification and the state in which they lived, they could

be treated as felons and precluded from voting and collecting unemployment and veterans' benefits, such as health care and disability.

“As we celebrate the considerable progress we’ve made toward full equality in our military, we cannot forget about those who continue to suffer because of the discriminatory policies of our past,” said Pocan, co-chairman of the Congressional LGBT Equality Caucus. “Our legislation ensures that gay veterans who selflessly served our country no longer live with tarnished records that prohibit them from receiving the recognition, benefits and honors they deserve. By enshrining the implementation of the “don’t ask, don’t tell” repeal into law, our country can finally close this dark chapter of our history and move forward.” The statement said the bill would essentially turn the current broad review policy, outlined in a memo from the undersecretary of defense, into clear law. All servicemembers discharged because of sexual orientation would receive a “timely, consistent and transparent” review, and those who served honorably would see their records upgraded. Any indication of a servicemember’s sexual orientation would be struck from their record, and consensual relations between same-sex couples would be decriminalized — bringing military law in line with Supreme Court rulings.

The move has already been applauded by gay rights’ groups. “The brave patriots who served so honorably in silence for so long deserve their service to be honorably recognized,” said Zeke Stokes, a spokesman for OutServe-SLDN, a Washington-based advocacy group for gay military personnel. “At OutServe-SLDN, we hear from these veterans every day and have assisted hundreds of them in applying to upgrade their discharge paperwork. To the extent that this bill — or any bill — can expedite that process or ease the burden for veterans, it will have our support.” Discharges varied over the years, but many gay and lesbian servicemembers who were outed received other-than-honorable or dishonorable discharges, especially prior to “don’t ask, don’t tell” in 1993, the statement said. Even receiving a general discharge precluded some from gaining civilian employment.

Almost two years ago, “don’t ask, don’t tell” was repealed, allowing gay and lesbian servicemembers to serve openly in the armed forces. “Now is the time to finish the job and ensure that all those who served honorably are recognized for their honorable service regardless of their sexual orientation,” said Rangel, a Korean War veteran. There is no time line for the bill to be brought to the House floor for a vote. If it gains enough support, it most likely would go first to the House Committees on Veterans’ Affairs and the House Armed Services Committee. It could also theoretically be attached to next year’s defense authorization bill. “There was bipartisan support for the repeal of ‘don’t ask, don’t tell,’ and because our bill codifies the repeal into law, we expect to receive bipartisan support for our legislation,” a spokesman from Pocan’s office said. [Source: Stars & Stripes | Matthew M. Burke | 21 Jun 2013 ++]

DoD Fraud, Waste, & Abuse Update 04: A recent government audit revealed that the Defense Department is again buying more than \$1 billion worth of aircraft and support services for an Afghan military from the Russian government-controlled defense contractor, Rosoboronexport — a corporation Congress has repeatedly voted to bar from Pentagon business. Fully \$690 million of the sum is being used to buy, not American made helicopters, but Russian-made Mi-17 Hinds. Under current law (PL 112-239), the Pentagon is prohibited from doing any business with Rosoboronexport unless such deals are deemed to be in the U.S. national security interest. Despite this legislated proscription, it is apparent that national security waivers have been granted that allow the Pentagon to make these purchases. Nevertheless, Congress returns again to legislate further prohibitions against using DoD funds for the Russian helicopters. In fact, Congress strongly spoke on the issue twice in the past month. During House Appropriations consideration of the defense spending bill (H.R.2397), the appropriators approved a provision that “prohibits funds from being used” to make purchases from the Russian firm. And during full House consideration of the fiscal 2014 NDAA (H.R.1960), the House voted 423 to 0 to stop Pentagon contracts with the

Russian government's arms dealer. Regarding the recent purchase, Defense Secretary Chuck Hagel said, "Certifying that M-17 helicopter was clearly in the interest of our relations with Afghanistan and our commitment to them." Army Gen. Martin E. Dempsey, chairman of the Joint Chiefs of Staff, said accelerating the strengthening of Afghanistan's military is in the interest of the United States, which plans to remove most U.S. combat forces from that country by the end of 2014. [Source: NAUS Weekly Update 21 Jul 2013 ++]

Gulf War RAC: Twenty-three years have passed since the start of the deployment and combat operations known as Operations Desert Shield and Desert Storm. These two military operations comprise the 1990-1991 Gulf War. Since then, many Veterans of that conflict have suffered from adverse health consequences. Congress created the Research Advisory Committee (RAC) on Gulf War Veterans' Illnesses in 1998 to make recommendations to the Secretary of Veterans Affairs about government research on health effects of military service during the Gulf War. We've come a long way in recognizing the illnesses suffered by Gulf War Veterans, and we have rejected the notion the symptoms result from mental health issues like post-traumatic stress. That's why in the years following the first Gulf War, VA has continued to provide quality healthcare and benefits to those Veterans, and to invest in research to understand and treat Gulf War Veterans Illnesses, including Chronic Multi-Symptom Illness and related health areas. In 2009, Secretary Shinseki directed the formation of the VA Gulf War Veterans' Illnesses Task Force, previously led by former Chief of Staff and Gulf War Veteran John Gingrich, to better synchronize department-wide efforts to serve Gulf War Veterans. The VA's Interim Chief of Staff, Mr. Jose Riojas, also a Gulf War Veteran, continues this work.

The Research Advisory Committee on Gulf War Veterans' Illnesses (RAC) has led the way on crucial initiatives ever since. As a result of their work, VA has more than doubled the number of requested research projects on specific Gulf War areas of study. Additionally, VA has funded all proposals for Gulf War research that have met scientific and quality merit review standards. We've done that by increasing R&D funding directly obligated for Gulf War research to \$7.3 million this year—a nearly \$2 million boost from 2011. In 2010, Secretary Shinseki recognized nine new diseases as associated with Gulf War service, reflecting a determination of positive association between service in the region and those diseases. VA has relied on the RAC to provide expert advice to the Secretary on optimizing VA's Gulf War research portfolio. The most technological and current scientific tools are being deployed to better understand these complex illnesses. Recently approved research initiatives include investigations regarding biomarkers, imaging diagnostics, and clinical treatment trials, which have come from committee recommendations. The Committee's work has been invaluable to bring these issues to light and ensure they are high priorities within the Department from the top down.

As the Committee has matured, changes were made to the RAC's charter to align it with similar VA charters in accordance with the Federal Advisory Committee Act and the requirements of Public Law 105-368, § 104. For example Women Veterans and the Rural Health Advisory Committees. VA completed a departmental review of the charter in October 2012. One notable issue was that membership terms have expired so there will be also a rotation of some Committee members. Chairman James Binns has been asked to stay for another year to help in the transition of new members and oversee the completion of the RAC's major scientific review, a critical report that assists VA in setting Gulf War research priorities. Make no mistake—the momentum the Committee has achieved to bring sweeping and lasting change to the research and treatment of Gulf War Veterans' Illnesses will not falter. We have turned a corner on this issue, and there is simply no going back. VA is continuing efforts to be responsive to the Committee's recommendations by increasing senior leadership engagement between the RAC Chairman, myself and Dr. Madhu Agarwal, Assistant Deputy Undersecretary for Health for Policy and Services.

VA knows we must continue the progress we've made together for our Gulf War Veterans. We must ensure every Gulf War Veteran is aware of the disability and health care benefits to which they may be entitled as the result of their wartime service and to assist them in accessing these services. Since its inception, the RAC has been the catalyst for change and unquestionably guided VA to deliver on its core mission to care for our Nation's Veterans. They have my greatest confidence in continuing that mission, and we look forward to working with them to achieve our mutual goals. For more information, read VA's recently released Gulf War Research Strategic Plan (http://www.va.gov/RAC-GWVI/VA_draft_strategic_plan.pdf) and the Task Force's Draft annual report. (http://www.va.gov/opa/publications/Draft_2012_GWVI-TF_Report.pdf). [Source: Comments of Dr. Robert Jesse, the Principal Deputy Undersecretary of Health at the U.S. Department of Veterans Affairs, in VAantage Point 18 Jun 2013 ++]

Microsoft Xbox One: Navy Lt. Scott Metcalf was eagerly awaiting the arrival of the new Xbox One. Now he's not even sure if he'll buy one. Indeed, for many in the military, the next-gen Xbox console may offer more endemic frustration than grand epic gaming, particularly for those deployed downrange, aboard ships and stationed overseas. Xbox One, Microsoft's much-anticipated new console, got its big reveal at the Electronic Entertainment Expo gamers' convention in Los Angeles. Company honchos are confident it will come to dominate living rooms over the next decade not only as the gaming delivery vehicle of choice, but also with a barrage of other content, including a suite of apps, streaming video and music. There's one big but, however: To get all this entertainment awesomeness, the console will have to check in online with the Microsoft mothership at least once a day. "With Xbox One you can game offline for up to 24 hours on your primary console, or one hour if you are logged on to a separate console accessing your library. Offline gaming is not possible after these prescribed times until you re-establish a connection," an Xbox spokesperson told Military Times.



Metcalf called that a "showstopper" for any service members who rely on their Xbox for off-duty diversions downrange, in the field, or at sea. Which is to say, just about everyone. And it gets worse for on-the-go troops. The Xbox One:

- **Can play only in Xbox One-friendly countries.** Even if you're lucky enough to have a regular, reliable Internet connection while overseas, you'll have to be in one of 21 countries included in Microsoft's server network. So, if you're stationed in, say, Germany, Italy or Great Briatin, you're good to go. But if you're based in Japan, Kuwait or Afghanistan, you're out of luck.
- **Will have region-locked games.** Games bought in the U.S. can be activated only in the U.S. That means no more ripping open the latest title that just arrived in a care package from home while you're deployed. And forget about buying games locally when overseas — if your Xbox Live account isn't tied to the region when you activate a game, it won't play.
- **Serious security concerns.** Even when the Xbox One is in sleep mode, its built-in microphone can always listen in. It's a feature developers say will provide quick voice-command access to games and apps — but that could spook commanders who might worry the always-connected device could also capture more than just idle chit-chat among troops.

“Microsoft has single handedly alienated the entire military. And not just the U.S. military — the militaries of the entire world,” says naval aviator Jay Johnson. The Internet connection requirement is “the single greatest sin Microsoft has committed against all service members,” he writes in a post on the game developers’ site Gamasutra. With tours aboard three Nimitz-class aircraft carriers, Johnson says he’s spent more than half of the past three years deployed or training at sea. He describes gaming in general and his Xbox in particular as “my sanctuary. It is where I went to calm down after a long day of flying.” But that won’t be true with the Xbox One, he says. “No longer will the sounds of Master Chief saving the human race echo through the hallowed halls of the USS Abraham Lincoln, or any other USS ship, when we have a few hours respite. No longer will you see Marcus and Dom sawing through the Locust Horde at the bases in Afghanistan after the Marines have returned from patrol and want to escape their reality for a bit. Those days are now firmly behind us.” Microsoft: Sucks to be you

Not to fear, says Xbox exec Don Mattrick, president of the Microsoft’s Interactive Entertainment division. The company has a solution for those in the military: Just use the old Xbox 360 instead. “Fortunately we have a product for people who aren’t able to get some form of connectivity, it’s called Xbox 360. If you have zero access to the Internet, that is an offline device,” Mattrick told Game Trailer at E3 in an interview posted online. He says he feels your pain, though. “When I read the blogs and thought about who’s really the most impacted, there was a person who said, ‘Hey, I’m on a nuclear sub.’ I don’t even know what it means to be on a nuclear sub, but I’ve got to imagine that it’s not easy to get an Internet connection. Hey, I can empathize. If I was on a sub, I’d be disappointed.” OFFduty asked Microsoft officials if that empathy might translate into practical workarounds for the military. “I don’t have additional details to share and can’t speculate on workarounds at this time,” wrote Xbox rep Danica Stickel in an emailed response to questions, repeating the suggestion that troops could just use the 360 instead. “Although we’re very excited about Xbox One, we remain dedicated to Xbox 360 now and for years to come. In fact, we are expecting some of the greatest blockbusters of 2013 and 2014 to come out on Xbox 360.”

She did offer some encouragement for Xbox One hopefuls, however, saying the regional lock restrictions aren’t much different from other content protections. “Similar to the movie and music industry, games and other content must meet country-specific regulatory guidelines before they are cleared for sale — which means that games will work in the broad geographic regions for which they have been cleared, much as today with Xbox 360,” Stickel wrote. “While the console itself is not geographically restricted, a user’s Xbox Live account, content, apps and experiences are all tied to the country of billing and residence,” she wrote. “Military personnel will be able to take their Xbox One and play their games with them without an issue as long as the game has been ‘activated’ once in the U.S. Your games go with you and play, no issues,” she says. Stickel also downplayed security concerns over the console’s always-on microphone or built-in Kinect video camera. “When Xbox One is on and you’re simply having a conversation in your living room, your conversation is not being recorded or uploaded,” she says. “You will determine how responsive and personalized your Xbox One is to you and your family during setup. The system will navigate you through key privacy options.”

But even those outside the military have been surprised by Microsoft’s shrug to the military community, with some speculating it will fuel a wider surge toward Sony’s Playstation console. “This is shameful, says Joel Hruska, a writer for Extreme Tech website. “Telling troops that you ‘empathize’ with them is both embarrassing and hands Sony perfect ammunition.” “Do I think Microsoft is going to change?” writes Hruska in a recent post. “Honestly, no. The remarks that have come out to date paint a picture of a company that’s so drunk on its own Kool-Aid, they aren’t listening to outside criticism or commentary any longer.” [Source: MilitaryTimes e-Report 19 Jun 2013 ++]

WWII Vets Longevity Update 01: War veterans have always played key roles in American government, starting with George Washington. War service was not just a badge of honor; it was sometimes

considered a prerequisite for getting elected to a major office. But the generation that stopped Hitler, Mussolini and Japan's warlords from trying to turn the planet into their own twisted penal colony clearly occupied a special place in American public life. During a 40-year stretch beginning in 1952, every U.S. president served in World War II. That string ended with Bill Clinton's election in 1992. But in 1996 – a whopping 51 years after the end of the war – Clinton's challenger, Bob Dole, was not only an Army veteran of World War II, but he had served quite capably as a U.S. senator from Kansas for years despite a severe combat wound that made his right arm virtually useless. Dole lost to Clinton. But it's worth noting that even a half-century after the end of the war, a veteran from that conflict was still trying to make it to the White House. No other group of American veterans has persisted for so long in politics. And days after we commemorated the 69th anniversary of the D-Day invasion of Nazi-occupied France, it's also worth noting how quickly that generation is passing from our midst.

Approximately 1.4 million of the more than 16 million men and women who served in World War II are still alive, according to the U.S. Department of Veterans Affairs. But the median age is 92. And almost 700 die each day. By 2036, the VA estimates none will be left. Senator Lautenberg's death, while sad, was not entirely shocking. He was 89 years old and had been in failing health for months, missing many days of work and often being confined to a wheelchair when attending political events. But, as Vice President Joe Biden noted in a eulogy last week, Lautenberg said he wanted to run for another Senate term in 2014. Only his failing body stopped him and he announced his retirement. Within months, he had died. The symbolism of Lautenberg's passing should not be dismissed. This is nothing less than a poignant and historical turning point. The U.S. Senate was once dominated by an all-star lineup of World War II veterans that included such future presidents as John F. Kennedy, Richard Nixon and Lyndon Johnson and other notable senators who lost their party's bids for the White House, including Barry Goldwater, George McGovern and Bob Dole.

Overall, since the end of the war in 1945, 115 veterans were elected to the U.S. Senate for varying lengths of times. When he died, Lautenberg was the Senate's only remaining World War II veteran. Only two World War II veterans remain in the 435-member House of Representatives. In local governments across America, and especially in New Jersey, the same trend is taking place. The World War II generation of politicians is passing the torch. What's interesting here is that in the decades immediately after the war, town halls across New Jersey were dominated by veterans who became mayors, council members, school trustees and police chiefs. Recently, though, the number has fallen drastically, according to the New Jersey State League of Municipalities. Bergenfield's feisty mayor, Tim Driscoll, who was elected in 2008, was one of the last World War II veterans still in office, according to the league. An Army corporal who served in Europe during the war, Driscoll was 87 years old when he died three months ago. With the exception of 88-year-old Cliffside Park Mayor Gerald Calabrese, a Navy veteran, the league could not point to another current New Jersey mayor who served in World War II. "There is literally no one else," said the League's executive director, William Dressel.

Dressel makes a point of following the arcane changes amid the more than 600 municipalities across the Garden State. But even he concedes that the passing of the World War II generation from the political scene has taken place far too quickly – so fast that it took him by surprise. After all, Dressel said, those vets were part of the scene for so long that many of us felt they were here permanently. That's not the case, of course. Lautenberg's death does not signal a changing of the guard from one significant generation to another. It's a sadly triumphant ending of a generation that will likely never be duplicated again in American history. Lautenberg's generation not only saved the world – and that's not an exaggeration — but it then came home to dominate government and shepherd some of the most profound changes ever in our laws. That's no exaggeration, either. The list ranges from civil rights to Medicare, the GI bill and the environment. In remembering Lautenberg in the days after his death, state Sen. Loretta Weinberg, D-Teaneck, mentioned that she often joked with him about his age. "I always kidded with him that I had to keep him around because he called me 'the kid,'" said Weinberg, who is 78. Now the kids are in charge. They have big shoes to fill. [Source: NorthJersey.com | Mike Kelly | 9 Jun 2013 ++]

Health Screening Update 01: Over the past year, men were 24% less likely than women to see a doctor. This reluctance to seek medical care is dangerous. Many of the health risks that men face can be prevented or treated with early diagnosis. All adults should visit their health care provider from time to time, even if they are healthy. The purpose of these visits is to:

- Screen for diseases
- Assess risk of future medical problems
- Help develop a healthy lifestyle
- Update vaccinations
- Maintain a relationship with a doctor in case of an illness

Even if you feel fine, it is still important to see your health care provider regularly to check for potential problems. Most people who have high blood pressure don't even know it. The only way to find out is to have your blood pressure checked regularly. Likewise, high blood sugar and high cholesterol levels often do not produce any symptoms until the disease becomes advanced. There are specific times when you should see your health care provider. Age-specific guidelines for men age 18-to 39 are as follows:

- **Blood pressure screening:**
 - Have your blood pressure checked every 2 years unless it is 120-139/80-89 Hg or higher. Then have it checked every year.
 - Watch for blood pressure screenings in your area. Ask your health care provider if you can stop in to have your blood pressure checked. Check your blood pressure using the automated machines at local grocery stores and pharmacies.
 - If the top number (systolic number) is greater than 130 or the bottom number (diastolic number) is greater than 85, call your doctor.
 - If you have diabetes, heart disease, kidney problems, or certain other conditions, you may need to be monitored more closely.
- **Cholesterol screening and heart disease prevention:**
 - Men over age 34 should be checked every 5 years.
 - If you have risk factors for heart disease, such as diabetes, start getting screened earlier, at age 20.
 - If you have diabetes, heart disease, kidney problems, or certain other conditions, you may need to be monitored more closely.
- **Dental exam:**
 - Go to the dentist every year for an exam and cleaning.
- **Eye exam:**
 - If you have vision problems, have an eye exam every 2 years.
- **Immunizations:**
 - After age 19, you should have a tetanus-diphtheria and acellular pertussis (Tdap) vaccine once as part of your tetanus-diphtheria vaccines. You should have a tetanus-diphtheria booster every 10 years.
 - You should get a flu shot each year.
 - You should get the HPV vaccine if you have not already.
 - Your doctor may recommend other immunizations if you have certain medical conditions, such as diabetes.
- **Infectious disease screening:**
 - Depending on your lifestyle and medical history, you may need to be screened for infections such as syphilis, chlamydia, and HIV, as well as other infections.

- **Preventive health visits** should be every 2 years, and may include:
 - Checking height and weight
 - Screening for alcohol and tobacco use
 - Screening for depression

[Source: <http://www.nlm.nih.gov/medlineplus/ency/article/007464.htm> Jun 2013 ++]

Army Emergency Relief: Army Emergency Relief (AER) has nearly completed its annual awareness campaign. This year’s theme is “Supporting Soldiers and Their Families Yesterday, Today and Tomorrow.” As part of the campaign, each Army Retiree should have received a letter informing them of the annual campaign, as well as giving them the opportunity to contribute. In that letter they try to make it clear that Retirees are still eligible for AER assistance. However, many Retirees still don’t realize that they are eligible. In 2012, Retirees contributed nearly \$3.1 million to AER and received more than \$10.6 million in assistance. All emails sent to AER are sent a response which addresses whatever issue is identified. This includes those who for whatever reason did not receive assistance when requested. In 2004, AER provided a total of \$40 million in assistance. By 2008, they provided nearly \$80 million in assistance and have been hovering around that point ever since. By adjusting procedures and adding categories, AER is staying relevant to both today’s Army, as well as those who have retired. In 2005, AER established the Command Referral Program, under which a Company Commander or First Sergeant can immediately approve a \$1500 loan. Nearly one third of all assistance now comes through this program. In the past three years AER has added nine new categories for assistance to minimize the need to have to ask for exceptions to policy. If you are no longer near an Army installation, you can still apply for assistance at a local Navy-Marine Corps Relief Society, Air Force Aid Society, Coast Guard Mutual Assistance or American Red Cross office. AER would like to thank all Army Retirees for their service to the country and their past support to Army Emergency Relief. For more information, and to find your nearest AER office, check out the AER website <http://www.aerhq.org> or their Facebook site at <https://www.facebook.com/AERHQ>. AER does not share their retiree mailing list with any other organization. [Source: Army Echoes | Col. (Ret) Guy Shields | MAY-AUG 2013 ++]



Legionnaires Disease Update 01: The Department of Veterans Affairs would support a bill requiring its hospitals to disclose Legionnaires' and other infectious diseases to state and local health officials, but wants an exemption from proposed fines and would prefer voluntary reporting rules, VA officials said 19 JUN. “VA is committed to expanding and making more consistent its reporting” of diseases to local and state health agencies, Robert L. Jesse, the VA's principal deputy undersecretary for health, told the House Veterans Affairs subcommittee on oversight and investigations. Jesse's comments marked the first position the VA has offered on the legislation, proposed by Rep. Mike Coffman (R-CO) after the Legionnaires' outbreak in the VA Pittsburgh Healthcare System. Similar bills have been proposed by Rep. Tim Murphy (R-PA-18) and Rep. Mike Doyle (D-PA-14) in the House and by Sen. Bob Casey Jr. (D-PA) in that chamber.

At least five veterans died and at least 16 others contracted Legionnaires' disease between February 2011 and November 2012 at VA campuses in Oakland and O'Hara, according to the federal Centers for Disease Control and Prevention. It remains unclear whether more veterans may have fallen ill or even died from bacteria-tainted water at the VA Pittsburgh Healthcare System campuses. The Tribune-Review, using documents obtained through a Freedom of Information Act request, reported 16 JUN that Legionella bacteria were found in water samples dating back to September 2007 — more than five years before the VA publicly disclosed the outbreak. The CDC said it checked medical records back that far but acknowledged it did not ask for earlier water sample reports and did not want the documents when offered by the Trib. The Trib investigation underscored the need for the bill before the House, said Coffman, who chairs the congressional VA oversight panel. “The fact that VA provided information to reporters that this subcommittee has been requesting since January is unacceptable,” Coffman said. “This lack of transparency looks like an attempt to evade legislative oversight and makes me wonder whether there is more to this story than what VA has chosen to reveal.”

Pittsburgh VA officials “could have and probably should have” more readily shared information with government health officials as the identified outbreak developed, state Secretary of Health Michael Wolf told the Trib in April. The newspaper revealed then that VA hospitals escape state and local health rules that mandate the reporting of Legionnaires' and other infectious diseases to government monitors, though many VA hospitals file the reports voluntarily. Coffman's bill, introduced in April, would require VA facilities to follow state standards for those disclosures. It also would allow state health agencies to pursue civil action and impose the same civil fines for failure to comply with reporting requirements that private hospital systems face. Jesse told House VA subcommittee members that VA officials would prefer a voluntary reporting approach instead of a congressional mandate, but they agree public disclosures are important to help identify and stop disease outbreaks quickly.

If the proposed bill is adopted, the VA wants an exemption from potential fines for violations, said Jane Clare Joyner, assistant general counsel for the department. She told the congressional panel the VA would rather keep those funds for patient care. Rep. Dan Benishek (R-MI) pushed back, saying the fines would encourage VA hospitals to take the reporting requirement seriously. “We're just trying to think of a compliance motivator, I guess,” Benishek said. Rep. Keith Rothfus (R-PA-12) announced 18 JUN he would join as a co-sponsor of the Coffman version of the legislation. [Source Pittsburgh Tribune-Review | Adam Smeltz | 20 Jun 2013 ++]

VA Clinic Openings Update 14: The Department of Veterans Affairs (VA) plans to open 38 new community outpatient clinics, in 22 states and territories, between now and 2017. These clinics will be in leased buildings, with VA employees providing the services. This same arrangement has worked well in hundreds of existing VA clinics, nationwide. Last year, the Congressional Budget Office (CBO), an independent arm of Congress, decided these lease contracts would become long-term debts of the federal government. In considering the first 15 leases, Congress, based on the new CBO interpretation, forced VA to find funds for all 15 leases to cover an entire 20-year leasing period, rather than provide the money for only the first year. The authorizing law only requires the first year to be funded, with future payments to be managed through the annual VA budget. Because VA could not pay the entire cost (between \$1.2 and \$1.5 billion) in the first year for 15 clinics, this new interpretation effectively stopped all VA proposed leases. This program, both new clinic leases and renewals for existing leases, is now in jeopardy.

Without these clinics, VA will be denying care to veterans in need, while making their health care more expensive overall. The cost to the government is far less than construction of major VA hospitals. Without the ability to lease, from a practical point of view the change in Congressional policy forces VA to buy land and build government-owned clinics, or to do nothing. At a minimum this new requirement will add years to the existing

planning process, will delay or deny care for veterans, and is unacceptable to veterans who need VA health care. VA is managing almost 900 existing community-based outpatient clinics, all established under the prior policy, and operating under leases. Veterans who receive this care are highly satisfied. In Disabled American Veterans' opinion this successful arrangement should not be abandoned at the expense of 340,000 or more veterans who would be denied care.

At [http://capwiz.com/dav/issues/alert/?alertid=62722431&queueid=\[capwiz:queue_id\]](http://capwiz.com/dav/issues/alert/?alertid=62722431&queueid=[capwiz:queue_id]) DAV has put out an Action Alert. They are asking all members of the veteran community to submit this prepared letter, or write their own, to urge their two Senators and Member of the House of Representatives to solve this problem so that veterans receive the care they earned and deserve. Recently, the Executive Directors of the major veterans service organizations sent a letter to Congressional leaders expressing our concerns. As always, DAV thanks your grassroots advocacy on behalf of injured, wounded and ill veterans, and for your support of DAV and their mission of service to veterans. [Source: DAV National Commander | Larry A. Polzin | 12 Jun 2013 ++]

VA Claim Filing Update 01: A new online application from the Department of Veterans Affairs (VA) enables disability compensation claims to be processed faster in a more end-to-end electronic environment, and VA is urging Veterans and their Veterans Service Organization (VSO) representatives to make full use of its capabilities to receive speedier decisions and reduce the backlog of claims. The availability of the joint VA-Department of Defense Web portal eBenefits, which now integrates with the new internal Veterans Benefits Management System (VBMS) electronic claims processing system, marks a major milestone in VA's transformation from paper claims records to a fully digital operating environment, one of the keys to VA's goal to eliminate the disability claims backlog by the end of 2015. VBMS has now been fielded at all 56 Regional Offices across the country, ahead of schedule. VA will continue to upgrade and improve VBMS based on user feedback, and add features and tools that make it faster and easier to process claims. Instead of filling out and mailing paper forms to VA, Veterans can now use eBenefits to enter claim information online using a step-by-step, interview-style application, with pre-populated data fields and drop-down menus similar to popular tax preparation software.

“There are so many advantages to making this move from paper to digital – for both Veterans and VA” said Under Secretary for Benefits Allison A. Hickey. “Veterans can now file their claims online through eBenefits like they might do their taxes online.” By filing electronically, any compensation benefits that are awarded will be effective back to the date the Veteran started entering their claim information in eBenefits. From that initial claim establishment date, each Veteran has up to a year to gather all necessary records and hit “submit” to preserve their original date of claim. eBenefits allows Veterans to upload digital images of records and evidence to support their claims, bypassing the need to physically mail in personal records and wait for confirmation of receipt. VA is advising Veterans to gather and submit all relevant medical records and file a Fully Developed Claim (FDC) in eBenefits, which entails entering all available evidence at the time the claim is submitted and verifying to VA that they have no more evidence to submit.

Veterans filing an FDC will receive priority processing over the traditional claims process. VA can typically process FDCs in half the time it takes for a traditionally filed claim, and there is no risk to Veterans in filing an FDC. If VA finds that there is a piece of relevant evidence that was not submitted by the Veteran, but is needed for a rating decision (like private medical records), claims processors will work to obtain that evidence on the Veteran's behalf and process the claim in the traditional way. Once logged into eBenefits, Veterans can also choose to have an accredited VSO representative assist with their claim submission by filing an electronic power of attorney form. Using this new system, the chosen VSO representative, with proper authorization, will be able to see the contents of a Veteran's claim, track its status, and add additional information when needed. A Veteran and his or her

representative can even work a claim simultaneously while both are logged into the system, enabling VSOs to assist more Veterans in their homes or even remotely.

VA will still accept claims in paper form, though processing may take longer than for an electronically-submitted claim. As of this summer, VA scans all new paper claims and uploads them into VBMS so they too can be processed electronically, though without many of the benefits provided when Veterans initiate the process in eBenefits such as guided questions that help ensure complete and accurate information and the immediate receipt of information without having to wait for the scanning and processing of paper documents. In addition to filing claims online, registered eBenefits users can track their claim status and access information on a variety of other benefits, like pension, education, health care, home loan eligibility, and vocational rehabilitation and employment programs.

A free Premium eBenefits account is required to file claims electronically. The quickest and most convenient method of establishing a free premium eBenefits account is to complete the remote verification process through the eBenefits home page, or use DoD's common access card (CAC) to register for and/or upgrade to a free premium account. Veterans can also establish an account by telephone at 1-800-827-1000, option 7, if they are in receipt of VA benefits via direct deposit, or by visiting a VA regional office or TRICARE Service Center (if they are a military retiree). For the location of the nearest VA regional office, visit www.va.gov and search the VA regional benefits office locator. While compensation claims are pending, eligible Veterans are able to receive healthcare and other benefits from VA. Veterans who have served in recent conflicts are eligible for 5 years of free healthcare from VA. Currently, over 55% of returning Iraq and Afghanistan Veterans are using VA healthcare, a rate of utilization greater than previous generations of Veterans.

This is the latest effort in support of the Secretary's plan to eliminate the backlog. On May 15, VA announced that it is mandating overtime for claims processors in its 56 regional benefits offices through the end of fiscal year 2013 to help eliminate the backlog, with continued emphasis on high-priority claims for homeless Veterans, those claiming financial hardship, the terminally ill, former Prisoners of War, Medal of Honor recipients, and Veterans filing Fully Developed Claims. In April, VA announced an initiative to expedite compensation claims decisions for Veterans who have waited one year or longer. On April 19, VA began prioritizing claims decisions for Veterans who have been waiting the longest by providing decisions based on evidence currently in hand that allow eligible Veterans to begin collecting compensation benefits quickly while waiting for their final eligibility decision. For more information about VA benefits, go to <http://www.benefits.va.gov>. For more information on VA's Transformation, go to <http://benefits.va.gov/transformation>. [Source: VA News Release 18 Jun 2013 ++]

VA Travel Allowance Update 13: The Department of Veterans Affairs may soon reimburse veterans for the travel expenses for receiving care at a VA medical center outside their region as an alternative to paying for local but more expensive private providers. The VA is considering the rule changes to try and curb the rising costs associated with sending veterans to private providers, which the General Accountability Office says climbed from \$3 billion in 2008 to nearly \$4.5 billion last year. The rule change would only authorize reimbursement if it is more cost-effective but equal to what they'd get by being referred to a private medical provider closer to home. In part the VA medical centers are incurring higher costs for fee-based private medical providers to keep the veteran from paying out of his own pocket for travel costs to another VA hospital. Under current rules a VA medical center may only cover travel reimbursement for veterans with at least a 30 percent service-connected disability rating or an annual income below a specific level. The hospitals are not even allowed to consider the cost effectiveness of paying veterans' travel costs in order to keep their care within VA facilities.

In one example cited by the GAO, the VA Medical Center in Biloxi, Miss. has at times incurred additional costs of between \$30,000 and \$40,000 to refer a cardiac patient to a private, fee-basis provider in the region because the veteran did not qualify for reimbursement if he traveled to the Houston VAMC. At other times, VA regional hospitals will refer veterans to private providers to make sure the veteran is seen within the wait-times set by the Department of Veterans Affairs. The Alexandria, Va., VA Medical Center often refers veterans to fee-basis specialists in audiology, cardiology and ophthalmology. The problem is that the VA has not tracked how long it takes for veterans to be seen by the private providers, so the agency does not really know if the goals are being met, according to the GAO. The VA, in its response to the findings, said its business office is already at work building a national wait-time indicator for measuring the performance of fee-based providers, and expects to have it completed in September. [Source: NAUS Weekly Update 14 Jun 2013 ++]

VA Mental Health Care Update 24: Sen. Jon Tester introduced legislation last week to improve the quality of care for veterans and to strengthen the Department of Veterans Affairs’ mental health and telemedicine initiatives. Sen. Tester (D-MT) is chairman of the Governmental Affairs subcommittee on federal workforce and programs. He introduced the Rural Veterans Mental Health Care Improvement Act after the group’s first hearing in May. “I dedicated my first hearing to learning more about the challenges and opportunities facing our rural health initiatives, and this bill is a direct result of that,” Tester said. The legislation encourages the VA to recruit more licensed professional mental health counselors, as well as marriage and family therapists. It also gives the VA authority to provide mental health services to veterans’ immediate family members. It looks for issues hindering the expansion of telemedicine as a tool for treatment. “This legislation is critical to ensuring the best care for our veterans, particularly mental health care,” said Thomas Clawson, president of the National Board of Certified Counselors. “By expanding the VA training program, the bill ensures an adequate mental health workforce for the growing veteran population.” The bill also has the support of the Wounded Warrior Project. Tester said he’s working to pass his Ruth Moore Act in the Senate. The bill helps survivors of military sexual assault win VA disability benefits. As chairman of the subcommittee, Tester said the next hearing will analyze private contractors in the U.S. intelligence community and their access to classified security information, which was recently leaked. [Source: Missoulain | Martin Kidston | 15 Jun 2013 ++]

VA Claims Backlog Update 103: The U.S. Veterans Affairs department says it has hit a tipping point, cutting its monstrous backlog of disability claims by 74,000 since late April, yet agency critics contend that growing throngs of ex-troops waiting for injury compensation in America’s biggest cities show the VA is over-promising and under-delivering. Amid scrutiny from Capitol Hill and the White House, a top VA official reaffirmed last week the agency will meet its goal to process all disability-benefit claims within 125 days by 2015. Three of the VA’s 56 regional offices — St. Paul, Minn., Sioux Falls, S.D., and Providence, R.I. — have achieved that threshold, and VA officials told NBC News they will pluck lessons from those pockets of success. “We can get those best practices, (and) shine the light on some of our problem areas,” said Beth McCoy, who oversees 14 VA regional offices in the country’s midsection, including St. Paul, where benefit claims are typically processed in 100 days. But those “problem areas” — where some duty-injured veterans wait 16 to 19 months for disability checks to stay financially afloat — are coloring the national mood regarding the VA.

Jonathan Goodman, 29, a Marine veteran from Tulsa, Okla., and his wife, Shannon, say the delay in his disability-benefit claim has been putting a strain on their finances. “It’s sad to see so many veterans come back and apply for this, and it just takes so long. It can send a lot of guys into a downward spiral,” said Jonathan Goodman, 29, a Marine veteran from Tulsa, Okla. who earned a Purple Heart Medal for wounds sustained in a 2004 suicide-

bomb blast. He's been waiting 11 months for the VA to process his disability-benefit claim. "I just want to see guys get the (financial) help they've earned. I don't want to see veterans put on the back burner," he added. Veterans in 12 cities now face delays of more than 400 days, on average, for their regional VA offices to handle their disability claims. One year ago, no cities posted VA backlogs surpassing 400 days, according to the agency's online benefits dashboard. As of May 30 this year, the average backlog wait for veterans in New York City was 496 days, up 34 percent from a year ago, the dashboard shows. In Los Angeles, the average wait is now 568 days, up 63 percent since last year. In May 2012, the VA reported a national "rating claims processing time" of 250 days. As of May 30 this year, that national average was 302 days.

"VA has been over-promising and under-delivering for decades under both Democrat and Republican administrations," said Rep. Jeff Miller (R-FL), chairman of the House Committee on Veterans' Affairs. "While VA leaders seem confident they're on track to break the backlog by 2015, they haven't provided us with any evidence to support that projection. That's why the closer we get to 2015, the more I'm convinced that ending the backlog by then will require a commitment from the only person with the power to ensure VA lives up to its word: President Obama." And veterans are challenging President Barack Obama to act. Iraq and Afghanistan Veterans of America (IAVA), which represents more than 200,000 men and women, posed five questions about the backlog to Obama on 5 JUN. They asked, for example, how the White House is coordinating efforts between the Department of Defense and the VA to slash wait times. Other VA watchdogs want to know: Does the quick work executed at VA regional offices in St. Paul, Sioux Falls (where it typically takes 115 days to process claims) and Providence (117 days) foreshadow the dawn of a larger fix? "It's worth looking at the leadership climate and the procedures used at those regional offices to see what they are doing differently," said Tom Tarantino, IAVA's chief policy officer. "You also have to consider ... you only have 831 claims pending at the Sioux Falls office. When we solve those problems in L.A., then we will see progress."

In Tulsa, where Marine veteran Goodman waits on a disability claim he filed with the VA in July 2012, life means managing wounds and ailments he sustained during two Iraq tours: a traumatic brain injury, back problems, and migraines plus memory and anxiety issues — all of which make working and going to school difficult, he said. While he appreciates the medical treatment he gets from his local VA hospital, he said, the job that best suits his symptoms is night bartending: dark and calm. The benefit-compensation delay, meanwhile, forced his wife, Shannon, to pull extra work hours. Goodman had to grab additional bar shifts. "It's put a lot of stress on our marriage. It's been rough financially. She works full time. I work nights. We spend a lot of time just seeing each other in passing," Goodman said, adding that tax-free VA compensation for his combat wounds "would help us actually enjoy a normal life."

As 30,000-plus troops return from Afghanistan by 2014, the VA is completing a wholesale transformation. Workflow is being redistributed to cities with available hands and reorganized from an "assembly-line system" to a network of "express lanes" for simple claims and "special-operations lanes" for complex claims like brain injuries, said VA's McCoy. New employees are being trained to work more efficiently. And the biggest overhaul: VA is switching to digitized benefits claims, replacing "thousands of tons of paper on shelves," McCoy said. The electronic system is considered the lynchpin to reducing all backlog waits to 125 days or less. Meanwhile, the VA says it has processed more than 1 million disability claims during each of the past three years. "We have a sense of urgency," McCoy said. "We don't have the luxury of shutting down the shop, building a great system then opening the doors back up," McCoy said. "We're flying the plane as we're changing it."

VA Claims Backlog Update 104: The Department of Veterans Affairs (VA) announced today that as a result of the initiative launched in April to expedite disability compensation claims decisions for Veterans who

have a waited a year or longer, more than 65,000-claims – or 97 percent of all claims over two years old in the inventory – have been eliminated from the backlog. Veterans Benefits Administration (VBA) staff will now focus their efforts on completing the disability claims of Veterans who have been waiting over one year for a decision, while completing the final batch of oldest claims in progress. “Over the past two months, VA has been dedicated to providing earned benefits to the Veterans who have waited the longest,” said VA Secretary Eric K. Shinseki. “Thanks to our hard-working VBA employees, we have completed nearly all claims that have been pending two years or longer. We’ve made great progress, but know much works remains to be done to eliminate the backlog in 2015.”

“The success of this phase of the effort was due in part to the implementation of mandatory overtime for the Veterans Benefits Administration’s (VBA) claims processing staff, as well as the dedicated support of physicians from the Veterans Health Administration (VHA), who expedited exams to provide medical evidence needed to rate these pending claims,” said Under Secretary for Benefits Allison A. Hickey. The remaining two-year-old claims will be finalized in the coming days except for those that are outstanding due to unique circumstances, such as the unavailability of a claimant for a needed medical exam, military service, vacation, or travel overseas. In May, VA announced that it was mandating overtime for claims processors in its 56 regional benefits offices to increase production of compensations claims decisions, which will continue through the end of FY 2013. Today, VA has the lowest number of claims in its inventory since August 2011 and has reduced the number of claims in the VA backlog – claims pending over 125 days – by 10 percent since the initiative began.

Under this initiative, VA claims raters may make final or provisional decisions on the oldest claims in the inventory, which will allow Veterans to begin collecting compensation benefits more quickly, if eligible. Veterans are able to submit additional evidence for consideration a full year after the provisional rating before VA issues a final decision. If no further evidence is received within that year, VBA will inform Veterans that their ratings are final and provide information on the standard appeals process, which can be found at <http://www.bva.va.gov/>. If a Veteran disagrees with a final decision and chooses to appeal, the appeal is entered into the appellate processing system, and is not reflected in the claims inventory. VA continues to prioritize disability claims for homeless Veterans, those experiencing extreme financial hardship, the terminally ill, former Prisoners of War, Medal of Honor recipients, and Veterans filing Fully Developed Claims, which is the quickest way for Veterans to receive a decision on their compensation claim (<http://www.benefits.va.gov/fdc/>).

Claims for Wounded Warriors separating from the military for medical reasons will continue to be handled separately and on a priority basis with the Department of Defense through the Integrated Disability Evaluation System (IDES). Wounded Warriors separating through IDDES currently receive VA compensation benefits in an average of 61 days following their separation from service. VA’s inventory is comprised mostly of supplemental claims from Veterans already receiving disability compensation who are seeking to address worsening conditions or claim additional disabilities. Regardless of the status of compensation claims, Veterans who have served in combat since Nov. 11, 1998, are eligible for five years of free medical care for most conditions from VA. This eligibility was enacted through the National Defense Authorization Act of 2008. Veterans can learn more about disability benefits on the joint Department of Defense/VA web portal eBenefits at <http://www.ebenefits.va.gov>. [Source: VA News Release 20 Jun 2013 ++]

NOTE: If you haven't received a status update for your VA claim, you can track the status of the claim by registering for eBenefits at www.ebenefits.va.gov. You may also visit the VA’s ASPIRE web site at <http://www.vba.va.gov/reports/aspiremap.asp>. Here you can find the average processing days for the regional office that is working on your claim. You may also contact the nearest VA facility (visit http://www2.va.gov/directory/guide/division_flash.asp?dnum=1 to locate the nearest facility) or call the VA toll-free number 1-800-827-1000 for assistance.

VA Claims Backlog Update 105: U.S. Senator Barbara A. Mikulski (D-MD), Chairwoman of the Senate Appropriations Committee, announced that a 10-point action and reform plan to address the VA claims backlog is included in the fiscal year 2014 Military Construction, Veterans Affairs (VA) and Related Agencies Appropriations Bill approved by the Subcommittee 18 JUN. "When our veterans return from war, they shouldn't have to face a quagmire of bureaucracy in getting their claims processed," Chairwoman Mikulski said. "The solution to this problem must come right from the top. That's why as Chairwoman of the Appropriations Committee, I convened a meeting with leaders from DOD, VA, Social Security and the IRS. Our Committee insisted on a sense of urgency and a fire in the belly to get the job done. The result is the 10-point action plan to the end the backlog included in this bill. It's progress. But more needs to be done. The Appropriations Committee will keep fighting the red tape across all the agencies responsible for our veterans because our wounded warriors can't wait."

The backlog of veteran's compensation claims for service-related disabilities has soared to record levels over recent years. VA reported 816,839 pending claims as of June 10, 2013, of which 66 percent have been pending for more than 125 days and are considered to be backlogged. Claims are often more complex due to more complex injuries. The problems are even worse at VA's Baltimore Regional Office. There, the average wait time is 332 days, or 11 months. More than 16,000 claims, or 84 percent, are older than 125 days. The Baltimore Office has the highest error rate of any regional office, with an error rate of 26.2 percent compared to 13.7 percent nationally. In addition to fully funding the President's budget request for claims processing operations, the bill includes a 10-Point Action Plan to give the VA additional tools to address the backlog and to strengthen training, oversight, and accountability:

- 1) Provides \$20 million above the budget request to upgrade computer hardware, such as servers, in VA Regional Offices to handle the advanced program requirements of the Veterans Benefits Management Program (VBMS). VBMS, which is a paperless claims system, is scheduled to be installed in all Regional Offices by the end of June;
- 2) Provides an additional \$10 million for targeted overtime and training for claims processors as needed to increase production and help eliminate the claims backlog;
- 3) Directs the VA to increase training of claims processors to achieve not only expedited production but also to ensure quality and accuracy to reduce claims appeals. Additionally, training programs are to be accompanied by regular testing and monitoring of poorly performing Regional Offices to identify and remediate performance problems;
- 4) Directs the VA to provide Quality Review Teams and spot audits at Regional Offices to assess the performance of the claims processing operations and flag any management or operational weaknesses;
- 5) Directs the VA to create Centers of Excellence at selected Regional Offices for certain types of complex claims, such as claims for PTSD or TBI compensation. With the VBMS paperless claims system, these centers could use their expertise to field claims from across the nation;
- 6) Directs the VA to have the data management capability to receive all Department of Defense (DOD) health records in an electronic format by the end of calendar year 2013. DOD is implementing a program to have all service treatment records digitized and sent electronically to VA by the end of 2014. DOD must accelerate this effort to achieve full electronic transmission of records by the end of 2013 and VA must be prepared to accept them;
- 7) Requires the VA to provide monthly reports to the House and Senate Committees on Appropriations on performance measures for each Regional Office, including the number of backlogged claims, the average number of days to complete a claim, and error rates;
- 8) Requires the VA to submit quarterly reports that include the number of claims personnel in each Regional Office, corrective action taken to remedy any problems at poorly performing offices, training programs undertaken by Regional Offices, and Quality Review Team audits performed during the quarter;

- 9) Directs the VA Inspector General in coordination with the DOD Inspector General to examine the processes and procedures involved in the transmission of medical and personnel records from DOD to VA to identify any problem areas and provide recommendations for improvements;
- 10) Provides an additional \$12.9 million for the Board of Veterans Appeals to hire additional personnel to expedite the processing of appeals. The VA estimates that in 2014, the Board's inventory of appeals will reach 46,860 with an average processing time of 625 days.

This legislative plan follows a roundtable discussion convened by Chairwoman Mikulski and Senator Tim Johnson (D-SD) with senior Administration officials, including Secretary of Defense Chuck Hagel, Veterans Affairs Secretary Eric Shinseki, Social Security Administration Acting Commissioner Carolyn Colvin, and Internal Revenue Service Deputy Commissioner for Operations Support Beth Tucker, to finally put an end to the claims backlog that has troubled the DVA for years. Following that meeting, the participants agreed:

- a) Each agency will identify a single high level person whose sole focus is fixing problems, and who reports directly to the Secretary or Administrator.
- b) Secretaries Hagel and Shinseki agreed to meet every 60 days as we progress toward ending the claims backlog.
- c) A method of accountability to the Chairwoman and to the Committee, including a coordinated progress report to the Committee every 60 days.

The Military Construction, Veterans Affairs (VA) and Related Agencies Appropriations Bill provides funding for the construction of mission critical and quality of life facilities for U.S. military personnel and their families serving around the world, including schools, hospitals, child care centers and family housing. The bill also provides funding for veterans medical care and benefits, and for VA facilities throughout the country. The Related Agencies funded in the bill include Arlington National Cemetery, The American Battle Monuments Commission, the U.S. Court of Appeals for Veterans Claims, and the Armed Forces Retirement Homes. [Source: Sen. Mikulski News Release 18 Jun 2013 ++]

VA Sleep Apnea Claims Update 01: The Department of Veterans Affairs is studying changes to disability ratings for obstructive sleep apnea, particularly the 50-percent rating being awarded when VA physicians prescribe use of a CPAP, or continuous positive airway pressure machine, for sleep-deprived veterans. “That’s definitely going to be the one they look at,” said Jonathan Hughes, a policy consultant for VA’s compensation service. “Because essentially there’s no functional impairment related to that” 50-percent rating for obstructive sleep apnea under the Veterans Affairs Schedule for Rating Disabilities (VASRD). The good news for more than 114,000 veterans already drawing compensation for sleep apnea is their ratings would not be reduced with broad change to the rating schedule, Hughes explained. Current law prohibits that. Indeed, claimants still awaiting favorable decisions might not be impacted either because VASRD changes don’t happen quickly. The only date Hughes could quote with certainty is that an ongoing effort to modernize the entire VASRD is to be completed by January 2016.

When interviewed 18 JUN at VA headquarters in Washington D.C., Hughes had just delivered a briefing on sleep apnea at a public hearing of VA Advisory Committee on Disability Compensation. The panel, established in 2010, counsels the VA secretary on maintaining or readjusting the VASRD. This day members wanted to know about sleep apnea including how the condition is rated in its various forms, how service-connection is established for a disorder largely associated with obesity, and what factors are behind the recent explosion of claims, as reported here in late May. Mike Webster, a family law attorney in Florida, complained to the House Veterans Affairs Committee of widespread abuse of VA claims for sleep apnea. Since then, Webster has heard from staff on the veterans affairs

oversight subcommittee that a “team” is looking into his allegations. “Sleep apnea definitely has become more of an issue over the past several years,” Hughes said as he began his briefing. He gave some of the same data on sleep apnea cases published here, including that VA had rated 983 veterans for sleep apnea in 2001 and almost 25,000 last year. He added that 13 percent of roughly 427,000 veterans who served after 9/11, and draw VA disability compensation today, have service-connected sleep apnea.

“Thirteen percent? That’s staggering,” said committee member Dr. Michael Simberkoff, chief of staff of the VA New York Harbor Health System and a professor at New York University School of Medicine. The advisory committee chairman, retired Army Lt. Gen. James Terry Scott, also chaired the 2007 Veterans’ Disability Benefits Commission. Scott asked colleagues to back his recommendation that VA Secretary Eric Shinseki commission the Institute of Medicine, part of the National Academies of Science, to conduct a study of sleep apnea in the veteran population. “Short of a scientific study by a well-recognized and competent authority, I think we’re still working with rumor and innuendo,” Scott said after the briefing, which he said was “extremely informative and...put to rest a lot of different theories and conventional wisdoms.”

One issue addressed was conventional wisdom by some sleep disorder experts that sleep apnea is related to post-traumatic stress disorder. “We haven’t seen any medical correlation between sleep apnea and PTSD,” Hughes said. Still the most common path to a sleep apnea rating “is people who are overweight...getting diagnosed” as they separate or retire. “Why would they have sleep apnea during service,” asked the committee’s Deneise Turner-Lott, an administrative judge with the Mississippi Workers’ Compensation Commission. “I mean they are not overweight.” Weight remains the most common cause of sleep apnea, Hughes said, even when diagnosed in service. Another committee member asked Hughes to explain the link between sleep apnea and military service. “I don’t think there is any medical link to service,” he said. “There is not something we can point to in service that actually causes sleep apnea.” Hughes speculated that the rise in claims is related to heightened awareness of the condition among service members and veterans.

Committee member Mark W. Smith wanted to know why VA grants 50 percent disability compensation to vets who need a CPAP for a good night’s sleep. Hughes explained that the rating was set years ago based on studies that estimated “average impairment in earnings loss.” Simberkoff noted that need for a CPAP means “continuous use of an external agent to maintain their health.” But Smith followed up by comparing a CPAP to eyeglasses. “If I don’t use my glasses, my earnings are going to be a hell of a lot less because I’m blind,” he said. “Once I put them on, no problem.” If CPAP “pretty much cures the problem, why would you give a service rating for it?” Indeed, until VA and the Department of Defense integrated disability evaluation systems for members being medically retired, 99 percent of service members diagnosed with sleep apnea only got a zero percent rating from their branch of service, Hughes said. But armed with an in-service diagnosis, separated members with sleep apnea can file claims with VA, and 88 percent are rated 50 percent disabled

. That a rating level is assured once a CPAP is prescribed to keep the air passage clear during sleep, preventing interruptions in breathing or apneas, which lead to daytime drowsiness and cognitive impairment. Hughes said a CPAP is not effective for treating persons with the less common “central” sleep apnea, which usually is caused by cardiac failure or neurologic disease and treated with drugs. Hughes indicated VA benefit and health experts already were at work on reforming VASRD for respiratory illnesses including sleep apnea. Hughes later said the jump to 50 percent when a CPAP is prescribed has no tie to functional impairment, and therefore “if anything is revised it would be that one. I don’t know if the other [percentages] will stay the same...but that’s the significant part of the inquiry, the 50 percent.” [Source: Stars & Stripes | Tom Philpott | 20 Jul 2013 ++]

VA Program, Project Management: The Veterans Affairs Department is borrowing a Defense Department concept and creating a cadre of program and project-management experts. VA would call upon these experts for help when complex projects are in need of some extra care. Glenn Haggstrom, VA's principal executive director of the Office of Acquisition, Logistics, and Construction, said the experts would have advanced certifications and an array of experience in everything from technology and pharmaceuticals to medical/surgical programs. "While we traditionally think of program and project management in both the construction world and the IT world, we are expanding that view in terms of having professionals available to us," Haggstrom said in an interview with Federal News Radio after speaking at a recent conference. "We've stood up an acquisition executive council that takes the positions we have in the department and where they are located, and we look at where they are located and determine if it is appropriate for these programs to have Program, Project Management (PPM) certification and training. We then start to match faces to the spaces."

PPM certification is defined by the Federal Acquisition Institute as an employee attaining competencies and experience associated with each of the three levels and ensuring 80 hours of continuous learning is achieved every two years. "An applicant can satisfy the competency requirements through successful completion of suggested training, completion of comparable education or certification programs, or demonstration of knowledge, skills, and abilities." Haggstrom said the VA still is in the beginning stages of this effort. The council has found the areas where these skills are needed, and now are looking for the people to fill those roles. "We believe that when we have this fully stood up, we will have a great cadre that we can reach into when we have very complex programs, get those best and the brightest to manage those programs and be successful in the outcomes," he said. "We are focused on ensuring we have the desired outcomes and we meet that success."

VA spent more than \$17 billion on federal contracts in fiscal 2012, according to the <http://www.usaspending.gov> portal. Haggstrom said many times the growing complexity of the programs need more attention, and therefore the skills of the acquisition workforce need to be improved. Since 2008, VA has made a huge investment in training with the VA Acquisition Academy. The academy includes five schools that provide training in program and project management, supply-chain management, contracting officer representative functions and facility management. "In the past couple of years, we've certified about 1,600 to 1,700 people within the department. It was our secretary's initiative to make sure that we had people with the proper skills," Haggstrom said. "Of course, it's always a competition to get them trained in terms of their day-to-day jobs, but what we've done is we have distance learning, computer-based learning and face-to-face training at one of our acquisition academy. It's a continual process. Our folks are responding to it. I think we will see a difference in how the programs are managed and those outcomes." To be clear, VA is not creating a new office or even a holding tank with these experts waiting to be called upon. Haggstrom said these experts will remain in their current roles, but also be pulled into new opportunities when appropriate.

In addition to the acquisition cadre, VA is buying smarter by mining its acquisition data. Haggstrom said the Enterprise Data Office is a few years old, but the results of using data to make better buying decisions are paying off. "We did stand up an enterprise spend management office that does a deep dive into our systems to take a look at what we were spending, where we were spending, how much we are spending, is it just in time deliver or are we warehousing," he said. "From that, we develop a hypothesis and the hypothesis is the on-set that is used to develop a further business case." Haggstrom said one example of the business case turning into better buying is at the Veterans Health Administration. VHA created a commodity office that specializes in various areas of health care that have contracting requirements. He said across the agency there are about 26 business cases under consideration and seven more under development. "What we do is we'll data mine several systems, including our enterprise contract management system where we have all our contracts worth at least \$3,000. We will data mine the Federal Procurement Data System (FPDS). We'll data mine our financial systems," Haggstrom said. "So when we bring the

information together from these three systems, it gives us a pretty idea of what we are spending, and what we are spending it on." [Source: Federal News Radio | Jason Miller | 20 Jun 2013 ++]

VA TDIU: Benefits granted under the VA rating schedule are intended to compensate veterans for the average impairment in earning capacity that results from service-connected disease or injury. IU is a special additional benefit to address the truly unique disability picture of a veteran who is unemployable due to service-connected disability, but for whom the application of the rating schedule does not fully reflect the veteran's level of impairment. An award of IU allows the veteran to receive compensation at a rate equivalent to that of a 100 percent schedular award. However, this benefit is not intended, by regulation or policy, to be a quasi-automatic benefit granted whenever a veteran has met a qualifying schedular evaluation or reached an advanced age.

VBA, in its ongoing effort to reduce the backlog of disability claims, has issued a Fast letter dtd 17 Jun 2013 to all VA Regional Offices with guidance on how VARO Directors and veteran service center personnel. The purpose of the letter is to revise and clarify VA procedures relating to claims for total disability ratings based on individual unemployability (TDIU). Following is an overview of the changes:

- VA will no longer presume a claim for TDIU is a claim for increase in all service connected disabilities. As part of a substantially complete application for TDIU, VA will require that the claimant with multiple service-connected disabilities specify at least one disability that he or she believes causes the unemployability.
- VA will consider the Veteran's specification of the disabilities that he or she believes cause unemployability to be claims for increased evaluation for those conditions.
- VA will require the claimant complete and submit VA Form 21-8940, Veteran's Application for Increased Compensation Based on Unemployability, to substantiate the claim of TDIU.
- VA will administratively deny TDIU claims if VA requests, but the Veteran does not submit, required forms or evidence.
- VA has the flexibility to request either condition-specific Disability Benefits Questionnaires (DBQs) or a general medical DBQ when VA determines that examinations are needed to decide the claim.
- VA will interpret the schedular requirements in 38 C.F.R. 4.16(a) to mean that a combined 70 percent rating is only required if no single disability is rated at 60 percent disabling.

To read the entire letter go to <http://www.scribd.com/doc/148923612/FL13-013-001> or the attachment to this Bulletin titled, "**VA TDIU Fast ltr 13-13**". [Source: Veteran Issues | Dan Cedusky | 22 Jun 2013 ++]

VA Gulf War Advisory Committee Update 02: Many veterans with Gulf War Illness see the past two decades as one battle after the next. First, they began experiencing chronic unexplained symptoms like fatigue, joint and muscle pain, and headaches following their service in the Gulf War. Then, the Department of Defense denied for years that soldiers had been exposed to chemical agents - until the agency reversed itself and acknowledged that, in fact, some may have breathed the nerve gas sarin after American forces destroyed an ammunition depot in Khamisiyah, Iraq. The government, critics say, did a poor job of researching causes and treatments for the disease, attributing its symptoms to the effects of wartime stress. In 1998, as a counter-measure, Congress created an advisory committee to provide rigorous oversight of research conducted by the government, particularly the Department of Veterans Affairs. For the past decade, that committee has reviewed scientific literature, worked on a strategic plan to treat Gulf War Illness, and published comprehensive reports (PDF) on the disease's origins and possible avenues for treatment.

Now advocates say that recent changes to the committee's charter approved by VA Secretary Eric Shinseki strip the panel of its independence and its mandate to press the federal government to develop treatments. "The [research advisory committee] was intended to be an independent body that provided an accountability check on the federal government," said Anthony Hardie, a Gulf War veteran and member of the panel since 2005. "Collectively, these changes are sweeping." In the 2010 charter, the committee's "guiding principle" is described as ensuring that government research on Gulf War Illness ultimately improves the health of sick veterans, but that language has been omitted from the new document. The charter also leaves out a sentence that charged the panel with assessing the "overall effectiveness of government research to answer central questions on the nature, causes and treatments for health consequences of military service...during the 1990-1991 Gulf War."

In addition, the Office of the Secretary no longer supports the committee. Instead, the Veterans Health Administration's Office of Research and Development now has this responsibility, which has traditionally involved determining the budget and providing support staff. This change, Hardie said, means the committee will be under the auspices of the very staff it is designed to scrutinize. Finally, VA has announced that is not renewing the appointment of half of the committee's members, and it is removing its longtime chair next year. Dr. Robert Jesse, the VA's principal deputy undersecretary of health, said in a blog post 19 JUN that revisions to the charter were made for administrative purposes after a review in October 2012. (<http://www.blogs.va.gov/VAntage/9644/our-sustained-commitment-to-care-for-gulf-war-veterans/#more-9644>). Jesse applauded the research advisory committee's work: "Since its inception, the RAC has been the catalyst for change and unquestionably guided VA to deliver on its core mission to care for our Nation's Veterans. They have my greatest confidence in continuing that mission, and we look forward to working with them to achieve our mutual goals."

Yet, Hardie, along with other committee members and Gulf War vets, are suspicious of the timing. the committee said in a report (http://www.va.gov/RAC_GWVI/docs/Committee_Documents/CommitteeDocJune2012.pdf) that it had "no confidence" in VA's ability to "formulate and execute an effective VA Gulf War illness research program." In March, members of the panel, including Hardie, testified before Congress about VA's alleged failures in commissioning rigorous Gulf War Illness research. At the same hearing, a leading epidemiologist and former VA investigator [accused the agency](#) of suppressing important data on Gulf War Illness research. (Refer to <http://www.forbes.com/sites/rebeccaruiz/2013/03/13/whistleblower-alleges-va-neglected-suicidal-vets-suppressed-study-findings>). In a letter to Jim Binns, the chairman of the advisory committee, VA interim chief of staff Jose D. Riojas said that the group's work should focus on proposed research studies, plans and strategies, and not on "being a 'watchdog' for all Gulf War related work at VA." He noted that VA "has robust oversight and investigation capability to address alleged wrongdoing."

On 24 JUN, Riojas spoke to the committee in Washington D.C.; Hardie and two other Gulf War veterans walked out in protest. Rep. Mike Coffman (R-CO) chair of the House Veterans' Affairs Subcommittee on Oversight and Investigations and a Gulf War veteran, is skeptical of the changes. "I don't think there's anything procedural about it," he said of the new charter. "I think the [committee] has been able to report to Congress on what the Veterans Administration has done or hasn't done and VA is taking action against that. I worry that voice will now be gone." Coffman called the quality of VA's Gulf War Illness research "alarming." An inquiry earlier this year by the subcommittee on oversight and investigations found that VA infrequently publishes its research and has regularly spent funding for Gulf War Illness research on important but unrelated projects, including a brain tissue bank for patients with Lou Gehrig's disease. In his blog post, Dr. Robert Jesse touted a nearly \$2 million increase – to \$7.3 million –for research this year and noted that it had funded all proposals that met "scientific and quality merit review standards." He also said that VA has "rejected the notion the symptoms result from mental health issues like post-traumatic stress." While VA is set to move forward with the new committee charter, Coffman said he and other legislators are considering a bill that would address VA's changes. "There were years they weren't doing research,"

Coffman said of the government's response to Gulf War Illness. "I think that there's just a history of well-founded distrust by Gulf War veterans of the actions of the VA in addressing this issue." [Source: Forbes | Rebecca Ruiz | 21 Jun 2013 ++]

VA Fraud Waste & Abuse Update 75:

- **Washington DC** — On 27 JUN a Congressional committee published a 157-page report (<http://oversight.house.gov/wp-content/uploads/2013/06/Strong-Castle-IRS-Final-Report.pdf>) alleging a government contractor used questionable behavior to win federal contracts that could be worth more than \$500 million. The worst part: While the contractor's methods smell bad, some of his actions appear to be in line with the letter of the law. On 25 JUN Rep. Tammy Duckworth (D-IL) scorched witness **Braulio Castillo** in an epic denunciation of his use of military disability status to gain status as a service-disabled veteran and win set-aside contracts. "Your foot hurt - your left foot?" the Illinois Democrat asked the witness, president and CEO of Strong Castle, Inc. whose claim to disability status was based on "an ankle injury he suffered in 1984 at the U.S. Military Academy Preparatory School." According to a the report from the House Committee on Oversight and Government Reform, Castillo's one year at the prep school is his only connection to military service. After dropping out of the West Point system the report indicates he quarterbacked a college football team in southern California after the injury occurred. The report also noted that Castillo described his injuries to the Department of Veterans Affairs during his business certification process as crosses that I bear due to my service to our great country. I would do it again to protect this great country. "You may not have broken any laws," Duckworth said, "but you certainly broke the trust of this great nation. You broke the trust of veterans." The short video, provided by the Washington Post, goes deeper and **is a must watch**. It can be viewed at <http://www.washingtonpost.com/blogs/post-politics/wp/2013/06/26/duckworth-scorches-witness-at-house-hearing-video/>. Source: Washington Post | Sean Sullivan | 26 Jun 2013 ++]
- **Cutler ME** — 38-year-old **Richard Ramsdell** has been sentenced to 3 years in prison for ripping off the federal government. Ramsdell pleaded guilty to fraudulently collecting veterans' disability pay. He was also ordered to pay nearly \$143,000 dollars back to the US Department of Veterans Affairs. Prosecutors say he falsely claimed to be unemployed and unable to work because of disabilities when he was actually working as a fisherman, painter and for a wreath maker. [Source: WABI TV 5 News 19 Jun 2013 ++]
- **Newnan GA** — A Newnan man has been sentenced to two years in prison for using a disabled veteran to obtain federal government contracts. **Arthur Singleton**, 63, talked a disabled Vietnam veteran into creating a business in 2007 so Singleton could secure government contracting work that was supposed to be reserved for companies owned and run by disabled veterans, U.S. Attorney's officials said 20 JUN. Singleton — who owned a construction company — pleaded guilty to making false documents in April. Singleton created two businesses in the man's name and entered into contracts with the Department of Veterans Affairs, the Department of Agriculture, the United States Coast Guard and the United States Army Corps of Engineers, authorities said. Singleton entered into the federal contracts between September 2007 and September 2008 and did work around the country, officials said. "Driven by greed, Mr. Singleton took advantage of a service-disabled veteran of the Vietnam War to gain over a million dollars in federal contracts," U.S. Attorney Sally Quillian Yates said in a statement. "The defendant's fraud deprived genuine disabled veteran-owned businesses of the chance to obtain these federal contracts." Officials say the disabled veteran didn't work for either company, didn't have any ownership stake and didn't control management or daily operations for either business. Singleton was awarded about \$1.5 million in fraudulently obtained contracts, officials said. "These contracts are supposed to go to genuine service-

disabled veteran-owned small businesses," Inspector General Peggy E. Gustafson of the Small Business Administration said in a statement. "Federal contracts should never be awarded to persons who commit fraud to claim eligibility for contracts set-aside for our nation's heroes. " Singleton is ordered to serve two years of supervised release and pay \$181,000 in restitution. [Source: The Associated Press 20 Jun 2013 ++]

- **Cleveland OH** — A former director of the Veterans Affairs medical center in Cleveland is accused of accepting bribes and has been indicted on federal charges in a long-running county corruption investigation. Federal authorities allege **William Montague** took bribes in exchange for influencing VA decisions and development projects. Montague pleaded not guilty 19 JUN to 36 counts, which include bribery, wire and mail fraud, and disclosing public contract information. A statement from the VA inspector general's agent in charge in Cleveland said there's no tolerance for violating public trust for personal gain. Montague's attorney didn't immediately return a message seeking comment. Montague, now 61, led the Cleveland VA Medical Center from 1995 until 2010. He then served as acting director of the Dayton VA Medical Center for part of 2011 before resuming retirement. [Source: The Associated Press 19 Jun 2013 ++]

VA Health Care Access Update 05: Rep. Ron Barber (D-AZ) wants to expand veterans' access to private health care by requiring the Veterans Affairs Department to make the best interest of the patient a priority when deciding whether contracted care is appropriate. Barber, who estimates that one out of every six adults in his congressional district is a veteran, said his intent is to help vets in rural areas who would have to travel long distances to receive VA care, as well as veterans in urban areas who face long waits for appointments. "I'm working to make it as easy as possible for them to receive the care they need and have earned, without excessive waits or travel," Barber said in a statement. A former aide to Rep. Gabrielle Giffords (D-AZ), Barber grew up in an Air Force family, although he never served in the military. His congressional district includes Davis-Monthan Air Force Base.

VA currently contracts for health care with private doctors and hospitals for some specialty services so veterans do not have to travel long distances, and it also provides contract care in some rural areas. In some cases, VA also helps coordinate treatment with private doctors. However, written VA policy discourages what it calls "dual" treatment: "Continuity of primary care has been shown to have significant benefits, including lower rates of hospitalization and lower mortality. By splitting care between two or more health systems and multiple providers, dual care may pose risks to patients." Additionally, for VA patients also receiving outside care, "VA staff experience concerns regarding legal liability and a sense that their professional skills are devalued," reads VA's guidance to health care workers. The Veterans Health Access Act, H.R.2412, introduced by Barber on Thursday, is co-sponsored by Rep Joe Heck, (R-NV), an Army Reserve colonel and medical officer who has been selected for promotion to brigadier general.

Heck said veterans "face numerous challenges in trying to access the health care services" in Nevada. "The burdens our veterans face when trying to access health care are significant. We should be working to eliminate those burdens." Making the best interests of the patient the primary consideration in deciding whether a VA facility or private facility will be used to provide care likely will increase private-sector treatment, Heck said. Wait time, distance and quality of care would also be factors in the decision, under Barber's bill, which was referred to the House Veterans' Affairs Committee for consideration. That committee will look at another veterans' bill introduced Thursday by Rep. Jon Runyan (R-NJ), that also would expand contracting with private doctors. Runyan's bill, H.R.2423, is aimed at a different problem: the wait for medical examinations to receive a rating for a service-

connected disability. It would expand contracting so that more civilian doctors are involved, a move intended to speed claims decisions. [Source: ArmyTimes | Rick Maze | 19 Jun 2013 ++]

VA Care Guam: The U.S. government still doesn't provide adequate care and services for all of Guam's veterans, and these gaps must be rectified. The freedoms and privileges we all enjoy as Americans come from the service and sacrifices of the men and women of the U.S. armed forces -- those currently in uniform and our many veterans. They are owed a basic level of services and benefits for their service to our country, yet too many veterans in Guam aren't getting what they're due. The Community-Based Outpatient Clinic in Agana Heights, commonly known as the veterans clinic, isn't large enough to meet the needs of our island veterans, and it has been and continues to be lacking in doctors and other staff to provide needed care and services. The U.S. Department of Veterans Affairs wants to expand the clinic, but it remains to be seen if expansion efforts will be funded, or if the VA can adequately staff the current facility, let alone a bigger one.

Another glaring shortfall is Guam veterans being administered by the Veterans Affairs office in Hawaii. The distance and time differences make it difficult for local veterans to deal with bureaucratic red tape. Some vets get so fed up that they give up on efforts to get all the benefits and services to which they're entitled. Given the number of veterans in Guam and the region, Veterans Affairs should make our island a regional center with the power to make decisions regarding care, treatment and benefits. If it doesn't, then at the very least the Hawaii office should make frequent, regular visits to Guam to make those decisions here and ease the difficulties and inconvenience. Local veterans can help their cause by ensuring they're officially registered with Veterans Affairs. Veterans and their advocates say there are thousands of local veterans who haven't registered. We must continue outreach efforts to get more veterans to register, and to inform them about the benefits and services available to them. Friends and family of veterans should press the former military service members to get registered. The more who sign up, the stronger the case Guam can make for changes to the status quo. [Source: Guampdn.com | Community Editor Eddie Calvo | 16 Jun 2013 ++]

VA Care Guam Update 01: Chamorros have a long and proud history of service in the military. The evidence can be seen in the recent news focused on our Guam National Guard in Afghanistan, the recent loss of soldiers from Guam, and the upcoming Liberation Day activities. Chamorros in Washington, D.C., recently established a national organization to see that our Chamorro veterans are getting their full rights and privileges under the law. The National Organization of Chamorro Veterans in America, or NOCVA, has now established a chapter in San Diego to expand this effort. Greg Camacho, the regional coordinator of NOCVA in San Diego, talked about problems the group has set out to overcome for Chamorro veterans in a recent interview. He explained that Chamorros who live in the Marianas don't have access to the same facilities and services that veterans in the U.S. mainland do. And unlike their counterparts in other places, support for certain travel and expenses aren't covered. These are the kinds of disparities that NOCVA as a national organization is tackling with U.S. policymakers. Strong organizations to help veterans of Chinese, Filipino and Puerto Rican descent exist, but until now, the only advocacy for Chamorros has been done by groups who represent Pacific Islanders and Asian Americans, of which Chamorros are only a small minority. Chamorros' particular problems simply haven't been heard. The other focus of NOCVA is to help Chamorros, wherever they may live, realize all the benefits to which they're entitled. The group assists veterans to negotiate the intricacies of the U.S. Department of Veterans Affairs so that they get the answers they seek about their benefits. The NOCVA will be holding their second annual convention September 19 to 21 in Washington, DC. For more information on NOCVA refer to <http://nocva.org>. [Source: Guampdn.com | Sandy Flores Uslander | 16 Jun 2013 ++]

PTSD Update 142: In observance of post-traumatic stress disorder (PTSD) awareness month, the Department of Veterans Affairs National Center for PTSD invites the public to participate in its “Take the Step” campaign. “Every day of the year, we should focus on assisting those who have served our Nation,” said Secretary of Veterans Affairs Eric K. Shinseki. “In June, during PTSD awareness month, we take special care to help Veterans with PTSD. VA is a leader in providing state-of-the-art, high-quality mental health care that improves and saves Veterans’ lives. PTSD treatment can help and there is hope for recovery for Veterans who need mental health services.” Throughout the month, online at <http://www.PTSD.va.gov>, the campaign has highlighted different topics so visitors can “Take the Step” to: know more about PTSD; challenge their beliefs; explore the treatment options available; and reach out to make a difference.

VA provides effective PTSD treatment for Veterans and conducts extensive research on PTSD, including prevention of stress disorders. Veterans are encouraged to use VA’s PTSD resources so they are able to recognize symptoms and seek help if the need arises. VA also encourages Veterans to share what they learn with someone they know to build awareness and support systems. Following exposure to trauma, most people experience stress reactions but many do not develop PTSD. Mental health experts are not sure why some people develop PTSD and others do not. However, if stress reactions do not improve over time and they disrupt everyday life, VA encourages Veterans to seek help to determine if PTSD may be a factor. “Many barriers keep people with PTSD from seeking the help they need,” said Dr. Matthew Friedman, Executive Director of VA’s National Center for PTSD. “Knowledge and awareness, however, are key to overcoming these barriers. For those living with PTSD, knowing there are treatments that work, for example, can lead them to seek needed care. Greater public awareness of PTSD can help reduce the stigma of this mental health problem and overcome negative stereotypes that may keep many people from pursuing treatment.” PTSD Awareness Month Highlights:

- The purpose of PTSD Awareness Month is to raise public awareness of PTSD and its effective treatments so that everyone can help people affected by PTSD.
- Throughout June explore weekly features at <http://www.ptsd.va.gov> .
- “Ten Steps to Raise PTSD Awareness” provides links to materials that foster greater understanding of trauma, PTSD and treatment. It offers practical suggestions for the public to raise PTSD awareness in their own community.
- For continued involvement, please sign up for the PTSD Monthly Update at <http://www.ptsd.va.gov/about/subscribe.asp>. Stay up on new information about PTSD and trauma year round.

On 3 JUN, VA announced it had hired a total of 1,607 mental health clinical providers to meet the goal of 1,600 new mental health professionals outlined in the President’s Aug. 31, 2012, Executive Order. Additionally, VA had hired 2,005 mental health clinical providers to fill existing vacancies, as well as 318 new peer specialists towards the specific goal of 800 peer specialists by Dec. 31, 2013 as outlined in the Executive Order. Throughout the summer, VA will hold mental health summits at each of its 152 medical centers across the nation to establish and enhance positive working relationships with their community partners. The summits will help encourage community engagement in order to better address and understand the broad mental health care needs of veterans and their families. For more information about PTSD, professionals and the public can go to The National Center for PTSD Web site at <http://www.ptsd.va.gov>. The site offers resources such as

- PTSD Coach mobile app http://www.ptsd.va.gov/public/pages/fslist_mobile_apps.asp . This award-winning app provides symptom-management strategies and it’s always with you when you need it.

- Continuing education opportunities for providers, including PTSD 101 courses, on the best practices in PTSD treatment (CEs/CMEs offered). Refer to <http://www.ptsd.va.gov/professional/pages/fslist-continuing-education.asp>
- AboutFace: At <http://www.ptsd.va.gov/apps/AboutFace> is an online video gallery of Veterans talking about PTSD and how treatment can turn your life around.

[Source: VA News Release 24 Jun 2013 ++]

PTSD Update 143: More scientists worry that mental illnesses from war, such as post-traumatic stress disorder, can damage the body as much as the emotions. Some even speculate that war could cause an early aging affect. It means the cost of war can last decades beyond the battles are fought. An unusual study released 25 JUN underscores these fears. During 13 years of research, scientists followed twins who were Vietnam-era veterans -- 340 identical and 222 fraternal -- and found that those with PTSD were more than twice as likely to develop coronary heart disease. The findings were published today in the *Journal of the American College of Cardiology*. "This study provides further evidence that PTSD may affect physical health," says Gary Gibbons, director of the National Heart, Lung and Blood Institute, part of the National Institutes of Health, which provided some funding for the research.

Scientists at the Emory University Rollins School of Public Health followed Vietnam-era veterans, about half of whom had served in Southeast Asia. By using the 562 twins, researchers were able to control for genetic or environmental influences in the development of heart disease and PTSD. Heart disease was found among 22.6% of veterans with PTSD compared with 8.9% without the mental illness. Studies show that about 10% to 12% of troops who served in the Iraq and Afghanistan wars suffer from PTSD, often characterized as a signature wound of those conflicts. Scientists speculate that because the mental disorder causes high rates of anxiety, it can lead to heart-damaging higher blood pressure and heart rates. Heart disease in this study was defined as suffering a heart attack, being hospitalized overnight with a heart-related problems or having undergone a heart operation. Scientists with the Department of Veterans Affairs tracking veterans who served in Iraq and Afghanistan and who have been diagnosed with PTSD and mild traumatic brain injury also report finding signs of heart disease, diabetes, slowed metabolism and obesity among young veterans -- maladies more common to middle age and beyond. [Source: USA TODAY | Gregg Zoroya | 25 Jun 2013 ++]

Depression Update 02: For nearly two years, the Food and Drug Administration has been issuing safety advisories about the risks of abnormal heart rhythms with higher doses of the antidepressant citalopram hydrobromide. A new study out of the Ann Arbor VAMC and the University of Michigan raises questions about the FDA's actions, however. In an article published by the American Journal of Psychiatry, researchers reported finding no increased risk for abnormal heart rhythms or death in patients who took daily doses of more than 40 mg before or after the original 2011 warning took effect. The FDA at that time said the drug, marketed as Celexa and available in generic formulations, should no longer be used at doses greater than 40 mg per day. Higher doses, according to a safety communication, could result in prolongation of the QT interval of the electrocardiogram, leading to potentially fatal abnormal heart rhythm, such as Torsade de Pointes. Additional FDA actions were taken in MAR 2012. A boxed warning on a range of VA/DoD Clinical Practice Guidelines notes the changes to the drug's product label, including that "ECG and/or electrolyte monitoring should be performed in patients prescribed citalopram who have relative contraindications to citalopram use, such as in those with comorbid conditions predisposing a risk of QT prolongation."

Warnings were placed on the Web pages of guidelines including “Management of Major Depressive Disorder,” “Management of Post-Traumatic Stress Disorder and Acute Stress Reaction” and “Management of Concussion-mild Traumatic Brain Injury (mTBI)” — all conditions in which citalopram has been used. Yet, in the recent VA study, no elevated risks of ventricular arrhythmia or death related to higher dosages of citalopram were uncovered. In fact, the authors pointed out, higher dosages might be associated with fewer adverse outcomes than lower dosages. “Our findings raise questions about the continued legitimacy of the FDA warning and provide support for the question of whether the warning will do more harm than good,” said lead author Kara Zivin, PhD, research investigator at the VA Center for Clinical Management Research and assistant professor of psychiatry at Michigan. The VA researchers call for further studies on the possible link between citalopram and cardiac risks, while admitting their results might create a quandary for healthcare providers.

The box on the VA/DoD clinical guideline site notes, “Previous label recommendations that ‘contraindicated’ citalopram use in patients with congenital QT syndrome because of the risk for QT prolongation have been changed to less stringent terminology of ‘not recommended’ to recognize patients with this condition who could benefit from citalopram or who cannot tolerate other alternatives” It adds, however, that the maximum dose of citalopram remains at 20mg/day for patients older than 60. Citalopram should be discontinued in patients with QTc measurements persistently above 500 ms, the boxed warning states. Citalopram remains on the VA drug formulary for treatment of depression along with bupropion, fluoxetine, mirtazapine, paroxetine, sertraline and venlafaxine. In light of the FDA safety communications, the VHA has disseminated specific recommendations on the use of citalopram in the National Pharmacy Benefit Management (PBM) bulletin. To read the entire article refer to <http://www.usmedicine.com/psychiatry/new-va-study-takes-issue-with-fdas-warnings-about-citalopram.html>. [Source: U.S. Medicine | Brenda L. Mooney | Jun 2013 ++]

Board of Veterans' Appeals Update 05: On 18 JUN, the House Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs held a hearing to find answers as to why the Department of Veterans Affairs (VA) appeal process for veterans' benefits takes so long to complete. According to a fiscal year 2012 report from VA's Board of Veterans' Appeals (BVA), it takes about 900 days from the time an appeal is filed to when a final decision is reached. The claims appeals of more than 45,000 veterans are currently pending at BVA. The American Legion, which has 2,500 accredited service officers nationwide and about a dozen full-time national appeals representatives in Washington, submitted a statement for the record. From Jan. 1, 2010 to June 1, 2013, the Legion's appeals representatives have represented 29,542 veterans and their dependents who were trying to get benefits claims from BVA. The Legion effectively demonstrated that VA had erred, or failed to fully develop a claim, in 21,632 (nearly 75 percent) of those cases.

On 3 JUN, VA reported an accuracy rate of 89.6 percent for claims adjudicated over the previous three months. Yet, the Legion's statistics indicate that VA regional offices (VAROs) are providing quality decisions in less than one-fourth of the claims processed. Admittedly, claims handled by the BVA are only a portion of those submitted. However, they are a sampling of work that reflects the quality of claims decisions at 56 VAROs nationwide. Unquestionably, the appeals process proves to be time-consuming and frustrating for our veterans. By the time BVA renders a decision, a claimant will often have spent several years in the appeals process. About half the claims submitted to BVA are remanded to the Appeals Management Center (AMC), with clear instructions on how the claim should be further developed. Once that has been done, AMC makes its decision. If a veteran decides to appeal a denial, the claim automatically goes back to BVA for more review. This is where the Legion's appeals representatives get involved again; they review more evidence, put together presentations for informal hearings and resubmit the appeal to BVA.

Unfortunately – despite clear instructions from BVA – the Legion’s representatives frequently argue successfully that AMC failed to comply with those instructions, resulting in another remand and delay of a decision for the veteran. The Legion stated that VA insiders "familiar with this process of repeated remands for the same claim refer to this endless cycle as the ‘perpetual remand wheel,’ where a claimant has to endure even more months, and often years, of claim development prior to receiving a final decision from BVA." If veterans decide to appeal BVA’s final decision to the U.S. Court of Appeals for Veterans Claims, they may be in for another very long wait.

"VA has a daunting challenge forecasted for their future," The American Legion stated, referring to Secretary Eric Shinseki’s 2015 goal of processing all claims within 125 days at 98 percent accuracy. "It is clearly evident VA needs to vastly improve its adjudication accuracy to meet the Secretary’s objective." The Legion concluded its statement with an answer to the hearing’s question: "Resolving the time frame that a claims waits in appeal status is largely connected with the manner VA originally adjudicates claims." If VA properly develops claims and renders decisions based existing laws and regulations, "then logic would dictate that fewer appeals would occur, thereby reducing the backlog of appeals. "Additionally, if AMC staff would adhere to the remand instructions prepared by BVA, fewer cases of multiple-remanded claims for development would need to occur." [Source: American Legion Leg Up 24 Jun 2013 ++]

High-3 Retirees Due Back Pay: Last November an independent audit of the Military Retirement Fund uncovered a "significant deficiency" in the way the Defense Finance and Accounting Service (DFAS) has been calculating retired pay for about 15 percent of 370,000 retirees who are under a "High-3" retired pay formula. The result was that 55,500 retirees who first entered service on or after Sept. 8, 1980, have been getting a little less in retired pay than the law directs. That's because DFAS, for this High-3 generation, has not been applying a pay protection tool from 1975 called the "Tower Amendment." If DFAS were to apply Tower protection retroactively, as auditors recommend, these retirees could expect a lump sum average payment of about \$1000, the Congressional Budget Office reports. Individual amounts would vary base on time retired, with the largest payments going to those who retired in fall of 2000 with the first wave of "High-3" retirees. But if the Department of Defense has its way, DFAS will never have to make those payments.

The House Armed Services Committee has included a provision in its fiscal 2014 defense authorization bill (H.R. 1960) that would revise the law so the Tower Amendment doesn't apply to High-3 retirees. If the full Congress agrees, DFAS would avoid having to make \$60 million in retroactive payments, CBO explained in a June 13 cost analysis of the defense bill. And future retired pay for impacted High-3 retirees would forever be smaller than current law requires, by an average of \$200 a year, saving the Military Retirement Fund more than \$10 million annually. So what is the Tower Amendment? It requires annuities of military retirees to be recalculated to take account of any cost-of-living adjustment (COLA) they would have received if they were eligible to retire on an earlier date, but did not. The idea behind the amendment, named after the late Sen. John Tower (R-Texas), was to spare members a financial penalty of lower retired pay from serving longer and missing a significant COLA.

To illustrate, CBO asks us to consider a member who retired in October after exactly 20 years of service. If initial annuity is \$1,000 per month and the first COLA is three percent, retired pay after the January COLA would be \$1030. But if the same member waited to retire until January, and in the intervening three months got an active duty pay raise of 1.5 percent, initial retired pay that January, including the effect of serving three more months, would be \$1028. So the member would have been better off retiring the previous October. The Tower Amendment requires that "look back" so the retiree always draws the higher amount. The Military Retirement Fund audit found that DFAS wasn't giving Tower protection to High-3 retirees who would benefit. "We determined these retiree

accounts were eligible under Tower if the retirement date was the first day of a quarter and the retiree had at least 20 years and one day of service," the audit report explained.

Looking at a sampling of 66 High-3 retirees, auditors determined that 13 of them were underpaid every month. And the average underpayment wasn't \$2 a month but almost \$30. So auditors warned that the "estimated errors could potentially have a significant impact to individual retirees' pay." Annuities of High-3 retirees already lag those of "Final Pay" retirees who entered service before Sept. 8, 1980. A Final Pay retiree with 20 years' service draws an annuity equal to 50 percent of final basic pay. A High-3 retiree with 20 years would have the same 50 percent multiplier but it would be applied to average basic pay over final three years of service. Congress made the change for this generation of retiree before they even entered service simply to curb future retirement costs. Perhaps unintentionally, DFAS has added insult to the injury by not using the Tower look-back provision since these High-3 members began joining the ranks of military retirees almost 13 years ago.

Auditors who uncovered this advised making retroactive payments and using the look back formula on future payments. Defense officials instead sought legislative relief. CBO estimates the 10-year savings will total \$212 million. And presumably High-3 retirees won't miss what they never had. Still to be determined is whether the full Congress will approve this approach or DFAS will have 55,500 retroactive payments to calculate. It might be argued this is small potatoes compared to provisions in the House committee bill to block most of the Obama administration's proposed increases in TRICARE fees and to reject a cap of one percent on next January's military pay raise. [Source: Military.com | Tom Philpott | 13 Jun 2013 ++]

Ohio Vet Bonus Update 03: Time is running out for eligible military veterans to claim Ohio bonuses of up to \$1,500, and officials are worried that thousands of veterans may miss out by not applying. Ohio voters in 2009 approved a \$200 million bond issue to fund bonuses for veterans of the Persian Gulf, Afghanistan and Iraq war eras, and the Persian Gulf-era application deadline is Dec. 31. While over \$55.7 million has been paid to more than 66,000 veterans or family members for all three bonus periods since August 2010, there could be as many as 90,000 who haven't applied, including probably several thousand from the Persian Gulf era, according to the Ohio Department of Veterans Services. "Our Persian Gulf-era veterans need to take action right away," department Director Tom Moe said. While about 10,000 veterans from that era have received bonuses, officials can't say how many still need to apply, department spokesman Michael McKinney said. The U.S. Department of Veterans Affairs estimates just over 100,000 Ohioans served during the Persian Gulf era. But the VA looks at a longer time period than the bonus period and state and county officials say they don't get general information from the Department of Defense on returning veterans and when they served. The VA estimates that 75,000 to 80,000 Ohioans have served since 9/11.

State officials and county veterans commissions that help with the applications have worked to provide bonus information through traditional media ads, social media, veterans events and other means. The state last week approved a direct mailing to Ohioans with birthdays from 1950 or later who identify themselves as veterans on driver's license renewals, McKinney said. But officials know they haven't reached everyone. The executive director of the Cuyahoga County Veterans Service Commission in northeast Ohio says veterans tend to put more weight on what they hear from fellow veterans. "Despite all we do to get the word out, most tell us: 'My buddy told me,'" Robert Schloendorn said. The executive director of the Butler County Veterans Service Commission in southwest Ohio believes some may be reluctant because they think it's a handout. "It's not a handout," Executive Director Curtis McPherson said. "It's a thank you they earned for serving their country."

Eligible veterans must have been Ohio residents when entering the service and when applying for bonuses. They also must have served at least 90 days of active duty — excluding training — in the Army, Navy, Air Force, Marines, Coast Guard, Ohio National Guard or reserves. Persian Gulf-era bonuses require service sometime from Aug. 2, 1990, through March 3, 1991. The Iraq-era time is March 19, 2003, through Dec. 31, 2011, with a Dec. 31, 2014, application deadline. The Afghanistan eligibility period covers Oct. 7, 2001, to an end time yet to be determined until the conflict's official conclusion. Bonuses are open to all eligible Ohio veterans for the compensated periods, regardless of where they served, though those serving in specified war zones would receive higher ones. Family members of those killed in action or who died from injuries or disease resulting from service in specified war zones could receive up to \$6,500. [Source: Associated Press | Lisa Cornwell | 16 Jun 2013 ++]

LUT Dysfunction: One of the most important realizations by VA physician researchers in the past decade has been that mental illnesses such as post-traumatic stress disorder (PTSD) and depression can be linked, sometimes very strongly, to various physical illnesses. The tally of those physical ailments is rising, and researchers continue to find surprising links. One connection that might not occur to physicians treating recently returned veterans, and for which evidence is accumulating rapidly, is between mental illness and lower urinary tract symptoms (LUTS). These include problems with urinary frequency, urgency and nocturnal urination, which are relatively common in older men. The medical literature suggests, however, that these symptoms can occur in younger people, particularly when there's a corresponding mental illness. An examination of existing data on VA patients reinforced this, suggesting a strong corollary between Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans with PTSD and depression and these symptoms. The study results have encouraged researchers to look more closely at the link, and ways in which military service can lead to LUT dysfunction.

This research is being led by Benjamin Breyer, MD, a urologic surgeon at the University of California, San Francisco Medical Center and Karen Seal, MD, a staff physician at the San Francisco VAMC and codirector of the facility's OEF/OIF Integrated Care Clinic, which provides one-stop primary care, mental health and social services to returning veterans. When the two physician-researchers teamed up several years ago, they came at the issue from very different vantage points — Seal from a history of research into veterans with PTSD, Brayer from that of a surgeon focusing on one specific area of health. Both were seeing the same phenomenon: younger patients, especially those with mental-health issues, complaining of LUTS. "I was seeing returning Iraq and Afghanistan veterans, who have a median age of 31, and I was pretty surprised that a significant minority were reporting symptoms similar to some of my patients 60 years and older," Seal said. "That included urgent incontinence — the feeling of not being able to go and then a tremendous need to urinate. And while I only work with men in my integrated OEF/OIF clinic, I've heard similar things from colleagues working with women."

Patients with these kinds of symptoms also find themselves more at risk to develop urinary tract infections — another relative rarity for younger men. "A lot of these patients who had these complaints appeared to have PTSD," Seal said. As a VA researcher, Seal had done extensive work using VA's national database. With that access, she and Breyer were able to look at a large snapshot of veterans returning from OEF/OIF who had enrolled in VA and sought care. "We were able to look at a number of different outcomes, including what mental-health resources the patient used, whether they saw urologists, whether they had been prescribed medications for LUTS and if they had any procedures associated with LUTS," Breyer said. They found that having a mental-health diagnosis increased the risk of being diagnosed and treated for lower urinary tract dysfunction about twofold. Those findings were presented at the 2012 Annual Scientific Meeting of the American Urological Association. To read the entire article by Stephen Spotswood on this issue refer to <http://usmedicine.com/compendium/do-military-service-andor-mental-health-issues-lead-to-urinary-tract-issues.html#.UcBKVJ0o4dU>. [Source: Veteran Issues | Daniel Cedusky | 18 Jun 2013 ++]

Traumatic Brain Injury Update 26: The military brain tissue bank has been established with the hope that scientists will learn more about the long-term effects of traumatic brain injury (TBI) of service members returning from combat. "After more than a decade or war, service members exposed to blasts are coming home with troubling, persistent problems and we don't know the nature of this, whether it's related to psychiatric responses from engagement in warfare or related to actual damage to the brain, as seen in football players," said Dr. Daniel Perl, a neuropathologist and director of the brain tissue repository, in a press release. "We hope to address these findings and develop approaches to detecting accumulated tau in the living individual as a means of diagnosing CTE during life - and, ultimately, create better therapies or ways to prevent the injury in the first place." The Department of Defense established the Center for Neuroscience and Regenerative Medicine Brain Tissue Repository for Traumatic Brain Injury at the Uniformed Services University of the Health Sciences (USU) in Bethesda, Md. to advance the understanding and treatment of TBI in service members. TBI questions for which answers are being sought are:

- Does TBI lead to Chronic Traumatic Encephalopathy (CTE) - a neurodegenerative disorder that involves the progressive accumulation of the protein tau in nerve cells within certain regions of the brain? As the tau protein accumulates, it disturbs function and appears to lead to symptoms seen in affected patients such as boxers and, more recently, football players with multiple head trauma according to the [DoD press release](#).
- What does blast exposure do to the brain?
- Do the different forms of brain injury experienced in the military lead to CTE?
- What are effective ways to treat and prevent CTE?

You can get more information on donations to the brain tissue repository and their research by contacting the Repository team at CNRM-TBI@usuhs.edu or 855-366-8824. [Source: Off the Base | Bobbie O'Brien | 1 jun 2013 ++]

SBA Vet Issues Update 32: It is still a few steps away from reality, but the Department of Defense (DoD) may adopt a business contract award program based upon the Department of Veterans Affairs' (VA) existing "Vets First Contracting Program." This program puts qualified service-disabled veteran-owned small businesses (SDVOSBs) and veteran-owned small businesses (VOSBs) first in line for the award of appropriate VA contracts. A significant step toward that end was taken when the U.S. House of Representatives approved a measure that, if also passed by the Senate and enacted, would order DoD to study the impact of adopting such a veteran-centric policy. The measure is an amendment to the National Defense Authorization Act (NDAA), or Pentagon budget, introduced by Rep. Michael Fitzpatrick (R-PA) and passed unanimously by the House on 14 JUN. It directs the Secretary of Defense, in coordination with the administrator of the Small Business Administration and Secretary of Veterans Affairs, to issue a report on the "impacts of Department of Defense contracting with (VOSBs and SDVOSBs) on veteran entrepreneurship and veteran unemployment."

Included in the mandated DoD report would also be "a description of the effect that increased economic opportunity for veterans has on issues such as veteran suicide and veteran homelessness." The amendment sets a deadline of 180 days from its enactment for the issuance of the report. The American Legion was instrumental in the formulation of the amendment, with Legion Small Business Task Force Chairman Bill Jenkins taking part in the actual writing of the measure. Jenkins is vice president of Skyline Unlimited, a Virginia-based SDVOSB that offers a variety of supportive services to veterans. He expressed delight at news of the amendment's passage, saying, "This is a great bill, a no-brainer and long overdue for our veteran business community." Jenkins and the Legion's

National Economic Commission staff are now appealing to members of the Senate to follow suit and pass a similar amendment. Another NDAA amendment offered by Rep. Fitzpatrick — that also won unanimous House passage — would require the services to continue offering tuition assistance to active-duty servicemembers at least through the end of fiscal year 2014. Earlier this year, such educational support had been threatened by sequestration. [Source: American Legion Leg Up 17 Jun 2013 ++]

Flag Legislation Update 04: For the ninth time in his career, Sen. Orrin Hatch (R-UT) proposed a flag-protection amendment in the Senate on 13 JUN. Hatch introduced Senate Joint Resolution 17, proposing an amendment to the U.S. Constitution that would give Congress the authority to protect the U.S. flag from physical desecration. On 22 JUN 1989, the U.S. Supreme Court decided in *Texas v. Johnson* that the state's flag-protection law violated the First Amendment; a year later, it declared the same was true for federal law. "This amendment is often misunderstood," said James E. Koutz, national commander of The American Legion. "It does not protect the U.S. flag. It merely returns to Congress the power to pass legislation that would protect the flag, a power that was taken away from them by the Supreme Court in 1989. It is time to correct this mistake – now." Hatch echoed Koutz's clarification in his own remarks, saying that even if the amendment was ratified, it "would not prohibit flag desecration. It would merely give Congress authority to do so."

If passed by Congress, the amendment would have to be ratified by three-fourths of the country's state governments before it became the Constitution's 28th amendment. The House version of the flag-amendment proposal, H.J. Res. 47, was introduced 22 MAY by Rep. Spencer Bachus (R-AL) and Rep. Daniel Lipinski (D-IL). "On this Flag Day, tens of millions of Americans will be inspired by the sight and beauty of the U.S. flag," Bachus said. "It is an appropriate time for Congress to begin to take steps to honor and protect the most recognized symbol of freedom and democracy in the world." Lipinski said that while the protection of the U.S. flag is "a responsibility for all Americans," he cherished First Amendment rights but firmly believed that "purposeful flag desecration is an offensive act that cannot and should not be tolerated." As a congressman representing a district with more than 30,000 veterans, Lipinski said he has "worked alongside too many veterans – and attended far too many memorial ceremonies for soldiers killed in action – to ever think otherwise."

Rep. Nick Rahall (D-WV), a co-sponsor of the resolution, said America's patriots have fought and died to defend the U.S. flag for more than two centuries, "and this amendment makes clear that the American people, through their elected lawmakers, have the constitutional authority to protect their flag from desecration." Hatch noted that while voting Americans have the ultimate authority to change the Constitution's rules for government, "Congress should not deprive the American people of the opportunity to express their will on this important issue. The American people want that opportunity. All 50 state legislatures have indicated their support for a constitutional amendment to allow the protection of the flag. At a time when many issues divide us, the flag to which we pledge allegiance ought to be one thing that unites us." The proposed amendment is a single sentence: "The Congress shall have power to prohibit the physical desecration of the flag of the United States." Sen. Hatch's resolution has 21 original co-sponsors. [Source: American Legion Leg Up 17 Jun 2013 ++]

Flag Etiquette: The following guidelines are provided based on the Federal Flag Code and current law:

Displaying the American flag:

- Traditional guidelines call for displaying the flag in public only from sunrise to sunset. However, the flag may be displayed at all times if it's illuminated during darkness.

- It should not be displayed during rain, snow and wind storms unless it is an all-weather flag.
- It should be displayed often, but especially on national and state holidays and special occasions.
- The flag should be displayed on or near the main building of public institutions, schools during school days and polling places on election days.
- It should be hoisted briskly and lowered ceremoniously.
- When carried in procession with other flags, the American flag should be either on the marching right (the flag's right) or to the front and center of the flag line. Salutes should be rendered when it is six paces from the viewer and held it until the flag has passed six paces beyond.
- When displayed on a float in a parade, the flag should be hung from a staff or suspended so it falls free; it should not be draped over a vehicle. Salutes should be rendered when it is six paces from the viewer and held it until the flag has passed six paces beyond.
- When displayed with another flag against a wall from crossed staffs, the American flag should be on its own right (left to a person facing the wall) and its staff should be in front of the other flag's staff.
- In a group of flags displayed from staffs, the American flag should be at the center and the highest point.
- When the flag is displayed other than from a staff it should be displayed flat, or suspended so that its folds fall free.
- When displayed over a street, place the union so it faces north or east, depending upon the direction of the street.
- When the flag is displayed from a staff projecting from a building, the union of the flag should be placed at the peak of the staff unless the flag is at half staff.
- When suspended from a rope extending from the building on a pole, the flag should be hoisted out, union first from the building.
- When flags of states, cities or organizations are flown on the same staff, the American flag must be at the top.
- When other flags are flown from adjacent staffs, the American flag should be hoisted first and lowered last. It must be on the right of other flags and no other flag should stand higher than it.
- Flags of other nations should be flown from separate staffs. International custom dictates that flags of different nations be displayed at the same height in peacetime and be approximately the same size.
- When displayed flat against the wall on a speaker's platform, the flag should be above and behind the speaker with the union on the left side as the audience looks at it (again, the flag's right).
- When the flag hangs from a staff in a church or public place, it should appear to the audience on the left, the speaker's right. Any other flags displayed should be placed on the opposite side of the speaker.
- The flag may cover a casket, but should not cover a statue or monument for unveiling. On a casket, the union should be at the deceased person's head and heart, over the left shoulder. But the flag should be removed before the casket is lowered into the grave and should never touch the ground.
- Whenever the flag is displayed at half-staff, it should be first raised to the top. Lowering from half-staff is preceded by first raising it momentarily to the top.
- The flag should never be draped or drawn back in folds. Draped red, white and blue bunting should be used for decoration, with the blue at the top and red at the bottom.
- The flag may be flown at half-staff to honor a newly deceased federal or state government official by order of the president or the governor, respectively.
- On Memorial Day, the flag should be displayed at half-staff until noon.

Out of respect for the American flag, never:

- Dip it for any person or thing, even though state flags, regimental colors and other flags may be dipped as a mark of honor.
- Display it with the union down, except as a signal of distress.

- Let the flag touch anything beneath it: ground, floor, water, merchandise.
- Carry it horizontally, but always aloft.
- Fasten or display it in a way that will permit it to be damaged or soiled.
- Place anything on the flag, including letters, insignia, or designs of any kind.
- Use it for holding anything.
- Use it as wearing apparel, bedding or drapery.
- Use the flag for advertising or promotion purposes or print it on paper napkins, boxes or anything else intended for temporary use and discarded.
- The flag should not be used on a costume or athletic uniform. However, a flag patch may be attached to the uniform of patriotic organizations, military personnel, police officers and firefighters.

Disposal - When the flag is worn out or otherwise no longer a fitting emblem for display, it should be retired (i.e. destroyed) in a dignified way, preferably by burning. Most VFW and American Legion Posts will accept flags for proper disposal. When burning a dignified manner would be:

- Fold the flag in its customary manner.
- Ensure the fire is fairly large and of sufficient intensity to ensure complete burning of the flag.
- Place the flag on the fire.
- Those present should come to attention, salute the flag, recite the Pledge of Allegiance and have a brief period of silent reflection.
- After the flag is completely consumed, the fire should then be safely extinguished and the ashes buried.

Out of respect for the American flag, those in its presence should:

- During the hoisting or lowering of the flag or when it passes in parade or review, Americans should stand at attention facing the flag and place their right hand over the heart.
- Uniformed military members render the military salute.
- Un-uniformed servicemembers, military retirees, and veterans should render a hand salute during the hoisting, lowering, or passing of the U.S. flag.
- Men not in uniform should remove any headdress and hold it with their right hand at their left shoulder, the hand resting over the heart.
- Those who are not U.S. citizens should stand at attention.
- Small flags carried by individuals, such as those carried by civilian spectators at a parade, are not saluted.
- It is improper to salute with any object in the right hand or with a cigarette, cigar, or pipe in the mouth.

[Source: Federal Flag Code & <http://usmilitary.about.com> Jun 2013 ++]

Medical Device Security: The Food and Drug Administration is warning makers of heart monitors, mammogram machines and myriad other medical devices that their gear is at risk of being infected with computer viruses that can endanger patients. The FDA asked medical-device makers to fortify products against hackers and malware, citing an uptick in cybersecurity incidents affecting equipment such as patient monitors and imaging devices. Christopher Weaver reports. "We are aware of hundreds of medical devices that have been infected by malware," or dangerous computer software, said Bill Maisel, a senior official at the FDA's device unit. Though the agency doesn't know of deaths or injuries resulting from this, he said, "it's not difficult to imagine how these types of events could lead to patient harm."



For the first time, the agency recommended that manufacturers submit security plans to ward off cyberattacks when seeking FDA approval for their products. The agency also advised hospitals to be more vigilant in reporting cybersecurity failures, which can be tough to detect. The risk of computer viruses in hospitals and clinics is one side-effect of efforts to digitize health care and develop "smarter" medical devices. Malware in critical medical systems is widespread but little-understood, according to interviews with engineers and hospital executives and government documents reviewed by The Wall Street Journal. For instance, previously unreleased Department of Veterans Affairs records show that since 2009, malware infected at least 327 devices at VA hospitals. More than 40 viruses hit devices including X-ray machines and lab equipment made by companies such as General Electric Co., GE - 0.68% Philips N.V PHG -1.36%. and Siemens SIE.XE +0.20% AG. In one case, a VA catheterization laboratory was temporarily closed in JAN 2010, VA officials said. At that New Jersey facility, records show that malware had infected computer equipment needed for procedures to open blocked arteries after heart attacks. Separately, at a private Boston hospital, a virus caused a device to potentially expose sensitive patient information by sending it to outside servers. "It's such a complex issue that there's not a silver bullet," said Lynette Sherrill, a health information security official at the VA. The VA and other hospitals have pressed manufacturers to improve device security, she said.

The failures expose a critical vulnerability among computerized medical systems, experts say. A rush to digitize health care, including the U.S. government's \$30 billion push to fund electronic medical records as part of the 2009 stimulus package, has created an interconnected web of devices tethered to hospital networks, which are in turn linked to the Internet. Until now, public awareness of medical-device security remained largely the domain of fiction, along with a few highly specialized researchers. For instance, the television show "Homeland" portrayed a hacking attack on a fictional U.S. vice president with a pacemaker. In the real world, high-tech hospital devices can remain in use for years and end up running out-of-date software. In some cases, hospitals themselves don't have direct access to the systems and can't update the software without help from the company that made or sold the machine.

Most computer infections documented so far are caused by malware such as Conficker, a notorious piece of software that has spread online for a half-decade. Inadvertent infections like these can temporarily render a device ineffective by sucking up their processing power. Or they can potentially expose private data, such as patients' names or procedures they have received. In one broad outbreak, versions of Conficker, which targets systems running Microsoft MSFT -0.91% Windows, were detected on 104 devices at the James A. Haley Veterans' Hospital in Tampa, Fla., over three weeks beginning in late FEB 2012. The cause is unclear, but most infections result from vendors using infected thumb drives to update the software, according to Christian Houterman, an information-technology official with the Veterans Health Administration. The devices were repaired without delays to patient care, he said. In general, the devices at VA hospitals are blocked from Internet access, Mr. Houterman said. The virus infected systems including components of a GE Precision MPI X-ray machine, a Hologic Inc. HOLX - 1.66% mammography viewing device and a Siemens e.cam gamma camera for nuclear medicine studies.

"We know viruses can cause issues for our machines," said Greg Sorensen, chief executive of Siemens Healthcare North America. He said the company was working with the Department of Defense and the VA to beef up security. Hologic said the specific infection "resulted in minimal downtime," and that the VA didn't have an active service contract with the company at that time. The VA said it needs manufacturers to approve patches to protect devices regardless of whether they are under service contracts. Technology experts say the episodes point to another problem: Some device makers have been reluctant to acknowledge security vulnerabilities or take on the potentially costly task of designing more secure products. Hospitals and manufacturers also spar over who should shoulder the cost of IT support. Manufacturers say they work with hospitals to fight computer infections and some have built teams of experts to respond to incidents. When officials at JPS Health Network, a public hospital in Fort Worth, Texas, asked to install antivirus software on an echocardiogram device, the vendor "just said no," said David Mendenhall, the hospital's chief technology officer. He declined to name the vendor or identify the specific computer operating system. Often, he said, manufacturers argue that FDA regulations limit the changes that can be made to a device's software. "Manufacturers are permitted to make corrections to strengthen the cybersecurity," the FDA's Dr. Maisel said. But "some of the most basic things are not being done," he said.

Information-technology executives at more than 20 major U.S. hospitals were contacted for this article. Many said the problem was broad but declined to speak publicly about specific device infections, sometimes arguing that doing so would invite cyberattacks. Others said they weren't aware that such problems were possible or hadn't occurred on their watch. By contrast, the VA has been tracking device infections since 2009 and periodically reports some device-infection statistics to Congress. The agency is subject to public-records laws requiring it to disclose some information upon request. Hospitals on the lookout for problems often do find them. In mid-April 2011, security officials at Beth Israel Deaconess Medical Center in Boston detected unexpected network traffic, according to a letter to investigators at the federal health department's Office of Civil Rights obtained in a public-records request. A month later, officials pinpointed the source: A GE radiology device that stores mammography images. It had become infected when a GE technician temporarily connected it to the Internet, the documents show. The device stored patient names, records of procedures and X-ray images for 2,021 patients. The virus was beaming encrypted data to an outside server. An investigation couldn't determine the location of the server receiving the data. The case was closed after officials concluded Beth Israel had taken all reasonable precautions.

"Seeing a radiology workstation sending data to an outside server is highly unusual," said John Halamka, chief information officer at Beth Israel, and one of the few hospital executives who has spoken publicly about device security. GE said in a statement that it "does not discuss cybersecurity related matters" and that protecting its systems is a top priority. "There is a real fear that, along with acknowledgment, comes increased development costs and regulatory oversight," said one GE official familiar with the matter. [Source: WSJ | Christopher Weaver | 14 Jun 2013 ++]

Insurance Bad Advice: When you have an insurance claim, the last thing you want to discover is that you didn't buy the right coverage. While it's easy to point the finger at agents, coverage gaps could be a two-way street. Sometimes friends and family members offer bad advice, including tenuous, illogical and even illegal strategies, hoping to save you a few bucks. But the eventual losses can be huge. "When people shop for insurance, a lot of times they're looking for the best deal," says Ron Reitz, an independent insurance adjuster and president of Quality Claims Management in San Diego. When some insurance veterans were asked about the bad advice they've heard over the years the following made them cringe.

1. Lock up all insurance policies and other important documents in a safe deposit box. Do not keep your life insurance policy in a safe deposit box. If yours is the only name on the safe deposit box, no one but the executor of

your will can get into it without power of attorney. If your life insurance policy is locked in there, your beneficiaries will have to wait until the estate is opened by a government entity and an executor is appointed. If you want the assurance of having important documents locked up, buy a fire-safe box. “Just make sure documents aren’t stored in a place where they can be lost in a flood or fire,” says Reitz. With today’s technology, there’s no excuse not to scan everything and create electronic copies of important papers that can be put on disks or in other storage devices.

2. You don’t need flood, earthquake or other disaster insurance. If an earthquake destroys your home, you won’t recover a penny unless you have an earthquake insurance policy. The same rule applies to floods. Decisions about flood insurance should be based on your proximity to a body of water that could overflow, not whether the area flooded before. On the plus side, if you’re in a low-risk area, your policy will cost less while still providing the maximum protection. “Floods occur in all 50 states, and in many cases flood damage happens in areas that aren’t high-risk flood zones,” explains Peter Moraga, spokesman for the Insurance Information Network of California.

3. Renters insurance is a waste of money. Many renters mistakenly assume that their belongings are covered under the landlord’s policy. Not the case! If some calamity were to occur, such as a fire, your landlord’s insurance won’t cover the contents in your apartment, nor will it pay for you to live in a temporary space while your place is uninhabitable, says Amy Bach, executive director of United Policyholders. If someone is injured while visiting you and sues you, your landlord’s insurance won’t cover that either.

4. Get the best rate even if you have to lie a little. It might be tempting to fudge the truth on a life insurance application, especially if you have a serious health condition. “Don’t do it,” advises Steven Modell, president of Modell Brokerage Group in Wayne, Pa. “Not only is it insurance fraud and a felony in most states, but it could prevent your beneficiaries from receiving the death benefit.”

5. Base your home insurance policy on the real estate value of your home. Experts recommend setting the structural limit of a home insurance policy on what it would cost to rebuild the home if it were destroyed, not the real estate value. Trouble is, the rebuilding cost is a subjective number. “Many agents use online tools to estimate the rebuild value, but those tools can be misleading,” says Moraga. “It’s more important to talk to a contractor and find out what the local costs are for your home’s particular type of construction, whether it’s in a tract home or custom construction.”

6. Set your dwelling limit low. Some insurance agents try to give customers the lowest premium possible in order to close the sale. “One of the ways they’re doing it is by underestimating the value of the dwelling and slapping a 100 percent extended coverage endorsement on the policy,” explains Bach. “Most policies have four separate categories of coverage: Dwelling, Contents, Other structures, and Additional living expenses. Three of the four pay a percentage of the dwelling, so if you lowball the dwelling value because you have 100 percent extended coverage endorsement, you’ll be underinsured for your contents, other structures and additional living expenses.”

7. Purchase the state minimum coverage for auto insurance. Many drivers buy the minimum coverage their state law requires for auto insurance. “In California that minimum was set in 1967,” says Moraga. “A lot has changed since then. So when you look at your auto policy, understand that if you’re only getting what’s mandated by law, you may be woefully unable to pay any kind of a claim.” The limit on liability for property damage in California is \$5,000. That can be exhausted quickly, even with just a fender bender. For medical expenses, the limit per accident is \$30,000. “If your policy has a \$30,000 limit and the medical expenses of the person you hit are \$100,000, you’re on the hook for that \$70,000,” says Moraga.

8. Ignore uninsured motorist coverage. Protection against underinsured and uninsured motorists is an important add-on policy for anyone who spends a lot of time on congested roads. “If you drive frequently in a city where

there's a lot of traffic, your odds of having an accident with someone who isn't covered rise," observes Moraga. The added protection can be invaluable.

9. List your vacation home as your primary address on your auto insurance. The ZIP code of your vacation home might qualify you for better car insurance rates than your primary address. But don't lie about the principal place where your car is garaged. "If you have a loss and your insurer finds out, they may delay your claim settlement or take other adverse action," says Bach. "Most people don't grasp the concept that insurers want to know about the risks they're undertaking, and if you mislead them there can be serious consequences."

10. Drain your retirement accounts to fund a life insurance policy. You should never stop contributing to your 401(k) because an agent tells you to put that money into a life insurance policy. "Funding a tax-savings retirement account should come before you buy anything except term life insurance, which is quite competitive [in pricing]," says James H. Hunt of evaluatelifeinsurance.org. "Buy enough life insurance to protect your family, but fund all retirement accounts that save on taxes first."

11. It's no problem to take cash out of a permanent life insurance policy. "Agents often mislead people about cash value policies, saying you can borrow on it later to fund a college tuition or retirement," says Modell, "But if you take the cash out, you won't have the insurance." Withdrawals from cash value reduce the coverage amount. Unless you're young and you're putting a lot of money in an insurance policy, it's not going to develop enough cash for you to take money out and still have adequate coverage. "You have to be 100 percent sure you're happy with the policy indefinitely," Hunt warns. For more on cash value life insurance refer to <http://www.insure.com/articles/lifeinsurance/cash-value-life-insurance.html>.

12. Term life insurance policies are always the best choice. "Most people die without insurance," notes Modell. "If you're in your 50s or 60s and you want a burial policy, don't buy term insurance. That's not the purpose of term insurance." If, on the other hand, you have young kids and a mortgage on your house, buying term insurance makes sense. If you've purchased term insurance and now wish you had a permanent policy, you can usually convert some or all of it to a permanent policy. To see how to convert a term life policy to permanent life insurance refer to <http://www.insure.com/articles/lifeinsurance/convert-term-life-to-permanent-life-insurance.html>.
[Source: MoneyTalksNews | Amy Paturel | 12 Jun 2013 ++]

Gulf War Syndrome Update 25: One of the greatest tolls on a veteran with Gulf War Illness is the crippling but mysterious fatigue that can strike unpredictably and is exacerbated after physical exercise. It is often at the root of the condition, which is described by the Department of Veterans Affairs as a "chronic multisymptom disease." Patients also commonly report joint and muscle pain, irritable bowel syndrome and respiratory disorders. Researchers at Georgetown University Medical Center, who frequently heard complaints about fatigue, suspected the symptom might be related to dysfunction in the central nervous system. But making such a determination has not been easy; though cases of Gulf War Illness are now 20 years old, the science of the disease has not evolved as rapidly as one might expect given that it affects an estimated 250,000 veterans who deployed to the Gulf War. Scientists still don't understand why or how patients become ill. So the researchers at Georgetown designed a study to test how the brains of sick veterans responded to exercise, the results of which were published Friday in PLOS ONE and can be reviewed at <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0063903>).

What they discovered surprised the team, said lead researcher Rakib Rayhan. They subjected 10 healthy controls and 28 veterans with Gulf War Illness to a series of exercise and memory challenges, measuring the blood flow to

their brains before and after physical exertion with a functional magnetic resonance imaging scan. First, they found that veterans had distinct responses to the exercise challenges, which were two bicycle stress tests. One group of 10 subjects had abnormally rapid heartbeats — a clinical condition known as orthostatic tachycardia – while the remaining veterans experienced a significant increase in pain sensitivity. Meanwhile, the control group exhibited none of these differences. In both subgroups, the evidence suggested dysfunction in the central nervous system. Something was amiss in the way the veterans’ bodies handled physical exertion, but the researchers didn’t know why. The functional magnetic resonance imaging (fMRI) scans, though, held important clues. For the group with rapid heartbeats, imaging showed atrophy of the brain stem, which regulates heart rate. And in the subjects with increased soreness and discomfort, the researchers saw grey matter atrophy in adjacent regions of the brain associated with pain perception.

Before the exercise, the veterans’ brains in both groups showed increased activity while trying to complete a memory test as compared to the controls. Rayhan described this as a kind of compensation. “The brain is realizing there’s damage somewhere and something else takes over,” he said, likening the extra activity to a crutch. Yet after exercise, the difference was shocking. When veterans in the group with increased pain took the test, their brains appeared blank, and both groups lost the compensatory activity. “You’re taking the crutch away from them by doing this exercise,” said Rayhan, adding that it might explain why veterans with Gulf War Illness feel cognitively exhausted and generally fatigued after physical exertion. Rayhan is careful to note that the study isn’t a “linchpin” for the science of Gulf War Illness. One of the study’s limitations is its inability to demonstrate whether the brain atrophy is a result of a decades-old injury or exposure to wartime hazards like nerve agents, oil fires or pesticides. It may, for example, be the brain’s response to chronic pain. Yet, Rayhan hopes that both VA and civilian physicians take his team’s research into consideration when treating a veteran with Gulf War Illness. Another recent study by Rayhan and his collaborators found that changes in the brain may be linked to the disease.

These initial results are promising to veterans, many of whom have complained for years that doctors attribute their disease to war-related stress or a psychological disorder, and prescribe medication or treatments that don’t alleviate their symptoms. [Source: Forbes | Rebecca Ruiz | 14 Jun 2013 ++]

Michigan WWII Legacy Memorial: Ask any American history professor, victory in World War II would not have been possible without the dedication of women on the home front who answered the call of duty at thousands of factories that supplied armaments to fighting forces overseas. Members of the AMERICAN ROSIE THE RIVETER ASSOCIATION and Michigan WWII veterans joined forces again 15 JUN at the Association’s national convention in Dearborn, Michigan. It is a fitting location, given so many automotive plants in Dearborn were retooled during the war to produce Jeeps, tanks and airplanes, with women working the assembly lines. The Dearborn event featured the unveiling of a clay model of a statue of Rosie the Riveter which will be incorporated into The Michigan WWII Legacy Memorial in Royal Oak, Michigan.



Senate Resolution 13 was adopted on February 5, 2013 recognizing the planned memorial as the state’s official tribute to WWII. It will include three vignettes representing Michigan residents who served on the home front and the war front using land, air and sea themes. The Rosie statue will be part of the “air” story. An inspiring real life recreation of the statue scenes using actual veterans and Rosies will be the highlight of this reunion. The American Rosie the Riveter Association was founded in 1998 with a mission to recognize and preserve the history and legacy of working women, including volunteer women, during World War II; to promote cooperation and fellowship among such members and their descendants; and to further the advancement of patriotic ideals, excellence in the work place, and loyalty to the United States of America.

The Michigan WWII Legacy Memorial will honor Michigan residents who served in the armed forces and on the home front during World War II. The memorial provides a year-round multi-purpose destination that tells Michigan’s unique story and encourages visitors to both commemorate and celebrate their freedom. It also serves as an inspiration for future generations, reminding us all of the remarkable patriotism, selfless sacrifices and extraordinary devotion to liberty that helped save the world. For additional info on the Memorial refer to <http://michiganww2memorial.org>. [Source: Veteran Resources | Donnie La Curan | 13 Jun 2013 ++]

Marines’ Memorial Club & Hotel: After 9/11 the Marines’ Memorial Club and Hotel in San Francisco started posting on a tribute wall the names of those killed in combat. In 2004 they started cataloging the names, when casualties in Iraq surged, pushing the intensity of the conflict far beyond early expectations. Dedicating a wall on the 10th-floor mezzanine, this generation’s tale of sacrifice began in the top left-hand corner with Master Sgt. Erander E. Andrews, killed in Afghanistan on Oct. 10, 2001. That shiny, black marble brick was followed by another and another, all engraved with names in gold, and by June 27, 2005, with Chief Warrant Officer Steven E. Shepard, the bricks had reached the bottom right-hand corner. To accommodate the continuing flood of names, the hotel built a long adjacent wall, enclosing the open mezzanine. It began with Spc. Rafael A. “TJ” Carillo Jr., killed on one of the deadliest days of the Iraq war — June 28, 2005 — when 22 died. By June 14, 2007, that wall, which stretched across the room, was also full.



Yanny Mahoney touches the name of a soldier she knew who was killed in Afghanistan.

So the hotel used the adjoining staircase to build a third wall for the tribute. Two and half years later, with the last tile marking Tech Sgt. Adam Kenneth Ginett’s death on Jan. 19, 2010, it was full. So they moved to a fourth wall,

and after two more years of counting the dead, the brick for Sgt. Dennis Paul Weichel Jr., killed March 27, 2012, finished it off. The entire mezzanine was covered with more than 6,350 black marble bricks carrying the names of the fallen troops. The hotel was out of space, but the Afghanistan war raged on — 11 years later. So they built an L-shaped, 4-foot-tall planter in the center of the room to place bricks bearing more names. General manager Michael Allen said, “When we started this almost 10 years ago, we had no idea how long the wars would last.” The memorial has turned out to be a marker of not just the casualties, but of the uncertainty of war.

Like all memorials commemorating those killed in battle, this one embraces the “notion of not forgetting, of recognizing that the sacrifice is a real thing, flesh and blood,” said Gold Star parent Bill Shea. But unlike those created after a conflict ends, providing only the chance to look back on history, this one is a living memorial, growing along with the death toll. It presents a visual record of the human cost of war as it’s being paid — a powerful opportunity for reflection while the country can still change the path it has chosen. That immediacy is important to Yolanda Vega, whose son, Senior Airman Jonathan Antonio Vega Yelner, was killed in Afghanistan on April 29, 2008. “We’re not waiting until later on for another generation to say what happened” with the wars, she said, noting it was a decade before a monument was erected for Vietnam veterans. Even before the elevator doors finish opening on the mezzanine, the impact of the tribute wall hits: all one sees in each direction, from floor to ceiling, are names. “It takes your breath away,” Allen said. “The totality of the price we pay to be in these conflicts escapes us on a daily basis.”

The real time tribute — names go up within 60 days of the death — takes what is an abstract concept to most Americans and makes it concrete. “It grabs you that it’s very real,” Mary Shea said. “As people, we’re very tactile and visual. With the wall, there it is. It’s right in front of your eyes.” The Sheas son, Cpl. Tim Shea, an Army Ranger, was killed in Iraq on Aug. 25, 2005. “Tim was number 1,875 killed,” Bill Shea said. “When we first saw the wall, there were probably less than 2,000 names on there. It only covered part of the room, and now we go there and they circle the whole room.” “Every year I tell myself: ‘It’s time to stop. The wall needs to stop,’” Mary Shea said. “We can deal with it. We don’t want anybody else to have to deal with it.” There’s room for about 600 more names. “We’re really hopeful with the drawdown, it’s coming to an end,” Allen said. The Marines’ Memorial Association, which runs the hotel and has spent about \$1.6 million on the tribute, is going to replace the planter with three separate stations for names in the center of the room this year. If needed, they’ll expand the floor to make more space.

Anyone can go into the lobby and take the elevators up to visit the memorial, but with it tucked away in the hotel rather than in a public space, it’s a quiet, meditative place. Black curtains are pulled closed along each of the walls at night. “It’s close to being like a chapel,” Mary Shea said. “It is kind of that sense of intimacy.” The bustle of the hotel and its top floor restaurant seem far away in the narrow room. Little distracts from the reverent feel; the only decorations are the American flag and those of each service that stand among the greenery in the black planter. There’s an iPad to look up the photo and story of each person killed, and a guest book for visitors to write messages. “I am honored to see my husband’s name next his fallen brothers.” The association’s club was started in 1946 at the end of World War II to honor the sacrifices of those who fought and has 25,000 veteran members from all branches. Annual dues pay for active-duty servicemembers to stay at the centrally located hotel for \$79 per night, far below market price for the city. The club has museum exhibits for each war America has fought. Before 2001, the average age of the association’s members was 72. That’s dropped significantly with the new generation of vets. The chronological order provides context for each death. Each brick has the rank, name, branch of service and date of death. [Source: Stars & Stripes | Megan McCloskey | 18 Jun 2013 ++]

Reserve Retirement Age Update 25: More reserve-component soldiers may now be eligible to receive retirement pay before 60, if they meet certain criteria. Soldiers can now count 90 days of their tour toward 90 days earlier retirement for each fiscal year deployed. The new categories include reserve-component soldiers who are activated to respond to national emergencies and those in warrior transition units who were hurt while mobilized for such responses. Soldiers should check their mobilization orders or their DD-214 discharge paper and see if it lists any one of the following Title 10 or Title 32 U.S. Codes annotated: 12301(a), 12301(d), 12301(h), 12302, 12304, 12305 or 12306. Soldiers can receive eligibility information by calling the Army's Human Resources Command at 502-613-8950. [Source: NAUS Weekly Update 14 Jun 2013 ++]

TRDP Update 13: The TRICARE Management Activity (TMA) recently extended the current TRICARE Retiree Dental Program (TRDP) contract – which runs from Oct. 1, 2012, through Sept. 30, 2013 – to continue through Dec. 31, 2013. The contract extension brings no change in premiums or scope of benefits. However, the annual maximum for enrollees in the enhanced program will be increased to \$1,500 for this period. Those in the Basic program will see their maximum increase to \$1,250. And, although the maximums are being INCREASED for the extended period, enrollees will NOT be asked to pay a higher deductible. These changes were implemented 1 APR. If you had already reached your maximum for the year, have your dentist resubmit your claim(s) that were not made due to exceeding the maximum Delta Dental also will serve as administrator of the new five-year TRDP contract, which will begin 1 JAN 2014. If you have any other questions or need any assistance, call or email: Joseph Montoya, Marketing Representative, Marketing and Communications, West Central region and National Guard/Reserve Liaison office - 715-824-2940, fax - 715-824-2949. or email: jmontoya@delta.org. [Source: NAUS Weekly Update 14 Jun 2013 ++]

TRICARE Medical Records: TRICARE Online (TOL) recently released a new Blue Button download option called Continuity of Care Document (CCD). The TOL CCD contains a summary of Blue Button personal health data including lab results, medications, allergies and problem lists. The CCD is an industry standard and is easy to share with other health care systems. The TRICARE beneficiary or patient can download Blue Button data into a CCD and share it with any health care system capable of accepting the file, including non-DoD health care systems. The CCD ensures the complete and accurate transfer of Blue Button personal health data. The CCD adds to the existing Blue Button portable document file (.PDF) and text download options available on TOL. It is very easy to use. TRICARE beneficiaries can download the CCD file to their computer and then upload it into their personal health record (PHR). Beneficiaries should note they might not be able to read the CCD on their computer because of the file type. If a beneficiary wishes to view the contents of the CCD file, he/she can easily view the same data in the .PDF download. Each of the TOL download options use the same data source and contain the same data as the CCD output. If you do not have a TRICARE on Line account you can get one easily. Go to the TRICARE On Line website <https://www.tricareonline.com/portal/page/portal/TricareOnline/Portal> and click “Log In.” You can log in with your Premium Department of Defense Self-Service Logon, Department of Defense Common Access Card or Defense Finance and Accounting Services myPay account. If you do not have an account, click “Register”. For more information such as step-by-step direction for sharing your Blue Button personal health data with the CCD. Refer to http://www.health.mil/Libraries/2011_MHS_Conference_Breakout_G/May2013_eXpresso_ELWsf.pdf . For help contact the Military Health System Service Desk via email at mhssc@tma.osd.mil or by phone at (800) 600-9332. [Source: NAUS Weekly Update 21 Jun 2013 ++]

TRICARE for Guard/Reserve: Understanding TRICARE health care options for National Guard and Reserve members can be confusing as it varies based on their duty status. When a member suffers or aggravates an injury, illness or disease while in a qualifying duty status, they may be eligible to receive care at the government's expense. When activated for more than 30 days, Guard and Reserve members are eligible for TRICARE Prime. If a Guard or Reserve member gets injured or aggravates an existing injury or illness as a direct result of his or her duties during a period of activation less than 30 days, that Guard or Reserve member may be covered under line of duty (LOD) care or notice of eligibility (NOE) care for members of the Coast Guard. Weekend drill, summer training exercises and/or national disaster response are examples of activations for less than 30 days. When your unit approves your LOD/NOE determination, you must ensure that it is filed with your local military hospital or clinic or with the Military Medical Support Office (MMSO). You should also send a copy to any providers who cared for your LOD/NOE injury or illness so they can file it with your claim. For care received from a civilian provider, the Military Medical Support Office (MMSO) reviews the LOD/NOE case. For care received at a military hospital or clinic, the facility where care is received reviews the LOD/NOE case.

For emergency room visits, prior authorization is not needed. However, if the service member is admitted to a hospital or if additional care is needed, he or she must get authorization from the MMSO or the military hospital or clinic, preferably before admission, or as soon as possible after admission. If you're able to get care from a military hospital or clinic, that facility will manage your LOD care. If you're not able to get care from a military hospital or clinic, MMSO works with your unit medical representative to coordinate your care with a TRICARE-authorized provider. Make sure your service-issued LOD/NOE determination is on file wherever you seek treatment. For ongoing care, service members who live or work near a military hospital or clinic Prime Service Area should seek LOD/NOE care from that facility. For those who do not, the service member's command or medical unit requests an authorization for civilian medical care by submitting an LOD/NOE determination to the MMSO. To continue receiving LOD/NOE care once the period of activation ends, service members must stay in the Guard or Reserve, continue to need treatment, and care must be authorized.

Guard and Reserve members should make sure their command or medical unit has a copy of the LOD/NOE document before being released from active service. Prescription medications must be paid for out-of-pocket, but members can file a claim for reimbursement. Guard and Reserve members activated less than 30 days do not show as TRICARE-eligible in the Defense Eligibility Enrollment Reporting System (DEERS). Because of this, it is extremely important all paperwork and documentation is complete – like the LOD/NOE document and active service orders – when seeking treatment. For more information on LOD/NOE care or to download the TRICARE Treatment of Line of Duty Conditions Fact Sheet, go to www.tricare.mil/LOD. For more information on MMSO LOD Care, go to the procedure guidelines at http://www.tricare.mil/~media/Files/TRICARE/Forms/MMSO_Form_02_PreAuth.ashx or visit the MMSO website <http://www.tricare.mil/tma/MMSO>.

Note to Air Force Reservists: A military hospital or clinic can verify your eligibility for LOD Care by calling the Air Force Reserve Command toll-free at 1-888-577- 2561, option "4" from 7:00 am to 5:00 pm EST, Monday - Friday. Your full Social Security number is required to verify eligibility. [Source: Tricare Communications 28 Jun 2013 ++]

NDAA 2014 Update 03: On 14 JUN the House approved (315-108 w/11 not voting) their version of the FY 2014 National Defense Authorization Act. Refer to <http://clerk.house.gov/evs/2013/roll244.xml> for the

House Roll Call Vote. The bill, H.R.1960, authorizes \$544.4 billion for DOD, Department of Energy and \$85.8 billion for overseas contingency operations. Among the key provisions were several changes to the Uniform Code of Military Justice (UCMJ) with regard to sexual assaults in the military. One would strip commanders of their authority to dismiss or reduce guilty verdicts in sexual assault cases and another would lift the five-year statute of limitations on assaults thereby allowing prosecution of these cases at any time. The bill would also provide guidelines to commanders on the temporary reassignment or removal of someone who has been accused of committing a sexual assault and requires victim's counsels to be specially trained to provide legal assistance to victims. Some other provisions and amendments included:

- No increase in enrollment fees for Tricare healthcare or copayments for prescriptions.
- A 1.8 percent military pay raise.
- #001 Rep Bilirakis (FL) - Revised Allows for the transportation on military aircraft on a space-available basis for disabled veterans with a service connected permanent disability rated as total
- #029 - Reps. Kirkpatrick (AZ), Coffman (CO), O'Rourke (TX), Thompson, Mike (CA), Shea-Porter, Carol (NH), Rahall (WV) - Bi-Partisan- Requires the Department of Defense to provide certified and complete service treatment records to the Department of Veterans Affairs within 90 days of military discharge or release in an electronic format.
- #034 - Reps. Thompson, Glenn (PA) , Roe (TN), Napolitano (CA), Thompson, Mike (CA), Perlmutter (CO), Andrews (NJ), Hinojosa (TX), Lujan (NM) Bi-Partisan - Revised Ensures the Department of Defense conducts a preliminary mental health assessment on individuals before they join the military. This assessment will help serve as a baseline to help track and assess any mental health changes during the individual's military career.
- #038 - Rep. Holt (NJ) - Allows any adjutant general of a State to request contact information for Individual Ready Reservists and Individual Mobilization Augmentees in the State for the purpose of conducting suicide prevention efforts.
- #052 - Rep. Fitzpatrick (PA) - Requires the Secretary of Defense, in coordination with the Administrator of the Small Business Administration and the Secretary of Veterans Affairs, to study the impact of Veteran Owned Small Business contracting on veteran unemployment and entrepreneurship. Requires the Department of Defense to provide an analysis on the feasibility and impacts of a 'Veterans First' style contracting program which would put priority on meeting Veteran Owned Small Business and Service-Disabled Veteran Owned Small Business goals first.
- #053 An amendment preventing service chiefs from ending Military Tuition Assistance programs.
- #061 Rep Turner OH -- Establishes mandatory minimum sentences of discharge or dismissal, and confinement required for certain sex- related offenses committed by members of the Armed Forces.
- #088 - Rep. Jackson Lee (TX) - Requires posting of information relating to sexual assault prevention and response resources.
- #099 - Rep. Kuster, Ann (NH) - Requires a report on the role of the Department of Veterans Affairs in Department of Defense centers of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury, post-traumatic stress disorder and other mental health conditions, and military eye injuries.
- #109 Rep Frankel, FL - Revised Adds a provision to Article 120 of the UCMJ that would make it a new offense to abuse one's position in the chain of command of the subordinate to rape or sexually assault that person. Applies to both commissioned and non- commissioned officers.
- #111 - Rep. Gallego (TX) - Allows the Secretary of Defense to take measurable action to determine the effectiveness of suicide prevention efforts.
- #123 - Rep. Pascrell (NJ) - Requires a report on how the Secretary of Defense will identify, refer, and treat traumatic brain injuries with respect to members of the Armed Forces who served in Operation Enduring Freedom or Operation Iraqi Freedom prior to June 2010 when a memorandum regarding a 50- meter

distance from an explosion as a criterion to properly identify, refer and treat members for potential traumatic brain injury took effect.

- #125 - Reprs. Sessions (TX) , Thompson, Mike (CA) Bi-Partisan - Establishes a 5-year pilot program for treatments of traumatic brain injury and post traumatic stress disorder for members of the Armed Forces in health care facilities other than military treatment facilities. Requires that all treatments must be approved by the Secretary of Defense following approval by an institutional review board.
- #127 - Rep. Bachmann (MN) - Requires that the POW/MIA flag be flown 365 days a year on certain Federal Buildings.
- #138 - Rep. Guthrie (KY) -Requires a comprehensive policy on improvements to the care, management, and transition of recovering service members with urotrauma from DoD to VA. Urotrauma is a class of wounds to the genitourinary system, which includes the kidneys, reproductive organs, and urinary organs.
- #148 Rep Walz (MN) - Requires the Government Accountability office to submit a report to Congress regarding the Department of Defense's use of Personality/Adjustment disorders as a basis to separate members from the Armed Forces.
- #164 -- Reprs, McKeon (CA) , Smith, Adam (WA) Bi-Partisan - Requires the Secretaries of Defense and Veterans Administration to make all health care information contained in the Department of Defense AHLTA and the Department of Veterans Affairs VistA systems available and actionable to health care providers in both Departments by October 1, 2014 and requires the Secretaries to implement an integrated health record by October 1, 2016.
- #166 -- Reprs. DeLauro (CT) , Pingree (ME), Tsongas (MA) - Bi-Partisan - Requires the services to include in the annual report to Congress on sexual assaults in the military steps taken to ensure the retention of and access to evidence and records relating to sexual assaults. Requires the services to provide in the report a description of the policies, procedures, and processes implemented to ensure detailed evidence and records are transmitted to the Department of Veterans Affairs.

For the 170 Amendments proposed for inclusion in the 2014 House NDAA bill H.R.1960 go to <http://majorityleader.gov/floor/HR%201960-Rule.pdf>. For more about the bill visit the House Armed Services website: http://armedservices.house.gov/index.cfm/press-releases?ContentRecord_id=14ba2e7d-358d-474e-99af-ad0c21adda8a . The bill now moves to the Senate for debate. For the Senate Armed Services bill refer to <http://www.armed-services.senate.gov>. [Source: VFW Washington Weekly 21 Jun 2013 ++]

Rental Scam: If you're shopping online for an apartment (and what hopeful renter isn't these days?) it's hard to tell if those blurry photos are just due to the landlord's low-quality camera, or if he's trying to hide something. Scams are everywhere online and falling for one can cost you big. How do you know if you're getting a real deal or a raw one? Knowing what scams are out there is a good place to start.

1. **The 419 scheme** - This scam, which has been around in one form or another since the 1980s, became so prevalent in recent years that it merited its own FBI website. The name comes from a Nigerian penal code, which is often where these "landlords" are based. Here's what happens: You send an email inquiring about an apartment ad you saw online, usually with an enticingly low rent. The landlord responds and says he's leaving the country immediately and needs you to wire money to an overseas location to cover the first and last month's rent. The problem is, the property is not his and is not for rent, which you find out after your money is gone.
2. **The fake rental** - You see an ad for a nice place, probably below the going rental rate. You send an email asking for a showing and start getting the runaround. They can't show you the place today because the current tenant is still living there, it's being repaired, or they're out of town, but they're really excited to have you lease the place. Just

send a money order and it's yours. Turns out the apartment isn't available for rent at all. The "landlord" pulled the photo and information off a real estate sales website and made a fake ad.

3. **The identity thieves** - You see an ad for a too-good-to-be-true apartment on Craigslist with a hyperlink at the bottom telling you to click for more information. When you do, you're taken to a credit application page. If you follow up with an email, you're told you have to fill out the application before you can see the place. You do, and someone now has your Social Security number, driver's license number, and other important personal information. You don't get a new apartment, and someone else gets a new credit card in your name.

4. **Another take on the phantom apartment** - It usually goes like this: You see a great ad, no clear photos of the outside, but the inside of the apartment looks perfect. You send off an email, but you never get a response. But you are inundated with rent-to-own and other email spam.

5. **The long-distance roommate** - If you're simply looking for a roommate, there's a scam for that too. Here's the situation: You post an ad listing the room for rent. Someone responds, you work out the details and she sends you a check — but it's for too much. Your new roomie asks you to send a money order for the difference. She needs it for moving costs, after all. You do, her check bounces, and you're out the cash.

Here are a few ways to detect and avoid scams:

- 1) **Research the address.** Pull up the address online and make sure the photos and any other details in the ad match what you find online. Ask for the address if it's not listed in the ad.
- 2) **Look for local numbers.** It's not always the case, but a nonlocal toll-free number may indicate a scam.
- 3) **Check the WhitePages.** Do a reverse phone lookup at <http://www.whitepages.com> for the landlord's number. It should list the name and location.
- 4) **Know your rental rates.** Research the rental prices in your area. Anything too low is suspicious.
- 5) **Don't fill out forms.** You don't need to fill out an application before you check out a rental.
- 6) **Don't give out personal info.** Don't give the landlord personal information until you've met him in person, viewed the rental and decided to sign a lease. If you really want to cut down on spam, set up a new email account and use a free phone service like Google Voice (<https://accounts.google.com/ServiceLogin?service=grandcentral&passive=1209600&continue=https://www.google.com/voice&followup=https://www.google.com/voice<mpl=open>) to contact landlords.
- 7) **Don't send money.** A landlord should be willing to meet you, show you the apartment, and take a check in person. If they ask you to send money, it could be a scam.

[Source: MoneyTalksNews | Angela Colley | 15 Jun 2013 ++]

Green Card Scam: Recently the FTC announced that the winners of the 2014 Diversity Visa Lottery can be seen online at the official website: <https://www.dvlottery.state.gov>. Each year for a month during the fall, many students and workers from other countries apply to the Diversity Visa Lottery in order to have a chance at receiving a "green card" or the status of being a lawful permanent resident in the United States. Unfortunately, there are scammers who trick hopefuls with schemes claiming they can give them an edge to winning a green card, that they need to send money to reserve their spot, or that they can even get them one on the side. Anyone who makes any of these types of claims is a scam. The only way to apply and see if you have won a "green card", the FTC notes, is by directly applying and checking your status at [dvlottery.state.gov](https://www.dvlottery.state.gov). There is no other way to apply for the green card, and selection is done randomly—a computer randomly selects which applications win. FTC reiterates these facts about the Diversity Visa Lottery:

- 1) Applying for the lottery and seeing if you have won is free, and can only be done by visiting dvlottery.state.gov.
- 2) The winners are chosen randomly; no one can increase your chances of winning.
- 3) The U.S. government will never send you a letter, email or phone call to say you have been chosen.
- 4) The U.S. government will never ask you to pay for a fee upfront. Once you are chosen there is a fee that needs to be paid to either the US Embassy or a Consulate Cashier. But this is paid only after you have confirmed that you won on dvlottery.state.gov and when you go in for your scheduled appointment.

Failure to follow instructions, in applying and verifying information on dvlottery.state.gov, and falling for the lures of a fraudster can get you in trouble that might even cost you the chance of ever getting a green card in the future. If you receive any communication that seems suspicious, please report the information to the FTC at 1-877-382-4357. More information can be found at <http://www.onguardonline.gov/blog/green-card-lottery-scams>. Learn about scams at BBB Scam Stopper: <http://www.bbb.org/scam-stopper>. [Source: The Trusted Scout": BBB Military Monthly Consumer News and Alerts 18 Jun 2013 ++]

Crowdfunding Scam: Crowdfunding isn't an investment in the traditional sense. Unless it is specifically stated, you don't own a piece of the business, invention, or project. Consider your funds a donation. Crowdfunding billed as investments are under scrutiny and, in some cases, may be illegal. The Financial Industry Regulatory Authority is working on additional protections for investors. There are also risks for creators, as ideas posted online can easily be copied. <http://www.kickstarter.com> may be the most famous crowdfunding site, but dozens of others have sprung up in the past few years. Forbes' list of the top ten sites can be seen at http://www.forbes.com/fdc/welcome_mjx.shtml. How the Scam Works:

- A friend sends you a link to an interesting project or charitable cause on a crowdfunding site.
- You'd like to donate, so you read the profile and everything looks OK. There are photos, videos and a project description.
- You pledge \$25. According to the site, your donation earns you a project t-shirt, which will be shipped in two months.
- Months pass, and you receive a vague project update, but your t-shirt never arrives. Were you scammed?

Crowdfunding is still the Wild West of fundraising. As a donor, it can be hard to distinguish fraud from an entrepreneur who simply promised something he/she couldn't deliver. When you don't receive your shirt, it may be because the project leader took the money and ran. But more likely, it's simply that the project ran into logistical problems -- just like traditionally-funded businesses do. With dozen of new projects popping up each day, crowdfunding sites depend on their users to identify and report fraud. So be sure to do your homework before giving. If you are thinking about giving to a Crowdfunder project here is what you should consider:

- Investigate before you give. Look beyond the project profile page to learn about the entrepreneur, artist, charity etc. Are they on Facebook or other social media? Do they provide links for further verification?
- Don't hesitate to request more information. You can always reach out before pledging.
- No matter what, only give money that you can afford to lose. The best way to avoid stress is to set a budget for yourself and have fun.
- When giving to a crowdfunded charitable cause, keep in mind that contributions are usually considered gifts to the recipients and are not tax deductible unless the group receiving the funds is a 501(c)(3) organization as designated by the Internal Revenue Service.
- Report suspicious accounts. On Kickstarter, you can hit the "Report this project" button at the bottom of the project page. Then provide as much detail as you can (links to the page with the concern, links to an account, details of the problem, etc.)

To read more about Crowdfunding refer to <http://www.bbc.co.uk/news/magazine-20818166>. To find out more about scams, check out BBB Scam Stopper at <http://www.bbb.org/scam-stopper>. [Source: BBB Scam alert 21 Jun 2013 ++]

GI Bill Update 150: The federal government is testing, and plans to soon implement, a broad new complaint reporting system designed to root out the “bad apples” among education institutions that serve troops and veterans, a Defense Department official told Congress. Frederick Vollrath, assistant secretary of defense for readiness and force management, said the automated system, scheduled to start 1 SEP, will coordinate information and efforts across the Defense, Veterans Affairs, Education and Justice departments, as well as the Consumer Financial Protection Bureau. This will help federal officials more easily figure out which schools create the most problems for student veterans, Vollrath said. “Putting them all together ... will give us a better picture of what’s going on,” he told the Senate Appropriations Committee’s defense panel 12 JUN. “We will share problems. We will also go back to the institution, and make sure that we can follow up with the student.”

The new system is part of a wide-ranging government response to charges that some for-profit schools take advantage of military and veteran students, scooping up their federal education benefits while providing little in return. Sen. Dick Durbin (D-IL), who has sharply criticized for-profit schools, led the hearing, pressing Vollrath to do more and expressing concern about the large number of students on tuition assistance attending for-profit schools. “What I worry about is someone ... who signs up for a worthless school, something where the diploma, if it ever happens, doesn’t take you anywhere,” Durbin said. “We haven’t done our military any favors if that happens.” Representatives of for-profit schools strongly objected to Durbin’s characterizations, saying that while there have been some bad actors, most for-profits serve students well. Military students have been flocking to such schools, they added, because they have more quickly and thoroughly adopted the flexible types of classes that active-duty troops need. Vollrath echoed that sentiment, saying “for-profit schools were among the first to emphasize online education, a model that best fits the needs of our highly mobile service members.”

While the hearing brought out sharp disagreements on some issues, there was consensus on the importance of maintaining tuition assistance. Some services attempted to suspend TA earlier this year, citing budget shortfalls, but a loud outcry and quick action from veterans groups led Congress to mandate that the program continue as before. In addition to developing the complaint reporting system, officials also have required schools to sign a memorandum of understanding to participate in tuition assistance. That memorandum requires schools to disclose certain information to military students. A revised version of that document, expected to contain more strict rules, is in development, but DoD would not say when it will be released. Jim Sweizer, vice president for military programs at for-profit American Military University — the country’s top destination for students using tuition assistance — praised DoD’s efforts. Initiatives like the complaint reporting system will help differentiate his school from the kind that give the business a bad name, Sweizer said. “It’s long overdue. We fully support weeding out the bad players in the sector, because we get caught up in this frenzy,” he said. [Source: ArmyTimes | George Altman | 14 Jun 2013 ++]

GI Bill Update 151: Bipartisan legislation that would force public colleges and universities to charge only in-state tuition rates to troops and veterans — if they want to keep receiving GI Bill payments — is facing strong opposition from schools that could see revenues drop under the proposal. Two competing proposals are pending before Congress: the GI Bill Tuition Fairness Act, which would make schools reduce tuition charges; and the Veterans Education Equity Act, which would increase GI Bill tuition payments for nonresident students. The

House Veterans' Affairs Committee approved the GI Bill Tuition Fairness Act on 8 MAY, but the Senate Veterans' Affairs Committee has yet to decide which, if any, measure to approve. Veterans' groups favor charging in-state tuition to all veterans, as well as for spouses and children using transferred GI Bill benefits.

Ryan Gallucci of Veterans of Foreign Wars said the purpose of the GI Bill is "to offer a free, public education and modest living stipend to eligible veterans, allowing them to treat college as a full-time job without worrying about financial stability." That is not the case for about 20 percent of student veterans attending public colleges and universities because the Post-9/11 GI Bill covers only in-state tuition rates, leaving nonresident veterans to cover the difference out of pocket. "This oversight forces veterans to either drop out or find other ways to pay for college through financial aid programs, full-time employment or amassing student loan debt even when they make a good faith effort to legally reside in a state and attend a public school," Gallucci said. The American Association of State Colleges and Universities, in a statement provided to the Senate, estimates that the difference between average in-state and nonresident tuition is \$8,655 a year. But that difference would represent a drop in revenue for schools if they are forced to charge the lower rates.

Practical problems were also raised by the association because in most states, tuition rates and rules can be changed only by state legislatures. "We do not think it is realistic to expect 40 states to substantially amend their state tuition laws prior to August 1, 2014," the association statement says, referring to the effective date of the change in the Senate bill. Robert Norton of the Military Officers Association of America said he hopes Congress does not take too long to decide what to do about in-state tuition rates. "This legislation comes at a critical time when more service members than average will be leaving active service due to the drawdown of our forces and the withdrawal from Afghanistan," he said. Norton said it is also important to clarify in the bill that spouses and children are covered because many of them enroll in public college but are not state residents.

The Veterans Affairs Department is not taking sides, but it recognizes problems could arise. "VA cannot predict what reductions in offerings by educational institutions would result from this requirement," Curtis Coy, VA's deputy undersecretary for economic opportunity, said of the bill that would force states to lower tuition rates for nonresident veterans. "In-state tuition rules are set by individual states and are undoubtedly driven by overall fiscal factors and other policy," Coy said. "While VA is sympathetic to the issue of rising tuition costs, it is difficult to endorse the proposed legislation until we know more about the impact." He expressed equal concern about the alternative, under which VA would cover full tuition and fees for all student veterans, including the higher nonresident rates that are currently not paid. "VA cannot support the proposed legislation," Coy said, warning it would make GI Bill benefits more complicated for both schools and veterans to understand. "VA continues to receive complaints from participants regarding confusion about exactly how much they will receive in tuition and fees under the program. This bill would exacerbate that problem," he said. [Source: American Legion Leg Up 17 Jun 2013 ++]

Retiree Appreciation Days Update 03: Retiree Appreciation Days (RADs) are designed with you in mind. They're a great source of the latest information for retirees and Family members in your area. RADs vary from installation to installation, but, in general, they provide an opportunity to renew acquaintances, listen to guest speakers, renew ID Cards, get medical checkups, and various other services. Some RADs include special events such as dinners or golf tournaments. Due to budget constraints, some RADs may be cancelled or rescheduled. Also, scheduled appearances of DFAS representatives may not be possible. If you plan to travel long distances to attend a RAD, before traveling, you should call the sponsoring RSO to ensure the RAD will held as scheduled and, if applicable, whether or not DFAS reps will be available. For more information ,call the phone number indicated below of the Retirement Services Officer (RSO) sponsoring the RAD.

Location	Date	RSO Phone Number
Idaho Army RAD Boise, ID	17 July	208-272-5755\422-5268
San Diego USMC Recruit Depot, CA	26 July	619-524-5301
Fredericksburg Fairgrounds, VA	27 July	540-373-1294 (Note 5)
Tobyhanna Army Depot, PA	27 July	570-615-7409
Hinds Community College Pearl, MS	31 July	601-857-3226 (Note 5)
Northern NE (Concord , NH)	03 August	603-495-3042
Rosemount, MN (Twin Cities)	23 August	507-474-9297
Des Moines, IA	29 August	515-964-3782
Fort McCoy, WI	06 September	608-388-3716
Fort Leonard Wood, MO	6-7 September	573-596-0947
Idaho Air RAD Boise, ID	08 September	208-272-5755
Duluth, MN	13 September	715-398-3152
Ellsworth AFB, SD	13 September	605-385-3600 (Note 8)
Camp Pendleton, CA	14 September	760-725-3400
Grand Forks AFB, ND	14 September	701-747-4295
Fort Sill, OK	19-21 September	580-442-2645
Fort Belvoir, VA	20 September	703-806-4551
Fort Drum, NY	21 September	315-772-6434
Fort Lee, VA	21 September	804-734-6555
NAS Lemoore, CA	21 September	559-998-4042\2977
Randolph AFB, TX	21 September	210-652-6880
Selfridge, MI	21 September	586-239-5580
Torii Station, JA	26 September	046-407-3940
Hill AFB, UT	27 September	801 777-5735
Camp LeJeune, NC	28 September	910-451-0287
Fort Bliss, TX	28 September	915-569-6233
Fort Hamilton, NY	28 September	718-630-4552
Minneapolis, MN	28 September	800-231-3517
Mystic Lake, MN (JRAD)	28 September	612-713-4664 (Note 4)
Scott AFB, IL	28 September	618-256-5092
Hurlburt Field, FL	3-4 October	850-884-5443
Fort Campbell, KY	05 October	270-798-5280
Misawa AB, JA	05 October	0176-77-4428
Schofield Barracks, HI	05 October	808-655-1514 (Note 1)
Whiteman AFB, MO	05 October	660-687-6457
Wyoming National Guard-Cheyenne WY	5 October	307-772-5421 (Note 7)
Fort Detrick, MD	10 October	301-619-9948
JB Myer-Henderson Hall , VA	11 October	703-696-5948
Carlisle Barracks, PA	12 October	717-245-4501
Fort Carson, CO	12 October	719-526-2840
JB Ellington Field-Houston	12 October	210-221-9004
Little Rock AFB, AR	12 October	501-987-6095
Travis AFB, CA	12 October	707-424-3904
Fort Riley, KS	18 October	785-239-3320
Vicenza, Italy	18 October	0444-71-7262
Redstone Arsenal, AL	18-19 October	256-876-2022

Aberdeen Proving Ground, MD	19 October	410-306-2320
Fort Gordon, GA	19 October	706-791-2654
Ft. Meade, MD	19 October	301-677-9603
Camp Humphreys, KOR	19 October	010-3176-1696
JB San Antonio (Ft. Sam Houston)	19 October	210-221-9004
Offutt AFB, NE	20 October	402-294-4566\2590
USAG Benelux	21 October	0032-65-44-7267
Kaiserslautern/Ramstein, GER	22 October	0631-411-8838
Stuttgart, GER	23 October	07031-15-3442
Ansbach, GER	24 October	0981-183-3301
Fort Rucker, AL	25 October	334-255-9124
Grafenwoehr, GER	25 October	09641-83-8539
Wright-Patterson AFB, OH	25 October	937-257-3221
Fort Hood, TX	25-26 October	254-287-5210
Arizona ARNG - Phoenix, AZ	26 October	602-267-2545
Army in Europe/Wiesbaden, GER	26 October	0611-705-5338
Fort Leavenworth, KS	26 October	913-684-2425
Fort Polk, LA	26 October	337-531-0402
JB Anacostia-Bolling , DC	26 October	202-767-5244
JB Charleston, SC	26 October	843-963-2228
JB McGuire-Dix-Lakehurst, NJ	26 October	609-562-2666
Rock Island Arsenal, IL	26 October	563-322-4823
Moody AFB, GA (Retiree App Week	27 Oct-2 Nov	229-257-3209
Fort Benning, GA	01 November	706-545-1805
Fort Knox, KY	1-2 November	502-624-1765
Luke AFB, AZ	1-2 November	623-856-3923 (Note 2)
JB Elmendorf-Richardson , AK	02 November	907-384-3500
JEB Little Creek, VA	02 November	757-462-7563/8863
Moody AFB, GA	02 November	229-257-3209
Navy Region Southwest-San Diego, CA	02 November	619-556-8987 (Note 9)
Daegu, KOR	09 November	(DSN) 315-768-6052
Guam - Joint Region Marianas	09 November	671-366-2574 (Note 6)
Indianapolis, IN	16 November	502-624-1765 (Note 3)
Yongsan, KOR	16 November	02-7913-3735

NOTES

1. RAD will be held at Fort Shafter
2. Tentative schedule, date may change
3. RAD will be held at old Fort Ben Harrison
4. Mystic Lake Joint Retiree Appreciation Day (JRAD). The deadline for the "early bird" registration is 16 August 2013. The pre-registration deadline is 6 September 2013. For more info, to register online, etc., please visit <https://sites.google.com/site/metrojrad/home> or contact RSO at 612-713-4664.
5. Military Appreciation Day
6. Host for Guam - Joint Region Marianas RAD is Andersen AFB, GU
7. 10th annual Retiree Conference
8. Retiree Appreciation Day Luncheon September 13, 2013, from 9 a.m. to 1 p.m. at the Dakota's Club. The meal prices are \$7.50 for club members and \$9.50 for non-members. People interested in attending the luncheon should reserve their seats as soon as possible, by calling the RAO at (605) 385-3600 or e-mailing 28bwrao@ellsworth.af.mil.

9. Annual Military Retiree Seminar and Resource Fair. The event will start at 0800 and will end at 1330. This year the Seminar will be held at "Four Points Sheraton Hotel, located at 8110 Aero Drive, San Diego, CA 92123." You may contact the Retired Activities Office at EMail: rao@navylifesw.com and CNRSWRAO@navy.mil or Phone: (619)556 8987 for additional information.

[Source: <http://www.hostmtb.org> | Milton Bell | 28 May 2013 ++]

DoD Sexual Abuse Update 11: On 12 JUN, in an open session of the Senate Armed Services Committee (SASC), an amendment was passed that would establish a new, automatic review process for cases of military sexual assault (MSA). The measure, supported by Committee Chair Sen. Carl Levin (D-MI), would also prevent commanding officers from overturning verdicts of guilty, and would establish retaliation in such cases as a crime. Levin's amendment, which passed committee by a 17-9 vote, replaced a proposal supported by Sen. Kirsten Gillibrand (D-NY). Her measure would have taken away the authority of commanding officers to prosecute any major criminal case, including MSA. The amendment is included in the proposed National Defense Authorization Act (NDAA) for fiscal year 2014. The SASC approved the \$625 billion spending package on 13 JUN, clearing the bill for a full Senate vote. That same day, the House of Representatives passed by voice vote an amendment to its proposed version of the NDAA (H.R.1960) that would establish a mandatory two-year prison sentence for any servicemember convicted of rape or sexual assault. Other provisions included in H.R.1960 are the removal of commanding officers' authority to overturn verdicts of guilty in MSA cases, and a requirement that servicemembers found guilty of rape or sexual assault be either dismissed from the military or receive dishonorable discharges.

In the SASC's open session last week, Gillibrand defended her proposal to take commanding officers completely out of the legal process when it came to MSA cases. "To reverse this crisis, I do not believe it will be enough if we do not seize the opportunity and embrace the kind of systemic reform that will truly increase accountability and objectivity – and trust in the military justice system – by having trained, legal military professionals handle the serious crimes from the beginning," she said. Sen. Levin, whose Amendment 183 was adopted by the SASC, said his measure would address the problem of retaliation in MSA cases by making it a crime "and establishing an expectation that commander will be held accountable for failure to establish a climate in which victims can report such offenses without fear of retaliation." Earlier this year, the Pentagon reported that about 26,000 servicemembers suffered MSA last year, but only 3,374 individuals reported the crimes. "We have a problem with a culture that has taken inadequate steps to correct this situation," Levin said. "The members of this committee have worked to come up with a strong response to these problems.... Surely most of us, on both sides of the aisle, have made important contributions to this legislative initiative."

Medal of Honor Citations: Dalessandro, Peter J.



The President of the United States in the name of The Congress takes pleasure in presenting the

MEDAL OF HONOR to

TECHNICAL SERGEANT

PETER JOSEPH DALESSONDRO

ARMY

for service as set forth in the following

CITATION:

For The President of the United States of America, in the name of Congress, takes pleasure in presenting the Medal of Honor to Technical Sergeant Peter Joseph Dalessandro, United States Army, for conspicuous gallantry and intrepidity in action above and beyond the call of duty while serving with Company E, 1st Battalion, 39th Infantry Regiment, 9th Infantry Division. Technical Sergeant Dalessandro was with the 1st Platoon holding an important road junction on high ground near Kalterherberg, Germany, on 22 December 1944. In the early morning hours, the enemy after laying down an intense artillery and mortar barrage, followed through with an all-out attack that threatened to overwhelm the position. Technical Sergeant Dalessandro, seeing that his men were becoming disorganized, braved the intense fire to move among them with words of encouragement. Advancing to a fully exposed observation post, he adjusted mortar fire upon the attackers, meanwhile firing upon them with his rifle and encouraging his men in halting and repulsing the attack. Later in the day the enemy launched a second determined attack. Once again, Technical Sergeant Dalessandro, in the face of imminent death, rushed to his forward position and immediately called for mortar fire. After exhausting his rifle ammunition, he crawled 30 yards over exposed ground to secure a light machinegun, returned to his position, and fired upon the enemy at almost pointblank range until the gun jammed. He managed to get the gun to fire one more burst, which used up his last round, but with these bullets he killed four German soldiers who were on the verge of murdering an aid man and two wounded soldiers in a nearby foxhole. When the enemy had almost surrounded him, he remained alone, steadfastly facing almost certain death or capture, hurling grenades and calling for mortar fire closer and closer to his outpost as he covered the withdrawal of his platoon to a second line of defense. As the German hordes swarmed about him, he was last heard calling for a barrage, saying, "OK, mortars, let me have it—right in this position!" The gallantry and intrepidity shown by Technical Sergeant Dalessandro against an overwhelming enemy attack saved his company from complete rout.



After returning home a war hero, Dalessandro was elected as a Democrat to the New York State Senate in 1947, representing the 35th district from 1947 to 1954 and the 36th from 1955 until his resignation in 1957. He was a member of the American Legion, Catholic War Veterans, Veterans of Foreign Wars and the Elks. He died in 1998. [Source: <http://www.history.army.mil/html/moh/wwII-a-f.html> Jun 2013 ++]

Mobilized Reserve 25 JUN 2013: The Department of Defense announced the current number of reservists on active duty as of 25 MAY 2013. The net collective result is 351 fewer reservists mobilized than last reported in the 15 JUN 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 38,576; Navy Reserve 4,646; Air National Guard and Air Force Reserve 8,062; Marine Corps Reserve 2,338; and the Coast Guard Reserve 540. This brings the total National Guard and Reserve personnel who have been activated to 54,163 including both units and individual augmentees. Since 911 there have been 877,765 reservists activated for duty. A cumulative roster of all National Guard and Reserve personnel who are currently activated may be found online at <http://www.defense.gov/news/MobilizationWeeklyReport062513.pdf>. [Source: DoD News Release No. 474-13 dtd 28 JUN 2013 ++]

Vet Hiring Fairs: The U.S. Chamber of Commerce's (USCC) Hiring Our Heroes program employment workshops are available in conjunction with hundreds of their hiring fairs. These workshops are designed to help veterans and military spouses and include resume writing, interview skills, and one-on-one mentoring. For details of each click on the link next to the date and city in the below list. If it will not open refer to www.uschamber.com/hiringourheroes/events. To participate, sign up for the workshop in addition to registering for the hiring fairs which are presently scheduled for: For more information about the USCC Hiring Our Heroes Program, Military Spouse Program, Transition Assistance, GE Employment Workshops, Resume Engine, etc. visit the USCC website at <http://www.uschamber.com/hiringourheroes/events>

Veterans Hiring Fair

- 09 Jul 13 Biloxi, MS <http://www.uschamber.com/hiringourheroes/biloxi-ms0>
- 09 Jul 13 Harrisburg, PA <http://www.uschamber.com/hiringourheroes/harrisburg-pa>
- 10 Jul 13 Sidney, OH <http://www.uschamber.com/hiringourheroes/sidney-oh>
- 10 Jul 13 Beckley, WV <http://www.uschamber.com/hiringourheroes/beckley-wv>
- 11 Jul 13 Louisville, KY <http://www.uschamber.com/hiringourheroes/louisville-ky3>
- 16 Jul 13 Detroit, MI <http://www.uschamber.com/hiringourheroes/detroit-mi0>
- 16 Jul 13 Jackson, MS <http://www.uschamber.com/hiringourheroes/jackson-ms3>
- 18 Jul 13 Springfield, OR <http://www.uschamber.com/hiringourheroes/eugene-or0>
- 18 Jul 13 Springfield, VA <http://www.uschamber.com/hiringourheroes/springfield-va4>
- 24 Jul 13 Pasadena, TX <http://www.uschamber.com/hiringourheroes/pasadena-tx2>
- 25 Jul 13 Enterprise, AL <http://www.uschamber.com/hiringourheroes/enterprise-al>
- 30 Jul 13 Reno, NV <http://www.uschamber.com/hiringourheroes/reno-nv0>
- 30 Jul 13 Montgomery, AL <http://www.uschamber.com/hiringourheroes/montgomery-al0>
- 30 Jul 13 Davenport, IA <http://www.uschamber.com/hiringourheroes/davenport-ia-0>
- 06 Aug 13 Norfolk, VA <http://www.uschamber.com/hiringourheroes/norfolk-va>
- 06 Aug 13 St. Louis, MO <http://www.uschamber.com/hiringourheroes/st-louis-mo2>
- 07 Aug 13 Jacksonville, FL <http://www.uschamber.com/hiringourheroes/jacksonville-fl-4>

- 08 Aug 13 Charleston, SC <http://www.uschamber.com/hiringourheroes/charleston-sc-02>
- 08 Aug 13 Nashua, NH <http://www.uschamber.com/hiringourheroes/nashua-nh>
- 08 Aug 13 Garden City, KS <http://www.uschamber.com/hiringourheroes/garden-city-ks>
- 14 Aug 13 Farmingdale, NY <http://www.uschamber.com/hiringourheroes/farmingdale-ny0>
- 16 Aug 13 Helena, MT <http://www.uschamber.com/hiringourheroes/helena-mt-0>
- 20 Aug 13 Cedar Rapids, IA <http://www.uschamber.com/hiringourheroes/cedar-rapids-ia3>
- 20 Aug 13 Nashville, TN <http://www.uschamber.com/hiringourheroes/nashville-tv43>
- 21 Aug 13 Fort Polk, LA <http://www.uschamber.com/hiringourheroes/fort-polk-la-military-spouse-hiring-fair>
- 27 Aug 13 Houston, TX <http://www.uschamber.com/hiringourheroes/houston-tx-03>
- 27 Aug 13 Lafayette, LA <http://www.uschamber.com/hiringourheroes/lafayette-la3>

Military Spouse Hiring Fair

- 21 Aug 13 Fort Polk, LA <http://www.uschamber.com/hiringourheroes/fort-polk-la-military-spouse-hiring-fair>

[Source: U.S. Chamber of Commerce Assn 23 Jun 2013 ++]

Vet Jobs Update 113: Sometimes your job search needs to be multi-faceted — if you can't find something related to your career soon, you may need to find a temporary job to pay the bills Strongsville Patch. recently posted a list of the 8 best paying summer jobs for 2013, so if you need to drum up some income for the next few months and your long-term prospects are looking thin, one of these may be the way to go:

1) Food Server: Food servers typify customer service: you'll need patience, grace, and an upbeat attitude. While folks in this profession seldom look back fondly on their nightly escapades, keep in mind that waiting tables will give you immense amounts of face-time with the public and a little bit of exercise. Think of your time serving food as a crash course in engaging with all different types of people and how to be patient with the most obnoxious customers. **Average Pay** - \$18,330 annual or about \$8.81 an hour.

2) Lifeguard: Lifeguard's ensure that everyone inside a body of water is safe. It's not the most challenging thing in the world, but the best lifeguards follow rules, are physically fit, care about the safety of others, and know how to assert their authority. **Average Pay** - \$18,900 annual or about \$9.09 an hour.

3) Babysitter: Taking care of children is a job of protection and care that can be stressful, boring, and at times frustrating. Anyone who's spent time in the military will excel in this position as long as they treat it with respect and continue to search for jobs elsewhere. **Average Pay** - \$19,300 annual or about \$9.28 an hour.

4) Housekeeper: Housekeeping can provide steady work and is generally stress-free. If you don't think you're qualified, just recall the hours you spent keeping every single item you possessed in flawless condition. Putting those skills to use might keep you afloat till you find something more long-term. **Average Pay** - \$19,300 annual or about \$9.28 an hour.

5) Home Health or Personal Care Aid: This job requires someone with true and complete empathy. Taking care of an adult human being who's incapable of performing daily tasks can be very difficult, but patience and discipline pay off in the long run. **Average Pay** - \$20,170 annual or about \$9.70 an hour.

6) Retail Sales Clerk: Retail jobs are numerous and have a high turnover rate, so scoping out local stores will most likely net you a few opportunities. Working with the public will give you a crash course on interacting with just

about every type of person on the fly. With conversational and interpersonal skills sharpened, your next interview will go all the more smoothly. **Average Pay** - \$20,990 annual or about \$10.09 an hour.

7) Product Merchandiser: Stocking, sorting, and maintaining the merchandise of a store requires discipline and attention to detail. You'll be responsible for taking care of your space and pitching in around the store wherever possible. **Average Pay** - \$23,110 annual or about \$11.11 an hour.

8) Pharmacy Technician: Working as a pharmacy technician exposes you to medical science. You'll be required to assist a licensed pharmacist in measuring medication, keeping track of supplies, and maintaining the work area. If you worked in a medical capacity in the military or plan on entering the health care field, this temporary job might not be glamorous but will keep you close to your chosen field. **Average Pay** - \$28,400 or about \$13.65 an hour. [Source: Military.com | Stephen Bajza | 3 Jun 2013 ++]

Vet Job Resume Writing: Get your resume ship-shape by avoiding these ten major mistakes:

10: Too much military jargon so a Human Resource (HR) professional cannot determine where you would best fit with the company. **Solution:** Describe the skills that you gained in the military in a transferable manner, don't focus on one aspect of your position but the responsibilities and accomplishments as a whole, and which are not just specific to the military.

9: Including multiple phone numbers. Solution: Include only your primary phone number and make sure you have an answering machine or voice mail on that number along with a courteous professional greeting.

8: Leaving off your e-mail address. Solution: Always include your e-mail address, this is the second most popular way (after the telephone) the vast majority of employers and recruiters correspond.

7: Including a picture on the resume. Solution: Leave off all pictures. In the United States this information could be considered discriminatory and should always be left off.

6: Adding personal information about yourself, for example: Married with 2 children ages 7 and 9. **Solution:** Leave this off all together. You do not want to allow the hiring manager to make certain assumptions they are not allowed by law to make. The HR professional may feel that you will not travel, etc. because of your family.

5: Including any information that specifically would lead a reasonable person to know from a resume the applicant's race, color or religious affiliation. Solution: Leave off all information of any group or award that specifically reveals your race, color or religious background. Knowing this background is a "hot potato" for an employer, and will cause them to immediately eliminate the resume from consideration.

4: Three, four, five or longer page resumes. Solution: The longest any resume should be is two pages. Remember a resume is to tell a brief career history, the emphasis on brief. Many people feel they will "look better" to an employer having a longer resume. The reality is the reverse is true. A Curriculum Vitae that is used in countries outside the United States and Canada should be longer, but not a resume.

3: Using the word "I" anywhere in the resume. Solution: A resume is written in third person.

2: **Using elaborate or non-standard fonts. Solution:** Use a very standard font, the closer to one that is used in a book the better. Both people and Optical Character Readers (OCR) can read the standard fonts such as Times New Roman or Courier. Remember the purpose of sending a resume to an employer is to have it read.

1: **Having a resume that does not match the person. Solution:** People are brought in for interviews based on their resumes, if the person during the interview does not match the resume then the company feels they have been misled.

[Source: Mil.com article Jun 2013 ++]

WWII Prewar Events: Peiping (Beijing) Japanese Occupation



First pictures of the Japanese occupation of Peiping (Beijing) in China, on August 13, 1937. Under the banner of the rising sun, Japanese troops are shown passing from the Chinese City of Peiping into the Tartar City through Chen-men, the main gate leading onward to the palaces in the Forbidden City. Just a stone's throw away is the American Embassy, where American residents of Peiping flocked when Sino-Japanese hostilities were at their worst

WWII Vets [46]: E.B. Wallace and Tom Alley grew up two blocks apart in Charlotte, but they didn't know each other as boys. Their friendship was forged in battle, starting on June 6, 1944, when the two – Army paratroopers in the same company – jumped into Normandy, France. Until Alley died in 2012, they unfailingly

called each other on anniversaries of the epic D-Day invasion that pierced Hitler's Atlantic Wall and opened a new front to free France and Europe from the Nazis. Now 93, Wallace is left to think about his old friend. On this anniversary of D-Day – which took place 69 years ago – he'll recall their battles across Europe to Germany, where the two helped capture the Führer's mountain resort, the Berghof, near Berchtesgaden. "Tom was a perfect friend in combat and after we returned," Wallace, who lives in Waxhaw, said 6 JUN. "He trusted me, and I trusted him. He was the only brother I ever had. "Now I have no one to talk to about D-Day, but I'll sure be thinking about Tom and all the buddies we lost."

Wallace was 22 in 1942 when he and Lewis Moser, his best friend before Alley, drove to the main Charlotte post office and enlisted as Army paratroopers for the extra monthly \$50. After jump training, he was sent to Aldbourne, England, in September 1943, and reported as a replacement to the 101st Airborne Division, nicknamed "Screamin' Eagles," Fox Company, 506th Parachute Infantry Regiment. One day, Alley was relaxing on his bunk when Wallace walked in. He didn't pay much attention until the replacement said he was from Charlotte. They figured out they'd grown up close by in the Plaza Midwood neighborhood, but had never met. Wallace knew Alley's three uncles. They became fast friends. Soon they were practicing night jumps over England. On a Sunday in late May 1944, a bad jump landed Wallace on his rump and in a hospital bed. It was a week before the 101st was set to jump behind enemy lines in the early hours of D-Day. Wallace didn't wake up for two days, the next Tuesday. He had a visitor. "What time you getting out of here?" he recalls his captain, Tom Mulvey, asking. "We are getting ready to leave for the invasion." "Don't know; Doc wants to keep me here," a woozy Wallace replied. "But if you get my clothes and open that window, I'll go now." Out the window he jumped, and Mulvey picked him up.



A photo taken during World War II shows E.B. Wallace, an Army paratrooper.

On 4 JUN, Wallace, Alley and their comrades were locked into a staging area, and spent hours getting gear together and checking equipment and weapons. They studied maps and aerial photos. They were supposed to take off early 5 JUN, but rain and wind that kicked up the English Channel postponed the invasion until the next day. About 10 p.m., Fox Company began to reassemble. Little was said; faces were grim. Soon the paratroopers began boarding C-47 planes. They took packs with clothes, mess kits, machine-gun ammunition, boots and a rifle. On their backs they strapped parachutes, and on their faces they smeared chocolate. "We didn't want to stand out," Wallace said. Flying over the English Channel, Wallace looked out the open jump door and couldn't believe what he saw. To the horizon, he saw vast convoys and ships and boats of every type and size. "I didn't know there were that many boats in the world," he said. By the time June 6 arrived, Fox Company had already jumped into Normandy. They had been ordered to drop behind the Germans' big guns and capture the town of Pouppeville, then secure the causeway that led to the beaches until the invading troops arrived.

But the planes had flown into thick clouds, making the trip difficult for inexperienced pilots. The German hail of anti-aircraft gunfire caused the tight pack of planes to scatter. Alley landed a block from the town square in Sainte-Mère-Église – 9 miles from his intended target. Wallace landed in a ditch just outside the town, his chute snagging on a power line. He could smell where tracers had burned his nylon chute. He used a knife to cut free. The paratroopers had been issued a Buster Brown clicking toy to announce in the darkness that they were Americans. Wallace heard someone approaching, and clicked. The other paratrooper clicked and they got together with Alley and others from Fox Company, merging with outfits from the 82nd Airborne. “It was one godly mess for a while,” Wallace said. Soon they confronted Germans, riding in a horse-drawn, two-wheel wagon. The Germans were easily captured. One of the Germans hit an American officer. Alley shot him. Ultimately, they would play a critical role in the capture of Carentan, 5 miles inland, and its four major causeways. The capture was important for the Allies to break through Normandy and into France. They would fight in Holland and in Belgium in the Battle of the Bulge, then broke through to German.

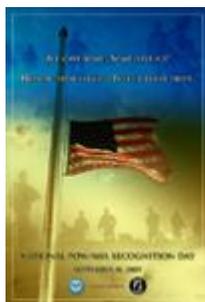


Tom Alley (left) and E.B. Wallace

When Wallace and Alley returned to Charlotte, they remained the closest of friends – but rarely talked about the war. Until they started going to 101st reunions in the mid-1980s. “It took them a while to realize just what an important part of history they had played,” said Lynn Wallace, Wallace’s daughter. “They were a bunch of young men doing their duty and at first had no idea the impact they’d had on the world.” When Alley died in January 2012, Wallace was undergoing physical therapy after a spill. Still he got his family to get him to the funeral in a wheelchair. After the service, he was wheeled to Alley’s casket. Wallace touched it, then struggled to pull himself out of the chair. There he stood, as erect as he could, and saluted his old friend. [Source: The Charlotte Observer | David Perlmutter | 5 Jun 2013 ++]

POW/MIA Update 45: "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

- The DPMO announced 26 JUN that the remains of a U.S. serviceman, missing in action from the Vietnam War, has been accounted for and will be buried with full military honors along with two of his crew members. Army Spc. 5 **John L. Burgess**, 21, of Sutton Bay, Mich., was the crew chief of a UH-1H Iroquois helicopter that crashed in Binh Phuoc Province, South Vietnam. Also, killed in the crash were 1st Lt. Leslie F. Douglas Jr., of Verona, Miss.; 1st Lt. Richard Dyer, of Central Falls, R.I.; and Sgt. 1st Class Juan Colon-Diaz, of Comerio, Puerto Rico. Another crew member, Pfc. John Goosman, survived the crash and was rescued. Remains representing Dyer, Colon-Diaz, and Burgess, will be buried as a group in a single casket, on July 2, at Arlington National Cemetery near Washington, D.C. On June 30, 1970, while on a command and control mission, the helicopter was struck by enemy fire, causing it to crash. Shortly thereafter, friendly forces recovered remains of Douglas, Colon-Diaz, and Dyer. The three men were individually identified and buried with full military honors. At that time, no remains were attributed to Burgess. From 1992 to 2012, more than a dozen joint U.S./Socialist Republic of Vietnam (S.R.V.) teams investigated the case, in Binh Phuoc Province, recovering human remains, personal effects, military equipment, and aircraft wreckage associated with this loss. Burgess was accounted for using forensic and circumstantial evidence.

Korea

- The DPMO announced 20 JUN that the remains of a U.S. serviceman, missing in action from the Korean War, have been identified and will be returned to his family for burial with full military honors. Army Cpl. **Marvin E. Omans**, 20, of Clinton, Mo., will be buried June 24, in Little Rock, Ark. In late November 1950, Omans and elements of the 31st Regimental Combat Team (RCT) were deployed along the east side of the Chosin Reservoir near P'ungnyuri Inlet, in North Korea, when the unit was attacked by overwhelming enemy forces. On Dec. 1, 1950, remnants of the 31st RCT, known historically as Task Force Faith, began a fighting withdrawal to a more defensible position near Hagaru-ri, south of the reservoir. On Dec. 3, 1950, enemy forces attacked a defensive perimeter established by the 31st RCT. It was during this attack that Omans was reported missing. Between 1991 and 1994, North Korea gave the United States 208

boxes believed to contain the remains of 200-400 U.S. service members. North Korean documents, turned over with some of the boxes, indicated that some of the human remains were recovered from the area where Omans was last seen. In the identification of Oman'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 mitochondrial DNA-which matched Omans' sister and nephew. Using modern technology, identifications continue to be made from remains that were previously turned over by North Korean officials.



World War II

- The Department of Defense POW/Missing Personnel Office (DPMO) announced 14 JUN that the remains of a U.S. serviceman, who was lost during World War II, have been identified and are being returned for burial with full military honors. Army Staff Sgt. **James M. McKain**, of Philadelphia, Pa., will be buried on June 20, in Arlington National Cemetery near Washington, D.C. On May 7, 1944, McKain was aboard 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 McKain, 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.

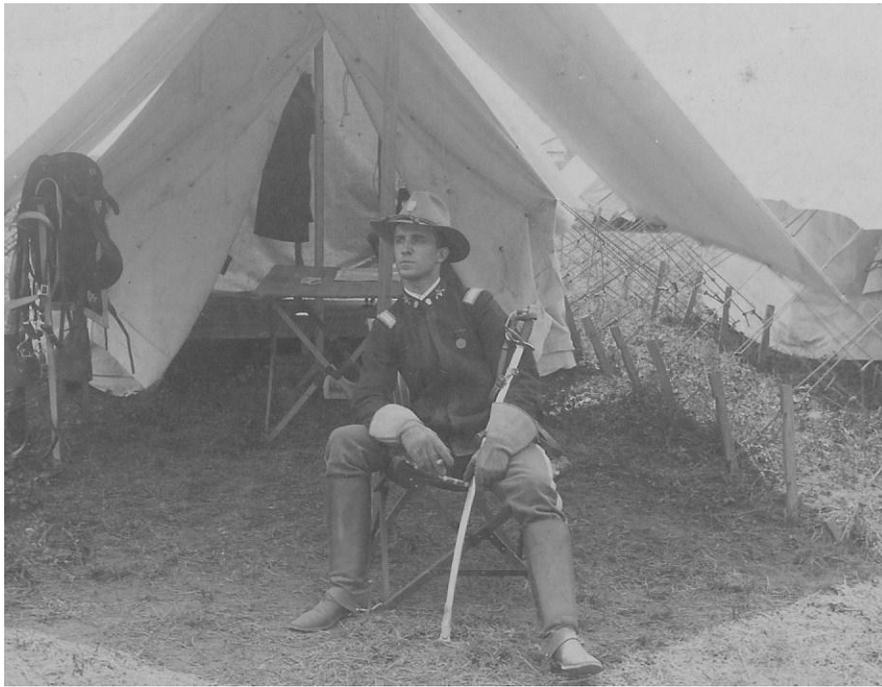
In 1973, an official from the Papua New Guinea Forest Department reported finding a wartime aircraft in the mountains northwest of the city of Lae. In October 1973, a team from the Royal Australian Air Force (RAAF) responded to the report and visited the site, where they found aircraft wreckage that corresponded to a U.S. military B-24D. The RAAF recovered possible human remains, which were transferred to the U.S. Army Mortuary in Tachikawa, Japan. Given the limited technology at the time, the remains could not be individually identified. In 1974, the remains of the crew were buried as a group at Arlington National Cemetery. In April 2008, a Joint POW/MIA Accounting Command (JPAC) team investigated and surveyed the crash site. The team recovered additional remains and aircraft wreckage, including a radio callsign data plate that matched the crews B-24D. 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 McKain's niece, grand-niece, and grand-nephew.

NOTE:

POW/MIA Day Posters Now Available: Order your 2013 POW/MIA Recognition Day posters from the Defense POW/MIA Office before they run out. Each full-color poster measures 11x16-inches, and shipping is free. Limit is 20 posters per order. Place your order online at http://www.dtic.mil/dpmo/pow_day.

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

Spanish American War Images 66



Charles Arthur Wagner, PFC Company D, from Allentown Pa. (Born 1872, Died 1959) This picture was taken in Puerto Rico circa 1898. In 1958 he told his grandson of his war time experience, "I was walking with a group and asked for water from a local and it turned out to be rum, it was a surprise ... The only thing I ever shot at was a cow". Mustered in May 9, 1898; Mustered out Nov. 16, 1898; Died 1959.

Saving Money: How much would you pay for a bottle of water? \$5? \$6? How about \$8.33? That's the average price from upscale hotels in Honolulu, Hawaii, according to a recent study by Trip Advisor. They tallied the average cost of room service from a selection of four-star hotels in 15 major U.S. cities by totaling the cost to dry clean one shirt and buy a bottle of water, bag of peanuts, mini bottle of vodka, club sandwich, and can of soda. The five cheapest and most expensive were:

Cheapest:

- Denver, Colo. - \$40.46
- Dallas, Texas - \$42.49
- Seattle, Wash. - \$44.19
- Minneapolis, Minn. - \$48.09
- Boston, Mass. - \$50.43

Most Expensive:

- Honolulu, Hawaii - \$64.90
- Las Vegas, Nev. - \$64.42
- Atlanta, Ga. - \$58.14
- Washington, D.C. - \$58.10

- New York, N.Y. - \$56.66

Since you're probably not going to change your vacation destination for cheaper in-room services, make up the difference by stretching your travel dollars elsewhere. Some ways to save big on your next vacation are:

- Ask a local: Tourist traps are expensive; avoid them by asking a few locals for suggestions on where to find a good steak or cheap souvenir shop. Ask nicely, and more often than not someone will direct you to a place that's not a rip-off.
- Bag your lunch with local groceries: Brown-bagging may seem like a way to diminish the romance of local food, but not so much if you buy your groceries at a small, locally-owned store. Pick up some fresh bread, meats, and pastries, then enjoy your cheap meal outside.
- Use your smartphone: Take advantage of deal-finding apps like Groupon, Yelp Check-in, LocalEats, and KidsEatFor.
- Know when to fly: It's cheaper to fly on weekdays. It's also wise to avoid flying somewhere during a huge event. For example, in my hometown of New Orleans, you'd imagine airfare and hotel prices will be soaring around Mardi Gras. But you may not realize April's Jazz Fest will also pump up prices. Check your destination local paper's website to see what events might drive up travel prices.

[Source: MoneyTalksNews | Angela Colley | 25 Mar 2013 ++]

Notes of Interest:

- **Male Death.** Heart disease is the leading cause of death for men of most racial/ethnic groups in the United States, including African Americans, American Indians or Alaska Natives, Hispanics, and whites. For Asian American or Pacific Islander men, heart disease is second only to cancer.
- **COLA.** The May CPI of 229.399 is 1.1% above the FY2013 COLA baseline of 226.936.
- **Chaplains.** Chaplains cannot be compelled by the command, medical professionals or others to disclose what a service member or family member shares in confidence. To find a Navy chaplain, contact Navy 311 at 1-855-NAVY-311 or text to Navy311@navy.mil or visit <http://www.chaplain.navy.mil>.
- **Nostalgia.** Remember the radio entertainment we had before TV took over. To listen again to some of your favorites while using your computer on other things check out <http://www.hostmtb.org/otr.html>.
- **The 5th.** After Lois Lerner (director of the tax-exempt organizations division of the IRS) took the 5th and declined to answer questions at a hearing about the agency's targeting of conservative groups seeking tax-exempt status, Rep. Mo Brooks (R-AL) introduced a bill that would fire any federal employee who refuses to answer questions or gives false testimony at a congressional hearing.
- **HIV Test.** If you've never considered getting an HIV test before, consider getting one now. VA recommends all Veterans, regardless of age and personal risk, get tested at least once in their lifetime. Testing is available at your local VA medical center.
- **DFAS.** The latest Retiree and Annuitant Newsletter from the Defense Finance and Accounting Service is available at <http://www.dfas.mil/retiredmilitary/newsevents/newsletter.html>.
- **Michigan Guard Retirement.** Members receive a \$50.00 per month retirement check once they serve 19.5 years in the Michigan Air or Army Guard and reach age 55. You must apply and it is not retroactive. The state retirement pay is not subject to state income tax from the State of Michigan; however, it is subject to taxation when filing for Federal Income Tax.

[Source: Various 16-30 Jun 2013 ++]

Medicare Fraud Update 124:



- **Chicago IL** — A surgeon at Chicago’s Sacred Heart Hospital cut a hole in Earl Nattee’s throat 3 JAN, the day before he died. It’s not clear why. The medical file contained no explanation of the need for the procedure, called a tracheotomy, according to a state and federal inspection report that quotes Sacred Heart’s chief nursing officer as saying it happened “out of the blue.” Tracheotomies are typically used to open an air passage directly to the windpipe for patients who can’t breathe otherwise. Now, amid a federal investigation into allegations of unneeded tracheotomies at the hospital, Nattee’s daughter, Antoinette Hayes, wonders whether her father was a pawn in what an FBI agent called a scheme to defraud Medicare and Medicaid. “My daddy said, ‘They’re killing me,’ ” Hayes recalled, in reference to the care he received at the hospital. Based in part on surreptitious tape recordings, an FBI affidavit lays out allegations that a Sacred Heart pulmonologist kept patients too sedated to breathe on their own, then ordered unneeded tracheotomies for them – enabling the for-profit hospital to reap revenue of as much as \$160,000 per case. The Sacred Heart case is unusual because of the troubling nature of some of the allegations, said Ryan Stumphauzer, a former federal health care fraud prosecutor in Miami who reviewed the affidavit. “A typical indictment might allege phantom billing or improper coding,” he said. “This complaint alleges the hospital and doctors were performing unnecessary invasive surgery to justify false billing.” It’s also unusual to have recordings from cooperating witnesses, he said, “but it is always very difficult to challenge a physician’s judgment.”

The government has already charged Sacred Heart owner Edward Novak, his chief financial officer and five physicians with Medicare fraud, in a criminal complaint alleging that they gave or received kickbacks in return for patient referrals. A physician and two Sacred Heart administrators worked with federal investigators, secretly taping conversations with other hospital staff members, according to the complaint. The 90-page FBI affidavit includes a quote attributed to Novak saying tracheotomies were the hospital’s “biggest money maker.” The hospital’s pulmonologist, or respiratory specialist, is quoted as saying during an April conversation that Novak asked him “to provide two more tracheotomy cases for the hospital soon,” before inspectors – who had visited the hospital in March – returned. A Sacred Heart surgeon performed tracheotomies on 28 Medicare patients between early 2010 and January, according to the affidavit, which doesn’t identify the surgeon by name. Five patients died within two weeks – a death rate three times the statewide rate in Illinois. The affidavit quotes a nursing supervisor as saying the hospital’s pulmonologist directed an ICU nurse to “snow the patient” in one case – a phrase that means to sedate the patient so heavily that only the whites of the eyes were visible, according to the complaint. The affidavit identified the pulmonologist only as “Physician D” and said he chairs Sacred Heart’s Critical Care Committee. That position is held by Venkata Buddharaju, according to his attorney, Thomas Breen. Buddharaju, who hasn’t been charged with any violations, declined to be interviewed for this story, citing the ongoing investigation, Breen said in an emailed statement. Breen said his client “does not use the word ‘snow,’ and it is preposterous to suggest that he does,” Breen said. “The other allegations in the complaint are equally untrue.” The affidavit contains an allegation that tracheotomy patients were lucrative for doctors

as well as the hospital: The physician could bill \$160 each time he visited a tracheotomy patient at the hospital, versus \$32 for seeing a ventilator patient in a nursing home. The state Medicaid program paid Buddharaju more than any other physician at Sacred Heart for such patient visits in the six months that ended 30 DEC, according to state records. A Sacred Heart surgeon, Vittorio Guerriero, received seven of the nine Medicaid payments made for tracheotomies at the hospital during that period, records show. In both cases, the billing rate was about double that of previous years.

- **Atlanta GA** — After a two-week trial, a federal jury has convicted **Lawrence Eppelbaum**, 54, of Roswell, Georgia, on health care fraud, tax fraud, and money laundering in relation to a scheme in which he illegally induced patients from all over the country to be treated at his medical clinic in Atlanta by providing free travel accommodations through a purported charitable entity that he controlled. Eppelbaum is a physician who is licensed to practice medicine in Georgia and owns and operates the Atlanta Institute of Medicine and Rehabilitation (AIMR) and the Pain Clinic of AIMR in Atlanta. In 2004, Eppelbaum created the Back Pain Fund, a purported charitable organization that he controlled both directly and indirectly. He, through the Back Pain Fund, paid for Medicare patients to travel to Atlanta to receive medical treatment from his practice and then travel to Florida to visit a local hot spring for approximately four days before returning to Atlanta to receive additional treatment. Eppelbaum was the primary donor to the Back Pain Fund and paid the vast majority of its operating expenses. He tried to disguise his financial control over the Back Pain Fund by entering into an arrangement with the Torah Day School, a Jewish Day School in Atlanta, whereby the parents of students attending the Torah Day School were instructed to make their tuition checks payable to the Back Pain Fund instead of to the school, and, in turn, Eppelbaum repaid the Torah Day School for the amount of the tuition, plus an additional 25 percent. He entered into similar arrangements with other organizations and even caused patients who were treated at his medical practice to make their checks payable to the Back Pain Fund. Between 2004 and 2009, he treated hundreds of Back Pain Fund patients and received approximately \$16 million for their treatment from Medicare. He also utilized the Back Pain Fund as a vehicle for committing tax fraud. Between 2006 through 2008, he deducted as charitable donations all the payments he made to the Back Pain Fund, the Torah Day School, and other organizations with which he had a financial arrangement, even though he derived substantial personal income from treating Back Pain Fund patients. Eppelbaum evaded approximately \$1 million in federal income taxes through his scheme. Eppelbaum was charged with 27 counts of health care fraud, tax fraud, and money laundering. The jury found him guilty of all 27 counts. The health care charges each carry a maximum sentence of 10 years or five years in prison and a fine of up to \$250,000. The tax charges each carry a maximum sentence of five years or three years in prison and a fine of up to \$250,000. The money laundering charges each carry a maximum sentence of 20 years in prison and a fine of up to \$500,000. In determining the actual sentence, the court will consider the United States Sentencing Guidelines, which are not binding but provide appropriate sentencing ranges for most offenders.
- **Guilford CT** — A podiatrist has pleaded guilty to health care fraud for submitting false claims to Medicare. **Richard Sokoloff**, 70, claimed that he performed a treatment for ingrown toenails, which he had not done. The treatment, called nail avulsion, “involves the surgical separation and removal of all or part of a toenail from the tip of the nail back to the base of the nail,” according to a release from Daly’s office. Sokoloff typically only provided “routine foot care,” such as trimming or clipping toenails, which are not normally covered by Medicare, according to the release. Sokoloff engaged in the fraud between July 2008 and February 2012, claiming \$200,000 in Medicare reimbursements. According to Medicare policy, nail avulsion “is required to be performed using injectable anesthesia unless the patient is devoid of sensation or there are other extenuating circumstances,” the release said. “Injectable anesthesia is necessary to perform a partial or full nail avulsion to avoid causing extreme pain to the patient.” When Medicare asked Sokoloff for documentation, he created and back-dated patient progress notes to make it appear that the avulsion of nail plate services had been performed when, in fact, they had not been performed. He pleaded guilty

before U.S. District Judge Janet Bond Arterton, who scheduled sentencing for 3 OCT. He faces a maximum term of 10 years in prison and a fine of up to \$250,000. He also agreed not to participate in “federal health care programs” for 10 years.

[Source: Various 16-30 Jun 2013 ++]

Medicaid Fraud Update 88:

- **Plainville NY** — An eighth person was charged 13 JUN in connection with a scheme to defraud the state's Medicaid program, and more arrests are expected, the Office of the Chief State's Attorney said. Anna Khanutina, 27, formerly of New Britain, was arrested and charged with conspiracy to unlawfully obtain a controlled substance, conspiracy to make a false prescription and conspiracy to distribute a controlled substance, authorities said. She is currently living in Oceanside, N.Y. Khanutina is accused of conspiring with physician Richard Luzietti and others to obtain prescription drugs paid for by the government health program Medicaid, which then were sold illegally on the streets, authorities said. Luzietti was sentenced in August 2012 to four months in jail on two counts of illegally prescribing a controlled substance and one count of insurance fraud.
- **Beaumont TX** — An orthodontist on 18 JUN pleaded guilty to health care fraud, according to information provided by U.S. Attorney John Bales' office. **Terrence Ewing Syler**, 70, owned and operated Syler Orthodontics from January 2007 to October 2012. According to a news release, Syler submitted claims to Medicaid for palatal expanders, which were never provided to his patients, totaling \$829,333. As part of a plea agreement, Syler agrees to forfeit several bank accounts totaling a little more than \$829,000. Syler faces up to 10 years in a federal prison at sentencing.
- **Columbia LA** — A 43-year-old woman was arrested and charged with Medicaid fraud, according to Louisiana Attorney General Buddy Caldwell. **Caroline Spiller Hall**, 321 Coop Road, Columbia, La., allegedly submitted timesheets that she in-home caregiver services, such as cooking, cleaning and bathing, to a Medicaid patient on the same dates and times the patient was actually hospitalized. She has been charged with Medicaid fraud. Hall surrendered to the Attorney General's Medicaid Fraud Control Unit and was booked into the East Baton Rouge Parish Prison on one count of filing or maintaining false public records. If convicted, Hall could face up to 10 years in prison and up to \$25,000 in fines.



Caroline Spiller Hall

[Source: Various 1-14 Jun 2013 ++]

State Veteran's Benefits: The state of **North Carolina** provides several benefits to veterans as indicated below. To obtain information on these refer to the attachment to this Bulletin titled, “**Veteran State Benefits – NC**” 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.doa.state.nc.us/vets/default.aspx>.

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

[Source: <http://www.military.com/benefits/veteran-state-benefits/north-carolina-state-veterans-benefits.html> Jun 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>:

- **July 9, 2013.** The House Veterans Affairs Committee Subcommittee on Health intends to hold a legislative hearing on health related bills. 10:00 A.M.; 334 Cannon
Tentative Bill List:
 - Draft Bill XXX-- “Veterans Choice-Long Term Care” Certified Adult Foster Home (Miller(FL))
 - H.R. 1612-- To direct the Secretary of Veterans Affairs to convey a parcel of land in Tuskegee, Alabama, to Tuskegee University, and for other purposes (Rogers (AL))
 - H.R. 2065-- Safe Housing for Homeless Veterans Act (McKinley (WV))
 - H.R. 1143-- Tinnitus Research and Treatment Act of 2013 (Michaud (ME))
 - H.R. 1702-- Veterans Transportation Service Act (Barber (AZ))
- **July 10, 2013.** The House Committee on Veterans’ Affairs will hold a joint hearing with the House Committee on Armed Services entitled, “DOD and VA Collaboration to assist Service Members Returning to Civilian Life.” 10:00 A.M.; 2118 Rayburn

[Source: Veterans Corner w/Michael Isam 28 Jun 2013 ++]

Military History: B-17E tail number 41-2666 was a World War II B-17 Flying Fortress Bomber assigned to the United States' 43rd Bomb Group in 1943. It had suffered heavy battle damage and had gained a reputation as a cursed bomber, often coming back from missions with heavy damage. Grounded at Port Moresby Airport, it was

parked at the end of the runway where other aircrews could cannibalize it for needed parts. Newly assigned Captain Jay Zeamer had been unable to acquire an aircraft of his own but was eager to get more involved in the Pacific conflict. A military photographer told Zeamer, "I know where there's a bomber, but no one will fly it anymore because every time it goes out it gets shot to hell!" Zeamer had the bomber towed out of the 'bone yard' and, with enormous effort, not only restored the badly battered aircraft to flight status but made many changes. They included increasing the number of machine guns from 13 to 19, replacing the waist gunners' standard single guns with twin guns, replacing all .30 cal machine guns with the larger and more powerful .50 cal, and adding a fixed-position gun that could be fired from the pilot's station. Zeamer's crew put guns where they did not even need them, and left spare machine guns on the aircraft's catwalk; if a gun jammed at a critical moment they could dump it and quickly replace it. They also mounted a gun behind the ball turret near the waist. These modifications made Old 666 the most heavily armed bomber in the Pacific Theater.



Lt. Col. Jay Zeamer, Jr.



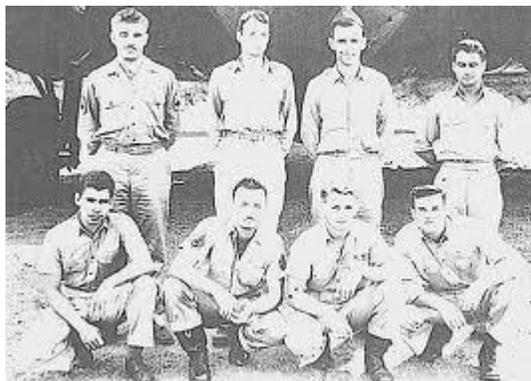
Old 666

In the months of missions that followed, Zeamer's crew, dubbed the Eager Beavers because they would hang around Flight OPS looking for a mission, was so busy that they never had the time to adorn their bomber with the traditional nose art, commonly seen on aircraft of that era. Though many subsequent accounts refer to the bomber as "Lucy," that was not a title Zeamer and his crew ever used. The only markings the converted B-17E bore was the tail number—the bomber became known simply as Old 666. In May, Zeamer and crew made a skip-bombing run on a Japanese aircraft carrier, swooping within fifty feet of its decks. A few days later on a daylight bombing raid over Rabaul, Old 666 came in so low it was brushing the roofs of the housetops. On a night mission over Wewak the Japanese gunners on the ground managed to fix the flight of incoming American bombers in the glare of several large searchlights, but, in an audacious display of airmanship, Zeamer dove on the positions, shooting out three lights and damaging two others. On a May 5 mission over Madang, Old 666 was hit more than sixty times by anti-aircraft fire, the stabilizer was shot out and the oxygen tanks exploded, yet the aircraft landed safely and was quickly patched.

On 16 JUN 1943 a request went out for a special mission: an unescorted, single-ship mapping mission over hostile territory. Capt. Zeamer and crew volunteered. Taking off at 4 a.m. to make use of cover of darkness, 'Old 666' and crew headed for Bougainville, where they were instructed to take reconnaissance of the Japanese controlled island, to determine logistics and enemy strength for the upcoming Invasion of the Soloman Islands. The flight required flying over 600 miles (970 km) of open sea to reach the target. By 7:40 a.m., with only 22 minutes of flight-time remaining to complete its mission, Old 666 was intercepted by at least 17 Japanese fighters (15 A6M Zeros and 2 Ki-46 Dinahs) of the 251st Kokutai Squadron, commanded by Chief Flight Petty Officer Yoshio Ooki.

After making a pass at the heavily armed tail, the fighters came in against the normally lightly armed nose, only to find that this specific bomber possessed much-heavier forward firepower, resulting in two A6M Zeros being shot down. 20mm cannon shells from a third Zero smashed into the cockpit and nose, wounding both Zeamer and his bombardier Second Lieutenant Joseph Sarnoski before being shot down itself. Sarnoski crawled out of the nose to seek first aid attention, but when a Ki-46 Dinah attacked nose-on, he returned to his guns, shot it down and then shortly thereafter collapsed. The second attack wave knocked out the plane's oxygen system, forcing the bomber to dive from 25,000 feet (7,600 m) to 8,000 feet (2,400 m), where the crew could breathe normally, in just a matter of seconds.

By 8:45 a.m. the American bomber was over open seas, and the enemy fighters, low on ammunition and fuel, were forced to turn back to Bougainville. Six out of 9 of Old 666's crew were dead or wounded in varying degrees, their aircraft heavily damaged. It was during the return flight that Zeamer lost consciousness and Sarnoski, still manning his guns, died. Lapsing in and out of consciousness, Zeamer assessed the battle damage to the bomber, and concluded they would be unable to climb over the Owen Stanley Mountains, instructing the unwounded copilot to make an emergency landing at an Allied fighter airstrip at Dobodura, New Guinea. Without operable brakes or flaps because of the destroyed hydraulic system, the B-17 was ground-looped by the co-pilot. Upon landing, co-pilot Lt. Col. (then 1st Lt.) J.T. Britton told the ground crews to get Zeamer first, but the ground crew said, "He's gone!"; Zeamer, however, was not dead, and lived to receive the Medal of Honor; Sarnoski was awarded his Medal of Honor posthumously. In one of the most decorated flights in history, the rest of the crew received Distinguished Service Crosses.



Eager Beavers



Mission completed

With the arrival of the newer B-17G and B-24's by mid war most B-17Es were either converted into unarmed transports or scrapped. Old 666 was returned to the United States in February 1944 and was salvaged at Albuquerque in August 1945. Zeamer was promoted to major on July 8, 1943, and lieutenant colonel in April 1944. He spent fifteen months of hospital recovery at Walter Reed General Hospital and returned to active duty at Mitchel Field, New York as a Tactical Field Air Inspector. On January 18, 1945, he retired from the USAAF on disability. He returned to MIT and obtained a master's degree in aeronautical engineering in 1946. Zeamer then worked for a series of aerospace companies until his retirement in 1968. He died at age 88 on 22 MAR 2007. This mission was featured on the History Channel show Dogfights, episode title "Long Odds". A narrated video of this mission is available at <http://www.youtube.com/watch?v=6Im086TCu3L>. [Source: http://en.wikipedia.org/wiki/Old_666 Jun 2013 ++]

Military History Anniversaries: Significant July 1-15 events in U.S. Military History are:

- Jul 01 1898 – Spanish American War: Battle of San Juan Hill is fought in Santiago de Cuba.
- Jul 08 1948 – The United States Air Force accepts its first female recruits into a program called Women in the Air Force (WAF).
- Jul 01 1863 – Civil War: Battle of Gettysburg, PA. Gen. Lee's northward advance is halted.
- Jul 01 1907 – World's first air force established (U.S. Army).
- Jul 01 1970 – Vietnam: Beginning of the 23 day Siege of Fire Base Ripcord.
- Jul 02 1776 – The Continental Congress adopts a resolution severing ties with the Kingdom of Great Britain although the wording of the formal Declaration of Independence is not approved until July 4.
- Jul 02 1926 – Congress enacted a bill that established the U.S. Army Air Corps and placed it in control of all Army aviation activities, including those of the National Guard. This bill also directed that upon mobilization, all Guard air assets were to be incorporated into the Corps, thus separating them from their peacetime role within their respective divisions.
- Jul 03 1754 – French and Indian War: George Washington surrenders Fort Necessity to French forces.
- Jul 03 1814 – American Revolution: Americans capture Fort Erie Canada.
- Jul 03 1863 – Civil War: The final day of the Battle of Gettysburg culminates with Pickett's Charge.
- Jul 03 1898 – Spanish American War: U.S. Navy defeats Spanish fleet in Santiago harbor Cuba.
- Jul 03 1915 – U.S. Marines land in Haiti following the assassination of the Haitian president Vilbrun Guillaume. The Marines remained as occupation forces until 1934.
- Jul 03 1950 – Korean War: First time US & North Korean forces clash in Korean War.
- Jul 03 1988 –USS Vincennes in Strait of Hormuz shoots down Iran Airbus A300 killing all 290 people
- Jul 04 1776 – American Revolution: Declaration of Independence approved by Congress. U.S. gains independence from Britain.
- Jul 04 1778 – American Revolution: Forces under George Clark capture Kaskaskia during the Illinois campaign.
- Jul 04 1802 – United States Military Academy opens at West Point, New York
- Jul 04 1863 – Civil War: Siege of Vicksburg – Vicksburg, Mississippi surrenders to Ulysses S. Grant after 47 days of siege. 150 miles up the Mississippi River, a Confederate Army is repulsed at the Battle of Helena, Arkansas.
- Jul 04 1944 – WW2: 1st Japanese kamikaze attack U.S. fleet near Iwo Jima.
- Jul 05 1945 – WW2: Liberation of the Philippines declared.
- Jul 06 1777 – American Revolution: Siege of Fort Ticonderoga – After a bombardment by British artillery under General John Burgoyne, American forces retreat from Fort Ticonderoga, New York.
- Jul 06 1779 – American Revolution: Battle of Grenada – French victory over British naval forces .
- Jul 06 1848 – Mexican American War: Ended with the Treaty of Guadeloupe Hidalgo.
- Jul 07 1777 – American Revolution: American forces retreating from Fort Ticonderoga are defeated in the Battle of Hubbardton.
- Jul 07 1846 – Mexican American War: American troops occupy Monterey and Yerba Buena, thus beginning the U.S. acquisition of California.
- Jul 07 1863 – Civil War: 1st military draft by US (exemptions cost \$300).
- Jul 07 1865 – Civil War: four conspirators in the assassination of President Abraham Lincoln are hanged.
- Jul 07 1941 – WW2: U.S. forces land in Iceland to forestall Nazi invasion.
- Jul 07 1944 – WW2: Largest Banzai charge of the Pacific War at the Battle of Saipan.
- Jul 08 1950 – Korean War: Gen Douglas MacArthur named commander-in-chief UN forces in Korea.
- Jul 09 1776 – American Revolution: George Washington ordered the Declaration of Independence to be read out loud to members of the Continental Army in New York City for the first time.

- Jul 09 1863 – Civil War: the 48 day Siege of Port Hudson ends. Casualties and losses: US ~5,000 - CSA ~750 + 6,500 Surrendered.
- Jul 09 1943 – WW2: Operation Husky – Allied forces perform an amphibious invasion of Sicily.
- Jul 09 1944 – WW2: The island of Saipan in the Marianas fell to U.S. troops following their defeat of Japanese defenders. Casualties and losses: US 13,791 - JP 29,92
- Jul 09 1944 – WW2: Napalm was used for the first time during the American invasion of Tinian in the Marianas.
- Jul 09 1951 – WW2: Pres Truman asked Congress to formally end state of war with Germany.
- Jul 10 1778 – American Revolution: Louis XVI of France declares war on the Kingdom of Great Britain.
- Jul 10 1942 – WW2: An American pilot spots a downed, intact Mitsubishi A6M Zero on Akutan Island (the "Akutan Zero") that the US Navy uses to learn the aircraft's flight characteristics.
- Jul 10 1943 – WW2: Assault elements of the 180th and 157th Infantry regiments, both part of the 45th Infantry Division from AZ, CO, and OK, stormed ashore as part of the invasion of Sicily. This operation marked the first time any Allied force attacked an Axis power on its home ground.
- Jul 10 1951 – Korean War: Armistice negotiations begin at Kaesong.
- Jul 11 1789 – U.S. Marine Corps created by an act of Congress.
- Jul 11 1798 – The United States Marine Corps is reestablished; the Corps, which was initially established 10 Nov 1775 by a Resolution of the Continental Congress, had been disbanded after the American Revolutionary War.
- Jul 11 1864 – Civil War: Battle of Fort Stevens – Confederate forces attempt to invade Washington, D.C..
- Jul 12 1812 – War of 1812: U.S. forces led by Gen Hull invade Canada at Windsor, Ontario.
- Jul 12 1862 – The Medal of Honor is authorized by the United States Congress.
- Jul 12 1973 – A fire destroys the entire 6th floor of the National Personnel Records Center of the United States.
- Jul 12 2007 – U.S. Army Apache helicopters perform airstrikes in Baghdad, Iraq; footage from the cockpit is later leaked to the Internet.
- Jul 13 1945 – WW2: First atom bomb explodes in New Mexico.
- Jul 13 1863 – New York Draft Riots: in New York City, opponents of conscription begin three days of rioting which will be later regarded as the worst in United States history.
- Jul 13 2008 – Afghanistan: Taliban guerrillas attack NATO troops near the village of Wanat in the Waygal district in Afghanistan's far eastern province of Nuristan.
- Jul 14 1863 – Civil War: Confederate forces under Gen. Robert E. Lee are defeated after three days of fighting at the battle of Gettysburg.
- Jul 14 1916 – WWI: Battle of Delville Wood begins as an action within the Battle of the Somme, which was to last until 3 September 1916.
- Jul 14 1945 – Battleship USS South Dakota is first U.S. ship to bombard Japan.
- Jul 14 1950 – Korean War: North Korean troops initiate the Battle of Taejon.
- Jul 15 1779 – American Revolution: U.S. troops under Gen A Wayne conquer Ft Stony Point, NY.
- Jul 15 1918 – WWI: Beginning of the Second Battle of the Marne between German forces on one side and French, American, British, and Italian troops on the other side. The battle ended on 4 AUG.
- Jul 15 1958 – U.S. Marines deployed in Lebanon.

[Source: Various Jun 2013 ++]

Military Trivia 77: William Henry "Bill" Mauldin (October 29, 1921 - January 22, 2003) was a two-time Pulitzer Prize-winning editorial cartoonist from the United States. He was most famous for his World War II

cartoons depicting American soldiers, as represented by the archetypal characters "Willie and Joe", two weary and bedraggled infantry troopers who stoically endure the difficulties and dangers of duty in the field. These cartoons were broadly published and distributed in the American army abroad and in the United States. His grandfather had been a civilian cavalry scout in the Apache Wars and his father was an artilleryman in World War I. Mauldin entered the US Army via the Arizona National Guard in 1940. While in the 45th Infantry Division, Mauldin volunteered to work for the unit's newspaper, drawing cartoons about regular soldiers or "dogfaces". Eventually he created two cartoon infantrymen, Willie (who was modeled after his comrade and friend Irving Rictel) and Joe, who became synonymous with the average American GI. During July 1943, Mauldin's cartoon work continued when, as a sergeant of the 45th Division's press corps, he landed with the division in the invasion of Sicily and later in the Italian campaign. Mauldin began working for Stars and Stripes, the American soldiers' newspaper; as well as the 45th Division News, until he was officially transferred to the Stars and Stripes in February 1944.] By March 1944, he was given his own jeep, in which he roamed the front, collecting material and producing six cartoons a week. His cartoons were viewed by soldiers throughout Europe during World War II, and were also published in the United States. To read more about Mauldin and the impression he left on other refer to the attachment to this Bulletin titled, "**Bill Mauldin Stamp**" [Source: CNN.com | Columnist Bob Green | Mar 2010 ++]

Tax Burden for Nebraska 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 Nebraska.

Sales Taxes

State Sales Tax: 5.5% (food and prescription drugs exempt); local option taxes could add an additional 2.0% to the state rate. For local rates, [click here](#).

Gasoline Tax: 45.5 cents/gallon (Includes all taxes)

Diesel Fuel Tax: 50.9 cents/gallon (Includes all taxes)

(Fuel taxes are variable and are reset on July 1 and January 1)

Cigarette Tax: 64 cents/pack of 20

Personal Income Taxes

Tax Rate Range: - 2.56%; High – 6.84%

Income Brackets: Four. Lowest – \$2,400; Highest – \$27,000. The tax brackets reported are for a single individual. For married couples filing jointly, the same rates apply for income under \$4,800 to over \$54,000.

Personal Tax Credits: Single – \$120; Married – \$240; Dependents – \$120;

Standard Deduction: Single – \$5,450, Married – \$10,900

Medical/Dental Deduction: Federal amount

Federal Income Tax Deduction: None

Retirement Income Taxes: Railroad Retirement benefits are exempt. Out-of-state government pensions are fully taxed. Social Security is taxable to the extent of federal taxation.

Retired Military Pay: Follows federal tax rules.

Military Disability Retired Pay: Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-

related disabilities also is free from federal income tax, but there is no guarantee of total protection.

VA Disability Dependency and Indemnity Compensation: VA benefits are not taxable because they generally are for disabilities and are not subject to federal or state taxes.

Military SBP/SSBP/RCSBP/RSFPP: Generally subject to state taxes for those states with income tax. Check with state department of revenue office.

Note: The state has a statutory provision for automatic adjustment of tax brackets, personal exemptions or standard deductions to the rate of inflation.

Property Taxes

Real property is assessed at 100% its actual (market) value. A property tax credit is provided for all parcels of property based on the valuation of each parcel. The estimated credit for 2012 is \$71.50 for each \$100,000 in valuation. The state has a homestead exemption that provides relief from property taxes by exempting all or a portion of the valuation of the homestead from taxation. There are three groups of exemptions:

- A) persons age 65;
- B) certain disabled individuals, and ;
- C) certain disabled veterans and their widow(er)s.

Call 800-742-7474 or 402-471-5984 for details or refer to <http://www.revenue.ne.gov/info/96-299.pdf> . For information about the homestead exemption refer to <http://www.revenue.ne.gov/PAD/homestead.html>.

Inheritance and Estate Taxes

Nebraska's inheritance tax, which is collected at the county level, applies to bequests, devises, or transfers of property or any other interest in trust or otherwise having characteristics of annuities, life estates, terms for years, remainders, or reversions. Nebraska inheritance tax is computed on the fair market value of such annuities, life estates, terms for years, remainders, and reversions. The fair market value is the present value as determined under the provisions of the Internal Revenue Code of 1954, as amended, and its applicable regulations with respect to estate tax. The Nebraska estate tax and generation-skipping transfer tax have been repealed for decedents dying or transfers made on or after January 1,2007.

For further information, visit the Nebraska Department of Revenue site <http://www.revenue.ne.gov/index.html>.

[Source: <http://www.retirementliving.com/taxes-kansas-new-mexico#Nebraska> Jun 2013 ++]

Have You Heard? Khakis

The old Navy Chief finally retired and got that chicken ranch he always wanted. He took with him his life-long pet parrot.

First morning at 0430, the parrot squawked loudly and said, "Reveille, Reveille. Up all hands. Heave out and trice up. The smoking lamp is lighted, now Reveille." The old chief told the parrot, "We are no longer in the Navy. Go back to sleep."

The next morning, the parrot did the same thing. Chief told the parrot, "If you keep this up, I'll put you out in the chicken pen." Again the parrot did it, and true to his word, the Chief put the parrot in the chicken pen.

About 0630 the next morning, the Chief was awakened by one heck of a ruckus in the chicken pen. He went out to see what the matter was.

The parrot had about 40 white chickens at attention in formation, and on the ground laid 3 bruised and beaten brown chickens. The parrot was saying, "WHEN I say fall out in dress whites, I don't mean Khakis!"

Aviation Art (42):



Last Combat of the Red Baron by Frank Wootton

In this image, Captain Roy Brown attacks Baron Manfred von Richthofen, the "Red Baron," on April 21, 1918. The battle took place over France, between Sailly-le-Sec and Le Hamel. W. R. May, on his first sortie, left the battle on Brown's instructions. Richthofen, who had been waiting for someone to withdraw from the dogfight, went in hot pursuit of May. Brown followed, firing at the red triplane. Brown saw his bullets rake the side of the triplane. He saw the pilot turn around, look back and then collapse in his seat.

The triplane flew on, slipping and staggering and dropped to a rough landing alongside some trenches manned by Australian troops. Richthofen, who claimed 80 victims, had himself fallen just 11 days short of his 26th birthday. The Allies buried him with honors due to his rank. Seven years later, his body was disinterred and taken to Germany for a hero's burial.

[Source: <http://www.greenwichworkshop.com/details/default.asp?p=542&a=67&t=1&page=1&detailtype=artist>
Jun 2013 ++]

Veteran Legislation as of 27 JUN 2013: For a listing of Congressional bills of interest to the veteran community introduced in the 113th Congress refer to this 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 of 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 the most effective way to let your Congressional representatives know your wants and dislikes. Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship support 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 your legislator's phone number, mailing address, or email/website to communicate with a message or letter of your own making at <http://thomas.loc.gov/bss/d111/sponlst.html>. Refer to http://www.thecapitol.net/FAQ/cong_schedule.html for dates that you can access them on their home turf.

FOLLOWING IS A SUMMARY OF VETERAN RELATED LEGISLATION INTRODUCED IN THE HOUSE AND SENATE SINCE THE LAST BULLETIN WAS PUBLISHED:

- H.R.2327 : Veterans Economic Opportunity Administration Act of 2013. A Bill to amend title 38, United States Code, to establish in the Department of Veterans Affairs a Veterans Economic Opportunity Administration, and for other purposes.

- H.R.2341 : Veterans Pension Protection Act. A bill to amend title 38, United States Code, to require the Secretary of Veterans Affairs to consider the resources of individuals applying for pension that were recently disposed of by the individuals for less than fair market value when determining the eligibility of such individuals for such pension, and for other purposes.

- H.R.2344 : TBI Treatment Act. A bill to direct the Secretary of Defense to carry out a pilot program for investigational treatment of members of the Armed Forces for traumatic brain injury and post-traumatic stress disorder.

- H.R.2358 : Preference for Local Veteran Contractors Act. A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to give preference to local contractors, and for other purposes.

- H.R.2366 : World War I American Veterans Centennial Commemorative Coin Act. A bill to require the Secretary of the Treasury to mint coins in commemoration of the centennial of World War I.

- H.R.2382 : Prioritizing Urgent Claims for Veterans Act. A bill to amend title 38, United States Code, to establish a priority for the Secretary of Veterans Affairs in processing certain claims for compensation.

- H.R.2412 : Veterans Health Access Act. A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to consider the best interest of the veteran when determining whether the veteran should receive certain contracted health care.

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- H.R.2423 : Disabled Veterans' Access to Medical Exams Improvement Act. A bill to improve the authority of the Secretary of Veterans Affairs to enter into contracts with private physicians to conduct medical disability examinations.

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- H.R.2485 : Helping Homeless Veterans Act of 2013. A bill to amend title 38, United States Code, to extend programs assisting homeless veterans and other veterans with special needs, and for other purposes.

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- H.R.2519 : A bill to direct the Secretary of State, the Secretary of Health and Human Services, and the Secretary of Veterans Affairs to provide assistance for individuals affected by exposure to Agent Orange, and for other purposes.

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- H.R.2527 : A bill to amend title 38, United States Code, to provide veterans with counseling and treatment for sexual trauma that occurred during inactive duty training.

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- H.R.2528 : A bill to establish a task force in the Department of Veterans Affairs to assess the retention and training of claims processors.

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- S.1148 : Veterans Benefits Claims Faster Filing Act. A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide notice of average times for processing claims, and for other purposes.

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- S.1155 : Rural Veterans Mental Health Care Improvement Act. A bill to provide for advance appropriations for certain information technology accounts of the Department of Veterans Affairs, to include mental health professionals in training programs of the Department, and for other purposes.

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- S.1165 : Access to Appropriate Immunizations for Veterans Act of 2013. A bill to amend title 38, United States Code, to provide for certain requirements relating to the immunization of veterans, and for other purposes.

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- S.1174 : A bill to award a Congressional Gold Medal to the 65th Infantry Regiment, known as the Borinqueneers.

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- S.1197 : National Defense Authorization Act for Fiscal Year 2014. An original bill to authorize appropriations for fiscal year 2014 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

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- S.1211 : A bill to amend title 38, United States Code, to prohibit the use of the phrases GI Bill and Post-9/11 GI Bill to give a false impression of approval or endorsement by the Department of Veterans Affairs.

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- S.1216 : A bill to improve and increase the availability of on-job training and apprenticeship programs carried out by the Secretary of Veterans Affairs, and for other purposes.

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

Military Lingo/Jargon/Slang:

USA Academy: *Ghost* - A Fourth Class cadet who hides in his/her room to avoid the upperclass or to shirk duties; also refers to an upperclass cadet who is rarely seen around a cadet company

USA Acronyms: *MARINE* - Muscles Are Required, Intelligence Not Essential, or Math and Reading Is Not Essential, or My Ass Rides In Navy Equipment.

USA Equipment: *Full Battle Rattle* - The complete set of combat gear.

USA Field Slang: *In-Country* - Physically in a combat zone.

USA Misc: *Garritroopers* - Soldiers who enhance or lie about their combat experience; or rear-echelon troops who try to dress and act like combat grunts.

USA Rank: *Field-grade (officer)* - The ranks of Major, Lieutenant Colonel, and Colonel

USA Soldiers: *Cadidiot* - A derogatory term for West Point and ROTcadets; from the combination of the words "cadet" and "idiot"

USA Unit Nicknames: *Bloody Bucket* - The 28th Infantry Division, named so by the Nazis, for their red keystone flash and vicious fighting tactics during the Normandy Campaign.

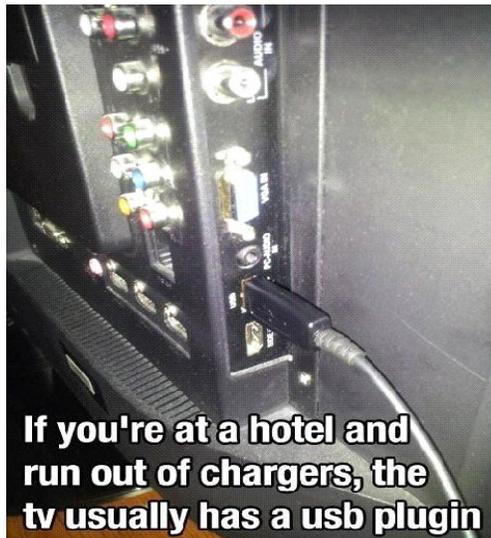
USAF: *Slammer:* AIM-120 air to air missile.

USMC: *Air Force Salute* – To say, "I don't know" by a shrug.

USN: *Charge Book* - During World War II, Commanding Officers were authorized to advance and promote deserving and qualified sailors to the highest enlisted rank of Chief Petty Officer. The determination of "deserving and qualified" could be difficult for the CO. The situation also presented challenges to the Sailor who aspired to attain a Chief rating. From these dilemmas sprang the original charge books. Chiefs began to direct PO1's to prepare themselves to assume the additional responsibilities. Ship's professional libraries were nonexistent or poorly stocked and much had to be learned directly from conversations with the Chiefs themselves and taken down to be studied later. In addition to the technical aspects of the various ratings, CPO's also talked to the PO1's about leadership, accountability, supporting the chain of command, and other subject matter often using personal experiences to illustrate how something should (or should not) be done. The collection of notes and study material eventually came to be called a "Charge Book" perhaps because those who kept them were their "Charges" (entrusted to their care) for professional development or perhaps because the entries included "Charges" (authoritative instructions or tasking of a directive nature).

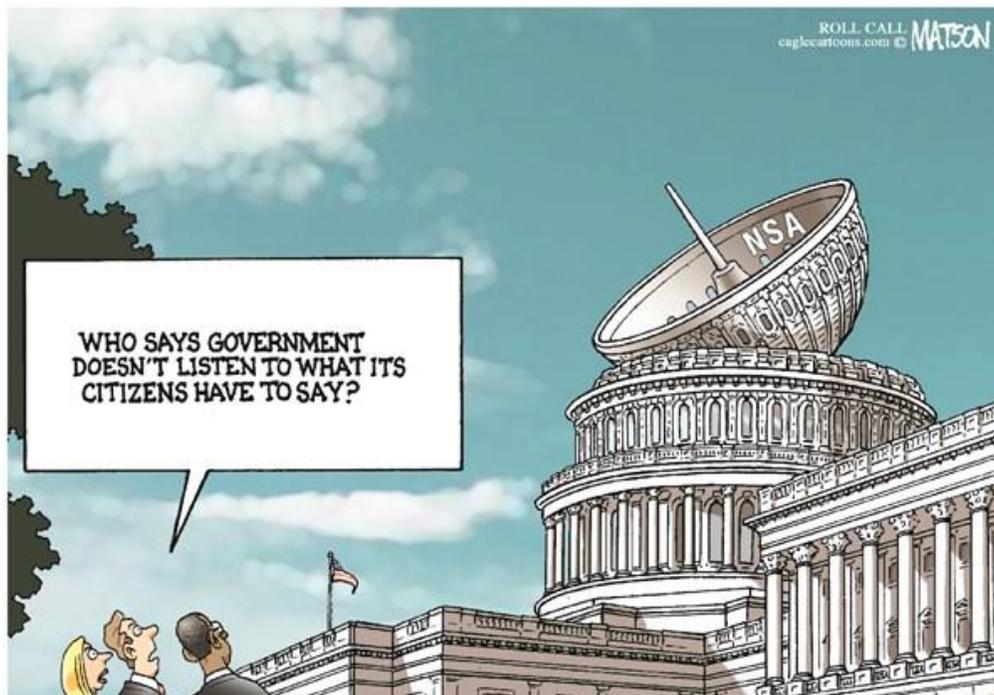
Vets: *Cholon* - The district you went to in Saigon to get the clap.

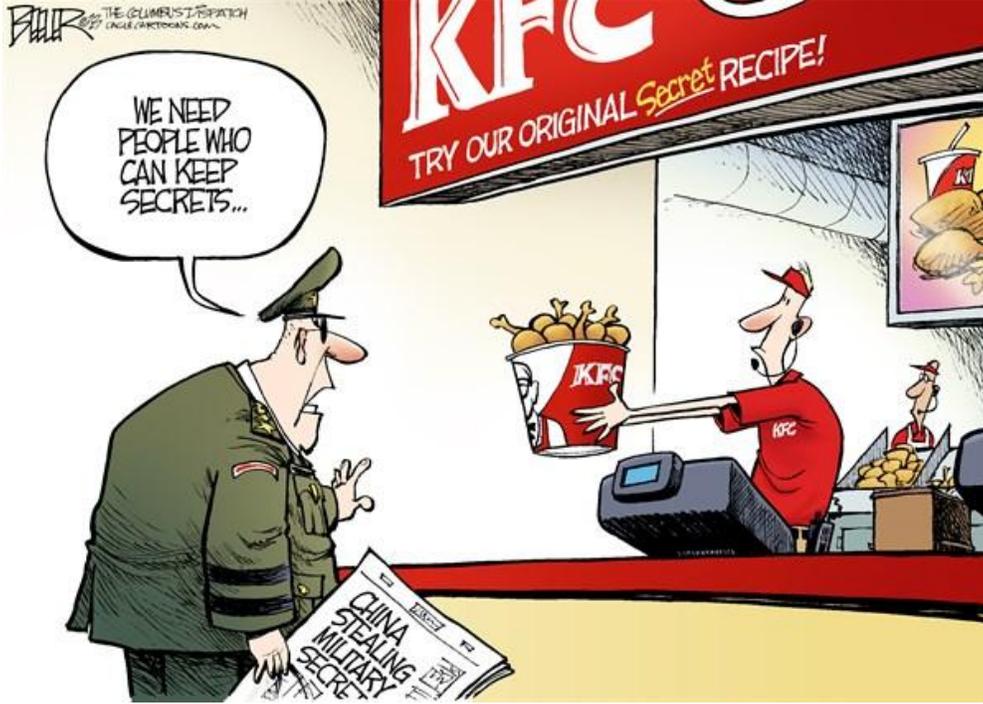
Interesting Ideas: Alternate Mobile Device Charger



"Democracy must be something more than two wolves and a sheep voting on what to have for dinner."

— **James Bovard**, (born 1956) Civil libertarian author and lecturer





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Notes:

1. The Bulletin will be provided as a website accessed document until further notice. This was necessitated by SPAMHAUS who alleged the Bulletin's former 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 in its entirety 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 addressee 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. Anyone who no longer wants to receive the Bulletin should send a message to raoemo@sbcglobal.net with the word "DELETE" in the subject line. This Bulletin notice was sent to the 11,836 subscribers who have responded to date.
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 address change being entered in the mailing list. If you do not receive a message within 7 days it indicates that either I never received your request, I made an error in processing your request, or your server will not allow me to send to the email addressee 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.
5. If you have another email addressee at work or home and would like to also receive Bulletin notices there, just provide the appropriate email addressee to raoemo@sbcglobal.net.
6. Past Bulletin articles are available by title 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.
7. The Bulletin is normally published on the 1st and 15th of each month. To aid in continued receipt of Bulletin availability notices, recommend enter the email addressee raoemo@sbcglobal.net into your address book. If you do not receive a Bulletin check either <http://www.veteransresources.org> (PDF & HTTP Editions), <http://frabr245.org> (PDF & HTTP Editions), or <http://vets4vets.zymichost.com/rao.html> (PDF Edition) before sending me an email asking if one was published. If you can access the Bulletin at any of the aforementioned sites it indicates that

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