

RAO

BULLETIN

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Exchange Online Shopping ► Open Access to All Vets Proposal

The U.S. military is looking into allowing all of the nation's veterans who served honorably to shop online at exchanges that sell discounted, name-brand goods — a perk that is currently available only to a small minority. The change is proposed by the Army & Air Force Exchange Service director as a way to show appreciation for veterans and to offset a loss of revenue as troops return from overseas, where they had few alternatives but to shop at the military retail stores. For now, the online shopping is generally limited to current service members, veterans who served for 20 years or longer and their family members. Tom Shull, the director of the exchange service, said 20 million veterans would be affected if the Defense Department allows all veterans who served honorably to use the shopping website.

Veterans who use the site typically save 25 percent or more and do not pay state sales tax. Top-selling brands include Michael Kors, Under Armour and Levi's. Levi's jeans for children are \$15 to \$20 a pair versus \$28 or more in department stores. Shull is adding more name-brand products and revamping the website, which last year broke even. He said he hopes to invite all veterans who served honorably to begin shopping online on Veterans Day in 2015. Shull said it is coincidental that he proposed his idea during the Department of Veterans Affairs scandal over long waits for patient care and falsified records covering up the delays at hospitals and clinics nationwide. He said he thought of it a year ago. And while it would benefit those who have been affected by the current challenges within the VA, Shull said, he did not suggest it for that reason.

U.S. Sen. Richard Blumenthal, a member of the Senate Veterans' Affairs Committee, said, "It's a good idea. We should do it, but not view it as a way to make up for the VA's failings." "Many, many veterans have not served a full 20 years but have nonetheless contributed immensely to the defense of our nation," said Blumenthal, D-Connecticut. "That service ought to be recognized more fully." Both the Navy and the Marine Corps said it would be premature to comment. The Defense Department says it must weigh whether the policy change would diminish the benefit for current patrons, cost the department more, or harm other local businesses and tax collection. It historically has not supported expanding the benefits that are designed to recruit and retain service members, and has scrutinized how any changes would affect the entire benefits package. There are about 2 million people nationwide who served at least 20 years in the military, according to the Defense Department.

Shull, who is the first civilian director of the exchange, suggested letting veterans from all of the branches who served honorably use the exchange website but not the brick-and-mortar stores. He expects less revenue from the physical stores as troops return from overseas, and he worries people won't shop on U.S. bases as much in the coming years if commissaries, or grocery stores, raise prices because of budget cuts. Shull said he needs to boost profits so the exchange service can continue to pay for programs for service members and their families on Army and Air Force bases. Headquartered in Dallas, the exchange did \$8.3 billion in sales in 2013 and netted \$332 million in earnings, its data shows. It gave \$208 million of its earnings as a dividend to the Army and the Air Force for Morale, Welfare and Recreation programs, including family counseling and youth services. Online sales could grow from about \$200 million annually to \$1 billion by 2019, Shull said. [Source: AP | Jennifer McDermott | Jun 22, 2014 ++]

Commissary Generics Use ► Might Cost Commissaries in Long Run

A growing chorus of top military officials insists that allowing private label products — also called store brands or generics — to be sold in commissaries not only could save customers money now, but also could ease the pain in the future if the stores are forced to raise prices. But that perspective overlooks one not-so-small detail: The Defense Commissary Agency has in fact carried many forms of generics — knockoffs of national brands — for years. The current push seems to envision having the commissary system specifically create its own unique “DeCA” brands. But some experts say that at a time when Pentagon officials are looking to slash the agency’s budget by two-thirds, creating DeCA brand products would require more funding to support the infrastructure to develop and manage the program and its associated costs.

What’s more, some of the knockoff items DeCA already carries, ranging from over-the-counter drugs to some foods and paper products, are already cheaper than the generic brands found in discount retail stores — as well as in the military exchanges’ Exchange Select generic product line. The Senate Armed Services Committee has a provision in its version of the 2015 defense authorization bill that would allow commissaries to sell generic items without using competitive procurement procedures. Currently, commissaries can’t sell any products that are not also sold in civilian stores, which is the main barrier to creating a “DeCA” brand.

Even as that discussion swirls, the commissary agency is focused on reviewing its program of low cost alternatives to determine whether it meets customers’ needs, and whether another private label or complementary program is really warranted, Joseph Jeu, DeCA director, said at a May conference. “The main message is not so much ‘private label,’ ” Jeu said. “The key is to make sure we have more ... low cost items.” DeCA stocks about 1,400 “best value” items across its commissaries — typically a “control label” brand or a name-brand product that the agency has determined is the best value. A control label is essentially a product that fills the same role as a private label or store brand for grocers who can’t afford their own store brand program. Some retail experts question whether most commissary consumers are aware of that initiative. “The question should be, with this great savings, why didn’t the consumer know?” said Joe Olding, president of Webco General Partnership, a military food broker company representing manufacturers of items sold across the stores.

Olding said the law needs to be changed to allow DeCA to announce prices online and elsewhere — advertise, in other words — so customers are aware of lower cost alternatives. Olding’s analysis, using industry data to which he has access, reflects DeCA’s current private label savings in a number of items.

For example, its private label brand of ibuprofen, called Good Sense, saved shoppers 40 percent on average over grocers' private label ibuprofen. Joyce Raezer, executive director of the National Military Family Association, questioned how adding a DeCA store brand would save the agency money. "What's the DeCA infrastructure that would be required to get the brand on the shelves?" Raezer said. Olding said DeCA costs would include packaging, quality control, advertising and marketing, and distribution — and even shelf stocking costs. DeCA itself would have to stock those products, a function currently handled by manufacturers and distributors of their own brands, not commissary employees. One potential alternative would be to have DeCA carry the military exchanges' Exchange Select store brands, if Congress removes re-strictions related to store brands.

The Army and Air Force Exchange Service "fully supports a co-operative approach to private labels regarding the commissary," AAFES spokesman Judd Anstey said. The exchanges sell 670 items under their Exchange Select private label/store brand, mainly health and beauty items and household cleaning supplies, said Jennifer Little, AAFES divisional merchandise manager. Compared to national brand equivalents, customers save 20 percent to 50 percent, she said. "If you think of the national brand and bringing it to market, it's already developed," Little said. "All the quality testing and packaging is already done by the brand manager at the manufacturer." With store brands, "there's no manufacturer to advertise it for you. You own it as a retailer. You own it from cradle to grave." One source noted that if DeCA is forced to operate with less taxpayer funding and thus must raise prices, store brands might become an attractive option because the markups are higher on those than on national brands, which would create more revenue for DeCA. [Source: NavyTimes | Karen Jowers | Jun 23, 2014 ++]

DoD Mobilized Reserve 24 JUN 2014 ▶ Decrease of 721

The Army National Guard, Army Reserve and Navy Reserve announced this week a decrease in activated National Guard and reserve members, while the Marine Corps Reserve, Air National Guard and Air Force Reserve announced an increase of activated National Guard and reserve members. The Coast Guard Reserve announced a decrease of 721 in the number of activated National Guard than last reported in the 1 JUN 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 25,926; Navy Reserve, 3,456; Marine Corps Reserve, 1,324; Air National Guard and Air Force Reserve, 6,693; and the Coast Guard Reserve, 369. This brings the total National Guard and reserve personnel who have been activated to 37,768, including both units and individual augmentees. A cumulative roster of all National Guard and reserve personnel who are currently activated may be found online at: <http://www.defense.gov/documents/Mobilization-Weekly-Report-140624.pdf>. [Source: DoD News Release No. NR-269-14 dtd May 29, 2014 ++]

* VA *



VA Whistleblowers Update 04 ► Albany Stratton VAMC Case

A New York nursing supervisor who objected to the use of restraints on an unstable patient by Veterans Affairs Department doctors says she has endured months of retaliation from local officials for that single act of whistleblowing. The episode offers a discouraging message to conscientious employees who see department failings and a glimpse at the hurdles new VA leadership will have to overcome if they want to uphold their promise of protecting those workers. The U.S. Office of Special Counsel has stepped in to postpone a 30-day suspension for the nursing supervisor, saying its investigation thus far indicates that administrators at the Albany Stratton VA Medical Center overstepped their authority in the punishment. But even with the reprieve, Valerie Riviello — a 28-year employee with an uncontroversial work history — doubts whether she'll ever be able to return to her job.

The conflict began last November when Riviello objected to a doctor's order to keep a female veteran in restraints for several hours. The move originally was ordered because the woman presented a possible suicide risk, but Riviello said that after a few hours she had regained composure and presented no threat to herself or others. But when Riviello and other staff asked to remove restraints from the woman, doctors refused. Riviello's attorney, Cheri Cannon, said that move ran counter to VA regulations, which state doctors must perform regular checks and provide regular justification for extreme patient actions like restraints. After consulting with her supervisors and other patient care workers, Riviello freed the woman after nearly seven hours in restraints, allowing her to use the bathroom and shower. The patient — who suffered from post-traumatic stress related to military sexual trauma — had been begging to be released, and remained calm for the rest of her stay.

The move brought immediate criticism from hospital doctors, who claimed the nursing staff had no authority to make such a decision. Riviello reported her concerns about the incident to patient safety officials at the hospital. Within days, officials pressured Riviello to step down from her supervisor job, despite no previous disciplinary action. She was also asked to voluntarily take a demotion in pay, and was reassigned to work away from patients. In March, following internal hospital investigations, supervisors threatened her with a formal reprimand for the November incident. As she contacted the Office of Special Counsel to ask for intervention, that was changed to a 30-day suspension without pay. Riviello said she is horrified not only by the improper use of restraints but also the overwhelming intimidation which followed any questioning of authority at the hospital. "I had outstanding performance reviews," she said. "This was a patient safety issue. I was trying to do the right thing for veterans."

Cannon said the moves haven't just hurt her client. "The nurses there saw this, and are now fearful," she said. "They're concerned that management can take action against them if they raise any issue." In a statement, Albany hospital officials would not respond to Riviello's charges but said, "We take any allegations involving patient care very seriously and we have an open environment where we encourage employees to come forward with concerns." The case is one of at least 60 involving VA whistleblower retaliation that are under investigation by the Office of Special Counsel. Most have come in the wake of the Arizona medical appointment delay scandal this spring, which prompted the resignation of VA Secretary Eric Shinseki and other top department officials.

Earlier this month, acting VA Secretary Sloan Gibson issued a memo promising that employees who report fraud or abuse in the department would be protected, and that "intimidation or retaliation against whistleblowers ... is absolutely unacceptable." But lawmakers say they have heard of multiple cases like Riviello's, where local supervisors have moved to silence problems at their facilities, no matter how small

or isolated. Riviello is still working at a desk job that does not involve patient care, awaiting completion of the OSC's investigation into her claims. Part of that review has revealed that the same patient was put in restraints again during a February hospital visit. That time, without Riviello there to intervene, she was left in restraints for 49 hours, per doctors' orders. [Source: MilitaryTimes | Leo Shane | Jun 26, 2014 ++]

VA Quality-of-Care Update 03 ► Better or Worse than Private Sector

Half of the physicians who have experience practicing medicine at the Veterans Administration and the private sector since 2000 say the quality of care is worse in the VA system, according to a national survey of more than 1,500 doctors conducted by Jackson Healthcare. Fifty percent of the doctors who have practiced at the VA and in the private sector said the quality of care for military veterans is worse than in private practice. Thirty-one percent said it is about the same. VA doctors don't see it that way. Only 23 percent of physicians who are working at the VA say the quality of care is worse than the private sector; 39 percent of VA doctors say it is about the same as the private sector.

The nationwide survey of 1,527 physicians who reported working at the VA since 2000 was conducted June 5 to 11 and has a confidence level of 95 percent with an error rate of + or - 2.5 percent. Thirty-six percent of those surveyed are currently working in the VA. Seventy-eight percent of the respondents also have reported working in private practice since 2000, enabling them to make comparisons. Thirty-five percent have spent at least five years at the VA since 2000. Doctors who currently work who have had VA experience and private sector experience also see access to care in the VA as a big problem. Sixty-nine percent of those with experience at the VA and the private sector were likely to report the VA had worse access to care. Yet, in comparison, only 52 percent of VA physicians report access to care is a problem. "Most of the doctors we surveyed have seen what the practice of medicine is like under a government system and in the private sector," said Richard L. Jackson, chairman and CEO of Jackson Healthcare. "Those who have left the system are more likely to be frank about the hassles within the VA that impede the ability for patients to receive quality care." And access issues come across in a variety of ways in the physicians' survey. For example:

- Sixty percent of all physicians surveyed – those who currently work at the VA and those who have VA and private sector experience — said the amount of time they spent on administrative, non-clinical duties within the VA is too much.
- Fifty-six percent of the same group of physicians said that wait times to access the system is poor.
- Sixty percent report the wait times to see primary care physicians as poor.
- Sixty percent rate the wait time to see specialty doctors as poor.
- Once patients do get into the VA system; however, 76 percent of physicians rate the quality of specialty care to be good, 71 percent rate the primary care to be good, and 68 percent rate the amount of time spent with patients to be good.

"This confirms what we have been hearing that the unhappiness with patient care at the VA primarily stems from long waits and the inability to access care," said Jackson. "Doctors are on the front lines and they know there should be nothing that impedes allowing patients to access care when he or she needs it." Physicians who gave the VA poor scores on access to care were more likely to be from the Mountain region of the country, be surgical sub-specialists, be full-time physicians and be full-time male doctors. Those who were more likely to give the VA good scores on access were likely to be from New England or the Mid Atlantic, be internal medicine subspecialists, part time, foreign graduate or female physicians or

had less experience in private practice. Jackson Healthcare is the third largest healthcare staffing company in the U.S. and serves more than five million patients in over 1,300 healthcare facilities. [Source: Jackson Healthcare News Release Jun 24, 2014 ++]

VA Bonuses Update 18 ► Given to 65% of Senior Execs in 2013

About 65 percent of senior executives at the Veterans Affairs Department got performance bonuses last year despite widespread treatment delays and preventable deaths at VA hospitals and clinics, the agency said Friday. More than 300 VA executives were paid a total of \$2.7 million in bonuses last year, said Gina Farrissee, assistant VA secretary for human resources and administration. That amount is down from about \$3.4 million in bonuses paid in 2012, Farrissee said. The totals do not include tens of millions of dollars in bonuses awarded to doctors, dentists and other medical providers throughout the VA's nearly 900 hospitals and clinics. Workers at the Phoenix VA Health Care System — where officials have confirmed dozens of patients died while awaiting treatment — received about \$3.9 million in bonuses last year, newly released records show. The merit-based bonuses were doled out to about 650 employees, including doctors, nurses, administrators, secretaries and cleaning staff.

There was confusion 20 JUN about the number of senior executives who received bonuses. During a hearing Friday of the House Veterans' Affairs Committee, both lawmakers and Farrissee had indicated that nearly 80 percent of senior executives had received bonuses. Later, however, the committee provided documents showing that 304 of 470 senior executives, or 64.7 percent, had received bonuses. The committee and a VA spokesman said the 80 percent figure referred to the number of senior executives who received very high ratings, not those who received bonuses. Farrissee defended the bonus system, telling the Veterans' Affairs panel that the VA needs to pay bonuses to keep executives who are paid up to \$181,000 per year. "We are competing in tough labor markets for skilled personnel," Farrissee said. "To remain competitive in recruiting and retaining the best personnel to serve our veterans, we must rely on tools such as incentives and awards that recognize superior performance."

Farrissee's testimony drew sharp rebukes by lawmakers from both parties. Rep. Jeff Miller (R-FL), the committee chairman, said the VA's bonus system "is failing veterans." Instead of being given for outstanding work, the cash awards are "seen as an entitlement and have become irrelevant to quality work product," Miller said. Rep. Phil Roe (R-TN) said awarding bonuses to a high percentage of executives means that the VA was setting the bar for performance so low that "anybody could step over it. If your metrics are low enough that almost everybody exceeds them, then your metrics are not very high." Rep. Ann McLane Kuster (D-NH) said the VA suffered from "grade inflation, or what (humorist) Garrison Keillor would refer to as 'all of the children are above average.'" Kuster and other lawmakers said they found it hard to believe that so many senior employees could be viewed as exceeding expectations, given the growing uproar over patients dying while awaiting VA treatment and mounting evidence that workers falsified or omitted appointment schedules to mask frequent, long delays.

Miller, the Veterans' Affairs Committee chairman, noted that in the past four years, none of the VA's 470 senior executives have received ratings of minimally satisfactory or unsatisfactory, the two lowest ratings on the VA's five-tier evaluation system. Nearly 80 percent of senior executives were rated as outstanding or exceeding "fully successful," according to the VA. "Based on this committee's investigations, outside independent reports and what we have learned in the last few months, I wholeheartedly disagree with VA's assessment of its senior staff," Miller said. An updated audit released

this week showed that about 10 percent of veterans seeking medical care at VA hospitals and clinics have to wait at least 30 days for an appointment. More than 56,000 veterans have had to wait at least three months for initial appointments, the report said, and an additional 46,000 veterans who asked for appointments over the past decade never got them. The VA has confirmed that dozens of veterans died while awaiting appointments at VA facilities in the Phoenix area, although officials say they can't tell whether the delays caused any of the deaths.

The VA's inspector general has said that the bonus system — which has been suspended amid a criminal probe of wrongdoing at the agency — contributed to the fake record-keeping, since employees knew that bonuses for senior managers and hospital directors were based in part on on-time performance. Some 13 percent of VA schedulers surveyed by auditors reported being told by supervisors to falsify appointment records to make patient waits appear shorter. The House and Senate have both approved legislation to make it easier to fire senior executives and hospital administrators. The House bill would ban performance bonuses, while the Senate would sharply limit them. Lawmakers say they hope to bring a compromise bill to the president before the July 4 recess. [Source: Associated Press | Matthew Daly | Jun 20, 2014 ++]

VA Female Vet Care ► Persistent Shortcomings Remain

Already pilloried for long wait times for medical appointments, the beleaguered Department of Veterans Affairs has fallen short of another commitment: to attend to the needs of the rising ranks of female veterans returning from Iraq and Afghanistan, many of them of child-bearing age. Even the head of the VA's office of women's health acknowledges that persistent shortcomings remain in caring for the 390,000 female vets seen last year at its hospitals and clinics — despite an investment of more than \$1.3 billion since 2008, including the training of hundreds of medical professionals in the fundamentals of treating the female body. According to an Associated Press review of VA internal documents, inspector general reports and interviews:

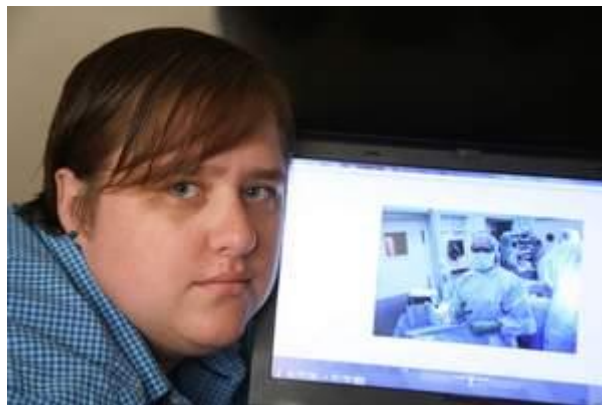
- Nationwide, nearly one in four VA hospitals does not have a fulltime gynecologist on staff. And about 140 of the 920 community-based clinics serving veterans in rural areas do not have a designated women's health provider, despite the goal that every clinic would have one;
- When community-based clinics refer veterans to a nearby university or other private medical facility to be screened for breast cancer, more than half the time their mammogram results are not provided to patients within two weeks, as required under VA policy;
- Female veterans have been placed on the VA's Electronic Wait List at a higher rate than male veterans. All new patients who cannot be schedule for an appointment in 90 days or less are placed on that wait list; and
- According to a VA presentation last year, female veterans of child-bearing age were far more likely to be given medications that can cause birth defects than were women being treated through a private HMO.

“Are there problems? Yes,” said Dr. Patricia Hayes, the VA's chief consultant for women's health in an AP interview. “The good news for our health care system is that as the number of women increases dramatically, we are going to continue to be able to adjust to these circumstances quickly.” The 5.3 million male veterans who used the VA system in fiscal year 2013 far outnumbered female patients, but the number of women receiving care at VA has more than doubled since 2000. The tens of thousands of predominantly young, female veterans returning home has dramatically changed the VA's patient load, and

the system has yet to fully catch up. Also, as the total veteran population continues to decrease, the female veteran population has been increasing year after year, according to a 2013 VA report.

All enrolled veterans can use what the VA describes as its “comprehensive medical benefits package,” though certain benefits may vary by individual and ailment, just like for medical care outside the VA system. The VA typically covers all female-specific medical needs, aside from abortions and in-vitro fertilization. The strategic initiatives, which sprang from recommendations issued six years ago to enhance women’s health system-wide, have kick started research about women veterans’ experience of sexual harassment, assault or rape in a military setting; established working groups about how to build prosthetics for female soldiers; and even led to installation of women’s restrooms at the more than 1,000 VA facilities. Yet enduring problems with the delivery of care for women veterans are surfacing now amid the growing criticism of the VA’s handling of patient care nationwide and allegations of misconduct, lengthy wait times and potential unnecessary deaths.

Used to treating the men who served in Vietnam, Korea or World War II, many of the VA’s practitioners until a few years ago were unaccustomed to treating menopause or giving advice about birth control. The study on distribution of prescription medication that could cause birth defects is illustrative of the lagging awareness; one of every two women veterans has received medication from a VA pharmacy that could cause birth defects, compared to one in every six women who received drugs care through a private health care system, said the study’s author, Eleanor Bimla Schwarz, a senior medical expert on reproductive health with VA. Schwarz, who also directs women’s health research at the University of Pittsburgh, pointed out that while she does not believe any of the veterans surveyed were pregnant at the time, it is critical to keep in mind that many new female veterans are of child-bearing age, a higher percentage are on medication than in the general population and the majority of these women are not on contraception. Dr. Hayes said the VA seeks to place a trained, designated women’s provider in every facility and expects to install a “one-stop” health care model that allows women to go to one provider for a range of services, including annual physicals, mental health services, gynecological care and mammograms. Until that happens, however, some VA clinics have limited gender-specific health treatments available for women.



Army Sgt. Ashley Morris

Army Sgt. Ashley Morris, who worked as an operating room technician for six months in 2008-2009 at a military hospital in Baghdad’s Green Zone that treated soldiers hit by suicide bombs or wounded in firefights, said that promised transformation is badly needed. She returned having flashbacks and suffering from post-traumatic stress disorder, and spent a month hospitalized in a psychiatric facility in Pueblo, Colorado. Now back home in Albertville, Alabama, she said she was ordered in March by a physician at

the nearby community-based VA clinic to get a mammogram, given her mother's medical history. But Morris said she had to wait so long to get an outside appointment that she never made it to the doctor, in part, she said, because the VA would not reimburse her for the gas mileage to get to the private screening center 65 miles away in Birmingham. "As a young female coming home from Iraq, they don't have the care that we need at the local clinic," said Morris, 26. "If it's anything over psych medications, I have to go to Birmingham, and they've stopped compensating me for driving there." VA policy says any veteran who has been approved to get care at an outside facility will be reimbursed for gas mileage or get their transport paid for by the system, said VA spokeswoman Ndidi Mojay. Jeffrey Hester, spokesman for the VA in Birmingham, said he was not aware of Morris' circumstances.

Female veterans are more likely than their male counterparts to be referred outside the VA system for specialty care, Hayes acknowledged. Nearly one-third of all female patients received at least one day of treatment at a non-VA facility in fiscal year 2012, as compared to 15 percent of their male counterparts, according to the most recent data Hayes supplied. Many female veterans report having to drive hours to get to a facility that offers specialized gender-specific care, while some of them tell of struggling to get the VA to pick up the tab for them to see a nearby private doctor. Army Sgt. LaQuisha Gallmon of Greenville, South Carolina, whose daughter was born two months ago, said she had been authorized to see a private physician of her choice for prenatal visits and delivery. But because the paperwork hadn't been fully processed when she went to an outside emergency room for complications in her sixth month of pregnancy, VA has refused to pay the \$700 bill, she said. "I called the VA women's clinic and they told me everything was approved for me to get outside care and I should be getting the packet in the mail," said Gallmon, 32, who served six years in Iraq, Germany and Fort Gordon, Georgia. "Right after that, I wound up in the ER for complications, and a week later I received the letter saying they wouldn't pay for it." The VA typically covers prenatal and pregnancy-related care through arrangements with community health care providers, said Mojay.



Army Sgt. LaQuisha Gallmon holding her 2-month-old Abbagayl

According to a recent opinion by the American College of Obstetricians and Gynecologists, the VA has an urgent need to continue training providers in female reproductive health and contraception. Women appear to face particular difficulties getting gender-specific care in community-based clinics, 15 percent of which lacked a designated women's care provider at the end of fiscal year 2013, according to data supplied by VA. Separately, in a report published last year, the VA OIG found that 60 percent of the female patients at community clinics who were surveyed by government inspectors did not receive results of their normal breast cancer screenings within the required two weeks and results for 45 percent of them never made it into the VA's electronic health records. The agency said it has since changed the system so physicians can better track abnormal mammogram results through the VA's internal computerized health records, and says patients with abnormal results are "typically" informed within three days. Hayes said she did not yet have results showing how widely the improvements have been adopted, or what specific progress had been made on the concerns raised by government investigators, especially for women vets who were tested outside a

VA hospital. Hayes said the VA plans to improve its software system so physicians get a more extensive, visible warning to ask patients about their possible pregnancy status and interest in conceiving when prescribing medication that could cause birth defects. “We want to make it right for our veterans to have the best kind of care, and women are included in that goal,” she added. [Source: The Associated Press | Garance Burke | Jun 22, 2014 ++]

VA Health Care Delays Update 05 ► Latest Nationwide Data Released

On 19 JUN the Department of Veterans Affairs (VA) posted the second in a series of bi-monthly data updates showing progress on its efforts to accelerate access to quality health care for Veterans who have been waiting for appointments. Acting Secretary of Veterans Affairs Sloan D. Gibson announced that VA has now contacted approximately 70,000 Veterans across the country to get them off of wait lists and into clinics for medical appointments. Gibson also announced the release of the latest updated, facility-level patient access data, which demonstrates that the number of appointments has increased by almost 200,000 from 15 MAY to 1 JUN.

“In many communities across the country, Veterans wait too long for the high quality care they’ve earned and deserve,” said Acting Secretary Gibson. “As of today, we’ve reached out to 70,000 Veterans to get them off wait lists and into clinics, but there is still much more work to be done. As we continue to address systemic challenges in accessing care, these regular data updates will enhance transparency and provide the most immediate information to Veterans and the public on Veterans’ access to quality health care. Trust is the foundation for everything we do. VA must be an organization built on transparency and accountability, and we will do everything we can to earn that trust one Veteran at a time.” Last week, VA announced the following actions in response to the nationwide Access Audit findings and data:

- **Establishing New Patient Satisfaction Measurement Program-** Gibson has directed VHA to immediately begin developing a new patient satisfaction measurement program to provide real-time, robust, location-by-location information on patient satisfaction, to include satisfaction data of those Veterans attempting to access VA healthcare for the first time. This program will be developed with input from Veterans Service Organizations, outside healthcare organizations, and other entities. This will ensure VA collects an additional set of data – directly from the Veteran’s perspective – to understand how VA is doing throughout the system.
- **Holding Senior Leaders Accountable-** Where audited sites identify concerns within the parent facility or its affiliated clinics, VA will trigger administrative procedures to ascertain the appropriate follow-on personnel actions for specific individuals.
- **Ordering an Immediate VHA Central Office and VISN Office Hiring Freeze-** Gibson has ordered an immediate hiring freeze at the Veterans Health Administration (VHA) central office in Washington D.C. and the 21 VHA Veterans Integrated Service Network (VISN) regional offices, except for critical positions to be approved by the Secretary on a case-by-case basis. This action will begin to remove bureaucratic obstacles and establish responsive, forward leaning leadership. Removing 14-Day Scheduling Goal VA is eliminating the 14-day scheduling goal from employee performance plans. This action will eliminate incentives to engage in inappropriate scheduling practices or behaviors.
- **Increasing Transparency by Posting Data Twice-Monthly-** At the direction of the Acting Secretary, VHA will post regular updates to the access data released today at the middle and end of each month at www.va.gov/health. Twice-monthly data updates will enhance transparency and

provide the most immediate information to Veterans and the public on Veterans access to quality healthcare.

- Initiating an Independent, External Audit of Scheduling Practices- Gibson has also directed that an independent, external audit of system-wide VHA scheduling practices be performed.
- Utilizing High Performing Facilities to Help Those That Need Improvement- VA will formalize a process in which high performing facilities provide direct assistance and share best practices with facilities that require improvement on particular medical center quality and efficiency, also known as SAIL, performance measures.
- Suspending Performance Awards- VA has suspended all VHA senior executive performance awards for FY2014.

[Source: VA News Release Jun 19, 2014 ++]

VA Registries Update 05 ▶ AH Burn PIT Registry | Sign-Up Now

The Department of Veterans Affairs announced the launch of its airborne hazards and burn pit registry at <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/#page/home>. OEF/OIF/OND or 1990-1991 Gulf War Veterans and Servicemembers can use the registry questionnaire to report exposures to airborne hazards (such as smoke from burn pits, oil-well fires, or pollution during deployment), as well as other exposures and health concerns. Everyone is encouraged to participate, and you need not be enrolled in VA's health care system to do so. The registry is intended to be an epidemiological research tool with examinations helping to enhance VA's understanding of any identified long-term adverse health effects of exposure to burn pits and other airborne hazards during deployment --ultimately leading to better health care. Veterans should sign-up now for a Department of Defense Self-Service Logon (DS-Logon) in preparation for the launch of the registry. More information about the registry and the DS-Logon can be found at <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/#page/home>. [Source: VFW Action Corps Weekly Jun 20, 2014 ++]

VA Disputed Claims Update 15 ▶ Willie McCall \$100,000+

WSFA-TV, a Montgomery television station, reported that the U.S. Department of Veterans Affairs is giving an Alabama veteran more than \$100,000 after the serviceman's 56-year struggle to get benefits. Korean War veteran Willie McCall, 85, suffers from debilitating, combat-related health issues. During his time as a rifleman during the Korean conflict, the weather was so cold it left him with frostbite, jungle rot and circulation issues, McCall said. Despite multiple diagnoses, McCall was denied VA benefits and those denials date back to the late 1950s.



Willie McCall, 85



Back Pay Check

Recent documents showed the VA sent McCall to a doctor to assess his condition before the latest hearing on his claim. Despite the doctor's written order confirming the combat wounds, the VA didn't consider that document and denied McCall's benefits again. To appeal would have taken another year and a half. Before totally giving up, McCall's nephew, Freddie Porterfield, contacted the 12 News Defenders. They took the problem to the Central Alabama VA and after review McCall's benefits were granted. The VA's decision came after several weeks of calls, forms and multiple emails. In addition to approving the claim VA gave McCall a check for more than \$100,000 in back pay. This was the monetary compensation he would have received backdated to the time his initial claim was submitted. The VA also set up more appointments for potential compensation for other health claims. [Source: Associated Press article Jun 19, 2014 ++]

VGLI Update 05 ► Revamped Website Enhances Service

Veterans insured with Veterans' Group Life Insurance (VGLI) now have enhanced and more intuitive control of their coverage with the revamped VGLI website. The new site provides an improved experience for Veterans who want to enroll for life insurance, manage their existing coverage or pay their bills online. We've heard directly from Veterans about what they liked and didn't like about the old site and incorporated that feedback in creating the new site. New features include:

- A streamlined enrollment process.
- Quick and easy bill pay.
- Easier navigation.
- A snapshot of account details on the homepage.
- And of course, we've kept favorite features like paperless billing and online beneficiary updates.

Take a few minutes to check out all that the new website has to offer. If you have an existing VGLI online account, just log in with your usual user ID and password. If you don't have a user ID, click on "create an account" on the home page, and then spend a few minutes to create an online account. So far, there's been an overwhelmingly positive response to the revamped website. In fact, within the first 30 days of its launch, users' overall satisfaction with the website rose by more than 20 percent. "It loads so much faster, has so much more information that is easy to access, [and is] easy to update." said Sherry Andrews, a Veteran and VGLI member since 1993. "Now that you have updated your site, it is much easier to make my payment," said Anthony Pellouso, a Veteran and three-year VGLI member. Don't have VGLI? If you are within one year and 120 days of your date of military service separation, then there's still time to apply. To enroll go to <https://ssologin.prudential.com/app/giosgli/Login.fcc?TYPE=33554433&REALMOID=06-000eb2bc-e833-1efc-9d9b-348e307ff004&GUID=&SMAUTHREASON=0&METHOD=GET&SMAGENTNAME=giosgli&TARGET=-SM-HTTPS%3a%2f%2fgiosgli%2eprudential%2ecom%2fosgli%2fController%2flogin%3faction%3dreturn>. To learn more about VGLI refer to <http://benefits.va.gov/insurance/vgli.asp>. [Source: Vantage Point | Ben St. Jacques | Jun 11, 2014 ++]

VA Fraud, Waste, and Abuse ► 140616 thru 140630

Resume Padding -- A top Department of Veterans Affairs executive received tens of thousands of dollars in bonuses even after an internal investigation found she lied about having a master's degree, according to a

senior member of Congress who has asked the department to justify the bonus. **Sheila Cullen**, director of VA's Sierra Pacific Network, received a \$21,000 bonus in 2009 and \$23,100 the following year. House Veterans' Affairs Committee Chairman Jeff Miller, Florida Republican, disclosed the bonus in a letter last week to Sloan Gibson, acting VA secretary. The Washington Times reported last month that a 2009 inspector general's report found Ms. Cullen falsely claimed in numerous official documents over the years that she'd received a master's degree from Bernard M. Baruch College-Mount Sinai School of Medicine.

When pressed by investigators about the fact she never received the degree, Ms. Cullen said she didn't know she had claimed having the degree and she didn't know who wrote her resume. Mr. Miller called that explanation "laughable" in his June 13 letter to the VA. "I find the lack of candor exhibited by Ms. Cullen to be utterly reprehensible, especially considering the ongoing investigation into the VA where the credibility of information provided by VA senior executives has been called into question," Mr. Miller wrote. As head of the VA's Sierra Pacific Network, Ms. Cullen oversees 50 VA facilities serving more than 1 million veterans. She was already in the job when the VA's inspector general investigated her academic credentials in 2009. VA officials declined to say last month whether she faces any discipline after the watchdog's report, and an inspector general spokeswoman said whether Ms. Cullen had a master's degree was irrelevant to her current job. Still, the lack of candor from such a senior official troubles Miller, whose committee has been investigating a widening scandal into falsification of wait times at multiple VA health care facilities across the country.

In his letter to Gibson, Miller noted that making a false statements is against the law, "which is often met with termination of current, and disqualification from future, federal employment." In the inspector general's 2009 investigative report to VA officials on Ms. Cullen's academic claims, officials did not cite any potential punishment but recommended an ethics refresher course. "Ms. Cullen falsified the fact that she had a master's degree on numerous occasions, including a form for a background investigation and applications for promotions, and throughout our investigation, she continued to make assertions that she did not misrepresent having a master's degree," the inspector general's office reported in the July 7, 2009, memo to the VA. Ms. Cullen confirmed in an email last month that she was interviewed by the VA's inspector general. "I completed two years of graduate school however did not complete a thesis and therefore was not awarded a degree," she wrote in an email. "This status was known when I was hired," she said.

While hiring forms accurately noted that Ms. Cullen, who started with the VA in 1973, was a graduate student, subsequent personnel forms — including several involving promotions — wrongly stated that she'd obtained a master's degree, according to the inspector general. On several other applications and promotion requests she claimed to hold a Master of Business Administration — another false statement, investigators said. When investigators asked Ms. Cullen for copies of her transcripts, she kept them waiting for months, then said she didn't realize she had submitted inaccurate information, according to the inspector general's memo. Miller gave Sloan until June 20 to tell him when VA officials first learned that Ms. Cullen provided false information on her employment records and what disciplinary action she faced. He also demanded Mr. Sloan justify the bonuses paid out to Ms. Cullen even after officials learned about the inspector general investigation. [Source: The Washington Times | Jim McElhatton | Jun 16, 2014 ++]

VA Bonuses Update 17 ► Opportunity of a Lifetime

If this is the “opportunity of a lifetime” to institute VA reforms, the keystone to tie everything together will be the Senior Executive Service pay and performance system. In other sectors, including health care, it’s the prospect of financial rewards that reinforces accountability. Incentives are used broadly to help everyone focus on what needs to be accomplished. Proposals to eliminate bonuses for all Veterans Affairs employees for three years would be a huge mistake. Fear can generate compliance, but it is not going to inspire the commitment the VA needs. Patient care is apparently excellent and employees should be rewarded for their contributions, especially in light of the criticism that has broadly tainted VA. Denying bonuses to executives or anyone is not going to solve anything. This is a situation in which behavior change is needed, and there is no better way to accomplish that than basing financial rewards on successful change. Continuing practices that contributed to the problems is not sound practice.

An independent study is needed. Reports of organizational problems are not new to the VA; the history is a long one. House Veterans Affairs Committee Chairman Rep. Jeff Miller (R-FL) is correct; this is an opportunity to address dysfunctional or inefficient operations and make the VA a model for government. The assessment should be led by individuals who have the experience and standing to identify and define sensitive problems in large, complex agencies. The National Academy of Public Administration has completed similar studies in the past. Many VA employees would be anxious to help. They would like nothing more than to make the VA a model workplace and to feel renewed pride in their agency. No one enjoys working in a situation that involves ongoing dishonesty, especially if they know it’s hurting others. Employees are aware of such problems and have a better sense of how to solve them than anyone. Relying on information-gathering methods that assures their confidentiality could open a floodgate.

A great deal of the information-gathering, analyses and planning of corrective actions could be completed by VA employees, which would hold down costs. Their findings and recommendations are far more likely to be accepted than those of an outside entity. Employees could be responsible for identifying best practices—in health care that information is readily available. Their involvement would minimize any “not invented here” resistance. Each VA hospital and clinic should be addressed separately. If the study is limited to selected hospitals, its likely employees at other facilities would invite an assessment. The first phase report should document the problems, break them down into separate tasks with timelines, resource requirements and expected results. Incentives should be linked to the successful completion of those goals. To ensure changes are implemented as quickly as possible, incentive payouts should increase for early completion. Those who complete tasks late should be penalized through smaller awards or none at all.

Witnesses at a recent House VA committee hearing said most of the metrics used to track performance are process oriented rather than outcome oriented. That highlights a fundamental shift in health care. They also said the VA is tracking too many measures. Hundreds have been developed. The VA should have easy access to some of the nation’s experts, many of whom work in or have ties to government, to help develop new paradigms for tracking performance. In light of the scheduling revelations, it may be important to focus on metrics related to patient experience. Hospitals routinely monitor patient satisfaction on issues like staff responsiveness, communication, and confidence in caregivers. Those measures could be reflected in group incentives. Payouts could be modest—even 2 percent to 3 percent of base pay would be enough to improve performance.

Perhaps the most powerful incentive would be to post a list of each hospital’s performance on key metrics on a public area. That type of competition is used routinely in other sectors. With the many hospitals and clinics, comparative measures as well as measures of improvement would be of broad

interest. Incentives are frequently used as part of a turnaround strategy. The universal basis for managing and rewarding the performance of executives and managers in other sectors is a combination of organizational and individual goals. Health care is no different. Federal agencies may not have quantified goals, but workers at every level should be able to articulate what they expect to accomplish and what constitutes outstanding performance. That should be the basis for determining incentive awards across the VA. [Source: GovExec.com | Howard Risher | June 17, 2014 ++]

VA Health Care Access Update 10 ► Expansion Concerns

A provision in the Senate’s veterans health access bill that would allow some vets to be seen at military hospitals is raising concerns among military advocacy groups. The bill S.2424, passed by the Senate on 12 JUN, would expand veterans’ access to health care at non-Veterans Affairs Department facilities by requiring VA to contract with hospitals participating in Medicare as well as Defense Department, Indian Health Service or other federal facilities. The initiative is aimed at helping veterans who live more than 40 miles from a VA facility or face lengthy waits for care. But military advocates worry about the potential impact on DoD hospitals, which serve more than 4 million military personnel, family members and retirees.

In a legislative update sent 6 JUN to members, the Military Officers Association of America (MOAA) acknowledged that the bill — the Veterans Access to Care through Choice, Accountability and Transparency Act — includes many improvements. But it also raises concerns, MOAA officials said. “Although MOAA is encouraged by the collaboration of both parties to find a solution to improve access, we remain concerned how this bill could impact access to military treatment facilities for current Tricare beneficiaries,” MOAA officials wrote. Kathy Moakler, government relations director for the National Military Family Association, said her organization also is concerned about the bill’s impact on Tricare Prime beneficiaries using the DoD’s 421 military treatment facilities. “We have access concerns, given the Defense Department already is pulling more beneficiaries back into the military treatment facilities,” Moakler said.

Military hospitals and clinics serve active-duty personnel, family members and retirees and their families enrolled in Tricare Prime, the military version of a health maintenance organization. Depending on availability, these facilities also serve Medicare-eligible retirees and family members on Tricare for Life and some Tricare Standard beneficiaries. A handful also provide care to veterans at joint VA-DoD facilities. Roughly 16 percent of outpatient military medical appointments go unused, according to data provided to Military Times by the services. In 2013, an average of 18 percent of outpatient appointments at 62 domestic Air Force medical facilities went unused, while 16.3 percent of Army appointments in the U.S. went unfilled in September. The Navy did not provide specific outpatient data, but a review of the major medical facilities found that an average of 74 percent of the population eligible for Tricare Prime at the facilities are enrolled, potentially leaving room for more patients.

Sen. John McCain (R-AZ), co-sponsor of the Senate legislation, said veterans who can’t get care at VA for service-related conditions deserve to have a choice. “[The bill] would empower veterans to exercise the choice — I emphasize the choice — of getting medical care from any doctor in a Medicare or Tricare program,” McCain said. Bill author Sen. Bernie Sanders (I-VT) said the legislation would ensure that veterans have timely access to quality care. “At a time when 2 million more veterans have come into the VA in the last four years, we must ensure that there are enough doctors, nurses and other health care professionals to meet the needs of veterans in every facility in the country,” Sanders said. But others are

cautioning against the rush to expand use of non-VA providers. In a 9 JUN hearing before the House Veterans' Affairs Committee, VA officials and a Government Accountability Office analyst discussed the complexities of sending veterans outside the VA system for care.

GAO analyst Debra Draper detailed the case of a patient who needed surgery to repair two aneurysms but was unable to have the surgery in a VA facility and did not get it scheduled for nearly two months at a private facility. The patient died before getting the needed treatment. "While non-VA care may expand capacity, there are also some potential pitfalls. For example, non-VA care requires prior approval which may delay care," Draper said. "More coordination is needed between the VA medical center, the veteran and the non-VA provider." Philip Matkovsky, VA's assistant deputy under secretary for health for administrative operations said, "I think we have to watch very carefully. One of the things we've also learned ... is that we need to ensure that there is sufficient non-VA care coordination staff and facilities."

Increased access also would not come without cost. The Congressional Budget Office said the legislation would encourage more veterans to enroll in VA care and could increase health care use among those already enrolled, since it will be easier for them to get an appointment. The estimated total cost to the federal government, according to the CBO, is \$50 billion a year — roughly the size of DoD's entire annual health care budget now. In recent years, the Pentagon has launched an effort to streamline the military health system and encourage beneficiaries to seek care at military hospitals and clinics, which cost the Pentagon less than paying for private-sector care. VA has moved in the other direction, embarking on initiatives to expand private coverage for veterans who live far from VA health facilities or who cannot get a specialty appointment at the VA. Last year, VA spent \$5 billion on private-sector care. And in September, it awarded contracts worth up to \$9.4 billion over five years to two health care companies to provide specialty care and mental health treatment in the private sector.

Former Tricare West Region contractor TriWest Healthcare Alliance and Health Net Federal Services, the company that manages the Tricare North Region, were chosen to run the VA Patient-Centered Community Care program. The program is designed to make use of established health care networks and contract negotiations to provide cost-effective, efficient care when an appointment is unavailable at a local VA hospital or the facility is too far from a veteran's home. But while it focuses on consults and specialty care, the initiative should help release some of the burden on overcrowded VA medical facilities, said TriWest President David McIntyre. "The first place care should be rendered is in the federal system with federal providers where it can be done. And where it can't, we are the release valve," McIntyre said. [Source: NavyTimes | Patricia Kime | June 16, 2014 ++]

VA Health Care Access Update 11 ► Bills Could Double Spending in 3YR

Spending on veterans' health care could double in three years under the Senate's solution to the long waits experienced by thousands seeking medical care at VA hospitals and clinics, according to congressional budget experts. Analyzing a bill the Senate passed overwhelmingly 11 JUN, the Congressional Budget Office estimates the measure would add \$35 billion over the next three years to the \$44 billion the government now spends annually on medical care for veterans. Both the Senate bill and a House version also passed this past week would dramatically expand government-paid health care. They would require the Veterans Affairs Department to pay private providers to treat qualifying veterans who can't get prompt appointments at the VA's nearly 1,000 hospitals and outpatient clinics or who live at least 40 miles from one of them.

Once the program was fully in place, the budget office said it expected that veterans “would ultimately seek additional care that would cost the federal government about \$50 billion a year” — double current spending. The bills are Congress’s response to a growing uproar over patients dying while awaiting VA treatment and mounting evidence that workers falsified or omitted appointment schedules to mask frequent, long delays. The Senate bill would open up VA health care to as many as 8 million veterans who now qualify for VA health care but have not enrolled, the budget office said. By making it easier to get outside care, the Senate bill and a companion measure in the House also would encourage veterans to seek VA coverage for a bigger portion of their health care, the report said. Both bills would make it easier to fire or demote senior agency officials, and both would end bonuses to regional VA officials and other administrators based on meeting patient scheduling goals — a practice investigators say led some officials to create phony waiting lists to “game” the system.

But the Senate bill also would devote at least \$1 billion to leasing 26 facilities in 17 states and Puerto Rico for use as new VA hospitals or clinics and \$500 more million for hiring more VA doctors and nurses. Declaring the long appointment waits an emergency, the Senate averted having to raise taxes or find spending cuts elsewhere to cover the bill’s costs. “By resorting to abusing the emergency escape clause, Washington is once again looking for the easy way out,” said Maya MacGuineas, president of the Center for a Responsible Federal Budget, a bipartisan policy group devoted to cutting federal deficits. MacGuineas’ group criticized the Senate’s bill in a lengthy blog post after it passed, saying it would swell the government’s debt by creating a new unfunded entitlement program bigger than Congress’s expansion of Medicare in 2003 to cover prescription drugs. “We can’t just write a blank check and think it will solve these problems,” said Sen. Jeff Sessions, R-Ala., one of three senators who voted against the bill. He said “veterans deserve better than that.”

Sen. John McCain (R-Az), one of the bill’s authors, lashed back, “If it is not an emergency that we have neglected the brave men and women who have served this country and keep us free, then I do not know what an emergency is.” Sen. Bernie Sanders (I-VT) the chairman of the Senate Veterans’ Affairs Committee, said the bill was expensive, but so were the wars that veterans have served in. Wars in Iraq and Afghanistan alone will have cost at least \$3 trillion, he said. “If we can spend that kind of money to go to war ... surely we can spend (less than) 1 percent of that amount to take care of the men and women who fought those wars,” he said. The CBO did not provide a complete cost estimate on the House bill, which includes no provisions for new hospitals or clinics or hiring more VA doctors and nurses. Both measures would spend billions to provide outside care for veterans, although the House would require Congress to appropriate money for it each year.

House Veterans’ Affairs Committee Chairman Jeff Miller (R-FL) said Congress would have to cover the costs, but he didn’t know where the money would come from. “We’ll have to find a way,” he told reporters after the Senate bill passed. “It’s not going to be cheap. We know it.” Miller also said there would be negotiations with the Senate over final legislation. “We’re not just accepting the Senate bill,” he said. Sanders was optimistic that a quick deal could be reached. “I’ve worked with Jeff Miller. I think we can work things out,” he said. [Source: Associated Press | Matthew Daly | Jun 16, 2014 ++]

VA Health Care Access Update 12 ► Wait Time Audit Disparities

Data released by Veterans Affairs officials earlier this week appeared to confirm that new patients at the agency's medical centers were routinely waiting 30, 50 or even more than 90 days to see a doctor. It turns out those statistics came with some big caveats. Average wait times at many of the facilities are likely much shorter, Philip Matkovsky, an assistant deputy undersecretary at the Department of Veterans Affairs, told The Associated Press on 13 JUN. He said information about patients who received care very quickly was left out of the analysis for technical reasons. "They are valid numbers," he said of audit results issued Monday, but acknowledged that the exclusion of those receiving swift care and other factors led to longer average reported wait times for some facilities than actually experienced by veterans.

One reason for the disparity is that the audit essentially represented a look into future doctor visits, while another VA data system assessed wait times by looking at the past, Matkovsky said. The bottom line, though, he added, remains unchanged: Many veterans are still waiting too long for care. "Nobody should wait 90 days for an appointment from when they want to be seen," he said. Since the 9 JUN release of average wait time data by VA headquarters officials in Washington, administrators at local VA medical centers have been questioning the announced audit results, saying they didn't jibe with internal data showing far shorter waits. The complaints have come not only from places that fared the worst in the audit, but also from hospitals that ranked in the middle or did relatively well.

- Dr. Jeffrey Ryan, the associate chief of staff at the Jesse Brown VA Medical Center in Chicago said, "Our numbers are significantly better than what was released". The audit had pegged average wait times there for new primary care patients at 41 days. Ryan said the real wait was a fraction of that, typically just a day or two.
- At the Durham VA Medical Center in North Carolina, officials said they were baffled after the audit singled them out as having a whopping 104-day average wait for new patients seeking mental health services. They said the VA's national scheduling database pegged the overall average wait time this year for the same category of patients at 25 days.
- Beth Brown, director of the Louis A. Johnson VA Medical Center in Clarksburg, West Virginia, said her most recent batch of data for April showed new patients waiting an average of eight days for primary care, 21 days to see a specialist and 11 days for mental health services. The audit had entirely different numbers: 54 days for primary care, 86 days for a specialist and 96 days for mental health services.

For the audit, investigators essentially took a snapshot of all appointments in the VA's medical scheduling system as it existed on 15 MAY. At that time, there were about six million visits that had been scheduled but hadn't yet taken place. The average wait times in the audit report were based on the time elapsed between when those appointments were requested and when they were scheduled to occur. By contrast, the data systems traditionally relied on by local VA staff to examine wait times is based on historical data — meaning, appointments that have already occurred. That data may not be reliable either; the VA is investigating widespread manipulation of appointment data by schedulers. The forward-looking audit released 9 JUN doesn't account for appointments that might be rescheduled or cancelled, or moved up as doctors' schedules open up. It also omits same-day appointments and many other appointments for people who got care within a few days of first requesting it. Those factors have the effect of inflating average waiting times — sometimes by a lot — although they don't erase the fact that thousands of people have been forced to wait weeks or even months for care they wish they could have right away.

Matkovsky said that the VA will make both sets of data available to hospital administrators going forward, so they can see how they performed in the past, and also get a picture of how their appointment

calendars are shaping up in the months ahead. The main purpose of the audit wasn't to get more accurate statistics on wait times, but to determine the breadth of inappropriate scheduling practices that occurred at some facilities that hid long waits for care. Some 13 percent of schedulers surveyed by the auditors reported being told by supervisors to falsify appointment records to make patient waits appear shorter. The VA inspector general has cited a since-abandoned performance bonus system as a reason for the falsifications. [Source: Associated Press | David B. Caruso | Jun 14, 2014 ++]

VA Scandal News ► Wait List Coverage Fades

“VA awareness is losing traction. Well played, Mr. President,” said disabled Iraq War veteran Matt James. Many other veterans have also noticed VA scandal awareness is slipping from the public consciousness. Veterans like Mr. James are taking similar note as to just how fickle our news cycle is and of the apparent 8-second attention span held by the news media when it comes to VA accountability for veterans. At issue here is VA’s intentional withholding of health care benefits from over 100,000 deserving veterans. Many VA medical care facilities have been linked to the scandal following the exposure of the scandal by CNN last April. At the time, we all thought there was a “secret wait list” at the core of the scandal. We now know the Wait List Scandal was anything but secret.

In response to the scandal, President Obama has deployed his White House Deputy Chief of Staff Rob Nabors, to Phoenix to oversee the investigation of the facility by certain VA staff prior to their lackluster report back to Congress last week. With Secretary Shinseki’s resignation, Mr. Nabors will now stay on board with VA during the transition to its Acting Secretary, Sloan Gibson. Mr. Nabors has a reputation for being a dealmaker and quite adept at cleaning up political messes not unlike the VA Wait List Scandal currently before us. Now that Secretary Shinseki has stepped down, and the Burgdahl Scandal has spun up, most major news media seemingly have forgotten all about covering the currently existing VA scandals, including the Wait List Scandal. On the night of VA’s announcement of the 100,000 veterans affected by the scandal, even Fox News spent what seemed like an extraordinary amount of time spinning up the Burgdahl issue.

But the dwindling amount of attention on real scandals like the Wait List Scandal has not gone unnoticed. Facebook commentaries have popped up from veterans and ordinary Americans who have noticed the decisive shift now that Secretary Shinseki has stepped down. Headlines are now coming in that discuss the lack of headlines related to the very real scandals that have impacted veterans across the country. For example, one correspondent wrote an article titled, Dr. Manny: Don’t let Bergdahl’s rescue distract from the VA scandal. It seemed inevitable that the steam would run down on the scandal coverage. With Shinseki gone, there was no one figurehead left to really focus on within VA. Instead, we were left with a 300,000-employee agency and a bunch of new leaders no one had heard of – Acting Deputy Director of This – Acting Secretary of That. And, in line with what I (i.e. Benjamin Krause) predicted 9 JUN, in MMQB: With Shinseki Resignation, VA evades ‘Feet to Fire’ Treatment, the VA behemoth looks like it may evade yet another opportunity to increase truth and accountability regarding criminal charges despite the explosive scope of the scandal.

The change in focus starting mid-JUN is certainly benefiting some Democratic incumbents who were facing hard headlines due to the VA scandals. The negative press about VA facilities across the country was causing Democrats to lose ground with their respective electorate after 8 weeks of the Wait List Scandal. In an election year, no party can have that kind of press across the board and hope to succeed in

November. For example, Rep. Mike Michaud (D-ME) has seen a lot of heat during his re-election campaign in his home state of Maine. He is a senior Representative and longtime participant in the House Committee on Veterans Affairs. This election cycle, he was receiving a ton of heat from challengers on the Wait List Scandal. According to one article, After Veterans Affairs Secretary Resigns, Opponents Say Mike Michaud Should Have Known, Republican challengers were clearly hoping the scandal would move Rep. Michaud closer to retirement – so long as the headlines kept pouring in.

Rep. Michaud was not alone. Democrat politicians across the country were feeling the pressure due to coverage of the Wait List Scandal. That is, until the national spotlight moved from a real scandal to one that has the appearance of being less serious. I am specifically referencing the new Bergdahl Scandal that has stolen headlines from VA truth seekers; this is a scandal created by the direct actions of the White House. Due to the Bergdahl Scandal, one can look at most major news websites across the country and struggle to find even one mention of further investigations into the Wait List Scandal on the front page. Or the second page. Or the third page. In response to the reality before us, I repeat the insightful observation of Mr. James above, “VA awareness is losing traction. Well played, Mr. President.” Well played indeed [sic].



Benjamin Krause

Note: Benjamin Krause is an award winning investigative reporter and Veterans Benefits Law attorney. At 19, he enlisted in US Air Force and served in its Special Operations Command. After his Honorable Discharge, Benjamin used his Voc Rehab Benefits to attend at Northwestern University and the University of Minnesota Law School. While in law school, he won his decade-long fight for full disability benefits and now helps others do the same. Benjamin regularly reports on Veterans’ Benefits news and analysis on the site DisabledVeterans.org, and has been a topic expert for Bloomberg, CSPAN, CBS, Clear Channel, Pioneer Press, Star Tribune, and others.

[Source: Military.com | Benjamin Krause | June 11, 2014 ++]

VAMC Fayetteville NC ► Gibson Directs Actions to Improve Access

Acting Secretary of Veterans Affairs Sloan D. Gibson announced immediate actions to improve access to care for Veterans in Fayetteville, N.C. His visit on 12 JUN to the Fayetteville VA Medical Center (VAMC) followed the Department of Veterans Affairs’ (VA) release of results from its Nationwide Access Audit, along with facility level patient access data. “Far too many Veterans in Fayetteville – and across this country – are being told they have to wait in line. I’m here today to say that no Veteran should ever have to wait for the care they have earned through their service and sacrifice,” said Acting Secretary Gibson. “The data we released this week shows the extent of the problems we face. As the President has said, we must work together to fix the unacceptable, systemic problems in accessing quality healthcare. And that starts by addressing and solving the problems right here in Fayetteville.” In addition to the system-wide actions taken in response to the audit findings and data, Gibson outlined the following actions to accelerate access to care for Veterans in Fayetteville:

- The Fayetteville VAMC is reaching out to all Veterans identified as waiting longer than 30 days for care to discuss individual medical needs and schedule appointments – more than 2,000 Veterans have been contacted.
- Gibson directed that the Fayetteville VAMC receive an additional \$7.4 million from within VA’s budget specifically to accelerate access to care.
- Fayetteville VAMC has expanded hours – adding mornings, evenings and weekends – and deployed a mobile care unit to see patients.
- Gibson directed that the Fayetteville VAMC use temporary staffing measures, along with clinical and administrative support, to ensure these Veterans receive the care they have earned through their service.
- Gibson directed that the Fayetteville VAMC increase the use of established contracts with community partners to schedule Veterans waiting to be seen by a doctor.

[Source: VA News Release Jun 12, 2014 ++]

VAMC Phoenix AZ Update 06 ► More Allegations of Fraud and Coverups

Records of dead veterans were changed or physically altered, some even in recent weeks, to hide how many people died while waiting for care at the Phoenix VA hospital, a whistle-blower told CNN in stunning revelations that point to a new coverup in the ongoing VA scandal. "Deceased" notes on files were removed to make statistics look better, so veterans would not be counted as having died while waiting for care, Pauline DeWenter said. She should know. She is the actual scheduling clerk at the Phoenix VA who said for the better part of a year she was ordered by supervisors to manage and handle the so-called "secret waiting list," where veterans' names of those seeking medical care were often placed, sometimes left for months with no care at all. For these reasons, she is among the most important and central people to the Phoenix VA scandal over a secret wait list, veterans' wait times and deaths. Despite being in the center of the storm, DeWenter has never spoken publicly about any of it -- the secret list, the altering of records, the dozens of veterans she believes have died waiting for care -- until now.

It was one of DeWenter's roles to call veterans when appointments became available to schedule them to get a consultation. Sometimes when she made those calls, she'd find that the veteran had died, so she would enter that on their records. But at least seven times since last October, records that showed that veterans died while waiting for care -- records which she personally handled and had entered in details of veterans' deaths -- were physically altered, or written over, by someone else, DeWenter said in an exclusive interview with CNN. The changes, or re-writes, listed the veterans as living, not deceased, essentially hiding their deaths. The alterations had even occurred in recent weeks, she said, in a deliberate attempt to try to hide just how many veterans died while waiting for care, by trying to pretend dead veterans remain alive. "Because by doing that, that placed (the veterans) back on the wait list," said DeWenter, explaining she believes that the purpose of "bringing them back to life" in the paperwork and putting the veterans back on the electronic waiting list was to hide the fact that veterans died waiting for care. "I would say (it was done to) hide the fact. Because it is marked a death. And that death needs to be reported. So if you change that to, 'entered in error' or, my personal favorite, 'no longer necessary,' that makes the death go away. So the death would never be reported then."

Beginning early last year, DeWenter said she was also instructed to hide the crisis at the Phoenix VA medical center by concealing new requests for treatment. This was at a time when the VA was paying bonuses to senior staff whose facilities met the goals of providing care in a timely manner for veterans, typically within 14 days. New requests by veterans wanting treatment were actually stuffed into a drawer, to make the books look better, according to DeWenter. Asked what happened to the new requests for appointments, she said: "They went into a desk drawer.... That would be the secret list." There was "no doubt" it was, in fact, a secret list, she said. Her claims support those of Dr. Sam Foote, now retired from the VA, who spoke to CNN in March and raised the lid on the Phoenix crisis and allegations that up to 40 veterans died while waiting for care. Since November 2013 CNN has been investigating and publishing reports of wait lists and deaths of veterans across VA hospitals around the country.

It has been a horrific year for DeWenter. In early 2013, the waiting list at the Phoenix VA was so long that 1,700 veterans were on it, and many vets could not get an appointment for as much as nine months, or longer, she said. On average there were requests from 40 new patients a day, she said. DeWenter says the hospital administration knew it, but was so focused on meeting an immediate goal, the patients didn't matter. "It's beyond horrible," she said, tearing up at times during the interview. DeWenter said in addition to keeping the secret list and keeping quiet when she learned veterans on the list died, she was also pushed to clear up the backlog on the electronic waiting list, which put pressure on follow-up care as well. There simply were not enough doctors -- and not enough appointments -- to handle new patients, backlogged patients and even very sick patients. DeWenter, a scheduling clerk, was suddenly making life and death decisions. Doctors, nurses and emergency room providers were calling her trying to get appointments for individual patients who couldn't wait. "And that really overtook even the wait list," she said. "Because now I have a consult where veterans are very sick. So I have to ease up on the wait list. It sounds so wrong to say, but I tried to work these scheduled appointments so at least I felt the sickest of the sick were being treated."

The stress, DeWenter said, was unbearable. Then came the call she had to make in early December. She finally had an appointment available for a Navy veteran who had come to the VA months earlier urinating blood. "I called the family. And that's when I found out that he was dead," she said. She would not tell CNN the patient's name. But CNN interviewed Sally and Teddy Barnes-Breen earlier this year, and the stories match. Thomas Breen, Teddy's father and a Navy veteran, died in November 2013 after being repeatedly denied care at the Phoenix VA. DeWenter called the home and reached Sally Barnes-Breen, telling her the VA finally had a primary appointment for her father-in-law. Barnes-Breen told CNN she was incensed, as Breen had just passed away. "I said, 'Really, you're a little too late, sweetheart,'" she told CNN previously. DeWenter said that conversation was a turning point -- hearing the anger from the family and details on how the veteran died screaming that veterans did not deserve such treatment. "And I promised her that I would do everything in my power to never have this happen to another veteran again," she said.

DeWenter said that's when she and Foote began seriously talking about what could be done. In December of last year she and Foote told everything to the VA's Office of the Inspector General. "I thought that was a saving grace," DeWenter said. "I thought, 'Okay, this is it. This is gonna be all over,' you know? Then it wasn't. And we were waiting, and waiting, and waiting, and waiting. And nothing ever happened... Nothing. We didn't hear anything. The leadership (in Phoenix) was telling us, 'Oh, we passed everything. We're not doing anything wrong.' And I'm like, 'We're not doing anything wrong? But people are still dying?'" DeWenter said they were giving up hope and decided for Foote to contact the media. DeWenter said until now she was simply too scared to come forward. And she is still scared. "My life will change after this comes out. I will have people at work who are not going to like me because of what I've done. And I'll have other people at work who will say thank you for doing what you've done." DeWenter believes

her information on what she says is an ongoing coverup at the Phoenix VA is in the hands of the FBI. [Source: CNN U.S. | Scott Bronstein, Drew Griffin and Nelli BI | Jun 24, 2014 ++]

VA Private Care Access Update 02 ► GAO Questions Need for New Law

Veterans facing long wait times, long distances or lack of specialty care are already eligible for medical care outside Veterans Affairs, calling into question the need for a law that allows private care, the Government Accountability Office said 18 JUN. However, there's no way to determine whether veterans will receive timely care through private facilities because VA does not collect that data. "VA is authorized to obtain health care services from non-VA providers to help ensure that veterans are provided timely and accessible care," said Randall Williamson, director of health care at GAO, at a House Veterans Affairs Committee hearing. "It is not only important to ensure that veterans will obtain timely treatment from non-VA providers but also to ensure that non-VA medical care is a reliable and cost-effective means for VA to deliver services." Both the House and Senate passed bills that would allow veterans access to private care if they faced long waits, but the bills also provide some extras, such as money to hire providers and the ability to fire inefficient VA employees.

VA is unable to determine how sending veterans to private care could cut down wait times and costs because it does not collect data on wait times data or on all health services provided, Williamson said. A 2013 report found VA does not collect data to determine that information, and a 2014 report found "non-compliance" at four VA facilities because they did not provide emergency care to veterans, as required by law, even if the care was not for service-connected issues. About 20% of claims were denied inappropriately, GAO found. Veterans also do not know they are eligible for that care. GAO made numerous recommendations to fix the problems, and VA agreed to the recommendations, but they have yet to be implemented, Williamson said. Philip Matkovsky, assistant deputy under secretary for health for administrative operations at the Veterans Health Administration at VA, apologized again for the scandal Wednesday. He agreed that VA is already authorized to send veterans to private care, adding that VA is working to improve management, oversight and delivery of non-VA care. [Source: USA Today | Kelly Kennedy | Jun 18, 2014 ++]

VA Whistleblowers Update 03 ► Whistleblowing and its Consequences

The Department of Veterans Affairs is encouraging its employees to expose any wrongdoing they see, but a series of government reports has shown that many federal employees are reluctant to do so—and possibly with good reason. Many federal employees feel vulnerable to retaliation if they make such disclosures, according to data from two central personnel agencies, the Office of Personnel Management and the Merit Systems Protection Board. The role of whistleblowers — and the potential for retaliation against them — is an ongoing issue in the VA scheduling scandal. The department last week sent a memo encouraging employees to make disclosures and promising to crack down on anyone who retaliates against them. However, a 2010 survey from the MSPB, which hears appeals of personnel actions taken against federal employees, showed that nearly 30 percent of respondents felt that their lives might become more difficult if they reported inappropriate practices.

The survey, a follow-up to a similar one MSPB conducted in 1992, also asked whether employees had personally observed illegal or wasteful activities at their agency in the prior 12 months. In 2010, 11.1 percent of employees answered yes, down from 17.7 percent in 1992. In both years, though, more than a third of those said they did not make a report. Among the major considerations driving a decision whether to make a report or not were fear of retaliation and a belief that nothing would be done to address the problem, the survey showed. “One of the most important things that an agency can do to learn about internal wrongdoing is to establish a culture that encourages employees to report perceived problems,” the MSPB said in an analysis this month of its survey. “Agencies should know where their culture stands so that they can determine the extent of their need for improvement and measure whether improvement is occurring.”

The MSPB has not conducted a similar survey since 2010. But the OPM includes a related question in its annual government-wide poll, asking whether employees agree or disagree with the statement that “I can disclose a suspected violation of any law, rule or regulation without fear of reprisal.” Last year, 19.5 percent of employees disagreed or strongly disagreed with that statement, up 0.4 percentage points from 2012; 61.2 percent of employees agreed or strongly agreed, down by 0.3 percentage points, and the rest were neutral. Employee views about potential whistleblower retaliation have varied relatively little since 2010 in the OPM poll. The high point in employee confidence was 2011, when 62.5 percent responded positively and 17.8 percent responded negatively. The 2014 version of that survey closed last Friday and results are to be announced later in the year.

In the MSPB survey, of those who did step forward and were identified as the source of a disclosure, about a third said they were threatened with or actually experienced retaliation, compared with just 7 percent who were given credit by management for identifying a problem. Forms of reprisal included firing, suspension, grade level downgrade, and transfers to different locations or to jobs with less desirable duties. The MSPB’s survey further found that 13 percent of respondents indicated that their agencies did not actively encourage them to report wrongdoing, compared to 63 percent who said their agencies did encourage such disclosures; the rest were neutral. MSPB’s recent analysis provided some agency-specific information on that issue not in its earlier report. For example:

- 82 percent of NASA employees agreed that their agency encourages them to expose wrongdoing, but only 43 percent at Housing and Urban Development personnel said the same.
- Within the VA, 69 percent of Veterans Health Administration employees agreed, compared to 61 percent within the Veterans Benefits Administration;
- And within the Department of Homeland Security, 69 percent of Customs and Border Protection employees agreed that they were encouraged to step forward, but only 58 percent in the Transportation Security Administration said the same.

“Wrongdoing will often be seen and reported on the local level. For this reason, whistleblowing culture is like real estate — location matters,” MSPB said in its recent analysis. In addition, the original report said that “Saving lives is more important to respondents than whether they will experience punishment or a reward, and whether the agency will act on a report of wrongdoing matters more than any fear of an unpleasant consequence for the employee making the report.” The Office of Special Counsel, which protects federal whistleblowers against reprisals, is investigating alleged retaliation against 37 VA employees who reported wrongdoing, although not all of it related to the scheduling scandal. Additionally, the House and Senate have passed bills to end or limit the rights of senior VA employees to challenge demotions or firings, which could undercut their ability to defend themselves against retaliation. The Senate legislation would provide for a much-shortened appeal process, allowing workers to appeal the decisions and requiring the MSPB to issue a final determination within one month. [Source: The Washington Post | Eric Yoder | June 17, 2014 ++]

VA Credibility Update 06 ▶ Restoring Integrity to Scheduling Process

Acting Secretary of Veterans Affairs Sloan D. Gibson on 18 JUN directed all Department of Veterans Affairs' (VA) Medical Center and Health Care System Directors to conduct monthly in-person reviews of scheduling practices in every clinic within their jurisdiction. Site inspections will include observing daily scheduling processes and interacting with scheduling staff to ensure all policies are being followed to deliver Veterans the timely care they have earned. "Our top priority is getting Veterans off of wait lists and into clinics," said Acting Secretary Gibson. "We need our folks in the facilities to work directly with staff, answer all questions, and ensure our Veterans receive the timely care they have earned. Veterans must trust their health care system, and these reviews are an important step towards restoring integrity in all our scheduling activities." In addition to monthly reviews of over 900 Veterans Health Administration facilities nationwide, Veterans Integrated Service Network Directors will also conduct similar visits to at least one medical center within their area of responsibility every 30 days, completing visits to all medical centers in their network every 90 days. This action follows the VA's release of results from its nationwide Access Audit, along with facility-level patient access data. [Source: VA News Release Jun 18, 2014 ++]



Acting Secretary of Veterans Affairs Sloan Gibson speaks to staff members of the Washington, D.C. VA Medical Center during a June 18 visit.

VA Credibility Update 07 ▶ VA Brass Knew of False Data for 2 Years

Department of Veterans Affairs administrators knew two years ago that employees throughout the Southwest were manipulating data on doctor appointments and failed to stop the practice despite a national directive, according to records obtained by The Arizona Republic through a 4 MAR Freedom of Information Act request for materials concerning wait-time falsifications. The 2012 audit was released to The Republic this week. The audit by the VA's Southwest Health Care Network found that facilities in Arizona, New Mexico and western Texas chronically violated department policy and created inaccurate data on patient wait times via a host of tactics. The practice allowed VA employees to reap bonus pay that was based in part on inaccurate data showing goals had been met to reduce delays in patient care, according to the VA Office of Inspector General. At the Phoenix medical center alone, reward checks totaled \$10 million over the past three years.

Top officials at the Phoenix VA Health Care System, including Sharon Helman, who was suspended as director last month, have repeatedly claimed they were not aware of scheduling misconduct until complaints by whistle-blower physician Sam Foote were made public in April. But audit findings, based on a review of data from the second quarter of fiscal 2011, show the violations proliferated throughout the Southwest and were common nationwide. The report notes that former VA Undersecretary Robert Petzel, who resigned under fire in May, convened a conference call with Health Administration Services leaders nationwide in September 2011 to confront the problem. According to the audit, Petzel pressed department executives "not to 'game' the system." A year earlier, William Schoenhard, then a VA deputy undersecretary, described and prohibited various "gaming strategies" used nationwide to falsify wait-time data. His directive made top regional administrators responsible for ensuring the integrity of medical appointment systems, and required annual reviews.

Acting VA Secretary Sloan Gibson last week directed all VA medical center and health care system directors to do monthly in-person site inspections and reviews of scheduling practices in every clinic within their jurisdiction to ensure adherence to policies. That sort of scrutiny was supposed to have occurred after the 2012 audit. Helman became director of the Phoenix VA Health Care System in February 2012, a month after the Southwest audit was issued. She made timely medical appointments her system's No. 1 priority and implemented a "wildly important goal" program. E-mails between Helman, Bowers and others — obtained via a public records request — verify that VA leaders in Arizona were intensely aware of scheduling compliance problems during 2013. Yet, as late as last December, Helman continued to paint a rosy picture for outsiders. In a letter to Sen. John McCain (R-AZ) Helman discounted allegations of a Phoenix whistle-blower who reported fraudulent record-keeping. By that time, investigators from the Office of Inspector General were in Phoenix, verifying that appointment data had been manipulated. In her letter to McCain, Helman noted that she and VA staffers had met with Tom McCanna, the senator's liaison for veterans, months earlier "to discuss wait-time issues and scheduling concerns." Helman told McCain her compliance office had performed an audit in July 2013, and "the results validated local data collection efforts regarding EWL (electronic wait list) and access were correct."

Rep. Jeff Miller (R-FL), who has spearheaded congressional investigations as chairman of the House Committee on Veterans' Affairs, said the new revelations in Arizona offer "continued proof of how VA leaders looked the other way while bureaucrats lied, cheated and put the health of veterans they were supposed to be serving at risk." "Most disturbingly," Miller told *The Republic*, "those charged with enforcing VA policies and holding employees accountable for gaming the system never even lifted a finger to do so. The only way for Acting VA Secretary Sloan Gibson to rid the department of this widespread corruption is to pull it out by the roots, and he needs to begin that process right now." Helman could not be reached for comment on the audit or e-mails. But Susan Bowers, who was forced to retire last month as director of the VA's Southwest regional health care office, said she ordered the compliance review in 2011 based on suspicions of false data on appointments. "We knew scheduling was a high-risk area" for violations," Bowers said. "The compliance review was done and, as a result, we had a number of goals developed to address those issues. "That was the thing to fix when (Helman) got to Phoenix. My first instruction to her was, 'We've got to deal with the wait-time issue.'"

Bowers and regional VA spokeswoman Jean Schaefer said action plans were developed based on the audit. They also said the findings were briefed during a network leadership meeting just days after Helman took command of the Phoenix VA medical center. Bowers acknowledged her scheduling goals focused on reducing delays in care, rather than stopping the falsification of data. She also agreed that using untrustworthy statistics made it impossible to determine whether goals were met, and thus whether bonus pay was justified. Bowers said she did not issue a regional directive specifically ordering compliance with

VA scheduling rules, or warn employees they would be fired for violations, because such memos are not part of the agency culture. "In retrospect, I wish I would have done that," she added. "But there were constant messages from my office that basically said, 'We don't game the system. We need to know how bad it is.' The Southwest regional audit analyzed 573,000 appointments at 3,423 VA clinical offices in the three states. The audit uncovered a spider's web of tactics used to produce inaccurate wait-time data. Among them:

- Appointments routinely were canceled in blocks by VA clinics, eliminating backlogs and artificially reducing wait-time statistics. But those same clinics indicated in data reports that the appointments had been canceled by patients. In El Paso, VA health care schedulers canceled one in four appointments during the period examined. Some clinics showed suspected cancellation clusters on more than half of the days during the quarter.
- VA employees often recorded walk-in patients as scheduled visits to make it appear veterans were seen without any wait at all when, in fact, they showed up uninvited because they could not schedule appointments. In Phoenix, 77 percent of the walk-in patients were improperly listed as scheduled appointments. At Prescott's VA medical center, 85 percent of the clinics engaged in the deceptive practice, which apparently skewed wait-time data. It also allowed veterans to collect round-trip travel expenses for their clinic visits, rather than one-way benefits authorized for walk-in patients under the VA claims system.
- Appointments were entered into computers without listing a desired date, making it possible to insert an untrue date later. That form of manipulation occurred at all seven major medical centers investigated: Phoenix, Prescott and Tucson; Albuquerque; and El Paso, Amarillo and Big Springs, Texas.
- When first-time appointments for new patients were not available within 90 days, those veterans' names were not even entered into the electronic wait system. The result? Protracted delays that were not counted in wait-time data.
- Some VA facilities misrepresented wait times by incorrectly recording the date patients were seen by physicians as the desired appointment date. At the VA medical center in Prescott, administrators claimed four of five patients were seen on the date they wanted an appointment. Although auditors could not determine the data accuracy without analyzing each appointment, they concluded the numbers were "artificially high" and "could have the appearance of inaccurately capturing the patient's true desired date."

Records show that, for at least four years, data manipulation was not just a Phoenix concern, but a national problem. The VA inspector general is now investigating similar conduct at more than 40 facilities. Since the health care scandal was first exposed in April, VA Secretary Eric Shinseki and Petzel have resigned; Bowers was forced to retire early; and Helman was placed on administrative leave along with two other top administrators at the Phoenix VA. Termination proceedings have been initiated against the latter three. [Source: Arizona Republic | Dennis Wagner | Jun 22, 2014 ++]

VA Credibility Update 08 ► OSC Says VBA's Response Unreasonable

In a six page letter to President Obama dated June 23, 2014, Carolyn Lerner, head of the U.S. Office of Special Counsel (OSC), detailed 10 cases where the VA admitted serious deficiencies in patient care yet denied it had any impact on the veterans' health, public safety or patient rights.

- In one case, the VA's OMI (Office of the Medical Inspector) said it could not find "a danger to public health and safety," although its investigators confirmed that nearly 3,000 veterans at a VA facility in Fort Collins, Colorado, were unable to reschedule canceled appointments, including veterans whose "routine primary care needs were not addressed" as a result.
- Another case brought forward by a VA psychiatrist showed that a patient with a 100 percent service related psychiatric condition was in the Brockton, Massachusetts mental health care facility for seven years before treatment recommendations were noted on his chart.
- Another veteran with "significant" mental health issues waited more than eight years after being admitted before receiving a psychiatric evaluation.

The letter also details significant problems at the VA facility in Jackson, Mississippi and found the administration's response "unreasonable."

- A shortage of providers caused the facility to frequently cancel appointments for veterans.
- After cancellations, providers did not conduct required follow-up, resulting in situations where "routine primary care needs were not addressed."
- The facility "blind scheduled" veterans whose appointments were canceled, meaning veterans were not consulted when rescheduling the appointment.
- If a veteran subsequently called to change the blind-scheduled appointment date, schedulers were instructed to record the appointment as canceled at the patient's request. This had the effect of deleting the initial "desired date" for the appointment, so records would no longer indicate that the initial appointment was actually canceled by the facility.
- At the time of the OMI (Office of the Medical Inspector) report, nearly 3,000 veterans were unable to reschedule canceled appointments, and one nurse practitioner alone had a total of 975 patients who were unable to reschedule appointments.
- Staff were instructed to alter wait times to make the waiting periods look shorter.
- Schedulers were placed on a "bad boy" list if their scheduled appointments were greater than 14 days from the recorded "desired dates" for veterans.

"... in the fantasy land inhabited by VA's Office of the Medical Inspector, serious patient safety issues apparently have no impact on patient safety. It's impossible to solve problems by whitewashing them or denying they exist," chairman of the House Committee on Veterans Affairs, Florida Congressman Jeff Miller (R-Pensacola), released in a statement on the OSC Letter to President Obama. You can read the [*letter to President Obama*](#) and the [*in-depth analysis of the Jackson VA*](#) Medical Center by clicking on the wording in italics in this sentence.



Special Counsel Carolyn Lerner at the U.S. Office of Special Counsel

Acting VA Secretary Gibson said he accepts the findings detailed in the OSC letter. He said in a statement, "At VA, we depend on the service of VA employees and leaders who place the interests of Veterans above and beyond self-interest, and who live by VA's core values of Integrity, Commitment, Advocacy, Respect, and Excellence. I respect and welcome the letter and the insights from the Office of

Special Counsel. I am deeply disappointed not only in the substantiation of allegations raised by whistleblowers, but also in the failures within VA to take whistleblower complaints seriously." The department accepts the Office of the Special Counsel's recommendations in the letter to the president, Gibson said. "Accordingly," he added, "I have directed a comprehensive review of all aspects of the Office of Medical Inspector's operation, to be completed within 14 days." This will include a review of process, structure, resourcing, and how recommendations are tracked and reviewed, the acting secretary said, as well as consideration of personnel actions. An official will be designated to assess the letter's conclusions and the proposed corrective actions it recommends. [Source: Off the Base | Bobbie O'Brian | Jun 23, 2014 ++]

VA Credibility Update 09 ► Sen Coburn | 1,000+ Vets May Have Died

Over the past decade, more than 1,000 veterans may have died as a result of misconduct by employees of the Department of Veterans Affairs, according to a report released 24 JUN by Sen. Tom Coburn (R-OK). "Too many men and women who bravely fought for our freedom are losing their lives, not at the hands of terrorists or enemy combatants, but from friendly fire in the form of medical malpractice and neglect by the Department of Veterans Affairs," Coburn said in a letter addressed to taxpayers, which was attached to the report. In a press release, Coburn said the scandal surrounding secret waiting lists and delays in patient care at VA facilities is "just the tip of the iceberg." The findings in the report, titled "Friendly Fire: Death, Delay, and Dismay at the VA", are based on a yearlong investigation of VA hospitals around the country conducted by Coburn's office, according to a press release and one of Coburn's aides. Some of the report's most disturbing allegations include:

- The federal government has paid out \$845 million for VA medical malpractice since 2001.
- Criminal activity at the department is "all too common," including cases of drug dealing, theft and even murder.
- Whistleblowers, health care providers, veterans and their families are subjected to bullying, sexual harassment, abuse, and neglect. Examples include: female patients received unnecessary pelvic and breast exams from a sex offender; a noose was left on the desk of a minority employee by a coworker; and a nurse who murdered a veteran with a morphine overdose harassed the family of the deceased and pressured them to admit guilt for the death.
- Some VA health care providers have lost their medical licenses, and the VA is hiding this information from their patients.

The report also paints a picture of a department plagued by mismanagement, waste, and poor patient care. According to the report:

- Patients experience significant delays when it comes to doctor's appointments, disability claims, and urgent care.
- Many VA doctors and staff are overpaid and underworked, some employees are not showing up for work, and some are even paid not to work.
- VA doctors are seeing far fewer patients than private doctors, and some leave work early.
- Hundreds of millions of dollars intended for health care have gone unspent each year.
- Bad employees are rewarded with bonuses and paid leave, while good employees who try to bring attention to problems or errors are punished, bullied, put on "bad boy" lists, or transferred to other locations.



Sen. Tom Coburn

The report identifies \$20 billion in waste and mismanagement that the authors say could have been better spent providing health care to veterans. Most disturbingly, it alleges that poor patient care and mismanagement at the hands of the VA may have led to the deaths of more than 1,000 veterans. Coburn partly blames Congress for some of the problems identified in the report. “The Senate Veterans Affairs Committee largely ignored the warnings about delays and dysfunction at the VA for decades, abdicating its oversight responsibilities and choosing to make new promises to veterans rather than making sure those promises already made were being kept,” Coburn said in a press release. The Senate Veterans Affairs Committee has only held two oversight hearings over the past four years, according to Coburn. Coburn is not a member of the committee. [Source: Stars & Stripes | Jon Harper | Jun 24, 2014 ++]

GI Bill Update 175 ► **Gibson Predicts Benefit Cut Unlikely in Near Future**

Acting Veterans Affairs Secretary Sloan Gibson said he “can’t imagine” lawmakers cutting back on veterans education benefits in the near future even with the continued fiscal pressures facing Congress. Speaking at an event marking the 70th anniversary of the GI Bill, Gibson said the benefit remains one of the most significant pieces of legislation ever passed by Congress, helping millions of veterans not only transition but thrive in post-military life. And he’s confident its significance isn’t lost on Congress. “It’s one of those things you can point to for an outstanding return on investment,” he said. Veterans groups have been less assured of the future of the benefit, especially in terms of the generous Post-9/11 GI Bill offerings. Through that benefit, troops who have served three years on active duty since September 2001 are eligible for four years’ free tuition at their home state’s public university, plus a monthly housing stipend.

As the Post-9/11 GI Bill approaches its fifth anniversary, the VA has already paid out \$41 billion to roughly 1.2 million beneficiaries. That’s a sizable price tag for lawmakers, who this week will consider a veterans health expansion program that could total up to \$50 billion annually. House leaders have said they want to find an offset for any new spending, and reducing education benefit costs could help fill that gap.

But so far lawmakers have stayed away from GI Bill trims. Meanwhile, groups like Student Veterans of America have worked to quantify graduation rates and post-college success for student veterans, as an advance response to the question of the value of the cost for the public. Steve Gonzalez, assistant director of the American Legion's National Economic Commission, said the benefit not only serves to help veterans catch up to their civilian counterparts in the private sector, but also is an important reintegration tool. "To us, it's not just about the economic impact these vets will have" after graduation, he said. "It's the readjustment impact too, the extra support it gives."

Before Monday's ceremony, Gibson met with a panel of student veterans from George Washington University to discuss their college experience. Both Gibson and his father received academic degrees thanks to the GI Bill, and the acting secretary said he expects the benefit to be as transformative for this generation as earlier ones. "What we're celebrating here are lives being changed, society being changed, America being changed for the better," he said. [Source: NavyTimes | Leo Shane | Jun 23, 2014 ++]

PTSD Update 168 ► IOM Report Cites DoD/VA Inconsistent Treatments

Despite spending billions of dollars a year to treat military service members and veterans with post-traumatic stress disorder, the government has little evidence that its efforts are working, according to a new report commissioned by Congress. The report described PTSD care in the military health system as "ad hoc, incremental and crisis driven" and said the Department of Veterans Affairs had not hired mental health providers fast enough to keep pace with the rising demand. The government spent \$3 billion on PTSD treatments for veterans in 2012 and \$294 million more for service members, according to the report. But neither the Defense Department nor the VA have consistently collected data on how patients are faring or even what treatments they have received, making it impossible to assess the quality of care. "Both departments lack a coordinated, consistent, well-developed, evidence-based system of treatment for PTSD," said Dr. Sandro Galea, a Columbia University epidemiologist who led the Institute of Medicine committee that produced the 301-page report available at <http://www.iom.edu/Reports> .

Researchers estimate that between 7% and 20% of veterans of the recent wars have suffered from PTSD at some point. As the stigma of the disorder has lifted, large numbers of veterans from earlier eras are also being diagnosed. They account for more than 75% of the roughly half a million VA patients receiving treatment for PTSD. The VA has trained more than 6,000 mental health care providers in prolonged exposure therapy or cognitive processing therapy, two methods that have proved effective in clinical trials. "Both [the Defense and Veterans Affairs] departments lack a coordinated, consistent, well-developed, evidence-based system of treatment for PTSD." But the authors of the report noted that the VA was still not meeting its own requirement of offering those therapies to every veteran in need. Both the VA and the Defense Department offer a wide range of other treatments and programs for the disorder, from medications to unproven alternatives such as yoga, acupuncture and relaxation exercises.

"There have been many well-intentioned programs done quickly," said Dr. Elspeth Ritchie, a former Army psychiatrist who served on the committee. "The critical importance of objectively measuring the effects of those programs has not been given the proper priority." A Pentagon spokeswoman said that all branches of the military had already been working to solve that problem. Last fall, they began collecting data on symptom severity and treatment outcomes for PTSD as well as depression and anxiety, said Lt. Col. Cathy Wilkinson. The VA is currently modifying its electronic medical record system to specify

which type of PTSD treatment a patient is receiving. But those records will not report outcomes. [Source: Los Angeles Times | Alan Zarembo | 20 Jun 2014 ++]

PTSD Update 169 ► **AL Survey on PTSD/TBI Clinical Help Effectiveness**

Echoing recent concerns about the effectiveness of military mental health efforts, a new American Legion survey of veterans found that nearly half thought clinical help they received for post-traumatic stress and traumatic brain injury had little or no effect on their conditions. The study, designed as a point-in-time look at the challenges facing injured veterans, is not a scientific sample of the population as a whole. But it does echo larger concerns that the extra focus on treating those illnesses has not produced clear, reliable metrics for care. In a report released June 20, the Institute of Medicine found the Defense and Veterans Affairs departments lack a “consistent, well-developed, evidence-based system” for treating PTSD, despite billions of dollars spent on the problem over the last decade. The Legion’s survey of about 3,100 veterans found only a small fraction of those with brain injuries or PTSD — about 16 percent — saw their medical treatment as being clearly beneficial to their health. Roughly the same amount thought their condition worsened while in treatment. More than one in four veterans surveyed said they felt their treatment produced no tangible effect either way.

The research did not account for how long veterans received treatment, or what kinds of treatment were most likely to produce success. But Dr. Jeffrey Greenberg, senior research director for Data Recognition Corp., which conducted the survey for the Legion, said the results illustrate frustration among veterans anxious to see improvement in their conditions. “If you don’t get better over a period of treatment, you’re going to feel worse about yourself,” Greenberg said. The survey also found high rates of individuals who walked away from treatment, with the most common reason being frustration at the lack of progress and the belief that they could treat themselves. The stigma of receiving treatment for mental health issues trailed a host of other reasons for ending clinical appointments. Veterans also expressed frustration with physicians’ reliance on medication to address their symptoms. More than half of those on prescriptions said they take five or more medications; 30 percent said they use 10 or more.

Greenberg said the new survey results should serve as impetus for more research into treatments and patient response, to gauge whether the problems are ineffective care or insufficient information to patients about how to measure their progress. Pentagon officials have said that military researchers have already begun collecting data on treatment outcomes for PTSD and other mental health issues in an effort to better address those questions. [Source: NavyTimes | Leo Shane | Jun 24, 2014 ++]

VA Loans ► **Unbeatable Benefits**

Created before the close of World War II, the VA home loan benefit has helped millions of veterans, service members and military families achieve the dream of homeownership. Today, in many ways, it's more important than ever. VA loan volume has soared 370 percent in the wake of the Great Recession, driven in large part by historically low rates and increasingly tougher lending requirements. The VA program provides significant financial benefits that make home buying possible for score of veterans who might not otherwise qualify. Here's a look at six of the biggest, most unbeatable benefits of these long-cherished home loans:

No down payment.

This is far and away the program's signature benefit. Qualified VA Loan borrowers can purchase up to \$417,000 without a down payment in most parts of the country — and even higher in more expensive areas. For conventional and FHA loans, buyers are typically looking at minimum down payment requirements of 5 percent and 3.5 percent, respectively. On a \$200,000 mortgage, that's a \$10,000 down payment for conventional and a \$7,000 down payment for FHA. It can take service members and veterans years to save that kind of cash. In fact, the average VA borrower has about \$7,000 in total assets. The ability to purchase with no down payment means military homebuyers don't have to scrape and stockpile for years and years to pursue a home of their own.

No private Mortgage Insurance.

Coming up with a down payment is tough enough for conventional and FHA buyers. But they're also on the hook for mortgage insurance unless they can put down a sizable amount — typically 20 percent of the purchase price. On that same \$200,000 mortgage, you're talking a whopping \$40,000 in cash. FHA loans carry both an upfront mortgage insurance premium and annual mortgage insurance, the latter of which now lasts for the life of the loan. Conventional buyers will pay this monthly cost until they've built up suitable equity, which can take years. There is no mortgage insurance with VA loans. This benefit saves veterans who obtained VA loans last year about \$19 billion over the life of their loans. VA loans do come with a mandatory funding fee that goes directly to the Department of Veterans Affairs. Borrowers with a service-connected disability are exempt from paying this fee, which helps keep the program going for future generations.

Looser credit requirements.

Credit score requirements have started to thaw, but that hasn't made life significantly easier for many military buyers. The credit benchmarks set by both conventional and FHA lenders can still be tough to hit. Most VA lenders are looking for a credit score of at least 620. In comparison, the average credit score for a successful conventional loan in January was 755. For FHA loans, it was 688. The 620 benchmark is in FICO's "Fair" credit score range, which is a tier below "Good" and two below "Excellent." Contrary to misconception, VA buyers don't need anything near perfect credit to secure financing.

Forgiving DTI ratios.

VA lenders generally want to see you spend no more than 41 percent of your gross monthly income on major debts, such as a mortgage payment or student loans. That's a higher allowable debt-to-income (DTI) ratio than many other loan programs. But it's possible to have an even higher DTI ratio and still obtain a VA home loan. Some lenders may go up to 55 percent or more depending on your credit score and ability to hit additional income benchmarks. That additional flexibility can make it easier for buyers to truly maximize their purchasing power.

Curbing closing costs.

Closing costs are inescapable, regardless of the mortgage product. The VA actually limits what fees and costs veterans can pay at the time of closing. Non-allowable fees that VA buyers aren't allowed to pay include things like termite inspections, broker fees and costs for lender document processing. Homebuyers can ask sellers to pay all of their loan-related closing costs and up to 4 percent of the purchase price for things like prepaid taxes and insurance, collections and judgments.

Foreclosure and Bankruptcy

These financial setbacks don't automatically put an end to your VA loan chances. It's possible to secure a VA home loan just two years removed from a foreclosure, short sale or bankruptcy. In some cases, veterans who file for Chapter 13 bankruptcy protection can be eligible just a year removed from the filing date. Homebuyers seeking conventional or FHA financing can find the waiting periods significantly longer. Even veterans who lose a VA-backed mortgage to foreclosure can still be eligible for another.

You can talk with a Veterans United loan specialist at 1-800-VA-LOANS to get a sense of your purchasing power and what might be possible using your hard-earned home loan benefits. [Source: Military.com | Chris Birk | Apr 2014 ++]

*** Vets ***



Pennsylvania Vet Bonus Update 01 ► Desert Shield & Desert Storm Vets

The Department of Military and Veterans Affairs reminds Pennsylvania veterans that it offers a special one-time payment to honor the service and sacrifice of those who served on active duty in the Persian Gulf Theater of Operations from Aug. 2, 1990 – Aug. 31, 1991. “Pennsylvania veterans of Desert Shield or Desert Storm are eligible for this bonus and with a little over one year until the program ends we are trying to spread the word,” said Brig. Gen. Jerry Beck, deputy adjutant general for veterans affairs. “I encourage everyone to share this information with friends or family members to help ensure that every Persian Gulf War veteran from Pennsylvania receives this well-deserved benefit.” More than 10,500 Persian Gulf veterans have applied for the one-time cash bonus program since the Department of Military and Veterans Affairs began accepting applications in 2008.

The bonus pays \$75 per month for qualifying, active-duty service members, up to a \$525 maximum. For personnel who died through illness or injury received in the line of duty, there is an additional \$5,000 available to the surviving family. Service members who were declared prisoners of war may also be eligible for an additional \$5,000. In each case, the service member must have:

1. Served with the U.S. Armed Forces, a reserve component of the U.S. Armed Forces or the Pennsylvania National Guard; and
2. Served on active duty in the Persian Gulf theater of operations during the period from Aug. 2, 1990 until Aug. 31, 1991, and received the Southwest Asia Service Medal; and
3. Been a legal resident of Pennsylvania at the time of active duty service; and
4. Been discharged from active duty under honorable conditions, if not currently on active duty.

Individuals who received a bonus or similar compensation from any other state are not eligible for the Pennsylvania program. The deadline for applying for benefits under this program is Aug. 31, 2015. For detailed instructions on how to apply, visit <http://www.persiangufbonus.state.pa.us>. [Source: Pennsylvania Department of Military and Veterans Affairs Jun 24, 2014 ++]

Elder Vet Abuse ► Gerbing~Thomas, 93

A woman accused of defrauding an elderly World War II veteran of more than \$2.6 million confirmed everything police and prosecutors said about her crimes was true. “I took advantage of that man,” a tearful

Donna Iman said at a mitigation hearing 23 JUN in Arizona’s Pima County Superior Court. “I got greedy.” She pleaded guilty to fraudulent schemes and artifices in connection with defrauding 93-year-old Thomas Gerbing from 2010 to 2012. Testifying before Pima County Superior Court Judge Teresa Godoy, Tucson Police Detective Nicole Greene said Iman, 47, met the victim through the church they attended. As their friendship grew, Greene said, she began to play on his sympathies by claiming to suffer from numerous medical conditions.



Donna Iman

Gerbing, a World War II veteran and retired U.S. Air Force colonel, was a widower for several years before meeting her. Greene said she began to profess the same health conditions that claimed Gerbing’s wife, including seizures and later pancreatic cancer. He began giving Iman tens of thousands of dollars, believing she was having various medical procedures and surgeries. In addition, he gave her \$4,000 per month to pay her bills after she convinced him she no longer could work because of debilitating medical conditions. “What we discovered about what Donna was actually doing at this time in 2011 was that she traveled to Florida to see a NASCAR race, she had cosmetic surgery and bought some land she was going to build a house on at the base of Mount Lemmon,” Greene said. She also bought cars for her children and many expensive home furnishings for the house, which was never built.

Police investigators tracked the requests for money to help pay for the supposed medical conditions through emails Iman and Gerbing exchanged. They also inspected her bank records, which showed numerous transfers of money from Gerbing’s account. Her medical records showed most of the conditions she told him she had were made up, with the exception of seizures. Greene said Gerbing had fallen in love with her, even requesting she marry him. But it was all an apparent ruse to defraud him of his hard-earned life savings, Greene said, as she not only did not marry him but instead married a different man in the midst of her scheme to live a life of luxury at Gerbing’s expense. She has since divorced. She is scheduled for sentencing 30 JUN. [Source: Arizona Daily Star | Patrick McNamara | Jun 24, 2014 ++]

Vet Benefits ~ Seniors Update 01 ► Elder Law Planning

VA benefits are one of the most misunderstood programs for seniors. Wartime veterans and their spouses (even widows) may be entitled to subsidize expenses for home health care, independent living and nursing home, potentially in excess of \$24,000 annually. Little is known about this program and how to appropriately receive benefits. Ideally, elder law planning should start when decisions can be made and options are available. These include how you want to deal with aging, lifestyle choices, and a sound financial strategy. The starting point should be long term care insurance but when such insurance is no longer an option or insufficient, VA benefits become the next best choice.

According to attorney Evan W. Turk, VA benefits are typically misunderstood – even by attorneys. The primary reason is that the VA’s rules are stringent about not being able to charge to apply for the benefit and it takes a lot of time and effort to get someone properly through the process. Even though VA benefits is burdened by complications, elder law planning must include VA benefits as an option because of this tremendous benefit which could delay or avoid the need to leave one’s house or other wishes. A sound well-rounded elder law strategy should include all reasonable and available options. Often times, the VA benefit becomes the most important component. The VA lists attorneys and other professionals who are accredited by the VA who are authorized to assist the veteran and family. Many accredited attorneys provide assistance at no cost as part of their overall legal strategy (within VA rules and regulations). Turk, who practices elder law and is the Principle Counsel in Delray Beach, Florida noted that the 10 biggest reasons that seniors miss out on this important benefit are:

1. **Not knowing about the program.** A majority of eligible applicants do not receive benefits for no other reason than not knowing it exists.
2. **Confusion to who is eligible.** Spouses and widows are also eligible (even if they were not married to the veteran at the time of war).
3. **Lack of understanding.** It is a reimbursement of age related expenses thus expenses must exist prior to the VA providing reimbursement.
4. **In many situations, eligibility is a catch-22.** Since it is a reimbursement of existing expenses, those desperately in need and without means to pay are denied because they do not have a means to pay.
5. **Confusing application.** Benefits fit within the VA pension although one can receive a pension with 90 days of service or by having married an eligible veteran; checking the wrong box on that application could result in a denial.
6. **Lack of professional advice.** It is unlawful to charge for the application minimizing incentives to see benefits to fruition.
7. **Complex rules.** One with less than \$100,000 in assets can be denied for having too much assets while one with \$1,000,000 in assets can be approved by sheltering assets.
8. **Length of process.** If not handled properly, the time for seeing benefits to fruition can exceed a year, leaving many to give up.
9. **Incomplete applications.** Many VA organizations can assist with the application but are overwhelmed and often misinformed about the program and its complex rules.
10. **Failure to seek appropriate advice.** Many participate in the unauthorized practice of law by providing advice on sheltering assets with financial products for eligibility purposes, typically receiving financial commissions (often with no discussion about how this may be inappropriate or disqualify the applicant for Medicaid).

The VA on <http://www.va.gov/ogc/apps/accreditation/index.asp> lists attorneys and other professionals who are accredited by the VA who are authorized to assist the veteran and family. The site allows seniors to choose the type of person (Attorney/Claims Agent/VSO representative) in their geographic area to assist them. Many accredited attorneys provide assistance at no cost as part of their overall legal strategy (within VA rules and regulations). [Source: PRNewswire press release Jun 19, 2014 ++]

Lincoln Award ► New Veterans Award

Actors have Oscars. Live theater, the Tony Awards. Journalists receive Pulitzers and scientists Nobel Prizes. Now there is the Lincoln — for veterans. The idea is to recognize exemplary service by and for veterans. The award is the brain child of an ex-Green Beret and former assistant secretary with the

Department of Veterans Affairs, Tommy Sowers, in cooperation with the Friars Club and Friars Foundation. "It's really for veterans and those who care for them," says Sowers, who served as a VA assistant secretary from 2012-2014. He currently is a visiting assistant professor at Duke University. "We want to shine a light on those who are really doing great work." The 10 award categories are:

- **STANDARD BEARER** - Outstanding lifetime achievement and excellence by a veteran in exemplifying selfless service
- **VETERAN** - Outstanding achievement and excellence by a veteran in providing aid and opportunities to other veterans
- **PUBLIC SERVICE** - Outstanding achievement and excellence in providing opportunities and support to veterans by a government employee
- **MEDICAL & SCIENCE** - Outstanding service to veterans by a member of the medical or scientific community
- **CORPORATE CITIZEN** - achievement and excellence in providing opportunities and services to veterans by a company or organization
- **CAREGIVER** - Outstanding achievement and excellence in providing care to veterans
- **ENTERTAINER** - Outstanding achievement and excellence in supporting and giving back to veterans by a performer
- **ARTISTIC** - Outstanding achievement and excellence in portraying the veteran experience through the arts, film or literature (director, writer, etc.)
- **CITIZEN** - Outstanding service and support to veterans by a private citizen
- **NON-PROFIT CITIZEN** - Outstanding achievement and excellence in providing opportunities and services to veterans by a not-for-profit company or organization



Candidates from the public will be vetted by the Friars Foundation with recipients chosen by a blue-ribbon panel of former military and veteran officials, including two ex-VA secretaries, a Medal of Honor recipient and a former Army vice chief of staff. With the Friars Club participation, the initiative has a strong celebrity element. Jerry Lewis is on the awards committee and several actors and entertainers are on an advisory board. The awards will be presented during a two-day event Jan. 6-7 that will include a concert at the John F. Kennedy Center for the Performing Arts. People who wish to nominate award candidates can visit <http://www.thelincolnawards.org> through 18 AUG, according to a release by the Lincoln Awards.

Upon submission, nominations submitted through the website will be screened for completeness and appropriateness. Next, members of the Syracuse Institute for Veterans and the USC Center for Innovation and Research on Veterans and Military Families will determine finalists to be forwarded to the Selection Committee. Finalists in each category will be determined in the fall. The award recipients are determined based on the votes submitted by the Selection Committee, who will rank the finalists in each category according to the significance and impact of their accomplishments, and how they have positively influenced the lives of Veterans and the Military Family. The Committee conducts a second round of vetting and interviews before the final list of award recipients is approved. The award recipients will be announced on Veterans Day, November 11, 2014. [Source: USA TODAY | Gregg Zoroya | Jun 18, 2014 ++]

Clark AFB Vet Cemetery Update 06 ► Transfer to ABMC Complete

Clark Cemetery Transfer Complete: The upkeep, responsibility and care of a veterans cemetery on the former Clark Air Base in the Philippines has now been officially transferred from VFW Post 2485 to the American Battle Monument Commission. The transfer of Clark Veterans Cemetery, now renamed Clark American Cemetery, fulfils VFW National Resolution 431, which was submitted by the VFW Department of the Pacific and approved by delegates attending the 113th National Convention in Reno, Nev. The American Battle Monument Commission, established by Congress in 1923, is the executive agent of American cemeteries and memorials outside the U.S. [Source: VFW Action Corps Weekly Jun 14, 2014 ++]

Congressional Gold Medal Update 04 ► President Approves 4

The president has signed legislation to award the Congressional Gold Medal to the Doolittle Raiders, American Fighter Aces, the Allied Armies' Monuments, Fine Arts, and Archives unit --- better known as the "Monuments Men" --- and to Puerto Rico's 65th Infantry Regiment. The Congressional Gold Medal is the nation's highest civilian honor, and is often awarded long after the recipient's mission was accomplished.

- **Doolittle Raiders** -- Named after their leader, Col. Jimmy Doolittle, their bombing raid over Tokyo four months after Pearl Harbor provided a critical morale boost for the American public, proved to the Japanese they weren't invulnerable to American attack, and forced their military to shift vital resources to homeland defense. Only four of the original 80 raiders are still alive.
- **American Fighter Aces** -- More than 60,000 U.S. military fighter pilots have taken to the air since World War I, yet less than 1,500 earned the coveted title of fighter ace for shooting down five or more enemy aircraft. The last American air aces were during Vietnam, and due to the evolving nature of warfare, there may not be another.
- **The Monuments Men** (and women) were artistic and architectural experts charged with the task of protecting Europe's cultural treasures in the midst of World War II. They followed soldiers into battle to preserve churches from the devastation of war, and to track down art stolen by the Nazis and return them to rightful owners. Six members of the Monuments Men are still living.
- **65th Infantry Regiment** -- Puerto Rico's 65th Infantry Regiment, nicknamed the Borinqueneers, were formed and served courageously during the time of a segregated military during World War I and World War II, and they later served with distinction in Korea, Iraq and Afghanistan.

[Source: VFW Action Corps Weekly Jun 14, 2014 ++]

Vet Jobs Update 155 ► Post-9/11 Vet Jobless Rate Falls Again

The unemployment rate for the latest generation of veterans dropped significantly in May, falling a point below a steady national unemployment rate, government data show. While statisticians caution against drawing conclusions from any one month's jobs report, the May unemployment rate of 5.3 percent for post-9/11 veterans continues a notable three month trend that has led to a new low for the measure. The Bureau

of Labor Statistics has records available for this rate going back only to September 2008, and none are as low as 5.3 percent. The November 2008 rate of 5.6 percent is the closest. Overall, the nation tacked on 217,000 jobs in May, keeping the unemployment rate at 6.3 percent, the same as in April. May's jobless rate for post-9/11 vets was down a point and a half from April's 6.8 percent and down a full 2 points from the May 2013 rate of 7.3 percent. For veterans of all generations, the May unemployment rate dropped to 5 percent, down from April's 5.6 percent and the May 2013 rate of 6.6 percent. [Source: NavyTimes Jun 23, 2014 ++]

SBA Vet Issues Update 35 ► Boots to Business Program Expansion

In mid-JUN the Small Business Administration announced a major expansion of the "Boots to Business" program, an entrepreneurship program aimed transitioning troops, which opens to any interested veteran in July. There will be 12 new classes this summer, each of which will train up to 100 veterans in the basics of creating and launching a small business. SBA Administrator Maria Contreras-Sweet has said that "the 23 million veterans who've already made the transition to civilian life" make up the pool of potential future students of the program. The current Boots to Business program is offered within the Defense Department's transition assistance program.

Troops separating from service who an interest in self-employment can take part in a two-day course on business fundamentals taught by SBA experts, and have the option for a follow-on eight-week online course from Syracuse University's Institute for Veterans and Military Families on the fundamentals of developing a business plan. Participants also will have access to SBA resources designed to connect them with start-up capital and technical assistance to help get their small business ideas started. For more information, go to: <http://www.sba.gov/bootstobusiness>. The schedule for the new "Boots to Business: Reboot" events is:

- July 11-12: Washington, D.C.
- July 24-25: Dallas-Fort Worth
- July 29-30: Miami
- July 31-Aug. 1: Chicago
- Aug. 5-6: Boston
- Aug. 6-7: Albuquerque, New Mexico
- Aug. 8-9: Kansas City, Missouri
- Aug. 13-14: Detroit
- Aug. 13-14: Philadelphia
- Aug. 15-16: Los Angeles
- Aug. 20-21: Seattle
- Aug. 25-26: Charlotte, North Carolina

[Source: TREA News For The Enlisted Jun16, 2014 ++]

POW/MIA Recoveries ► 140615 thru 140630

"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 (7,921) Cold War (126), Vietnam War (1,642), 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 or call (703) 699-1169. 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:

Cold War

The Department of Defense announced 18 JUN that 17 service members have been recovered from a C-124 Globemaster aircraft that was lost on Nov. 22, 1952. U.S. Army Lt. Col. **Lawrence S. Singleton**, Pvt. **James Green**, Jr., and Pvt. **Leonard A. Kittle**; U.S. Marine Corps Maj. **Earl J. Stearns**; U.S. Navy Cmdr. **Albert J. Seeboth**; U.S. Air Force Col. **Noel E. Hoblit**, Col. **Eugene Smith**, Capt. **Robert W. Turnbull**, 1st Lt. **Donald Sheda**, 1st Lt. **William L. Turner**, Tech. Sgt. **Engolf W. Hagen**, Staff Sgt. **James H. Ray**, Senior Airman **Marion E. Hooton**, Airman 1st Class **Carroll R. Dyer**, Airman 1st Class **Thomas S. Lyons**, Airman 1st Class **Thomas C. Thigpen**, and Airman **Howard E. Martin** have been recovered and will be returned to their families for burial with full military honors. On Nov. 22, 1952, a C-124 Globemaster aircraft crashed while en route to Elmendorf Air Force Base, Alaska, from McChord Air Force Base, Washington. There were 11 crewmen and 41 passengers on board. Adverse weather conditions precluded immediate recovery attempts. In late November and early December 1952, search parties were unable to locate and recover any of the service members. On June 9, 2012, an Alaska National Guard (AKNG) UH-60 Blackhawk helicopter crew spotted aircraft wreckage and debris while conducting a training mission over the Colony Glacier, immediately west of Mount Gannett. Three days later another AKNG team landed at the site to photograph the area and they found artifacts at the site that related to the wreckage of the C-124 Globemaster. Later that month, the Joint POW/MIA Accounting Command (JPAC) and Joint Task Force team conducted a recovery operation at the site and recommended it continued to be monitored for possible future recovery operations. In 2013, additional artifacts were visible and JPAC conducted further recovery operations. DoD scientists from the Armed Forces DNA Identification Laboratory (AFDIL) used forensic tools and circumstantial evidence in the identification of 17 service

members. The remaining personnel have yet to be recovered and the crash site will continued to be monitored for future possible recovery.

Vietnam - None

Korea

- The Department of Defense POW/Missing Personnel Office (DPMO) announced 13 JUN that the remains of a U.S. serviceman, missing from the Korean War, have been identified and will be returned to his family for burial with full military honors. Army Sgt. **Paul M. Gordon**, 20, of Dry Ridge, Ky., will be buried June 20, in Williamstown, Ky. In 1951, Gordon was assigned to Company H, 2nd Battalion, 38th Infantry Regiment, 2nd Infantry Division, deployed in the vicinity of Wonju, South Korea. On January 7, 1951, following a battle against enemy forces, Gordon was listed as missing in action. In September 1953, as part of a prisoner exchange, known as Operation Big Switch, returning U.S. service members reported that Gordon had been captured by the Chinese during that battle and taken to a prisoner of war camp, where he died in June 1951. Between 1991 and 1994, North Korea gave the U.S. 208 boxes of human remains believed to contain 350 - 400 U.S. servicemen who fought during the war. North Korean documents, turned over with some of the boxes, indicated that some of the remains were recovered from a POW camp in North Hwanghae Province, near the area where Gordon was believed to have died. To identify Gordon's remains, scientists from the Joint POW/MIA Accounting Command and the Armed Forces DNA Identification Laboratory used circumstantial evidence and forensic identification tools, including DNA comparisons. Two types of DNA were used, mitochondrial DNA, which matched his sister and brother, and Y-STR DNA, which matched his brother.



Sgt. Paul M. Gordon

- The Department of Defense POW/Missing Personnel Office (DPMO) announced 13 JUN that the remains of a U.S. serviceman, missing from the Korean War, were recently identified and will be returned to his family for burial with full military honors. Army Cpl. **Lucio R. Aguilar**, 19, of Brownsville, Texas, will be buried June 13, in Corpus Christi, Texas. On the night of Nov. 27, 1950, elements of the 25th Infantry Division (ID) and 35th Infantry Regiment (IR) established a defensive position at Yongsan-dong, North Korea, about 10 miles north of the Ch'ongch'on River, when Chinese forces attacked their position. Due to extensive losses and casualties, Aguilar's unit began a fighting withdrawal. On Nov. 28, 1950, Aguilar was reported missing in action. When no further information pertaining to Aguilar was received and he failed to return to U.S. control during prisoner exchanges, Operation Glory and Operation Big Switch, a military review board changed his status from missing in action to presumed dead on Dec. 31, 1953. In 1956, his remains were declared unrecoverable. Between 1991 and 1994, North Korea turned over to the U.S. 208 boxes of human remains believed to contain 350 - 400 U.S. servicemen who fought during the war. North Korean documents, turned over with some of the boxes, indicated that some of the remains were recovered from the vicinity where Aguilar was believed to have died. In the

identification of Aguilar's remains, scientists from the Joint POW/MIA Accounting Command (JPAC) and Armed Forces DNA Laboratory (AFDIL) used circumstantial evidence and forensic identification tools, such as mitochondrial DNA, which matched his maternal-line sister and nephew.

- The Department of Defense POW/Missing Personnel Office announced 23 JUN that the remains of a U.S. serviceman, missing from the Korean War, have been identified and will be returned to his family for burial with full military honors. Army Cpl. **William N. Bonner**, 23, of Sault Sainte Marie, Mich., will be buried June 28, in his hometown. On Nov. 2, 1950, Bonner was assigned to Medical Company, 8th Cavalry Regiment, 1st Cavalry Division, when his unit was attacked by Chinese forces near Unsan, North Korea. Bonner was reported last serving as a litter bearer near the battalion aid station when the area was overrun by enemy forces. In 1953, as part of a prisoner exchange, known as Operation Big Switch, returning U.S. service members reported that Bonner had been captured by the Chinese and died from malnutrition in early 1951, in the prisoner of war (POW) camp known as Camp 5, near Pyoktong, North Korea. During Operation Glory in September 1954, United Nations and Chinese forces exchanged the remains of war dead, some of which were reportedly recovered from POW Camp 5. When a military review board declared the remains as unidentifiable, the remains were transferred to Hawaii to be buried as unknown in the National Memorial Cemetery of the Pacific, known as the "Punchbowl." In 2013, due to advances in forensic science, scientists from the Joint POW/MIA Accounting Command (JPAC) determined there was a possibility of identifying the remains. After extensive historical and analytical research, the unknown remains were disinterred for analysis and possible identification. To identify Bonner's remains, scientists from JPAC used circumstantial evidence and forensic identification tools, including radiograph comparisons and dental records which matched Bonner's records.

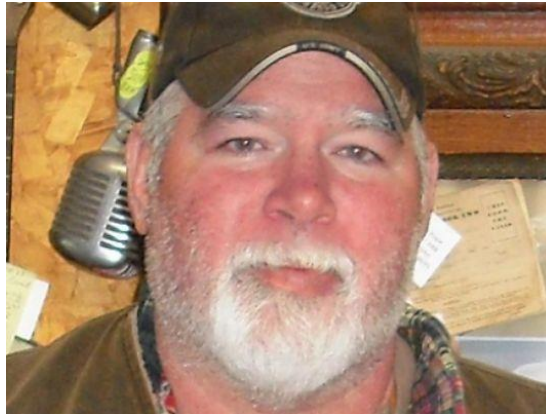
World War II

The Defense POW/MIA Office announced the identification of remains belonging to Marine Corps Pfc. Randolph Allen, Company F, 2nd Battalion, 2nd Marine Division, who was lost on Tarawa on Nov. 20, 1943. He was accounted for on June 17 and will be buried with full military honors tomorrow in Arlington National Cemetery.

[Source: http://www.dtic.mil/dpmo/news/news_releases/ Jun, 27 2014 ++]

OBIT | **Steve Robinson** ► 12 Jun 2014

Steve Robinson, a former Army Ranger and veterans' advocate who pushed for benefits for veterans dealing with the aftermath of combat, died last week at the age of 51. "We are deeply saddened by the sudden death of Steve Robinson," said Bonnie Carroll, founder and president of the Tragedy Assistance Program for Survivors. "Steve transformed care for our servicemembers and our veterans, just as he was passionate about honoring and caring for the families of our fallen." Robinson first made headlines when he worked with soldiers at Fort Carson, Colo., who had been pushed out of the military with "personality disorders," rather than post-traumatic stress disorder. A personality discharge is administrative, which means a soldier receives no health benefits. Post-traumatic stress disorder, if it causes a soldier to be unable to work, requires a medical retirement hearing.



Steve Robinson

Robinson, who worked as director of Veterans for America at the time, testified about the problem before Congress, which then brought in the Government Accountability Office to investigate. He kept after the military, applying pressure with his friend Andrew Pogany, also a former soldier. When the discharges changed from personality disorder to adjustment disorder to "pattern of misconduct," the pair argued each category amounted to kicking out combat-wounded servicemembers without benefits. During the Walter Reed Army Medical Center scandal in 2007, Robinson testified before Congress several times about what needed to be done to end the long wait times and bureaucratic tangles servicemembers faced as they waited for medical retirement after being injured in Iraq or Afghanistan. In 2010, Robinson, who lived in Alexandria, Va., wrote about how the military affected his own family, and why it was important to him to help veterans. He was known for answering calls at 3 a.m., talking veterans down from suicide and getting them immediate help, working with military victims of sexual assault, and being so persistent that military officials banned him from Fort Carson.

As a Persian Gulf War vet, Robinson became the executive director of the National Gulf War Resource Center and spent much of his time convincing doctors, veterans' service organizations and Congress that Gulf War illness was a physical ailment, as well as looking for answers for what caused 200,000 veterans to come home sick. Pogany, chief executive officer at the Uniformed Services Justice and Advocacy Group, called Robinson a "soul brother" and his best friend. Paul Sullivan, who has also worked with Robinson on veterans issues, called him a "wonderful friend." Though cause of death is not yet known, Robinson died 12 JUN in his office and friends say he had been having heart problems. Robinson retired after 20 years in the Army in 2001, serving with the 1/75th Ranger Battalion, as well as working as a Ranger instructor. He was also a long-range surveillance detachment team leader in Korea, and worked as a briefer and analyst to the secretary of Defense on health effects of the 1991 Gulf War. He was a member of the board of advisers for the Call of Duty Endowment. [Source: USA TODAY | Kelly Kennedy | June 16, 2014 ++]

Vet Job Opportunities @ PMA ► Military Recruiting Programs

Performance Matters Association (PMA USA) is hiring veterans and transitioning service members. Visit the PMA USA Veteran Talent Portal to apply for jobs, read success stories, and learn more about a career as an Insurance Agent. At PMA USA, they believe in helping people grow from a position of strength--and that means both their customers and their agents. By delivering the services and products that help

American families, our agents earn more than a living. To learn more and apply, visit the PMA Veteran Talent Portal <http://www.military.com/jobs-in/employer/pmausa/?ESRC=mr0602.nl>. [Source: Military.com article Jun 2, 2014 ++]

Retiree Appreciation Days ► As of 23 Jun 2014

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. The current schedule is provided in the attachment to this Bulletin titled, **"Retiree Activity\ Appreciation Days (RAD) Schedule"**. For more information call the phone numbers of the Retirement Services Officer (RSO) sponsoring the RAD as indicated in the attachment. An up-to-date RAD list is always available online at <http://www.hostmtb.org/RADLIST-2014.html>. [Source: RAD List Manager | Milton Bell | 27 Jun 2014 ++]

Vet Hiring Fairs ► 1 Jul thru 31 Aug 2014

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 you should click on the city next to the date in the below list. To participate, sign up for the workshop in addition to registering for the hiring fairs which are shown below for the next 8 weeks. For more information about the USCC Hiring Our Heroes Program, Military Spouse Program, Transition Assistance, GE Employment Workshops, Resume Engine, etc. visit the U.S. Chamber of Commerce's website at <http://www.hiringourheroes.org/hiringourheroes/events>.

<u>Date</u>	<u>Location</u>
• Tuesday, July 1, 2014:	Austin, TX
• Tuesday, July 8, 2014:	Huntsville, AL
• Wednesday, July 9, 2014:	Springfield, OR
• Thursday, July 10, 2014:	Harrisburg, PA
• Friday, July 11, 2014:	Springfield, IL
• Tuesday, July 15, 2014:	Atlanta, GA
• Thursday, July 17, 2014:	Tucson, AZ
• Thursday, July 17, 2014:	Springfield, VA

- Saturday, July 19, 2014: Greater New York City/Meadowlands, NJ - A Part of NBC4's Health & Fitness Expo
- Tuesday, July 22, 2014: Southfield, MI
- Wednesday, July 23, 2014: Costa Mesa, CA
- Thursday, July 24, 2014: Quad Cities, IA
- Monday, July 28, 2014: Lakehurst, NJ
- Wednesday, July 30, 2014: Butler, PA
- Wednesday, July 30, 2014: Chicago, IL
- Friday, August 1, 2014: Lakehurst, NJ
- Tuesday, August 5, 2014: Gulfport/Biloxi, MS
- Tuesday, August 5, 2014: North Platte, NE
- Wednesday, August 6, 2014: Sioux Falls, SD
- Thursday, August 7, 2014: Minneapolis, MN
- Thursday, August 7, 2014: Little Rock, AR
- Thursday, August 7, 2014: El Paso, TX
- Friday, August 8, 2014: Peoria, IL
- Tuesday, August 12, 2014: Fresno, CA
- Wednesday, August 13, 2014: Fayetteville, NC
- Thursday, August 14, 2014: Farmingdale, NY
- Tuesday, August 19, 2014: Camp Lejeune, NC - Military Spouse Networking Reception
- Wednesday, August 20, 2014: Camp Lejeune, NC - Military Spouse Hiring Fair
- Wednesday, August 20, 2014: Ft. Sill, OK
- Thursday, August 21, 2014: Ft. Gordon, GA
- Tuesday, August 26, 2014: Ft. Polk, LA - Military Spouse Networking Reception
- Tuesday, August 26, 2014: Charlotte, NC - Transition and Benefits Career Fair, A Part of the 96th Annual American Legion National Convention
- Wednesday, August 27, 2014: Ft. Polk, LA - Military Spouse Hiring Fair
- Thursday, August 28, 2014: Kaneohe Bay, HI
- Thursday, August 28, 2014: Tampa, FL

[Source: U.S. Chamber of Commerce Assn 27 Jun 2014 ++]

WWII VETS 66 ► Pickrel~Ervin

A sleeve full of potatoes. For 70 years, that story remained buried in the mind of Ervin Pickrel, an Army Air Corps radio operator who was taken prisoner during World War II. Those starchy hunks along with a can of meat were the genesis of Pickrel's escape from "the Black March," one of the most horrendous

marches in war history. Pickrel and thousands of other WWII prisoners of war were forced to march 600 miles across Germany over 86 days by Nazis hoping to skirt invading British and Russian forces.



Ervin Pickrel, 92, now and then. B-17 Operator/Gunner Pickrel is 2nd from left in bottom row

Pickrel, 92, said he didn't talk much about his traumatic experience in the march after the war. When Veterans Affairs doctors recently asked him about his war experiences, he said, he "got tied up in a knot" and was nauseated thinking back on it. "Right now I'm quite a bit shaky after all these years," he said. "I don't know why, but that's the way it is." On his farm, Pickrel's children heard bits and pieces. But Pickrel decided to open up more to his family after reading a Times-News article about Paul Kelly, an 88-year-old Twin Falls man who was part of the same march and held captive at the same prison — Stalag Luft IV. This winter, the two former prisoners sat for four hours in Pickrel's kitchen and discussed their experiences. Pickrel said he was tied in knots again, even in the presence of someone who'd been through the same event. Each time he retells the journey, Pickrel said, he gets more comfortable. "I've done more this morning than I ever have," he said after an interview of more than an hour. "It just ties you up in knots, and I don't know why."

Pickrel joined the military at 21. The Nebraska native was trained as a radio operator and served aboard a bomber, flying several missions and taking many close calls. In Northern Ireland, his pilot couldn't get the landing wheels down on the plane. The crew dropped the ball gunner in a lake and landed in a meadow. Like a plow, the gunner's hole scooped up the sod and filled the back end of the plane with dirt, Pickrel said. On his sixth mission, the plane was hit, and the crew was rescued from the English Channel. On his 12th mission, he wasn't as lucky. A few days after the invasion of Normandy in June 1944, Pickrel was on a bombing mission when his plane was hit. The crew bailed over northern France. "You bet your life I wouldn't want to do that again," he said with a smile.

The plane's navigator — a substitute on his last mission — was killed. Except for two waist gunners, the men were taken prisoner together. The two who escaped eventually ended up in German concentration camps, he said.

Pickrel landed in an open pasture, with nowhere to hide. "I could see that old car coming down the hill and see that guard running down to see where I was going to land," he said. "When I raised up, he cut loose with his little machine pistol. B-r-r-r-rapt. I just laid down flat because I didn't have even a stick to fight with."

Interrogated and stripped of his comfy heated flight jumper, Pickrel and the other captives were loaded on a railroad train and shipped across Germany. In Berlin, the car stopped, and air raid sirens blew. "We figured, 'Oh brother, here we are locked in those railroad cars.' And the guards were scattering for cover. Those were the main (bombing) targets, those rail yards." They escaped unharmed, but it would not be the

last time he and others were unsure of their fate. “You were just kind of numb,” Pickrel said. “You just followed orders — you run off, and you’ll be shot.” Life was grim in Compound A of Stalag Luft IV. He often thought of home and kept hoping for mail that never came. “You knew you were captured, and you just lived with it.”

The prisoners’ two main forms of entertainment were playing cards delivered by the Red Cross and walking around the perimeter of the compound. Provisions were meager. Each morning he got a piece of bread and a cup of hot water. Most nights they’d be fed soup of boiled kohlrabi, a German turnip, which he now refuses to eat. The Red Cross dropped off rare treats — coffee, canned meat, chocolate, crackers and, most precious, cigarettes. “If you didn’t smoke, you could use those to bargain for food,” he said. “Those people who were hooked on cigarettes would trade their grandmother for a pack.” He and a friend often summoned the strength to walk around the camp two or three times a day. That paid off when they were forced to march, he said. “The guys who sat on their butts in the barracks the whole time, when they got out on the road their feet wouldn’t hold up.”

Eight months passed before Pickrel and the others were forced to march west to avoid Russian forces charging in from the east. The long overcoat he was issued always was “flip-flopping around your feet.” Pickrel said he tried to cut a hole in it to button it away from his feet. His knife slipped and sliced his knuckle open. “That’s my war wound,” he said, laughing. The prisoners slept in crowded barns at night. Many soldiers had dysentery and no water other than what they were given to drink twice a day. Pickrel luckily avoided the disease. “if you pooped your pants, you still had to wear those damn pants.” “The back end of my heels peeled off just from walking in the wet ground,” he recalled. “For 80 days, we didn’t have a change of shoes or clothes.” The German guards had it almost as bad as the prisoners, he said. “You kind of felt sorry for them.” “We stopped at noon one time, and the soldier lay on the ditch bank there, took his shoe off and he had a hole in the bottom like that,” Pickrel said, making a zero with his fingers. “He got a wad of grass and stuffed it down in his shoe to plug that hole up. I thought, ‘My God — what are you guys fighting for if you have to do things like that?’”

As they neared the end of their march, the exhausted prisoners could hear British guns in the distance. Their captors stopped. In a barn, the prisoners found a stash of potatoes. “The guard was good enough to let us go in there and get a handful of potatoes,” he said. “... We emptied that sucker quick. I got a sleeve full of potatoes, tied a knot in my shirt and filled it full.” The next day, they started marching the prisoners east — the direction from which they had come. Pickrel, throwing up from all the potatoes he’d eaten, pulled his friend aside. They agreed he couldn’t walk anymore. They found the back of the line and stayed near a sick guard in worse shape. “When he wasn’t lookin’, we scooted across the line, into the trees and laid down,” Pickrel said. The march trudged on, and they were alone. For a few days they hid in the trees, startled by deer that rattled the brush. They joined some British soldiers, and the group hid while three Germans ominously carried a large machine gun up a creek. Not far behind, the British forces gave chase. Pickrel said his rescuers were eager to feed and transport him. He was flown to Paris and deloused. “The minute you stepped through the door, the guy was there with his spray gun full of DDT,” he said. “... They just soaked you with DDT because you were covered in lice. ... It’s a wonder it didn’t kill me.”

Returning to Idaho, Pickrel picked up farm life. He never thought about therapy and didn’t put in for veterans medical benefits until recently. “I didn’t let it bother me. The kids always wanted me to write a book or something on it, but I never could do it.” He said he didn’t suffer many ill effects from the war, though other soldiers, such as Kelly, struggled to readjust to society. “For him, it’s just carry on,” said daughter Diane Clemens. “I think a lot of men were like that.” Although he mostly avoided the subject, Pickrel did react one night when he and his wife, Velma, were playing cards. With news of the Iraq invasion on the television, Pickrel slammed his cards down and ran to the bathroom. “He wasn’t like

Ervin,” Velma said. “Ervin wouldn’t do that. We had never any trouble with that. ... Around that time, we had heard of other veterans having flashbacks.” Clemens said she feels fortunate to hear her father’s incredible story, as so many other veterans’ experiences were never told. “I’m even learning more things today,” she said. “Like the potatoes in the sleeve — I’d not heard that one.” “Yeah, well, we cleaned that poor old farmer out,” Pickrel said. [Source: The Times-News (Twin Falls, Idaho) | Brian Smith | 20 Apr 2014 ++]

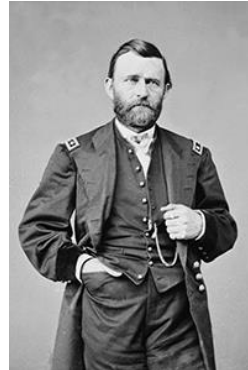
America's Most Beloved Vets ► Civil War 2



Thomas Jackson
"Stonewall"



Thomas Custer



Ulysses Grant



William Sherman
"Tecumseh"

- Known for his fearlessness and innovative military strategy, the Southern general Thomas Jackson earned his nickname at Bull Run, where a fellow general yelled, "There stands Jackson like a stone wall! Rally round the Virginians!"
- The Union army major Thomas Custer received two Medals of Honor before perishing with his older brother, George, at Little Bighorn.
- His success as general and commander of the Union armies propelled Ulysses Grant to the presidency.
- A popular hero in the North, the Union general William "Tecumseh" Sherman launched a campaign of "total warfare," to not only defeat the Confederacy but destroy its ability and will to wage war.

State Veteran's Benefits & Discounts ► Alaska 2014

The state of Alaska provides several benefits to veterans as indicated below. To obtain information on these plus discounts listed on the Military and Veterans Discount Center (MCVDC) website, refer to the attachment to this Bulletin titled, "**Vet State Benefits & Discounts – AK**" for an overview of the below benefits. Benefits are available to veterans who are residents of the state. For a more detailed explanation of each of the below refer to <http://militaryandveteransdiscounts.com/location/alaska.html> & <http://veterans.alaska.gov>

- Real Estate Benefits
- Employment Benefits
- Education Benefits

- Other State Veteran Benefits
- Discounts

[Source: <http://www.military.com/benefits/veteran-state-benefits/alaska-state-veterans-benefits.htm> Jun 2014 ++]

*** Vet Legislation ***



Don't Ask, Don't Tell Update 12 ► Separation Pay H.R.5009

California Democratic Rep. Jackie Speier wants Congress to give millions in lost separation pay to service members dismissed from the military under the old “don’t ask, don’t tell” policy, calling it a way to make amends for a shameful chapter in American history. Under her Military Separation Pay Fairness Act (H.R.5009) filed 26 JUN, troops kicked out of the military under the policy — in effect from 1993 to 2010 — who received only partial separation pay would be eligible to receive their lost payouts, with interest. The measure builds on a class-action lawsuit settlement in January 2013 under which the government agreed to pay about \$2.4 million to dozens of former troops whose separation pay was cut in half when they were dismissed for being gay. That provision covered only about 180 former service members, all of whom had served at least six years before their dismissals. The settlement also covered cases only as far back as 2004 because of issues related to the statute of limitations.

Speier’s legislation would push the eligibility for payouts back another 11 years, to include any troops with six years of service who received less than their full expected separation pay. For years, Pentagon policy held that troops honorably discharged under DADT would receive only half of their separation pay, putting an additional penalty on their forced separation. In the 2013 settlement, the average makeup payout was about \$14,000. Speier could not say how many troops might qualify under her measure. About 14,000 service members were dismissed from the military under DADT, originally constructed to offer protection for gay troops from discrimination by commanding officers. Speier’s bill mandates that Congress send out checks within 90 days of the measure becoming law.

But that’s unlikely, given the potential cost and lingering conservative opposition to the repeal of DADT. Speier did not address the cost issue, but in a statement said America still carries wounds from the “unjust policy that punished service members” based on sexual orientation. “Thousands and thousands of men and women were discharged from the military under a discriminatory directive that stipulated homosexual service members receive only one-half of the separation pay they rightfully earned,” she said. “It’s deplorable that this discrimination has been allowed to continue.” Members of the Human Rights

Campaign, ACLU, OutServe/SLDN and the American Military Partners Association have offered support for the legislation. [Source: MilitaryTimes | Leo Shane | Jun 26, 2014 ++]

VA Overhaul Bill ► Joint Conference to Discuss Pending Legislation

Chairmen Bernie Sanders (I-VT) and Jeff Miller (R-FL), respective chairs of the Senate and House Veterans Affairs Committees, gavelled the opening of a rare conference 24 JUN to discuss pending legislation that seeks to speed up access to VA care for thousands of veterans on waiting lists at VA medical facilities across the country. Though cordial, the conferees offered competing views on how best to resolve the access problem.

- Republicans, led by Senator John McCain (R-AZ) House Veterans Affairs (HVAC) Chairman Miller, Senate Veterans Affairs (SVAC) Ranking Member Richard Burr (R-NC) and others, would give veterans a ‘gold choice’ card that would allow them to get care from outside the VA system if they met certain criteria to trigger the election.
- Democrats, led by Sen. Sanders and HVAC Ranking Member Mike Michaud (D-ME), voiced preferences for expanding VA’s capacity through various measures addressed in the legislation including more effective use of existing purchased care contracts.

In his opening remarks, Sen. Burr denounced the Congressional Budget Office’s (CBO) high cost estimate to field a ‘choice,’ card. Burr said the CBO’s \$35 to \$40 billion price tag was ludicrous. The numbers are “grotesquely out of line” and, in his view, were actually higher than the cost of providing care to currently enrolled veterans. He said it made no sense to expect that almost 8 million veterans would drop other coverage such as TRICARE, Federal Employee Health Benefits insurance, Medicare or private insurance to get a VA choice card for the two-year pilot program set out in the Senate bill. Democrats fretted that the focus should be on fixing the VA, not diverting resources by expanding outside referrals beyond current arrangements (The VA will spend about \$5 billion this year for contracted – purchased – care from outside providers). Former SVAC Chairman Sen. Jay Rockefeller (D-W.V.) said the goal should be to “improve the VA, not tear it down.” A number of conferees agreed that the focus should be on how to quickly resolve the backlog of wait-listed patients, change the culture within the VA and establish greater accountability at all levels.

House panel member Rep. Phil Roe (R-TN), a physician and former Army Reserve medical officer, said throwing more money at the VA won’t solve the problem. Two members endorsed seizing the moment to take a longer view on the future of VA health care. Rep. Tim Walz (D-MN), a former Army National Guard sergeant major and Iraq war veteran, asked rhetorically why there isn’t an over-arching strategy on veterans. Rep. Dan Benishek (D-MI), who served veterans for 20 years as a physician at a VA facility, said the best health care minds should be brought in to compare and contrast VA performance with outside health care practices. Along these lines, MOAA continues to endorse the establishment of a high-level, independent commission to chart the future of VA health care in the 21st century. Sen. McCain warned that the “last shoe” had not dropped on the VA scandal. He emphasized that the situation in the VA was an “emergency” and urged his fellow conferees to lay out the parameters of what needs to be done and move forward. The conferees are expected to hammer out a compromise after returning from the July 4 recess. [Source: MOAA Leg Up 27 Jun 2014++]

VA Overhaul Bill Update 01 ► How to Pay for it

Sen. Bernie Sanders (I-Vt.) on 26 JUN implored House lawmakers to pay for a Veterans Affairs overhaul bill through emergency spending, not budget cuts. “I hope very much that the House will agree with the Senate that we are in an emergency and that [it] is absolutely imperative we move as quickly as possible” to authorize funding, Sanders, chairman of the Senate Veterans’ Affairs Committee, said in a floor speech. “I hope very much we can avoid once again having a major debate about cutting food stamps, education, roads and bridges in order to fund the VA,” he added. Sanders’s comments get to the heart of what could be a major impediment to negotiations as House and Senate lawmakers work to hammer out a final package to reform the VA’s’ troubled healthcare system.

Both chambers earlier this month overwhelmingly approved legislation to fix the medical network. The proposed changes would include making it easier for underperforming executives to be fired, and allowing a greater number of veterans to seek treatment outside the VA network. But the Senate paid for its version through emergency legislation, which means any associated costs are simply tagged onto the deficit. House lawmakers approved a similar draft but want costs to be covered by spending cuts, possibly elsewhere in the federal budget. Sanders said he was “proud” the Senate voted 75-19 to waive a budget point of order against the VA bill before ultimately approving the measure. He said he did not like to hear some lawmakers saying: “ ‘Well, you want to fund VA healthcare you have to cut education, Medicare and Medicaid.’ “That is not the issue,” Sanders said. “Now is the time for us to defend those who have defended us and we’ve got to get this legislation moving.” He did not provide an update on the conference negotiations. [Source: The Hill | Martin Matishak | Jun 26, 2014 ++]

Military Experience Credit ► Ohio Military Transfer Assurance Guide

Ohio Gov. John Kasich (KAY'-sik) has signed a bill aimed at improving military veterans’ and service members’ access to higher education and jobs. It’s also intended to help prevent military identity fraud and theft. The legislation signed by Gov. John Kasich on 16 JUN provides more uniform standards for awarding credit for military experience by Ohio’s public colleges and state boards issuing occupational licenses and certification. The law establishes the Military Transfer Assurance Guide to set standards for colleges across the state to measure and recognize military experience in awarding college credit. Supporters say the changes should help veterans and service members more easily enter the civilian workforce. Rep. Mike Dovilla was the bill’s main sponsor. He says the legislation also provides harsher penalties for identity fraud and theft against active-duty military service members and their spouses. Attorney General Mike DeWine helped push for the enhanced penalties that he says will make Ohio one of the toughest states in punishing those crimes. [Source: Associated Press article Jun 17, 2015 ++]

Defense Appropriations Bill 2015 ► House Passes H.R.4870

In a flurry of activity that wrapped up early on the afternoon of June 20, the US House of Representatives pushed through several controversial amendments to the \$570.4 billion 2015 defense appropriations bill H.R.4870 before handing its version off to the Senate for its own markups this summer. The legislation included several hot-button amendments opposed by the Pentagon and the White House. The bill includes:

- \$491 billion in base budget funding plus a \$79.4 billion “placeholder” for the overseas contingency operations (OCO) account, which the White House has yet to deliver to the Hill.
- \$128 billion for military personnel spending, \$830 million less than what the White House had asked for in its fiscal 2015 spending plan, and \$31.6 billion for military health and family programs, \$360 million below what the White House wanted.
- \$789 million to refuel and overhaul the aircraft carrier George Washington. The Senate Armed Services Committee last month authorized \$650 million for the same purpose.
- \$5.8 billion on 38 F-35 aircraft, \$975 million for the Navy to purchase 12 more EA-18G Growlers, and \$1.6 billion for seven KC-46A tankers, in addition to approving amendments to block the mothballing of the venerable A-10 attack plane and the KC-10 refueling tanker, both platforms that the Pentagon has said it wants to begin to retire in favor of newer aircraft. The Air Force has said that retiring the A-10 alone would save the service \$4.2 billion over the next five years. The amendment adds to the earlier Senate Armed Services Committee authorization bill that would block the retirement of the A-10, and the House’s passage of the 2015 National Defense Authorization Act, which did the same when passed this year.
- The bill would prohibit another base closure round, includes fully funding housing stipends next year and a 1.8 percent pay raise, \$100 million more for defense commissaries, and no major restructuring of the Tricare program — all items Pentagon leaders had strongly lobbied for over the last four months. It imposes a one-year ban on transfers of prisoners out of the Guantanamo Bay, Cuba, detention facility,

The bill will now wait until the Senate Appropriations Committee marks up its version after the 4 JUL recess. That would give the Senate about two weeks to pass its version before Congress goes home for August. The vote came after two days of floor amendments and repeated complaints from military leaders that Congress has again failed to help them hold down long-term spending, instead rejecting program cuts to avoid short-term pain. The White House has said it “strongly opposes” the bill in its current form, but has not said whether the president would consider a veto. Speaking to reporters 18 JUN, Air Force Secretary Deborah Lee James said “we need to continue to explain that we have to move on, that we have these other missions that we need most of the units to do with other aircraft.” [Source: Defense News | Paul McLeary | Jun 21, 2014 ++]

OEF/OIF Vets ► Official Welcome Home Resolution

Sen. Tim Kaine wants Iraq and Afghanistan veterans to have an official welcome home. “The president has said combat operations [in Afghanistan] will end in 2014, and we can’t allow these kind of milestones to go unrecognized,” the Virginia Democrat said. “We need to have that moment. We need to mark the end of that chapter.” On 19 JUN, Kaine introduced a resolution to mark this Veterans Day as an formal celebration for the youngest generation of war fighters. The move doesn’t carry any money or mandates, but Kaine hopes if it passes the Senate it can act as a firing pistol for a host of nationwide celebrations honoring the military sacrifices of the last 13 years.



Sen. Tim Kaine

It's not the first attempt for some type of post-Sept. 11 V-J Day which marked the surrender of Japan to end World War II. But it's the first major push since the White House announced plans to end the combat phase of the war in Afghanistan at the end of this year, and slowly draw the remaining U.S. forces out of that country over the next two years. Kaine acknowledged with troops still deployed in Afghanistan, critics will call a victory celebration this Nov. 11 premature. But he insists the moment is already overdue for the more than 2.5 million troops who have already come home from both wars. "We're already going to have a Veterans Day. This year, let's make it a special one for those veterans," he said.

The idea of a "welcome home" celebration for U.S. troops has been controversial in the past, both inside and outside the veterans community. Some veterans groups pushed for a nationwide day of recognition in 2011, when U.S. forces withdrew completely from Iraq. City officials in St. Louis held the largest such celebration in January 2012, with thousands of spectators cheering on recently-returned veterans in a weekend parade. In February 2012, the White House hosted a formal state dinner to honor the sacrifice of servicemembers in Iraq. Pentagon officials selected 78 Iraq veterans to attend the event, to act as stand-ins for the more than 1 million servicemembers who deployed to Iraq and the 4,475 killed in fighting there. But Pentagon officials have resisted larger celebrations while American troops are still deployed in Afghanistan, saying it sends the wrong message to a nation still at war. They haven't yet weighed in on Kaine's plan.

Officials from Vietnam Veterans of America, Veterans of Foreign Wars and the American Legion have signed on to Kaine's idea. Richard Weidman, VVA's policy director, said he hopes the move starts a national conversation about the wars and their after-effects, one that never really took place after the controversies of Vietnam. "There's more to making veterans whole than just government programs," he said. "This is about really welcoming people back into civil society." In 2006 and 2007, Congress set aside \$20 million in the annual defense budget bills for a national celebration to honor troops at the conclusion of Iraq and Afghanistan wars. The White House still holds the authority to organize such an event, but the money has long since been redirected to other priorities.

Veterans from the first Gulf War were welcomed home with a march down Broadway in June 1991, paid for through private donations. Weidman said the week surrounding Veterans Day 1979 was designated for marking the work of the Vietnam Veterans, providing an important — if understated — moment of pride for many of those warfighters. Kaine said the resolution won't conflict with ongoing work on care delay reforms at the Department of Veterans Affairs, the top priority issue for most veterans organizations at the moment. A national celebration, he argues, will complement those efforts, by raising public awareness of the challenges facing the returning troops. Through June 18, 6,819 Americans have been

killed and 52,037 have been wounded in the Iraq and Afghanistan wars. [Source: NavyTimes | Leo Shane | Jun 18, 2014 ++]

VA Exec Firing Bills ► May be Unconstitutional

Congress' push to quickly fire VA executives in the wake of a nationwide scheduling scandal threatens to do more harm than good, and could be unconstitutional, according to attorneys who specialize in federal employee cases. Lawmakers moved with unusual speed and cooperation this week to pass a sweeping VA reform package that would make it easier to fire those involved with falsified patient wait lists at hundreds of hospitals and clinics. Beginning 18 JUN, they planned to cobble together two pieces of legislation recently passed in both chambers into a single reform package that will be sent to President Barack Obama. Key provisions in each bill would change how the VA terminates senior federal executives for incompetence or wrongdoing.

A House VA proposal guts the notification and appeals process for executives, treating them the same as congressional staffers who can be fired on the spot. The Senate version of the bill, sponsored by Sen. John McCain (R-AZ) and Sen. Bernie Sanders (I-VT) immediately freezes pay and creates a dramatically shortened appeals process. In each case, the legislation allows the VA to stop paying an executive before that employee can investigate the reasons for the termination, file a formal response or ask for an appeal. The VA "can't do that. If they do, the first person they do it to is going to sue and get it reversed," said Joyce E. Kitchens, an Atlanta-based attorney and former VA staff counsel who often represents federal employees. Kitchens and other attorneys said the legislation butts up against a 1985 U.S. Supreme Court ruling that civil servants' pay is property protected under the Fifth Amendment, meaning it cannot be taken by the government without due process.



Sen. Bernie Sanders

Rep. Jeff Miller

Congress wants to do away with rules that in most cases allow VA senior executives at least 30 days to respond to a call for termination before the department or any federal agency can stop paying them. Instead, appeals would come after pay is stopped. "If somebody gets fired under this legislation, they have reason to litigate," said Cheri Cannon, an attorney with the Washington law firm Tully Rinckey, who represents VA clients. She is also former chief counsel for the chairman of the Merit Systems Protection Board, which reviews federal employee actions. Cannon and others also worry that Congress may shorten the time allowed for VA employee appeals so much that a fair hearing is not possible. The McCain-Sanders bill,

widely hailed as a compromise breakthrough in the Senate, gives an executive just seven days to file an appeal after receiving a termination notice and losing pay. An appeals board would be required to give a decision in the case three weeks later. Cannon said appeals now take at least three to four months to be resolved and often longer due to a large number of pending appeals by federal employees who were furloughed recently.

Eric Pines, a Houston attorney who has handled VA cases for 18 years, said filing an appeal within one week would not be realistic without an extension from the VA. It can take clients days just to find an attorney who specializes in federal employee cases and once an attorney is contacted it could take days more for counsel to get to the case, Pines said. He said there is widespread mistreatment of employees and corruption in the VA, but Congress should be cautious about the new legislation. “If you push things too quickly because of emotion, you are going to end up having major problems,” he said. “It’s a recipe for disaster.” The Senior Executives Association (SEA), a Washington-based nonprofit group advocated for federal executives, has also come out against the legislation, saying there are constitutional issues with the current language. “SEA is very concerned. SEA is against both bills,” said Debra Roth, general counsel for the group. “I think there are constitutional issues ... we have made our position known [on Capitol Hill] in lengthy, multiple rounds of discussions.”

But lawmakers have denied there any legal issues with the legislation, which passed with overwhelming bipartisan majorities in both chambers. McCain spokesman Brian Rogers said executives would still be able to appeal a termination decision and could be awarded back pay by the Merit System Protection Board if that board rules the firing was not warranted. Meanwhile, VA employees who claim they were fired improperly or due to discrimination could also file a complaint with the Office of Special Counsel or the Equal Employment Opportunity Commission, according to Rogers. “There is no constitutional defect here,” Rogers wrote in an email.

Rep. Jeff Miller (R-FL), who chairs the House Committee on Veterans’ Affairs, sponsored the bill that passed 390-33 and has been calling for reform at the VA for years. His legislation would scrap the administrative process for firing VA senior executives and replace it with the same system used for congressional staff members, who can be fired on the spot without pay, offered the option of retirement, or in some cases, receive a severance package. Miller said the critiques of the proposed law come from special interests that support the VA status quo, even though it is dysfunctional, and that opposition is unlikely to be backed in court. “Ultimately,” he said in a written statement to Stars and Stripes, “I suspect those who are fighting against our efforts to increase accountability at VA will have about as much support in a court of law as they did in the court of public opinion.” [Source: Stars & Stripes | Eric Katz | June 11, 2014 ++]

Vet Toxic Exposure Legislation Update 03 ► H.R.4816 & S.1602

On 9 JUN, Congressman Mike Honda (D-CA-17) introduced H.R. 4816, the Toxic Exposure Research and Military Family Support Act of 2014, which is a companion bill to S.1602, introduced by Senator Richard Blumenthal (D-CT). “My bill will extend care to Veterans who can show that their medical illnesses have a direct relation to a toxic substance they were exposed to,” said Rep. Honda. “Additionally, this act will take care of the children, grandchildren, and future descendants who have been affected by these poisons. This is about keeping our promise to our veterans. This is about making sure that they get the care that they not only deserve, but they have earned.” H.R.4816 directs the Department of Veterans Affairs to establish a national center for the diagnosis, treatment, and research of health conditions of the descendants of veterans

exposed to toxic substances during service in the Armed Forces, and to provide certain services to those descendants.

Vietnam Veterans of America (VVA) strongly supports H.R. 4816, which upholds their founding principle, "Never again will one generation of veterans abandon another." VVA urges you to go to their Legislative Action Center site at <http://capwiz.com/vva/home> and Take Action Now by sending the letter via email to your U.S. Representatives, asking them to cosponsor H.R.4816, the Toxic Exposure Research and Military Family Support Act of 2014. [Source: VVA Legislative Alert Jun 20, 2014 ++]

Vet Bills Submitted to 113th Congress ► As of 27 JUN 2014

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.

Tentative 2014 Legislative Schedule 113th Congress, 2nd Session: The below list identifies the remaining expected non-legislative periods (days that the Senate *will not* be in session)

Date	Action	Note
Jun 30 - Jul 4	State Work Period	Independence Day- Jul 4
Aug 4 - Sep 5	State Work Period	Labor Day- Sep 1
Target Adjournment Date	TBD	

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

- H.R.4861 : **Commission for Our Veterans' Care Act.** A bill to establish the Commission on Access to Care to undertake a comprehensive evaluation and assessment of access to health care at the Department of Veterans Affairs. Sponsor: Rep Heck, Denny [WA-10] (introduced 6/12/2014)
- H.R.4862 : **Our Vets Deserve Better Act.** A bill to direct the Secretary of Veterans Affairs to meet with certain advisory committees to receive administrative and policy recommendations to improve the health care system of the Department of Veterans Affairs, and for other purposes. Sponsor: Rep Heck, Denny [WA-10] (introduced 6/12/2014)
- H.R.4863 : **National Guard and Reserve Equal Access to Legal Services Act.** A bill to amend title 10, United States Code, to provide certain members of the reserve components of the Armed Forces who are victims of sex-related offenses with access to a special victims' counsel. Sponsor: Rep Kline, John [MN-2] (introduced 6/12/2014)
- H.R.4875 : **Equalizing Transparency for Veterans Act.** A bill to direct the Secretary of Veterans Affairs to publish information on the provision of health care by the Department of Veterans Affairs, and for other purposes. Sponsor: Rep Boustany, Charles W., Jr. [LA-3] (introduced 6/17/2014)
- H.R.4887 : **Expanding Care for Veterans Act.** A bill to expand the research and education on and delivery of complementary and alternative medicine to veterans, and for other purposes. Sponsor: Rep Brownley, Julia [CA-26] (introduced 6/18/2014)
- H.R.4892 : **Military and Veteran Caregiver Services Improvement Act of 2014.** A bill to expand eligibility for the program of comprehensive assistance for family caregivers of the Department of Veterans Affairs, to expand benefits available to participants under such program, to enhance special compensation for members of the uniformed services who require assistance in everyday life, and for other purposes. Sponsor: Rep Langevin, James R. [RI-2] (introduced 6/18/2014)
- H.R.4898 : **Access to Veteran-Centered Community Care Act.** A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide hospital care and medical services in non-Department facilities for veterans waiting longer than 14 days for an appointment in a Department facility, and for other purposes. Sponsor: Rep Sinema, Kyrsten [AZ-9] (introduced 6/18/2014)
- H.R.4900 : **Helping Veterans Save for Health Care Act of 2014.** A bill to amend the Internal Revenue Code of 1986 to prevent veterans from being disqualified from contributing to health savings accounts by reason of receiving medical care for service-connected disabilities under programs administered by the Department of Veterans Affairs. Sponsor: Rep Johnson, Sam [TX-3] (introduced 6/19/2014)
- H.R.4922 : **GI Internship Program Act.** A bill to amend title 38, United States Code, to authorize veterans who are entitled to educational assistance under the Post-9/11 Educational Assistance Program of the Department of Veterans Affairs to use such entitlement to participate in a career transition internship program for veterans. Sponsor: Rep Schneider, Bradley S. [IL-10] (introduced 6/20/2014)
- H.R.4971 : **Annual Surveys of Vet Experiences in Obtaining VA Medical Care.** To direct the Secretary of Veterans Affairs to conduct annual surveys of veterans on experiences obtaining hospital care and medical services from medical facilities of the Department of Veterans Affairs, and for other purposes. Sponsor: Rep O'Rourke, Beto [TX-16] (introduced 6/25/2014)
- H.R.4977 : **Establish Commission to Examine VA's Treatment Model for Vet Mental Illness.** A bill to establish a commission to examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental illnesses of veterans and the potential benefits of incorporating complimentary alternative treatments available in non-Department of Veterans

Affairs medical facilities within the community. Sponsor: Rep Bilirakis, Gus M. [FL-12] (introduced 6/26/2014)

- H.R.5007 : **Assess VA Staffing Shortages.** A bill to assess staffing shortages at medical facilities of the Department of Veterans Affairs, and for other purposes. Sponsor: Rep Ruiz, Raul [CA-36] (introduced 6/26/2014)
- H.R.5009 : **Don't Ask, Don't Tell Retroactive Separation Pay.** A bill to require the payment of the full amount of separation pay otherwise due to former members of the Armed Forces who were separated under the former Don't Ask, Don't Tell Policy of the Department of Defense and were only paid a portion of the full amount. Sponsor: Rep Speier, Jackie [CA-14] (introduced 6/26/2014)
- S.2450 : **Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014.** A bill to improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes. Sponsor: Sen Sanders, Bernard [VT] (introduced 6/9/2014) Related Bills: H.R.3230, H.R.4841
- S.2467 : **Continuing Care for Veterans Act of 2014.** A bill to prohibit the Secretary of Veterans Affairs from altering available health care and wait times for appointments for health care for certain veterans, and for other purposes. Sponsor: Sen Pryor, Mark L. [AR] (introduced 6/12/2014)
- S.2468 : **Veterans Emergency Health Care Safety Net Expansion Act of 2014.** A bill to amend title 38, United States Code, to expand eligibility for reimbursement for emergency medical treatment and to require that the Department of Veterans Affairs be treated as a participating provider for the recovery of the costs of certain medical care, and for other purposes. Sponsor: Sen Hirono, Mazie K. [HI] (introduced 6/12/2014)
- S.2545 : **Revocation of Bonuses Paid to VA Employees Involved in Wait List Manipulations.** A bill to require the Secretary of Veterans Affairs to revoke bonuses paid to employees involved in electronic wait list manipulations, and for other purposes.Sponsor: Sen Ayotte, Kelly [NH] (introduced 6/26/2014)

[Source: <http://www.loc.gov> & <http://www.govtrack.us/congress/bills> Jun 27, 2014 ++]

* **Military** *



Mini-Z ► **X-ray Gun**

Superman had X-ray vision. Now, so does the United States military, in the form of an X-ray gun that can see through fabric, rubber and aluminum to find drugs, money, explosive liquids and even people. The recently released X-ray gun is the first device of its kind that a soldier or would-be superhero can hold in his or her hands. It's about the size of a breadbox and works with the press of a button, allowing the user to

actually see the outline of organic material buried behind cloth, leather or even aluminum by running the X-ray gun over the material and zapping it with low-level X-rays. At a recent demonstration, the device could see through boxes, bags, car seats and airplane wings to reveal various organic compounds — everything from bricks of simulated cocaine to paper, ammonia and other potentially explosive materials. Even a handful of grapes. (Defense One supplied some of the material to ensure the accuracy of the test.)



Representatives from American Science and Engineering, or AS&E would run the X-ray scanner, called the MINI Z, over the item and the image would show up on a Windows powered tablet PC. Organic compounds appeared bright white and distinct from the dark inorganic material. The same company makes the large, toll-booth like backscatter X-rays scanners you walk through at airports – the ones that have given rise to recent controversy because of the embarrassing amount of detail they reveal about a person’s body. They work in almost the same as regular X-rays. When you go to a doctor’s office with a possible broken rib, the doctor will shoot a high-powered beam of photons through your body. The photons pass through the soft tissue to a film, which is then developed to reveal fractures, car keys, staples or other abnormalities. The photons get hung up on the parts of you that are more atomically dense, like bones or metallic objects.

Backscatter X-rays are less powerful and don’t actually penetrate deep into organic tissue. Instead, the photons of the beam hit the surface of organic material and scatter and ricochet, which is detected by a sensor. The MINI Z can shoot these rays continuously, as opposed to taking a single burst picture like a Polaroid One Shot. “The ability to continually generate that X-ray beam is a big factor and a big change,” Joe Reiss, vice president at AS&E, told Defense One. One of the advantages of a handheld X-ray gun is that it allows for quick, multiple scans from different angles. More pictures better reveal objects for what they are. For instance, during the demonstration, a mound of paper took several swipes with scanner to become clear on the image. The X-ray gun represents a big innovation for shrinking the tubes that shoot the beams, battery and other elements of X-ray tech. It took AS&E and their suppliers seven years to reduce those form factors from truck-size, heat producing elements to something handheld.

“You have to be able to cool [the X-ray device],” says Reiss. “Our bigger systems have elaborate cooling mechanisms to do that but they’re much higher power.” For instance, the MINI Z uses about ten watts of power. The company’s van-sized X-ray machine will use on the order of 3000 watts but can see deeper at further distances. “The basic imaging concepts are the same,” said Reiss. “The tradeoffs are different. How much power do you want? How big can it be? How much does it cost?” For the military, cost and portability make the MINI Z an attractive new security capability for the Pentagon’s arsenal. The MINI Z comes in at \$50,000, or half the cost of a typical airport backscatter X-ray. But the most important feature, from a national security perspective, is the simplicity of use. You turn it on, point, shoot and get an image. It requires almost no training to operate. That’s key because it’s not necessarily U.S. soldiers that will be using it (though AS&E does count the Defense Department as a customer) so much as the foreign soldiers under U.S. tutelage. Consider that in some countries the U.S. military is arming security forces

made up of farmers and shepherds who speak no English but are trained to scan cars for opium, cash and explosives.



While an X-ray blaster is a useful gadget to have on the field, X-ray glasses would be far more so. Unfortunately, says Reiss, those will be a while in coming. “Practically speaking, X-ray imaging is fairly mature”, he says, meaning, essentially, the low-hanging fruit in innovating the technology has already been picked. A sufficiently powerful x-ray beam needs tubes of a certain size and power. There is no Moore’s Law for shrinking X-ray tubes in the same way that you can make computers smaller, cheaper and more powerful by doubling the number of transistors you can squeeze onto an integrated circuit. There is, however, still opportunity to improve the cost and the size of the unit beyond its current limitations. The MINI Z uses a lithium ion battery and as improvements are made in battery technology, devices like it should benefit. In the meantime, the MINI Z could work with a virtual reality headset like, say, the Oculus Rift to provide a convincing X-ray glasses experience. “There are a lot of complementary technologies.” [Source: Defense One | Patrick Tucker | Jun 22, 2014 ++]

USS Constellation (CV-64) ► ExSupercarrier Headed to Scrapyard

The retired aircraft carrier Constellation will take its final cruise this summer, from the Pacific Northwest to Texas for dismantling, the Navy announced 13 JUN. The USS Constellation was decommissioned at the Naval Air Station North Island in San Diego on 7 August 2003. The ship was towed, beginning 12 September 2003, to the ghost fleet at the Naval Inactive Ship Maintenance Facility, Bremerton, Washington. On 2 December 2003, the ship was stricken (formally removed from the Naval Vessel Register) when Admiral Vern Clark decided against expenditure of maintenance costs. The Navy awarded a \$3 million contract to International Ship-breaking, according to a news release, for the cost of towing the ship that served the Navy for four decades.

The Constellation is the third of the Navy’s conventionally powered aircraft carriers to head for the scrapyard this year. The Forrestal and Saratoga also were sold to shipbreaking companies based in Brownsville, Texas. However, those contracts totaled 1cent each. “The \$3 million will help cover the cost of towing Constellation, since the ship has to go around South America,” Naval Sea Systems Command spokesman Chris Johnson told Navy Times. “The other two ships have a relatively straight shot down the East Coast.” Constellation is expected to make the trip from its home at Naval Base Kitsap, Washington, to the Gulf of Mexico in the next few months, the release said. “Connie,” as the crew called the ship, was the second in the Kitty Hawk class of carriers, christened in October 1960. A fire in December of that year killed 50 workers and caused \$75 million in damages, delaying the carrier’s com-missioning until October 1961, according to Naval History and Heritage Command. The Constellation measured 1,047 feet long by 248 feet wide and could travel at more than 33 knots. Through nearly 42 years of service, Connie deployed

to support combat missions in conflicts from Vietnam to Afghanistan before its decommissioning. [Source: NavyTimes | Meghann Myers | Jun 30, 2014 ++]



USS Constellation (CV-64)

Navy Topside Paint ► **New Polysiloxane Can Last More than 7 Years**

Aboard the Destroyer ROSS in the North Atlantic Ocean the Navy is hoping that a new paint slathering its way into the fleet will mean a little less chipping and painting for sailors. The sailors on the Ross have begun using the new polysiloxane topside coating — more complex than the classic haze gray. It's a two-step paint that includes a resin and hardener that requires mixing and extra care when it's applied — and it can last more than seven years. "It's basically the same stuff they put on water towers so that graffiti can just be wiped away instead of repainting the whole thing every time," said Ensign Anthony Jo-seph, the Ross's first lieutenant, whose crew paints the bulk of the ship's hull. "But you have to prep the surface correctly." Joseph said when using the new paint, you have to rough-sand the surface to get it to stick. "Other-wise," he said, "you can go back after it dries and peel it off in a sheet."



Seaman Francisco Kidwell touching up the destroyer Donald Cook at sea in January

Sailors who have worked with the old stuff can attest to its short-comings: It shrinks and cracks easily, can take a long time to dry and is stained easily by running rust. That means that if there is an inspection or

an admiral's visit coming up, sailors are often told to just slap some new haze gray over the old, forming a layer cake of rust, salt and peeling paint. This practice is pandemic in the fleet and costs the Navy millions in wasted paint — and can even lead to higher fuel costs thanks to the extra weight, the Naval Research Laboratory reported in April 2013. The Navy estimates that these half-baked topside preservation efforts can add up to 15 tons, roughly equivalent to the weight of one F/A-18 Super Hornet, to an aircraft carrier. And the old haze gray's inherent weaknesses add to the problem. It only lasts between 12 and 18 months, according to NRL, which means that on a ship the size of a cruiser or a destroyer that gets underway about 35 percent of the time on average, the ship's force could spend time every day in port painting, only to have to start over again when they finish.

The new paint on board the Ross can last more than seven years between fresh coats without losing too much luster, NRL said, which envisions that long, hot hours with needle guns, primer and goopy paint that doesn't coat well will be replaced by a bucket of solvent and some greenie-weenies to scrub running rust off the washable surface. The Navy guesses that this will save up to 57,000 sailor-hours each year — or about a year of work by 30 sailors. But the new paint doesn't eliminate all grunt work. As Joseph points out, proper preparation is important: Corroded surfaces still need to be needle-gunned, and the paint can't be put over salt or a chalky layer of freshly sanded paint. But if a sailor who checks on board a ship only has to paint the same surface once during his entire tour, the trade-off is worth it. [Source: NavyTimes | David Larter | Jun 30, 2014 ++]

Military Sexual Misconduct ► General Demoted Two Grades

The Army has demoted Brig. Gen. Jeffrey A. Sinclair two levels in rank for sexual misconduct following his guilty pleas at a court-martial earlier this year, the Army secretary announced 20 JUN. Secretary of the Army John McHugh said Sinclair, once a rising star in the Army, will be forced to retire as a lieutenant colonel. Sinclair, who pleaded guilty to adultery, improper relationships with female officers and other crimes, was fined \$20,000 at his court-martial in March but avoided jail. In tumultuous proceedings at Ft. Bragg, N.C., that embarrassed both Sinclair and the Army, the general admitted an illegal three-year affair with a junior female officer and engaging in inappropriate relationships with two others. He also pleaded guilty to conduct unbecoming an officer, possessing pornography, and misusing a government charge card.



Brig. Gen. Jeffrey A. Sinclair leaves a Ft. Bragg, N.C., courthouse in January 2013

The 27-year veteran of five combat tours had faced up to life in prison if convicted of the original charges against him. Sinclair's Army reprimand and loss of pay left both sides stunned. Sinclair was allowed to retire and retain benefits, rather than being dismissed from the service for his behavior. McHugh said it was the first time in a decade that the Army has reduced a retiring general officer two ranks. The demotion will slash Sinclair's retirement pay. "Sinclair displayed a pattern of inappropriate and at times illegal behavior both while serving as a brigadier general and a colonel," McHugh said in a statement. "I

therefore decided there was sufficient evidence and cause to deny him those benefits. Sinclair displayed a pattern of inappropriate and at times illegal behavior both while serving as a brigadier general and a colonel.”

Under terms of a plea deal, the government dropped charges that Sinclair threatened to kill his lover and her family if she reported the affair; forced her to perform oral sex; and engaged in "open and notorious" sex with the captain. In a statement Friday, Sinclair’s civilian lawyer, Richard Scheff, said that until Sinclair retires in several weeks, he remains a one-star general. He said Sinclair has taken responsibility for his mistakes and agreed to a reduction in retirement benefits. "He is a highly decorated war hero ... and it’s right that he be permitted to retire honorably," Scheff said. "Other senior military leaders who committed the same indiscretions, and worse, have faced far fewer consequences." Sinclair’s sentencing in March was criticized as too lenient by some members of Congress and by advocacy groups that have accused the military of protecting senior commanders accused of sexual misconduct. [Source: Los Angeles Times | David Zucchino | Jun 20, 2014 ++]

Military Handbooks ► **2014 Editions Available for Download**

The 2014 editions of Military Handbooks are now available for download on the internet. This series consisting of nine publications was launched with one simple goal – to give the Military community the very best information available about pay, benefits, retirement planning, education benefits, career decisions, much more! And to provide it to you in a series of straightforward, easy-to-understand handbooks – for FREE! Of particular use to the vets and retirees are:

Benefits for Veterans and Dependents - Gives everything you need to know about: how to apply, veterans service centers, choosing a facility, changing a facility, second opinions, prescriptions, dental care, chiropractic care, non-VA care, travel, POW benefits, appeals, grievances, confidentiality, financial issues, means testing, hardship determinations, waivers, medication co-payments, health insurance and a complete listing of VA facilities. Download at <http://militaryhandbooks.com/view-military-handbooks/2014-benefits-for-veterans-dependents>

Military Retired Handbook - Designed to help all U.S. Military personnel who have retired – or who are planning to retire. This unique guide covers everything from the nuts and bolts of computing your Retirement Pay to the detailed explanations of retired military Healthcare, TRICARE, Social Security, VA, SBP, taxes, insurance, travel, survivor benefits and much more. Download at <http://militaryhandbooks.com/view-military-handbooks/2014-us-military-retired-handbook>

Veterans Healthcare Benefits Handbook - The Veterans Healthcare Benefits Handbook provides everything you need to know about: how to apply, veterans service centers, choosing a facility, changing a facility, second opinions, prescriptions, dental care, chiropractic care, non-VA care, travel, POW benefits, appeals, grievances, confidentiality, financial issues, means testing, hardship determinations, waivers, medication co-payments, health insurance and a complete listing of VA facilities. Download at <http://militaryhandbooks.com/view-military-handbooks/2014-veterans-healthcare-handbook>

Military Base Installation Directory - Provides contact information for every military installation in the United States. From information about military housing to the commissary to the base dental clinic, you’ll

find the contact number and addresses you need in one easy to access guide. Download at <http://militaryhandbooks.com/view-military-handbooks/2014-base-installation-directory>



[Source: <http://militaryhandbooks.com> Jun 2014 ++]

Next-Gen Gas Mask ► Cooler, More Comfortable

The rollout of the Army's new gas mask is underway, but researchers already have plans for the next-gen model: An integrated mask-helmet design with a battery-powered, fan-driven air filtration system. Tests of the system — which developers at the Army's Edgewood Chemical Biological Center in Aberdeen, Maryland, say will be lighter than units now in service — have been underway for more than a year. Recent trials involved modifying the commercial version of the M50, one of the masks now being rolled out to soldiers, and putting civilian subjects through stressful activities, such as crawling with a rifle and shoveling sand.



The modifications allow a blower to move air across the wearer's face, rather than having the user suck the air through the purification filter. It's a simple step that not only improves protection and creates a better seal on the mask, but also circulates air for the user for a more comfortable experience — compared with other gas masks, anyway. "With any respiration device, comfort is an issue," said Dan Barker, a researcher in ECBC's respiratory protection branch. "That's well-documented everywhere. There's always a goal to try to minimize that discomfort." Barker and fellow team members are in the early stages of the gas-mask portion of the unit, which then would be combined with a next-generation helmet to complete the design.

Integrated mask-helmet testing hasn't started yet, ECBC officials said, nor is there a date for when the new gear could become available, even to special operators.

That means the jet-black helmet/mask setup that illustrated a recent news release — one that would be right at home on the set of a science-fiction movie — is far from the finished project. ECBC researcher Dave Caretti said it's "kind of the end goal of everything we're doing," but "we have not done any testing of anything that's like that picture. We are testing technologies that lead toward that end goal." That hasn't stopped multiple online gadget sites from writing about the gear, with one even calling it the Army's foray into producing an "air-conditioned helmet," Barker said. Soldiers shouldn't get their hopes up quite that high. "The air that's being blown is clean, ambient air," he said, "but it's not cold. It doesn't change humidity. While we intend to link to a helmet, at some point, we are not in the business of building a helmet."

However, testers did report the ambient-air circulation kept them cooler. And one futuristic-sounding improvement is being worked on by ECBC, which is part of Army Research, Development and Engineering Command — creating a mask that can tell what kind of protection the soldier needs, then turn on, turn off or adjust power without input from the wearer. "Sensors [would] auto-control fan speed," Caretti said. "We are looking at some of those potential technologies. It's not in a platform to test yet. Rollout of the Defense Department's Joint Service General Purpose Mask began with the other services in 2010; fielding is still ongoing for soldiers. Those M50 and M51 models replaced M40 and M42 masks that were developed in the 1980s. [Source: MilitaryTimes | [Kevin Lilley](#) | May 27, 2014 ++]

Medal of Honor Citations ► **Mann, Joe Eugene WWII**



*The President of the United States in the name of The Congress
takes pleasure in presenting the
Medal of Honor Posthumously*

To

Mann, Joe Eugene

Rank and organization: Pfc., U.S. Army, Company H, 502d Parachute Infantry, 101st Airborne Division

Place and date: Best, the Netherlands September 19, 1944

Entered service at: Seattle Wash., August 1942

Born: July 18, 1918 Charlottetown, Prince Edward Island, Canada

Citation

He distinguished himself by conspicuous gallantry above and beyond the call of duty. On 18 September 1944, in the vicinity of Best, Holland, his platoon, attempting to seize the bridge across the Wilhelmina Canal, was surrounded and isolated by an enemy force greatly superior in personnel and firepower. Acting

as lead scout, Pfc. Mann boldly crept to within rocket-launcher range of an enemy artillery position and, in the face of heavy enemy fire, destroyed an 88mm. gun and an ammunition dump. Completely disregarding the great danger involved, he remained in his exposed position, and, with his M-1 rifle, killed the enemy one by one until he was wounded 4 times. Taken to a covered position, he insisted on returning to a forward position to stand guard during the night. On the following morning the enemy launched a concerted attack and advanced to within a few yards of the position, throwing hand grenades as they approached. One of these landed within a few feet of Pfc. Mann. Unable to raise his arms, which were bandaged to his body, he yelled "grenade" and threw his body over the grenade, and as it exploded, died. His outstanding gallantry above and beyond the call of duty and his magnificent conduct were an everlasting inspiration to his comrades for whom he gave his life.

/S/HARRY S. TRUMAN



Joe Mann and his monument at the place of his death

Mann joined the Army from Seattle, Washington in August 1942 and by September 18, 1944 was serving as a private first class in Company H, 502nd Parachute Infantry Regiment, 101st Airborne Division. On that day, in Best, the Netherlands, he single-handedly destroyed an enemy emplacement and continued to fire on the enemy from an exposed position until being wounded. Despite his wounds, he insisted on serving guard duty during the night. The next morning, during an enemy attack, Mann smothered the blast of a hand grenade with his body, sacrificing himself to protect those around him. For these actions, he was posthumously awarded the Medal of Honor a year later, on August 30, 1945. Mann, aged 22 at his death, was buried in Greenwood Memorial Terrace, Spokane, Washington.



Gravesite marker and the Joe Mann war monument next to the Joe Mann theatre at the Sonseweg in Best, Netherlands

The United States Army ship USAT Private Joe E. Mann was in service from 31 October 1947 until she was transferred to the Navy on 7 Aug 1950. A short DoD film titled, "The Joe Mann Story made as part of the Big Picture series is available for viewing at <https://archive.org/details/gov.dod.dimoc.30121>.

[Source: http://en.wikipedia.org/wiki/Joe_E._Mann and <http://www.history.army.mil/html/moh/wwII-m-s.html#MABRY> Jun 2014 ++]

*** Military History ***



Aviation Art 68 ► **Raid on The China Coast**



Raid On The China Coast
by Roy Grinnell

"Lady Lil" of the Air Apaches 345th Bomb Group, 498th Bomb Squadron. The B-25 is attacking Japanese shipping off of the coast of China, April 1945. The pilot is Lt. Albert J. Beiga. The raid was between Amoy and Swatow, west of Formosa.

[Source: <http://www.aviationarthangar.com/avartharaonc.html> May 2014 ++]

Military History ► The Bougainville Campaign

The Bougainville campaign (Operation Cherry Blossom), as part of the larger Operation Cartwheel, was fought by the Allies in the South Pacific during World War II to regain control of the island of Bougainville from the Japanese forces who had occupied it in 1942. During their occupation the Japanese constructed naval aircraft bases in the north, east, and south of the island; but none in the west. They developed a naval anchorage at Tonolei Harbor near Buin, their largest base, on the southern coastal plain of Bougainville. On the nearby Treasury and Shortland Islands they built airfields, naval bases and anchorages. These bases helped protect Rabaul, the major Japanese garrison and naval base in New Guinea, while allowing continued expansion to the south-east, down the Solomon Islands chain, to Guadalcanal.

The American strategic plan was clear: Move up the Solomon Island chains to open a direct route to the Philippines, take the Philippines and then move out from there on to Tokyo. In 1942, the U.S. Marines drove the Japanese out of the first Solomon island, Guadalcanal; in 1943, painfully, bloodily, the 37th Infantry Division pushed through the equally impenetrable jungles of New Georgia, sweeping what was left of the 15,000 defending Japanese into the sea. The next and final Solomon island was Bougainville, and there the tactics were dramatically altered though the strategic concept remained the same. At the opening of the Allied offensives, estimates of Japanese strength on Bougainville varied widely, ranging between 45,000 to 65,000 Army, Navy, and labor personnel. The Allied campaign began on 1 November 1943 and ended on 21 August 1945, with the surrender of the Japanese. The campaign cost 1,243 American and Australian lives along with an estimated 18,500 to 21,500 Japanese troops killed.

In early November 1943, the 3rd Marine Division and the 37th Infantry Division invaded Bougainville with an offensive-defensive mission. There was no thought of pushing across this 250-square-mile island and eliminating the Japanese in a brutal, costly, slow action. Instead, the plan was to take only a small piece of Bougainville, perhaps six square miles, including the deepest, best port at Empress Augusta Bay. Within those six square miles, a major airfield would be built, from which American planes could range over the South Pacific as far forward as the Philippines, assuring security from the air for the convoys and task forces that would invade the Philippines in October 1944. Hill 700 was the linchpin of the American defenses, the key to holding the perimeter positions to its right and left and eventually the airfield. For a detailed accounting by Stanley A. Frankel on what happened in defending this position refer to the attachment to this Bulletin titled, "**The Bougainville Campaign | Hell on Hill 700**" [Source: http://en.wikipedia.org/wiki/Hill_700 & <http://five24.com/fam/d/Bougainville.htm> My 2014 ++]

D-Day ► Allied Air Campaign

The mention of "D-Day" conjures iconic images of men storming a beach riddled with barbed wire, smoke and craters created by German mortar batteries; of men advancing toward machine gun nests and acts of heroism as they made their way inland to secure a foothold in mainland Europe. However, without the efforts made by the allied air campaign in the months prior, D-Day would have never been possible. "The Allies disrupted aircraft production," said Billy Harris, a U.S. Air Forces in Europe and Air Forces Africa historian, "but more importantly, they inflicted severe losses on the Luftwaffe in air-to-air combat as it tried

to defend the factories. Allies also hit airfields within 350 miles of the beachhead with 6,700 tons of bombs, and the Germans withdrew many of their fighters to protect Germany."



The sleek, highly maneuverable P-51 (left) proved ideal for long range escort missions and an equal match to the Luftwaffe's fighters. Pilots who flew it praised its maneuverability and visibility during close order engagements with enemy fighters. Republic P-47N Thunderbolts (right) were used as both a high-altitude escort fighter and a low-level fighter-bomber. The P-47 quickly gained a reputation for its ruggedness. Its sturdy construction and air-cooled radial engine enabled the P-47N to absorb severe battle damage and keep flying.

The figure of 127 downed Allied aircraft during the battle of Normandy may pale in comparison to the estimated 10,000 Allied casualties from the ground, but the casualties surely would have been much higher had they not conducted such a successful air campaign in the months prior. The planning for D-Day, dubbed "Overlord", began more than two years prior when the Combined Chiefs of Staff approved the general invasion plan that would ultimately be carried out by Gen. Dwight D. Eisenhower, who took over as the commander of the European theater just a few months prior to the invasion. From the beginning of planning it was recognized that the air component to the invasion was going to be critical. From experience, the Allies knew facing an air adversary over the battlefield was not going to be successful, so they planned on crippling the Luftwaffe in strategic stages leading up to the invasion.

The Allies had the perfect combination of warfighting planes to deal a devastating blow to the German air arsenal. "Both the P-47 and P-51 were veritable workhorses during the war," Harris said. "The sleek, highly maneuverable P-51 proved ideal for long range escort missions and an equal match to the Luftwaffe's fighters. Pilots who flew it praised its maneuverability and visibility during close order engagements with enemy fighters. "The heavier P-47, also capable of short and medium-range escort and formidable foe during dogfights, proved ideal during interdiction missions," he said. "Capable of carrying half the bomb load of a B-17, the P-47 Thunderbolts of (the) Ninth Air Force inflicted significant damage on enemy ground forces throughout the Normandy campaign." The air campaign had three stages: disable the Luftwaffe; cut off main supply roads; and once the invasion began, focus on battle field interdiction and close air support.

From January to June 1944, the five months leading up to D-Day, the Allies had effectively clipped the wings of the German Luftwaffe. The allied air forces engaged the Luftwaffe wherever they found them while bombers sought out their "nests" in France and Germany. By the end of May, bombers had neutralized dozens of airfields and severely crippled Germany's aircraft industry. As a result, on the eve of Normandy the Luftwaffe had been reduced to less than half of its original air assets. In May alone, 570 German aircraft were destroyed, which equated to roughly 25 percent of their total force in the span of 30

days. Another goal of the Overlord plan involved the destruction of the enemy's rail communications. Of particular interest were the rail lines leading towards the Overlord beach areas. To meet this objective, allied air forces unleashed heavy and medium bombers to engage marshalling yards. Meanwhile, fighters attacked rolling stock and troop concentrations. Pilots claimed 475 locomotives and hundreds of railcars loaded with munitions, supplies, and troops. In turn, the attacks demoralized German forces which delayed reinforcements to the Overlord areas.

The Allies were not without their own losses, though. In that period leading up to the invasion, the Allies lost more than 12,000 men and 2,000 aircraft. "Without a doubt, the air campaign was a key part of reducing the Luftwaffe's capabilities," Harris said. "Between Feb. 1 and June 1, the Luftwaffe lost 8,445 fighters. That equated to pilot losses of 20-25-percent each month, resulting in a staggering turnover of crews. It also meant diminished experience and crippling losses that could not be replaced. The tremendous valor and sacrifice of Allied aircrews ensured marginal Luftwaffe presence over Normandy in June." By the time of the invasion, the Luftwaffe was barely able to generate 100 sorties to respond to the Allied invasion on the coast of France. The importance of airpower was evident even before World War II, but the success of the air campaign leading up to Normandy solidified air supremacy as a key component in our multi-faceted military. "The Luftwaffe was a formidable foe," Harris said. "It had proven its abilities over England, France, and Russia. One can only imagine the havoc 8,000 fighters would have unleashed on the troop ships approaching the beaches, not to mention the carnage on the beaches themselves." [Source: U.S. Air force News | Ryan Crane | May 30, 2014 ++]

WWII PostWar Events ► Soviet Victory Day Parade

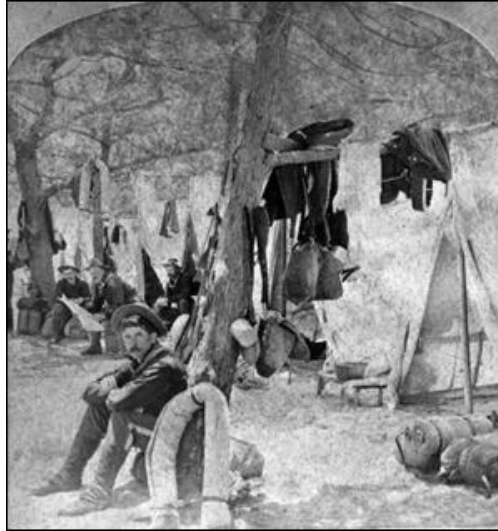


Soviet soldiers with lowered standards of the defeated Nazi forces during the Victory Day parade in Moscow, on June 24, 1945.

Military History Anniversaries ► 1 thru 31 Jul

Significant events in U.S. Military History are listed in the attachment to this Bulletin titled, “**Military History Anniversaries 01 thru 31 Jul**”.

Spanish American War Image 27 ▶ **Camp Life 1898**



Sultry day in camp: Tampa, Florida (1898)

WWI in Photos 106 ▶ **Prussian Infantry Leave Berlin for Front Lines**



Shortly after the assassination of Archduke Franz Ferdinand, Austria-Hungary issued a list of demands to Serbia, demanding they halt all anti-Austro-Hungarian activity, dissolve certain political groups, remove certain political officers, and arrest those within its borders who participated in the assassination, among other things -- with 48 hours to comply. Serbia, with the backing of their ally Russia, politely refused to fully comply, and mobilized their army. Soon after, Austria-Hungary backed by their ally Germany, declared war on Serbia on July 28 1914. A network of treaties and alliances then kicked in, and within a

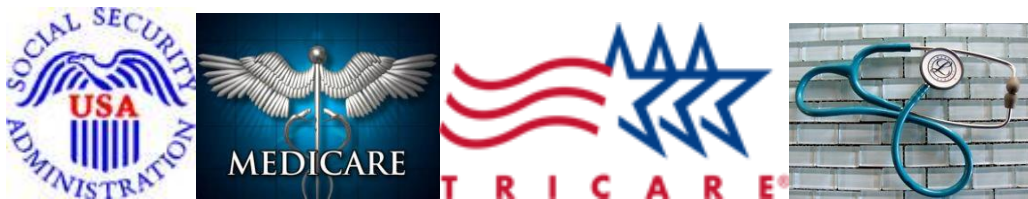
month's time, Germany, Austria-Hungary, Russia, France, Britain, and Japan had all mobilized their armies and declared war. In this photo, taken in August of 1914, Prussian guard infantry in new field gray uniforms leave Berlin, Germany, heading for the front lines. Girls and women along the way greet and hand flowers to them.

Faces of WAR (WWII) ► Fighter Ace Don Gentile



Fighter Ace, Captain Don Salvatore Gentile 1944. One of WWII greatest fighter pilots.

*** Health Care ***



Sitting Can Be Fatal ► You Can't Exercise away its Harmful Effects

A large review recently published in *The Journal of the National Cancer Institute* confirms what we've been hearing for years: Sitting can be fatal. It's been linked to cancer, diabetes, and cardiovascular disease. In this latest meta-analysis, Daniela Schmid and Michael F. Leitzmann of the University of Regensburg in Germany analyzed 43 observational studies, amounting to more than 4 million people's answers to questions about their sitting behavior and cancer incidences. The researchers examined close to 70,000 cancer cases and found that sitting is associated with a 24% increased risk of colon cancer, a 32% increased risk of endometrial cancer, and a 21% increased risk of lung cancer. The really bad news: You can't exercise away the habit's harmful effects. "Adjustment for physical activity did not affect the positive association between sedentary behavior and cancer," the authors write. Even participants who achieved the daily recommended levels of physical activity were at the same risk as those who spent their day sitting. "[The results] indicate that the increased risk of cancer seen in individuals with prolonged time spent sedentary is not explained by the mere absence of physical activity in those persons," the researchers say.

Some reasons why

1. Sitting → weight gain → elevated risk: When you're sedentary, you burn only about a calorie a minute. Being overweight or obese is a known risk factor for many common chronic diseases. The cancer risk, the authors note, comes about because obesity can promote insulin resistance and bodily inflammation, two of the many things known to increase the risk of cancer for people of above-average body weight. Interestingly, the authors also mention the link between obesity and vitamin D deficiency, which has been associated with an elevated risk of colon cancer.

2. Sitting → inactive muscles → harmful biological signaling: Sitting also means your large postural support muscles, such as the quadriceps and glutes, aren't doing anything. When active, these muscles produce a suite of beneficial molecules. "Skeletal muscles have an electrical activity in them when they're working which is like the light switch that turns on all these healthy things in the muscles," explained Marc Hamilton, director of the Inactivity Physiology Program at the Pennington Biomedical Research Center in Louisiana in a recent webinar. When you sit, you turn these light switches off.

A widely studied casualty of this blackout is lipoprotein lipase, an enzyme that Hamilton likens to "a vacuum cleaner for fats in the blood stream." When Hamilton forced rats to remain inactive for 24 hours, their lipoprotein lipase activity became virtually nonexistent (a 90%-95% reduction). This led to a more than 75% drop in the ability of their muscles to remove noxious fats from the bloodstream, as well as a significant decrease in "good" cholesterol (HDL cholesterol). Hamilton has also found that just a few hours of sitting suppresses a gene that helps keep your cardiovascular system healthy by controlling inflammation and blood clotting. The worrying thing, Hamilton told *Runner's World*, is after a day of sitting, exercise doesn't seem to turn the gene back on. As the article pithily put it: "Sitting is the new smoking—even for runners."



But there is some good news. Studies have found that simply interrupting your sitting time with short breaks of movement—just standing or walking slowly—has beneficial effects. In a 2008 study published in *Diabetes Care*, researchers from the University of Queensland in Australia equipped 168 adults with an accelerometer, measuring their every move for seven consecutive days. Those who took more breaks from sitting had narrower waists, and lower body mass index, triglycerides and glucose tolerance—all important measures for obesity and metabolic health. The average length of their breaks: just four and a half minutes. Pinpointing just exactly how long or frequent these breaks need to be is still up for investigation. More

recent research show signs of improved glucose metabolism with one minute and 40 seconds of walking every 30 minutes for a nine-hour sitting period, as well as two-minute bouts of light-intensity treadmill walking every 20 minutes throughout a five-hour sitting period. In short, getting up and walking around at least twice an hour can keep your skeletal muscles turned on and lower the risk of disease.

Finally, sitting doesn't have to be the default. Though we're still awaiting a scientifically-backed, quantitative recipe for reducing the damage, there are some simple changes you can make to get out of your seat. You can take walking meetings, try standing desks (here's how to build your own) or treadmill desks, take more breaks throughout the day, or add some exercise to your commute by biking, walking or simply parking further from the office entrance. Or, if you're feeling particularly ambitious, you could try what Dan Kols, a writer for New York magazine, did, and eliminate sitting entirely. [Source: GovExec.com | Hannah Newman | Jun 26, 2014 ++]

TRICARE Emergency Care ► ER or Urgent Care Decision

When we're in pain or sick, we're anxious and it can be hard to think straight. We want relief as soon as possible. When a child is hurt or ill, the anxiety can be even greater. In those moments, it is can be hard to determine if you need to go to the emergency room or if an urgent care center will do. It's important to make that distinction because making the wrong choice will cost both time and money. The general rule of thumb for TRICARE beneficiaries is that if a condition is threatening to life, limb or eyesight, it is considered an emergency and a trip to the emergency room is warranted. TRICARE defines an emergency department as an organized, hospital-based facility available 24 hours a day providing emergency services to patients who need immediate medical attention. Emergency departments affiliated with a hospital are most likely TRICARE-authorized providers. Beneficiaries and their families will get the appropriate level of care and save money by having urgent care needs met in urgent care facilities.

Over the last two decades, over 9,000 urgent care centers have emerged across the country and this may lead to more urgent care facilities in an area than emergency rooms. However, beneficiaries who seek care at an urgent care facility need to ask if it is affiliated with a hospital-based emergency department. If it isn't, the beneficiary will need to make a decision about getting care elsewhere or being responsible for those facility charges. Beneficiaries can check if a provider is TRICARE-authorized by calling their regional contractor. Contact information for regional contractors is available at www.tricare.mil/callus. Learn more about emergency care under TRICARE at www.tricare.mil/emergency. [Source: Tricare News 26 Feb 2014 ++]

TRICARE Former Spouse Eligibility ► 20-20-20 Rule

Former spouses remain eligible for TRICARE only if they meet the three criteria of what is known as the "20/20/20" rule: The service member must have served at least 20 years in uniform and be eligible for military retirement benefits; the marriage must have lasted at least 20 years; and the marriage and the member's military service must have overlapped by at least 20 years. If those criteria are met, former spouses remain eligible for TRICARE coverage indefinitely, as long as they do not remarry someone else. Alternately, if the marriage lasted at least 20 years, and at least 15 of those years overlapped with the retiree's military service, former spouses remain eligible for Tricare for one year after the date of the divorce. If the former spouse remarries in either scenario, he/she will lose Tricare eligibility and it cannot be restored later, even if the subsequent marriage were to end in death or divorce.

For example: Consider a former spouse and service member who marry in October 1987, divorce in August 1997, remarry each other in September 2000 , and subsequently divorce again in August 2008. Since the cumulative years of their marriage add up to only 18 years, the former spouse is not eligible for continued Tricare coverage. There is the option to marry and divorce a third time to meet eligibility criteria as long as that marriage lasts long enough to meet the 20 year criteria and the service member does not retire before then. You can confirm the above by calling the Defense Enrollment Eligibility System support office at 1-800-538-9552. [Source: Times News Service | Tricare Help | Jun 30, 2014 ++]

TRICARE Coverage Update 04 ► Lab Developed Tests Demo Program

TRICARE is expanding its coverage of laboratory developed tests under a new demonstration program. The Defense Health Agency Evaluation of Non-United States Food and Drug Administration Approved Laboratory Developed Tests Demonstration Project allows TRICARE to review tests not examined by the Food and Drug Administration, to determine if they are safe and effective for use. This demonstration also includes coverage for prenatal and preconception cystic fibrosis carrier screening, with certain limitations.



Generally, TRICARE covers only medications and medical devices like laboratory developed tests reviewed and approved by the Food and Drug Administration. The demonstration allows the Defense Department to perform its own evaluation of a laboratory developed test, establish a list of these tests deemed safe and effective, and establish a process to add new tests to that list. TRICARE will maintain and publish a list of approved tests, and will continually update it as new tests are reviewed and approved for coverage. The regional contractor must preapprove use of the test for it to be covered. Beneficiaries who've paid for laboratory developed tests since Jan. 1, 2013, that are now included in the demonstration are eligible for retroactive reimbursement. Additional details about retroactive payments will be forthcoming.

The demonstration will be an ongoing process, allowing the Military Health System to respond to patient needs, and ensure better consistency in the level of care that is available at military hospitals and through TRICARE health plan options. The Federal Register published the notice for the Defense Health Agency Evaluation of Non-United States Food and Drug Administration Approved Laboratory Developed Tests Demonstration Project on June 18. TRICARE is currently developing the policy to implement the demonstration. The Defense Health Agency is responsible for driving greater integration of clinical and business processes across the Military Health System, implementing shared services with common measurement of outcomes, enabling rapid adoption of proven practices, helping reduce unwanted variation, and improving the coordination of care across time and treatment venues. [Source: Health.mil Jun 18, 2014 ++]

TRICARE Autism Care Update 07 ► Autism Care Demonstration

Starting this summer, a new Applied Behavior Analysis (ABA) policy will cover all TRICARE beneficiaries with autism spectrum disorder (ASD) under a single benefit. The Autism Care Demonstration (ACD) will start July 25, 2014 and will run until Dec. 31, 2018. All beneficiaries currently receiving ABA under TRICARE will transition seamlessly to the new benefit with no gap in coverage by Dec. 31, 2014. Currently, TRICARE beneficiaries with ASD get ABA covered by one of three programs, depending on their sponsor's duty status. The ACD combines these programs into a single benefit that will stay with beneficiaries if they move from active duty, retire or switch TRICARE plans. All ASD patients will have the same access to care, regardless of sponsor status or plan. TRICARE worked with military families, autism experts and advocacy groups to develop this policy and address concerns with previous TRICARE ABA policies. The ACD complies with the most recent Behavior Analyst Certification Board guidelines for ABA coverage.

The ACD offers several enhancements to previous ABA TRICARE programs. There are no annual or lifetime caps on the amount of ABA TRICARE will cover, simpler guidelines for starting coverage once a child has an ASD diagnosis and consistent rules for what type of Board Certified Behavior Analysts (BCAB) can perform covered ABA. Further, the ACD's testing, authorization and review policies are simpler and offer parents and providers greater flexibility. The notice of the ACD was published in the Federal Register on June 16, 2014. TRICARE is still developing policy language to implement this program. For more information, visit <http://www.tricare.mil/aba> to subscribe to email updates on the ACD. [Source: TRICARE News Release, 16 June 2014 ++]

TRICARE Healthy Living ► Senior Smoking

The National Institutes of Health has released a new Web resource to help older adults stop smoking at <http://nihseniorhealth.gov/quittingsmoking/quittingwhenyoureolder/01.html>. Quitting Smoking for Older Adults, a new topic from NIHSeniorHealth, offers videos, worksheets, interactive features, strategies, quizzes, and more for older smokers who want to or are thinking of quitting. Cigarette smoking is the leading cause of preventable, premature death and illness in the United States, responsible for almost half a million deaths each year. In addition to lung and other cancers, smoking can cause heart disease, stroke, and chronic obstructive pulmonary disease, commonly known as COPD. The recent Surgeon General's report, The Health Consequences of Smoking - 50 Years of Progress External Web Site Policy, provides new data that links smoking to bone disease, cataract, diabetes, macular degeneration, and erectile dysfunction. Research shows that people who quit smoking, regardless of their age, are less likely than those who continue to smoke to die from smoking-related illness. Although the rates of smoking have declined in recent years for all age groups, nearly 10 percent of adults over 65 - almost 4 million older Americans - continue to smoke.

Erik Augustson, program director of the Tobacco Control Research Branch at the National Cancer Institute (NCI), which developed the topic for NIHSeniorHealth said, "Most older adults know that smoking is harmful, and many have tried unsuccessfully to quit, often a number of times. But stopping smoking is a difficult goal that still eludes many older smokers. This new topic, which offers a mix of tips and tools geared to the needs and experiences of older smokers, is an important, easy-to-use resource that

can benefit those trying to quit for the first time as well as those who have tried before.” NCI, which based the topic on its resource, Clear Horizons: A Quit Smoking Guide for People 50 and Older (PDF - 3.36MB), has also included information about the challenges and advantages of quitting when you’re older, smoking’s effect on medications, and how to handle withdrawal, cravings, and more.

Quitting Smoking for Older Adults joins an impressive roster of research-based health topics geared toward older adults, including exercise and physical activity, long-term care, safe use of medicines, and management of diseases such as stroke, diabetes, osteoporosis, and Alzheimer’s disease. NIHSeniorHealth, a joint effort of the National Institute on Aging (NIA) and the National Library of Medicine (NLM), components of NIH, is designed to be senior friendly and tailored to the cognitive and visual needs of older adults. The short, easy-to-read segments of information, large print, opened captioned videos, and simple navigation make the information on the site easy for older adults to find, see, and understand. [Source: NIH News Release | Healthy Living | Jun 17, 2014 ++]

TRICARE Claim Appeals ► Process Fair, But Long

The agency that runs the Defense Department’s massive health care system rarely has overturned the decisions of independent rulings on appeals from TRICARE beneficiaries during the last five fiscal years, according to a new report. There’s no evidence that the head of the Defense Health Agency “summarily overturned hearing officers’ decisions,” stated acting Defense Undersecretary for Personnel and Readiness Jessica Wright in a June 4 letter to the leaders of the congressional Armed Services committees. The letter accompanied a report on the TRICARE appeals process that Congress required in the fiscal 2014 Defense authorization act. Of the 124 cases that made it to the final stage of the appeals process from fiscal 2009 to fiscal 2013, the Defense Health Agency adopted in full the hearing officer’s decision to grant payment to the beneficiary who filed the appeal in 106 cases – or 85 percent of the time. The director of the Defense health agency disagreed completely or partially with the hearing officer’s decision to grant payment in 18 cases during the five-year span in the report. The head of the agency can either overturn the ruling in full, in part, or remand the decision back to the hearing officer.

Advocacy groups for military personnel and their families had complained to Congress that people perceived the TRICARE appeals process as unfair because the director can overturn a decision by the independent hearing officer at the final level of appeal. The appeals process for TRICARE claims has three levels: reconsideration by the TRICARE contractor that issued the initial denial of payment; second reconsideration by the Defense Health Agency Appeals and Hearings Division; and a hearing before an independent hearing officer. Appeals are considered final if the outcome is favorable to the beneficiary, or the beneficiary decides not to continue the appeal. Wright said in her letter that the department “had improved the timeliness and beneficiary orientation of TRICARE appeals and simplified the appeals process.” The department also has put in place procedures to improve the performance of managed care support contractors and developed a better system to manage work flow and increase efficiency in case management, Wright wrote.

In fiscal 2013, beneficiaries filed 9,246 initial appeals, down from 14,667 appeals filed in fiscal 2009. The number of appeals dropped significantly after the first level; just 124 cases went to the hearing stage in fiscal 2013. It took the DHA on average nearly one year to decide on appeals filed between fiscal 2009 and fiscal 2013 that went to the hearing stage. The average number of days in fiscal 2013 for a final decision from the agency was 298, down from 342 days in 2012 and 375 days in 2011.

TRICARE appeals range from claims involving medical benefits covered under the program to emerging medical procedures or technologies that are in the developing stage and not yet covered under TRICARE. [Source: GovExec.com | Kellie Lunney | June 16, 2014 ++]

CT Veterans Health Care ► New State Law to Aid Treatment

Connecticut hospitals will be required to ask all patients if they are veterans, under a new state law that takes effect 1 OCT. The law is part of a nationwide effort conceived by the State Veterans Affairs Commissioner Linda Schwartz to make private health providers aware that they are treating veterans, since most veterans don't go to federal Veterans Health Administration facilities. The goal is to improve veterans' diagnoses and health care because military experiences are linked to certain illnesses, she said. Veterans don't always know about health risks connected to their military service and that health providers need to become educated about them. "We're promising that you're going to get a more informed health provider looking for things you may not even be aware of as a veteran," Schwartz said.

In addition to the state law, Schwartz convinced the American Academy of Nursing to undertake a national awareness campaign informing health providers of illnesses connected to military service. Called "Have You Ever Served," nurses are distributing pocket cards and posters to doctors and hospitals where they work. They provide detailed information about physical and mental illnesses linked to eras and locations of military service, suggested questions to ask patients, and resources for veterans. For example, the materials state that Marines and their families who lived at Camp Lejeune, N.C. from 1957 through 1987 may have been exposed to chemical contaminants in the water and as a result, are at risk of getting certain cancers and having other problems, such as scleroderma, infertility and miscarriages.

Schwartz, an Air Force veteran with a master's degree in nursing and a doctorate in public health, predicted dramatic results from the state law and the national awareness effort. "It will revolutionize the way veterans in our state will be cared for," she said, adding that it will also "revolutionize the way veterans are treated in the rest of the country." She said the actions are more significant now that the U.S. House and Senate have passed bills to permit eligible veterans to go to private doctors if they live at least 40 miles away from a VA health facility or if they can't get prompt VA appointments. This will further increase the number of veterans seeking private care. Congress has to reconcile the two bills and tackle funding the estimated \$50 billion yearly cost.

According to the VA, nearly 9 million veterans nationwide were enrolled in VA health care last year out of 22 million veterans in the country. But, just 6.5 million went for treatment. In Connecticut, just 59,000 used the system last year out of more than 207,000 veterans in the state. Not all veterans are eligible for VA services. Factors for determining eligibility include: serving at least 24 months of active duty; not having a dishonorable discharge; commendations; disabilities; and income. President Barack Obama has promised returning veterans of Iraq and Afghanistan five years of free VA health care. Connecticut hospitals support the new state law, said Michele Sharp, a spokesperson for the Connecticut Hospital Association. "We believe that every veteran should receive timely, appropriate, and excellent care, and this is one additional step we can take to acknowledge their sacrifice in service to our nation," she said. State Rep. Jack Hennessy, a Bridgeport Democrat who is co-chair of the Legislature's Veterans Affairs Committee, said that the new law gives veterans "the feedback that we care, that we as a state are concerned about them, and want them to get the help they need. It creates a positive interactive experience that wasn't there before"

Nursing schools are also teaching their students to ask patients if they are veterans. Jean Lange, dean of the School of Nursing at Quinnipiac University, said her school is committed to ensuring that students have “the knowledge to be able to identify and ask the right questions when they encounter veterans in their care.” Lynn Babington, dean of Fairfield University’s School of Nursing pointed out that “the health care needs of veterans and their families are different from the needs of the general population.” She said if a patient isn’t asked about military service, potential connected health issues could be overlooked. “You wouldn’t know unless the patient brought it up,” she said. State Sen. Carlo Leone, a Stamford Democrat and Veterans Affairs Committee co-chair, noted that some health issues connected to military service don’t surface until years after a person has served. So, a provider, aware that patients are veterans, can look for diseases they are predisposed to getting because of when and where they served, as well as looking out for “what they are liable to get in the future,” he said.

Schwartz came up with the idea of ascertaining if patients are veterans after a veteran visiting Connecticut from Maine became severely ill and was hospitalized. His wife, still at home, contacted Schwartz for help. The commissioner informed the hospital that the man had been in Vietnam and possibly exposed to Agent Orange. That information prompted the doctor to home in on a diagnosis of non-Hodgkin’s lymphoma, she said. Hennessy, the state representative who is an Army veteran, said he didn’t apply for VA health care when he left the service in 1978 because “it never occurred to me.” He said many veterans don’t take advantage of services available to them. “They just move on with their lives and don’t look back.” [Source: TheDay | Peggy McCarthy | Jun 19, 2014 ++]

Vitamin Supplements Update 05 ► Some Ingredients Could be Dangerous

You may want to think twice before you pop that next pill into your mouth. According to Consumer Reports, it’s rare that vitamin and mineral supplements improve health. And unfortunately, there are ingredients included in some pills that can be dangerous to consume. CR says you should not take:

- Kava. Sometimes taken to help relieve stress and anxiety, kava can cause liver damage – including hepatitis and cirrhosis. Better to be stressed than incredibly ill, right?
- Yohimbe. While doctors sometime use the prescription form of yohimbe to treat erectile dysfunction, the over-the-counter pills have been linked to blood pressure problems (both high and low), as well as rapid heart rate and other issues.
- Aconite. It can kill you. Really. CR said aconite has been used to help relieve joint pain and inflammation, but its unfortunate side effects include vomiting, nausea, low blood pressure, heart-rhythm disorder, respiratory system paralysis, and death. Steer clear.

Taking dietary supplements can be especially risky because there’s not much regulation or oversight from the U.S. Food and Drug Administration. CR offered alternatives and tips for safe supplement use, including these:

- Diet. Instead of relying on supplements to get nutrients, look into changing your diet to meet nutrient needs.
- Talk to your doctor. Talk to your health care provider before you take any supplement. Also, inform them of any other supplements you are taking to avoid potential unsafe interactions.
- Risky pills. CR said it’s best to avoid supplement categories that have the most risk for safety recalls – like weight-loss aids, bodybuilding supplements and sex-enhancement pills.

In addition to the three dangerous supplements listed above, if you're expecting, you have a lengthy list of over-the-counter medications to avoid, including many pain relievers and cough and cold drugs, CR said. "There's a misperception that if a drug is available over-the-counter, that it's approved by the Food and Drug Administration, so it must be safe for everyone, including pregnant women," Allan Mitchell, M.D. [and] professor of pediatrics and epidemiology at the Boston University School of Public Health and Medicine, said. "Even doctors can fall for this idea." But some OTC drugs have been shown to pose risks to the developing fetus at different stages of pregnancy. CR's list of medications that pregnant women should avoid is available at <http://www.consumerreports.org/cro/2012/05/10-over-the-counter-drugs-to-avoid-during-pregnancy/index.htm?EXTKEY=NSON01406>. The article also suggests some safer alternatives to treat the common symptoms associated with pregnancy.



If you're expecting and not sure if a medication is OK to take, Consumer Reports recommends checking consumer website MotherToBaby at <http://www.mothebtobaby.org> for up-to-date and reliable information on medications and exposures to other substances. And if you're in doubt, just call your doctor's office. [Source: MoneyTalksNews | Krystal Steinmetz | Jun 20, 2014 ++]

* Finances *



Student Loan ► Consequences of Ignoring Payments

By some estimates, nearly 1 in 3 student loan borrowers in repayment are behind on their payments. Some of those borrowers may be paying as much as they can, when they can, but others may feel their debt is hopeless and are taking the ostrich approach instead. "Ignoring your debt only makes it worse," may sound cliché, but when it comes to these loans in particular, there is truth in that adage. Student loans don't just go

away, and the consequences of making no attempt to pay or resolve them can be severe. But what does happen if you ignore your student loans?

- You'll get deeper in debt. Interest will continue to accrue and your balances that seem so daunting now will get even larger. Loans that go to collections will incur additional collection costs of up to 25 percent. Ouch! (State law may limit collection costs.)
- Your credit scores will suffer. Late payments will appear on your credit reports and your credit scores will go down. Negative information may be reported for up to seven years, and for many graduates their credit scores are more important than their college GPAs when it comes to real life.
- You will eventually go into default. Most federal loans are considered to be in default when a payment has not been made for 270 days. Once you are in default, the government has "extraordinary powers" to collect. Private student loans are a bit different, though. The definition of "default" depends on the contract, and may include simply missing one payment or the death of a co-borrower. Private loan lenders don't have the same collection powers as the federal government but they can sue the borrower, and if they are successful, then use whatever means available under state law to collect the judgment. "When it comes to private student loan debt, the one axiom people need to remember is doing nothing will generally leave you really, really screwed," says Steve Rhode, founder of GetOutofDebt.org.
- You may have to kiss your tax refund goodbye. If you have a federal student loan in default, the federal government may intercept your refund. Married filing jointly? Your spouse's portion of the refund may be at risk too, and they may have to file an injured spouse claim to recover it after the fact. (Private student loan lenders cannot intercept tax refunds.)
- Your wages may be garnished. Normally, a creditor must successfully sue you in court in order to garnish your wages, and even if they are successful, there may be state limits on whether and how much income can be taken. But if you are in default with a federal student loan, the government may garnish up to 15 percent of your disposable pay. You may be able to challenge the garnishment under certain circumstances, but in the meantime, do you really want your employer to know you are in serious trouble with your loans?
- Any co-borrowers are in as much trouble as you are. Anyone who co-signed a student loan for you is on the hook 100 percent for the balance. It doesn't matter if it was your 80-year-old grandmother who co-signed for you; she is going to be pressured to pay and may be at risk for the same consequences you face.
- You may be sued. Lawsuits are less common with federal loans than with private ones. (After all, why would the government sue when it has so many other ways to collect?) But a lawsuit is always a possibility, especially if you ignore your student loans. If you are sued, you may find you need the help of an attorney experienced in student loan law to raise a defense against the lawsuit.

You'll be haunted by this debt until you die. It may sound blunt, but it's the reality. Student loan debt will not go away if you ignore it. There is no statute of limitations on federal loans, which means there is no limit on how long you can be sued. State statutes of limitations do apply to private student loans, however, limiting the amount of time they have to sue to collect. But it doesn't stop them from trying to collect from you — and if you don't know your rights it may go on indefinitely. "The biggest tragedy is all of that could be easily avoided by enrolling in one of the government programs to help people repay debt," says Rhode. He is referring to programs available for federal loans such as Income-based Repayment (refer to <http://www.moneytalksnews.com/2014/06/10/student-loan-relief-expanded-for-millions/>) that allow some borrowers to qualify for a lower monthly payment based on income, and then discharge the remaining balance after a certain number of years of repayment.

If you're now convinced that you can't ignore your loans, but you also are afraid because you don't think you can afford to pay them, what can you do? For starters, get your free annual credit reports so you

can see which loans are being reported by whom. Then get your free credit score using a service like Credit.com so you have a clear understanding of how this debt is affecting your credit. You can also use the National Student Loan Database to track down your loans. For federal loans, you can get back on track with a reasonable and affordable payment plan. Start the process at StudentLoans.gov. (Be careful if you talk with a collector or servicer about your options. Some provide borrowers with accurate information, but some do not.) The guide to options for paying off student loans at http://www.credit.com/debt/strategies-for-paying-off-student-loan-debt/?utm_source=MTN&utm_medium=content&utm_content=IB_5&utm_campaign=ignore_student_loans may be of some use. For private loans, Rhode recommends you talk with an attorney who understands how to discharge certain private student loans in bankruptcy. It can be tough to qualify, but not impossible. If that's not an option, you may be able to try to negotiate a settlement.

While it's never a good idea to ignore loans, there are times when a borrower simply cannot afford his or her loan payments. That's especially true in the case of private loans, which don't offer the same flexible options as federal ones. "If you can't pay, you can't pay," says attorney Joshua Cohen, who is known as The Student Loan Lawyer. "Your living expenses are more important than your private loans, and your federal loans are more important than your private loans," he says. "It is important to prioritize." [Source: MoneyTalksNews | Gerri Detweiler | Jun 25, 2014 ++]

Divorce Financial Impact Update 01 ► First Step to Minimize Damage

Divorce is expensive. It's not just the costs of hiring attorneys and splitting up assets, although those can be substantial. There's also the hard fact that living as a single person costs more. Couples enjoy substantial savings from sharing costs — overhead and child care are two examples. Using averages from the Bureau of Labor Statistics, a single person in his 20s spends about \$9,964 on housing where a married couple the same age averages \$8,844. Over 60 years this can add up to over \$67,200 in savings for a married couple.

Women lose most. They especially suffer a loss of income after a divorce, Professor Nicholas H. Wolfinger of the University of Utah's Department of Family and Consumer Studies wrote in an email interview. Despite advances, women still earn less than men, and the costs of rearing children usually fall largely to them. Wolfinger and a colleague have researched the economic effects of divorce on women and children and found that divorced women with children have the greatest declines in standard of living after a divorce. This is not to say you shouldn't divorce, only to do it with careful thought to the consequences and make sure that, since your standard of living probably will drop, you do all you can at the outset to minimize the financial damage. There are 15 steps to take as soon as possible if you are planning a divorce.

Talking to a lawyer is number one. This is one of the smartest moves you can make to protect your finances. Consult with an attorney immediately, even if you don't intend to be represented by a lawyer in the divorce. If you and your divorcing spouse are cordial, that's great. But you need to know your rights and your options. At the minimum, hire a family law (divorce) specialist for a brief conference to ask:

- What steps should I take to protect myself, financially and otherwise?
- What happens next and what can I expect to encounter in my divorce?
- How can I get through this as quickly and frugally as possible?
- What's the cost and benefit of using a lawyer for my divorce?

If you don't have money for an attorney, here are options:

- Legal Services Corp. at <http://www.lsc.gov/local-programs/program-profiles> links low-income people with local Legal Aid offices offering free or low-cost legal assistance for civil (noncriminal) matters.
- StatesideLegal at <http://statesidelegal.org/library/2659> says divorce is different for military families. This nonprofit organization, affiliated with Legal Services Corp., offers legal guidance and advice for service members, veterans and their families. It also provides a map at which you can use to find local free and fee-based legal services.
- LawHelp.org at <http://www.lawhelp.org/find-help> connects low-income people with local legal aid and public interest law offices, information about legal rights, court forms and information, self-help guidance, links to social service agencies, and more. Use their map to locate resources in your area.
- Some law schools conduct free legal clinics for the public, staffed by law students and supervised by professors. Find one near you in the Association of American Law Schools directory of member law schools at http://www.aals.org/about_memberschools.php.
- Bar associations are professional organizations for lawyers. The American Bar Association map at http://www.americanbar.org/groups/bar_services/resources links users to local and state bar associations.

You can call your local bar association’s lawyer referral service to find a licensed, private lawyer who has experience with your type of legal problem and will meet with you for a reduced fee. The lawyer will meet with you for 30 minutes about your case for a fee of less than \$50. Also, ask local or state bar associations about: Free legal workshops, Self-help clinics, Volunteer lawyer projects, and Pro bono (free) lawyer projects. [Source: MoneyTalksNews | Marilyn Lewis | June 10, 2014 ++]

Divorce Financial Impact Update 02 ► Steps 2-15 to Minimize Damage

As noted in Update 01, divorce is expensive. Following are 14 more steps to take to minimize the financial impact:

- 2. Be a little paranoid** - Even in an amicable divorce, take every possible step to protect yourself. Divorce is an emotionally volatile process, and a spouse possesses valuable personal information, like your Social Security number, birth date and other identifying details. Bitterness can make people do the strangest things.
- 3. Pull your credit report** - You are allowed three free credit reports each year. These show all credit accounts in your name alone and jointly with someone else. Accounts held only in your spouse’s name may not appear. Watch for new accounts opened in your name and changes in your credit accounts. Unexpected changes are a tip-off to possible identity theft. Your credit score can be damaged if a spouse or ex-spouse fails to pay joint bills. Read “Marriage and Credit: 6 Common Myths” for more information which can be found at <http://www.moneytalksnews.com/2014/04/24/marriage-and-credit-6-common-myths>.
- 4. Close joint accounts** - Divorcing spouses have been known to move money from joint accounts to an individual account, making it difficult or impossible to recover, and to run up joint credit cards and take on new debts for which a spouse is also responsible. The Consumer Financial Protection Bureau says: When you have a joint account, each account holder is responsible for the full amount of the balance. The card issuer can seek to collect the amount due from either account holder. Ask your spouse to help close or

freeze your shared financial accounts, including credit cards, joint bank accounts and lines of credit. If that's not possible, see if you can do it on your own. You'll find the account rules in the contract you signed when opening the account. You can look for a copy on your bank's website or ask the bank to help. Also, be sure to remove your spouse's name as an authorized user from your personal accounts.

5. Monitor joint accounts - Some divorcing spouses leave one joint account open to fund shared expenses, especially related to children. However, limit any joint accounts to one if possible and watch its activity regularly by requesting the balance and most recent transactions from an ATM or bank branch or by viewing the account online.

6. Open new accounts in your name - If you don't have accounts and credit solely in your own name, open them now. Use different institutions than your spouse uses to avoid confusion or errors. Obtaining credit before divorcing gives you a higher credit limit based on your joint income. A personal bank account gives you privacy and a way of funding personal expenses, including those related to the divorce. Having your own accounts doesn't, however, promise that your spouse won't be entitled to a share of money you possessed before a divorce.

7. Track down the money — all of it. It may be hard to focus on the future when the present is filled with intensity, but finding every single marital resource is crucial for ensuring your financial future. Write down:

- All accounts and assets held jointly and individually, noting the balance, date, account number, authorized users and contact information for each bank or creditor.
- Incomes, property, retirement plans and all other assets owned jointly and individually, including vehicles, homes, jewelry, furniture, brokerage accounts and insurance policies.
- Ask your spouse for information. Otherwise, comb through bills, bank statements, tax returns and tax preparation documents, checkbooks, brokerage statements and safety deposit boxes.

8. Crank up the copy machine - Download or photocopy statements and documents pertaining to all accounts, assets, bills and debts. Organize everything in a file cabinet. Include 401(k) statements, insurance policies, real estate purchases, mortgages and refinances, house appraisals, brokerage accounts, money market accounts and, of course, tax returns. The ease or difficulty of this job may depend on your spouse's cooperation. A CNBC article about divorcing a bullying spouse says: "I tell women: Go through the drawers and go through the trash," said Helfend Meyer, who also suggests looking for financial records on the family computer. One client discovered her husband had been shredding the financial documents. She dug through the trash and taped the pieces together to get the information she needed. This advice may seem extreme but, CNBC says, "Even in fairly amicable divorces, spouses may sink to hiding money or siphoning it out of joint accounts."

9. Consider hiring a divorce financial analyst - It may be worth it to hire someone who specializes in the finances of divorce. The Institute for Divorce Financial Analysts trains practitioners. It offers articles and a directory of certified practitioners. The Association of Divorce Financial Planners, a membership organization, has links to members. Interview several specialists, which could include lawyers, accountants, financial planners and other professionals. Ask about their training, experience and expertise, and examples of how they've helped clients save money. The Ladies' Home Journal says: Even if you live in a state with laws mandating equal division of property, your spouse can always lie or hide assets, or pressure you into a deal that isn't equitable. A divorce financial analyst is more adept at uncovering any such assets and is also more knowledgeable about evaluating different investments, comparing them, and projecting how they will affect you in the future. Here's how a divorce financial specialist might help with your settlement:

- Locating assets, including hidden assets.

- Ensuring that your information about your family finances is accurate and complete.
- Developing a long-term forecast of the financial consequences of your divorce, including retirement needs, tax liabilities and benefits.
- Developing a realistic household budget including expenses like life insurance, health insurance and cost-of-living increases.
- Appraising or valuing assets.
- Preparing financial affidavits describing financial and tax implications of various divorce settlement options.
- Mediating a financial agreement between ex-spouses.

10. Get your name on the deed - Make certain your name is on titles and deeds of property you own together. This is important for every married person in case of a spouse's death. Many states treat property purchased during marriage as marital property. But laws vary, depending on whether you contributed financially to a purchase and how it was used. Some couples work out property ownership in case of divorce before they marry, with a prenuptial or premarital agreement (postnuptial, postmarital or marital agreements are made after a marriage). These contracts also are used to keep debts separate, provide spousal support and even spell out agreements on behavior during marriage.

11. Change beneficiaries - When you buy insurance or stocks or open a bank account or retirement account, you name beneficiaries who will inherit the asset if you die. These are powerful legal documents that take precedence over your will if there's a conflict. If you don't want your spouse inheriting your assets, change your beneficiary designations.

12. Rewrite your will - Don't forget to update your will, too.

13. Make a budget - To live on a diminished income you'll need to know how to budget, if you don't already. A budget also will help in establishing your needs when negotiating a divorce settlement. Remember to include items you previously shared with your spouse. Also, plan for college tuition, child care, children's lessons, sports and activities, and your own retirement, taxes, transportation and housing.

14. Make a financial plan - If your divorce settlement will include lump sums from property sales, alimony, pension rollovers or selling other assets, hire a fee-only financial planner to help make a plan for managing the money. Consumer Reports explains how to shop for a planner and which designations to look for. Two resources for fee-only advisers are:

- <http://garrettplanningnetwork.com> The Garrett Planning Network at , an association of fee-only planners at
- <http://www.cfp.net/utility/find-a-cfp-professional> The Certified Financial Planner Board, which certifies practitioners and sets professional standards.

15. Learn what you're up against - By now you see what's at stake for you and your kids. Learn all you can about divorce. Some places to start are:

- Public libraries. Ask a librarian for help finding resources.
- <http://www.divorcenet.com> hosted by Nolo, the legal publishing company. It has links to each state's divorce laws, and articles and questions and answers about the legal and financial aspects of divorce.
- http://www.nasponline.org/resources/parenting/divorce_ho.aspx National Association of School Psychologists offers guidance on children and divorce.

[Source: MoneyTalksNews | Marilyn Lewis | June 10, 2014 ++]

Debt Collection Update 06 ► Are Social Security Benefits Exempt?

Are Social Security benefits safe from debt collectors? It turns out that the answer isn't necessarily clear-cut. First, it depends on what kind of Social Security you're talking about — SSI, SSDI or Social Security retirement benefits. And, it depends on what sort of debt you owe. Social Security Income, or SSI, is a kind of a general welfare program. Funds come from general tax revenues (not the Social Security taxes that are taken out of your paycheck), and the payments go to people who are disabled, blind or elderly and lack the financial resources to care for themselves. SSDI, or Social Security Disability Insurance, is funded out of Social Security taxes. To be eligible, you have to have worked and become too disabled to work. In that case, you would have paid into the system from which you are receiving benefits.

While both kinds of Social Security go to people who are disabled, they are treated differently when you have outstanding debts. SSI cannot be garnished by anyone, including the IRS, says Jonathan Ginsberg, a lawyer specializing in Social Security disability issues. The same is not true of SSDI, although there is partial protection. Judgment creditors cannot touch SSDI, but the government can garnish SSDI for child support, past-due taxes, federal student loans and overpayments by governmental agencies. Social Security retirement benefits work the same way as SSDI. Grandparents should consider this if they intend to co-sign student loans: You may be putting your retirement benefits at risk. Ginsberg also says it's smart to avoid commingling funds from different sources in a single account; he advises a segregated account for Social Security benefits. "It is easier to prevent an improper/illegal seizure than to get the money back," he noted.

So, while you cannot safely assume that your Social Security income is safe from all creditors, it is safe from many. And it's a good idea to make sure your banking practices allow you to track the sources of your income. If you should need that information, you'll be glad you did. Finally, if you know that you have outstanding debts and you're concerned about your credit, it's a good idea to check up on your status. You can do that by checking your credit reports — which you can get for free once a year — and by monitoring your credit scores regularly — which you can do for free through <http://www.Credit.com>. While you may be reluctant to see what you owe, it's still very important to make sure what's being reported is accurate, and to have a good idea of your overall standing so you can come up with a plan to move forward. [Source: MoneyTalksNews | Gerri Detweiler | Jun 05, 2014 ++]

COLA 2015 Update 01 ► Projected 1.7% or Higher

Federal and military retirees are on track to receive the largest cost-of-living adjustment that they've seen in a few years. The exact cost-of-living adjustment for 2015 won't be known until October when all the numbers are in, but plugging into the formula the latest available data results in a 1.7 percent increase. The Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), which the COLA is based on, rose 0.3 percent in May, and if trends continue, will increase during the next four months. The CPI-W measures price changes in food, housing, gas and other goods and services; it could drop during the third quarter, but it's unlikely, meaning retirees could receive a COLA bump next year that is more than 1.7 percent. The Bureau of Labor Statistics released the May CPI numbers on 17 JUN. The agency will release the June numbers on 22 JUL.



The average of the 2014 July, August and September consumer price numbers, along with the average figure from the third quarter of 2013, will be used to calculate the 2015 COLA. The annual COLAs are based on the percentage increase (if any) in the average Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for the third quarter of the current year over the average for the third quarter of the last year in which a COLA became effective. Federal and military retirees, as well as Social Security beneficiaries and those receiving veterans' benefits, received a 1.5 percent COLA bump for 2014, a 1.7 percent increase for 2013, and a 3.6 percent boost for 2012. The 2012 COLA increase was the first since October 2008 (which took effect in 2009). Federal employees, who do not receive COLAs, are on track to receive a 1 percent pay raise next year, the same as in 2014.

According to the formula, if the full COLA increase is 3 percent or higher, as it was for 2012, then retirees under the Federal Employees Retirement System receive 1 percent less than the full increase. So FERS retirees received a 2.6 percent bump for 2012. If the COLA falls between 2 percent and 3 percent, then FERS retirees would receive 2 percent. If the increase is less than 2 percent, as it was in 2014, FERS retirees receive the same as retirees under the Civil Service Retirement System; this year, it was a 1.5 percent boost. You can check out the Social Security Administration explanation on how COLAs are calculated at <http://www.ssa.gov/oact/cola/latestCOLA.html>. For a history of COLAs and federal employee pay raises going back to 1970, review this Retirement Planning column from the senior benefits director for the National Institute of Transition Planning Inc. at <http://www.govexec.com/pay-benefits/retirement-planning/2012/08/pay-raises-and-colas/57196/>. [Source: GovExec.com | Kellie Lunney | Jun 19, 2014 ++]

Saving Money ► Scholarship Tips

A college degree can open doors, but finding the money to get one can mean knocking on a bunch first. The average annual cost to attend a four-year public college is \$8,244, according to CollegeBoard.org. For out-of-state students, that number more than doubles (\$20,770) – and for private schools, it triples (\$28,500). And that's just tuition. Those numbers don't include housing, living expenses, or textbooks. With student loan debt topping \$1 billion, the Consumer Financial Protection Bureau says, "Student loans have eclipsed credit cards as the leading source of U.S. household debt outside of mortgages." But there may be more available scholarship money than debt. College Board's scholarship search alone at <https://bigfuture.collegeboard.org/pay-for-college/scholarships-grants> claims to check "scholarships, other financial aid and internships from more than 2,200 programs, totaling nearly \$6 billion." While many believe college will pay for itself later through higher salaries, there's no reason to take on loans (and years of debt) before searching out as much free money as possible. Follow these tips...

1. Check non-academic scholarships. As already mentioned, there are literally billions of dollars in scholarships out there every year of which some go unused. As noted in a previous Bulletin article [<http://www.moneytalksnews.com/2011/04/18/25-bizarre-scholarships/> 25 Bizarre Scholarships], many don't require great grades, test scores, or any kind of performance at all – there are scholarships based on everything from your height to a passion for the science behind wine. Some of them have such weirdly specific criteria that you might win just by being the only person crazy enough to apply. For instance,

there's a scholarship for Catholics named Zoep. (Name changes won't work.) So don't sell yourself short when searching.

2. **Use scholarship databases.** There are many places to hunt for scholarships online. Try some of these:

- Scholarships.com
- CollegeBoard.org
- College-Scholarships.com
- College Answer
- QuestBridge
- Scholarship America
- FastWeb.com

Also check with the financial aid department of any school you might apply to. Several, like Harvard, have dedicated Web pages[i.e. <http://www.scholarships.harvard.edu/usstudents.html>] for scholarships available only to their students. Wherever you look for scholarship money online, remember you shouldn't have to pay anything. Don't fall for scholarship application fees, matching services, or any other scholarship scam. Not all places that charge are rip-offs, but many are, and there's no need to take risks with so many free resources at your fingertips.

3. **Check locally and offline.** Online searches are a great tool, but your odds of winning nationally competitive scholarships might be lower than less-advertised local ones. Check with local businesses and community-oriented organizations in your area: Rotary clubs, YMCA, Kiwanis, and even churches. High-school and library bulletin boards and well-connected guidance counselors might also be able to clue you in. At <http://www.moneytalksnews.com/category/save-money/college/> there are lots of great articles on college: check them out at.

4. **Reuse your work.** Apply for a few scholarships, and you'll start to see a pattern. Many want the same information, and essay scholarships may touch on the same themes (especially "tell us who you are and why you want our money"). While plagiarism is a no-no in college, you can't plagiarize yourself. Save time by keeping documents you can copy and paste from, and use your Web browser's autocomplete feature so you don't have to type in your contact info a billion times. Just make sure to double-check everything.

5. **Be persistent.** While there's a mind-boggling amount of free money out there, don't expect it to fall into your lap. Do the legwork and keep checking every semester. Some scholarships aren't available to freshmen or undecided majors, and new opportunities pop up all the time. Fill out the Free Application for Federal Student Aid <http://www.fafsa.ed.gov> at the start of every year so your school knows you're still interested in grants and other financial aid. Do it early in the spring semester – need-based aid such as federal Pell grants is often first-come, first-served.

If you can't get enough aid consider starting at a community college, which charges significantly less than a four-year university and lets you finish core courses before transferring to the school you really want. Just make sure your credits will carry over – ask the transfer schools for an articulation agreement. You could also try applying to some of the cheapest schools in the country, or the tuition-free schools named in http://images.businessweek.com/ss/10/01/0121_tuition_free_colleges/index.htm. The Consumer Financial Protection Bureau's new comparison shopping tool might also help. You can find this tool at <http://www.consumerfinance.gov/payingforcollege/> If you need more money, you'll probably have to turn to student loans. While their interest rates are relatively low compared to most other types (3.4 percent for subsidized undergraduate loans), it's still easy to rack up a mountain of debt. Check out Are Student Loans the Next Debt Crisis? 6 Ways to Stay Out of Trouble to learn how to minimize interest and seek loan forgiveness at <http://www.moneytalksnews.com/2012/02/28/are-student-loans-the-next-debt-crisis-6-ways-to-stay-out-of-trouble/> [Source: MoneyTalksNews Brandon Ballenger article 20 Apr 2012 ++]

Credit Card Fraud Alert Scam ► How It works

With many banks offering fraud alerts for credit and debit cards, it can be easy to fall for fake versions. Watch out for automated phone calls and text messages that claim your card has been deactivated. It's really an attempt to get you to share banking information.

How the Scam Works:

- You get a text message or automated phone call claiming that your credit, debit or ATM card has been deactivated. Reactivating your card is easy. You just need to call a customer service number and confirm some information. One commonly received message reads: "Your ATM card has been put on hold. Call Customer Department now 1-205-XXX-XXXX."
- You dial the number given, and you get an on hold message. The message to instructs you to enter your 16 digit credit card number. Don't do it. It's a scam! Share your card information, and you will open yourself up to credit card fraud.

Spotting This Scam: These tips will help you spot and stop scam text messages:

- Call your bank or check out their website. Find your bank's phone number on the back of your credit/debit card and call to confirm the status of your card. Don't call the phone number given in the text message.
- Ignore instructions to text "STOP" or "NO" to prevent future texts. This is a common ploy by scammers to confirm they have a real, active phone number.
- Forward the texts to 7726 (SPAM on most keypads). This will alert your cellphone carrier to block future texts from those numbers.
- Be familiar with your bank's communication methods: Did you sign up for text messages alerts? Be aware of how your bank communicates with you, because anything out of the ordinary may be a scam.

Learn what your cellphone carrier has to say about stopping spam. Click here for advice from [ATT](#), [Verizon](#), [T-Mobile](#) and [Sprint](#). To find out more about scams, check out BBB Scam Stopper. [Source: BBB Scam Alert May 30, 2014 ++]

USPS Undelivered Package Scam ► How It works

The United States Postal Service is warning residents about fake emails using their name. The messages claim to be alerts about an undelivered package, but they really carry a virus.

How the Scam Works:

- You receive an email message that appears to be a shipping notification. It says that the postal service has been unable to deliver your package. To claim it, you just need to download the attached confirmation form and take it to your local post office.
- But when you click on the file, you find that it isn't a receipt after all. It's really a virus! Typically, these viruses phish for personal and banking information on your machine.
- Like all scams, this one has many variations. Victims have reported receiving phone calls also claiming to alert you to an undelivered package. Instead of a virus, scammers try to phish for personal and banking information. The scam isn't even limited to the USPS; Canada Post was targeted by a similar scam.

Tips to Avoid Email Scams: Spot common email scams by following these tips:

1. **Don't believe what you see.** Scammers make emails appear to come from a reputable source. Just because it looks like an "@usps.com" address does not mean it's safe.
2. **Be wary of unexpected emails that contain links or attachments.** As always, do not click on links or open the files in unfamiliar emails.
3. **Beware of pop-ups.** Some pop-ups are designed to look like they've originated from your computer. If you see a pop-up that looks like an anti-virus software but warns of a problem that needs to be fixed with an extreme level of urgency, it may be a scam.
4. **Watch for poor grammar and spelling.** Scam emails often are riddled with typos.
5. **Immediate action is necessary.** Scam emails try to get you to act before you think by creating a sense of urgency. Don't fall for it.

You can learn more about scams on the U.S. Postal Service and Canada Post websites:

- <http://faq.usps.com/adaptivedesktop/faq.jsp?ef=USPSFAQ>
- https://www.canadapost.ca/cpo/mc/personal/support/helpcentre/others/suspicious_email.jsf

To find out more about scams, check out BBB Scam Stopper at <http://www.bbb.org/council/bbb-scam-stopper>. [Source: BBB Scam alert Jun 06, 2014 ++]

Tax Burden for Maine Retirees ► As of Jun 2014

Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden. Following are the taxes you can expect to pay if you retire in Maine

Sales Taxes

State Sales Tax: 5.5% (food and prescription drugs exempt)

Gasoline Tax: 49.9 cents/gallon (Includes all taxes)

Diesel Fuel Tax: 57.1 cents/gallon (Includes all taxes)

Cigarette Tax: \$2.00/pack of 20

Personal Income Taxes

Tax Rate Range: Low – 2%; High – 8.5% Maine lawmakers adopted legislation that consolidates the current personal income tax brackets and reduces the rate for the highest income bracket from 8.5% to 7.95%. These changes are effective in 2013.

Income Brackets: Four. Lowest – \$5,200; Highest – \$20,900. For joint returns, the taxes are twice the tax imposed on half the income.

Personal Exemptions: Single – \$2,850; Married – \$5,700; Dependents – \$2,850

Standard Deduction: Single – \$6,100 (2013); Married filing jointly – \$10,150 (2013).

Additional Deductions for Age or Blindness: \$1,150 if married (whether filing jointly or separately) or a surviving spouse. The additional amount is \$2,200 if one spouse is 65 or over and blind, \$2,300* if both spouses are 65 or over and blind, \$4,600,* \$1,450 if unmarried (single or head-of-household). The additional amount is \$2,900 if the individual is both 65 and over and blind. *Note: If married filing

separately, these amounts apply only if you can claim an exemption for your spouse.

Medical/Dental Deduction: Federal amount

Federal Income Tax Deduction: None

Retirement Income Taxes: You and your spouse (if married) may each deduct up to \$6,000 of eligible pension income that is included in your federal adjusted gross income. Except for military pension benefits, the \$6,000 cap must be reduced by any Social Security and Railroad Retirement benefits received, whether taxable or not. Deductible pension income includes state, federal and military pension benefits, as well as retirement benefits received from employee retirement plans. A new law amends the income tax subtraction modification for certain retirement benefits to raise the \$6,000 limit to \$10,000. The subtraction modification is expanded to include all federally taxable pension income, annuity income and individual retirement account distributions, except pick-up contributions for which a deduction has been allowed. The law applies to tax years beginning on or after January 1, 2014.

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.

Property Taxes

All real estate and personal property of Maine residents is subject to local and, if authorized by the legislature, state property taxes. Local property taxes, based upon assessed valuation, are assessed, levied and collected by municipalities. Homestead and veteran's exemption programs, administered by the state, are available to reduce property taxes for those who qualify. The Homestead Exemption program provides a measure of property tax relief for certain individuals that have owned homestead property in Maine for at least 12 months and make the property they occupy on April 1st their permanent residence. Property owners receive an exemption of \$10,000 on the assessed value of their home.

A Veteran exemption of \$6,000 is available to those who served during a recognized war period, are 62 years or older, are receiving 100% disability as a veteran or became 100% disabled while serving. Paraplegic veterans who received a federal grant for a specially adapted housing unit may receive a \$50,000 exemption. A blind exemption of \$4,000 is available to those who are legally blind.

Maine offers a circuit breaker tax relief program for residents who pay property tax or rent. The maximum refund is \$1,600. You may qualify if you do not have a spouse or dependent(s) and your 2009 household income was \$64,950 or less, or you do have a spouse or dependent(s) and your 2009 household income was \$86,600. In addition, your property tax had to exceed 4% of your household income or the rent you paid was 20% of your household income. Seniors do not need to meet this requirement if the household income was below \$14,700 and they lived alone, or below \$18,200 if they lived with a spouse or dependent. Maine Revenue Services offers a booklet on the qualifications for the senior portion of the program. For details refer to <http://www.maine.gov/revenue/taxrelief/tnrsummary.htm>.

A senior citizen property tax credit for volunteer service is available. A municipality may adopt an ordinance to allow resident homeowners who are at least 60 years of age to earn up to \$750 in benefits by volunteering to provide services to the municipality. The municipality may establish procedures and

additional standards of eligibility for the program. Because the volunteer benefits are not subject to Maine income tax, Maine adjusted gross income on the Maine individual income tax return may be reduced by the amount of the benefits, up to \$750, to the extent included in federal adjusted gross income. For more information on property tax relief programs and for property tax exemptions refer to:

- <http://www.state.me.us/revenue/propertytax/propertytaxbenefits/propertytaxbenefits.htm>, and
- <http://www.state.me.us/revenue/propertytax/sidebar/exemptions.htm>

Inheritance and Estate Taxes

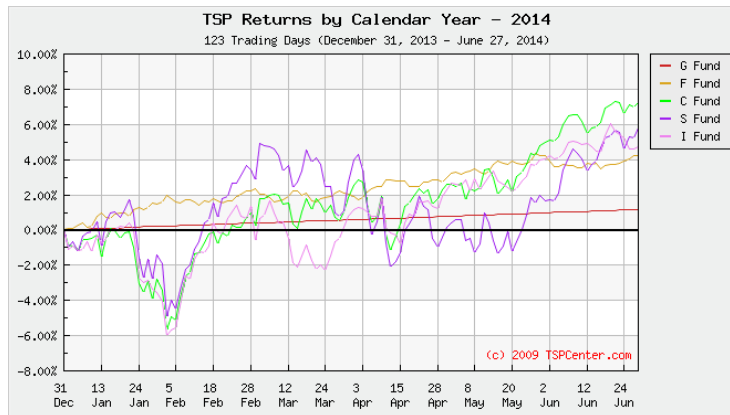
There is no inheritance tax. Maine has partially decoupled from the federal estate tax law. The amount exempt from the Maine estate tax is different from the amount exempt from federal estate tax. A decedent would have their estate exempt for up to \$1,000,000. For more information go to <http://www.state.me.us/revenue/incomeestate/estate/index.htm>

For further information, visit the Maine Revenue Services site <http://www.state.me.us/revenue/> or call 207-626-8475. [Source: <http://www.retirementliving.com/taxes-kansas-new-mexico#MARYLAND> Jun 2014 ++]

Thrift Savings Plan 2014 ▶ Share Prices + YTD Gain or Loss

TSP Share Prices for Jun 27, 2014

	Close	YTD
G Fund	\$14.4513	+1.15%
F Fund	\$16.4042	+4.21%
C Fund	\$25.5970	+7.21%
S Fund	\$35.6129	+5.77%
I Fund	\$26.7783	+4.75%
L 2050	\$14.8696	+5.73%
L 2040	\$26.1491	+5.30%
L 2030	\$24.5827	+4.79%
L 2020	\$22.6770	+4.04%
L Income	\$17.2225	+2.41%



[Source: <http://tspcenter.com/tspReturns.php?view=year> Jun 27, 2014 ++]

* General Interest *



Notes of Interest ▶ 16 thru 30 Jun 2014

- **Student Loans.** Wage garnishment in 2013 was up 45 percent from a decade ago for student loan borrowers who have defaulted on their loans.
- **Normandy.** Military History buffs should check out the 115 minute “Battlefield S1/E5 - The Battle of Normandy” video at http://www.youtube.com/watch?v=h_B-0iNnWWA. Related videos are at www.youtube.com/watch?v=lgbjdG4SY58, www.youtube.com/watch?v=1JWcqH2Znec, and www.youtube.com/watch?v=gjF6oGr-Mjw.
- **Navy Rail Gun.** At <https://ca.news.yahoo.com/video/navy-unveils-futuristic-weapon-002946184-cbs.html> can be viewed a video of the Navy’s new electromagnetic rail gun that’s been under secret development for years. It can shoot a projectile well over 100 miles at Mach 7.
- **COLA.** The Consumer Price Index increased once again in May, rising to 234.216. It now stands 1.7 percent above the FY2014 COLA baseline of 230.327.
- **Supplemental Insurance.** To compare annual costs and obtain contact numbers of government and military fraternal organization policies to cover the copay of TRICARE & CHAMPVA refer <http://federalpublishing.com/tricare/tricare-supplement-chart.html>.

Flag Etiquette Update 01 ▶ Star-Spangled Manners

Everywhere you look these days, you see it. The American flag is in store windows, on bumper stickers, and flying from the flagpole your neighbors recently installed in front of their house. It’s even on the T-shirt being worn by the most surprising of patriots, your neighbors’ teenage son, a purple-haired, fashion-conscious lad. A wave of patriotism has swept across the nation, and people are rushing to display our cherished flag everywhere they can. But many of these well-intentioned patriots don’t know about or observe the rules for displaying the American flag, which can be found in the U.S. Flag Code. Although these rules aren’t law, they serve as a guide for how to properly display the flag. Here are some general guidelines:

- Take a good look at the flag you intend to display, particularly if it’s been stored for a while. Does it have any tatters or frays? Is it dirty? If so, take time to mend and clean it. Once that’s done, “Old Glory” is fit to be displayed.
- Normally, the flag is displayed from sunrise to sunset on buildings and stationary outdoor flagpoles. However, if you plan to display the flag outside during inclement weather, be sure to use an all-weather flag.
- Some people like to display the flag 24 hours a day. You may display the flag at night as long as it is properly illuminated so that the stars and stripes can be seen by an observer from a reasonable distance.

- Take care in the way you raise and lower the flag. According to Flag Code, it should be “hoisted briskly and lowered ceremoniously.”
- If you display the flag from a staff attached to a window, balcony, or building, the union (blue field) should appear at the top of the staff (the end farthest away from the window). If you display the flag in a window, however, the union should be at the top and the left, as viewed by an observer on the street. Likewise, if you place the flag against a wall in your home, it can be hung either horizontally or vertically, as long as the field of stars is on the top and to the observer’s left.

Show a little respect.

In addition to telling you what to do, the Flag Code also tells you what not to do. For example, you should never wear a real flag. Instead, use material printed with a flag pattern. Likewise, you should never sew anything onto the flag or mark it. You also should never:

- Use the flag as part of a costume or athletic uniform;
- Use to flag to receive, hold, carry, or deliver anything; or
- Use the flag for advertising purposes or print it on items intended for temporary use.

Other guidelines in the Flag Code govern how the flag is displayed. For example, the flag should never be displayed with the union down, except to signal an emergency. You also should never:

- Allow the flag to touch anything underneath it, such as the ground or water;
- Dip the flag to honor a person or thing; or
- Carry the flag flat or horizontal, festoon it, or draw it back or up for any reason.

Everyone should use proper etiquette when acknowledging the flag. Uniformed servicemembers should salute the flag as it is raised and lowered and maintain that salute through the late note of the national anthem or until the flag is unsnapped from the flagstaff, whichever is longer; veterans and servicemembers out of uniform also may render the military salute. Civilians can show their respect by placing their right hand over their heart. Men wearing hats should remove their hat and hold it over their left shoulder. During a parade or procession, everyone should face the flag while standing at attention with their right hand over their heart. Uniformed servicemembers should face the flag and salute the moment it passes.



What not to do

Displaying Old Glory with other flags

- When the American flag is carried in a procession with other flags, it should be either on the marching right (or flag’s own right) or in front and center of the line of flags.
- Never place another flag or pennant higher than the American flag or to the right of it if the flags are on the same level (except during religious services at sea, when the church pennant may be flown above the flag on the mast).
- If a line of flags is displayed indoors, the American flag always should be in the place of honor; behind the speaker and to the speaker’s right. Other flags should be placed to the speaker’s left.
- When flags are displayed in a semi-circle, the American flag should be centered and at its highest point.
- The U.S. flag always should be the first flag raised and last lowered.

Special events

- Occasionally the flag is hung over a street during a parade or other special event. When this is done, it should be hung vertically, with the union to the north or east. If the flag is suspended vertically over a sidewalk, the flag’s union should be the farthest part from the building.
- The flag also may be used when mourning. The flag is flown at half-staff to mourn a government leader or following a presidential or gubernatorial order. To fly the flag at half-staff, first hoist it to the top of the pole for an instant, then lower it to a position halfway between the top and bottom. At the end of the day, raise the flag all the way to the top, then lower it completely.
- During memorials, burials, and funerals, the flag should be placed on the coffin with the union at the head and over the left shoulder. Never lower the flag into a grave. Instead, carefully fold it into a triangle, with only the blue field showing on both sides.

[Source: MOAA News Exchange | Kris Ann Hegle | Jun 25, 2014 ++]

Pollinator Health Task Force ► Food Production Systems Threatened

The White House announced late last week the creation of a Pollinator Health Task Force, a multi-departmental effort for "understanding, preventing, and recovering from" mass declines in the U.S. honeybee population. Yes, a task force for bees. According to a fact sheet from the White House, the honeybee population is 2.5 million in 2014, less than half of what it was in the mid-20th century, and "since 2006, commercial beekeepers in the United States have seen honey bee colony loss rates increase to an average of 30 percent each winter." The presidential task force will investigate and combat decreased populations for a number of pollinator species, including birds, bats, and butterflies, but it's the bees that are particularly troublesome. In his 2015 budget proposal, President Obama outlined \$50 million for pollinator preservation – but that's in comparison to the roughly \$15 billion honeybees contribute to the U.S. economy, according to the White House.



The significant drop in the honeybee population is typically attributed to environmental factors, like parasites and pesticides. One study found that exposure to neonicotinoid pesticides is related to "Colony Collapse Disorder," but the reliability of that particular study is questionable, and according to Vox, "it's still not clear whether pesticide exposure is a major factor in honeybee decline." Part of the task force's agenda will be "to determine the relative contributions of, and mitigation strategies for, different stressors leading to species declines and colony collapse disorder." The task force will be comprised of members of 16 executive departments and agencies, including the Departments of Defense and State, and headed by the Secretary of Agriculture and Environmental Protection Agency Administrator. "The problem is serious and requires immediate attention to ensure the sustainability of our food production systems, avoid additional economic impact on the agricultural sector, and protect the health of the environment," the presidential memorandum released 20 JUN read. [Source: GovExec.com | The Wire | Ben Cosman | June 23, 2014 ++]

Fast Food ► 2014 American Customer Satisfaction Index

Americans spend billions of dollars on fast food every year, which is funny, because they're not all that satisfied with it. People enjoy full-service restaurants much more than fast-food ones, even when it comes to speed of service, according to the 2014 American Customer Satisfaction Index, but people keep going back. Love-hate relationships with fast food are common: It's often unhealthy and addictive, but it's convenient and cheap (until it adds up — Americans spent \$117 billion on fast food in 2011, according to Fast Food Marketing). As a result, it's unsurprising that some of the most popular fast-food chains are also among the least liked from a customer-satisfaction standpoint. Here are the bottom five:

5. Burger King – a score of 76 (out of 100), same score as 2013.
4. Dunkin' Donuts – a score of 75, down five points.
3. KFC – a score of 74, down seven points.
2. Taco Bell – a score of 72, down two points.
1. McDonald's – a score of 71, down two points.

Starbucks scored the same as Burger King (76), which was a four-point slide from last year for the coffee chain. The scores are based on 4,572 random customer interviews between Jan. 13 and March 11. People may be less satisfied with these traditional drive-through kings, but enthusiasm for fast food isn't exactly waning. The best experiences seem to come from smaller chains like Panera and Chipotle, which were grouped together in the "other" category, which held the top spot with a score of 84. The remaining spots in the top five were taken by pizza joints: Papa John's (82), Pizza Hut (82), Little Caesar (80) and Domino's (80).

It's unsurprising that eating out is a common budget-killer (the most common, according to some financial advisers), and using a credit card when doing so means you're likely to spend more than if you were paying with cash. And if you tend to carry credit card debt from month to month, especially if it's higher than 30 percent of your credit limit, you're not really doing your credit standing any favors. (You can get an idea of your credit standing by checking your credit scores for free on Credit.com, where you can also get a breakdown of what's influencing your credit, and a plan to improve it.) A fast-food addiction can easily deplete your bank account or trash your credit if you thoughtlessly charge all those runs to the drive-through, so make sure you're considering the whole picture before eating out. Convenience and speed may not be worth it when it comes to quality and cost. [Source: MoneyTalksNews | Christine DiGangi | Jun 24, 2014 ++]

Car MPG ► Advertised vs. Actual

If you're shopping around for a car, chances are that great fuel economy is at the top of the list of priorities. Whether or not you're interested in the environmental impact of your car, better fuel economy translates to less money out of your pocket. As you compare cars, you will look at the reported miles per gallon to get a feel for how different models measure up. Yet many drivers notice that their real world efficiency is lower than what is advertised by the manufacturer. Why doesn't real world fuel economy match a car's initial rating? When cars are tested in a manufacturer's laboratory, nothing is left to chance like it would be in the real world. The car is tested in idealized conditions, without running the air conditioning or fitting four passengers in the car. The test vehicles don't have to contend with heavy traffic or inclement weather, and may even have the brake pads pushed back to reduce friction and increase mileage. Although

manufacturer-reported mileage is certainly achievable, conditions in the real world cannot be controlled in the same way. This is what leads to the difference in the two figures.



One of the major factors that will impact your real world efficiency is the speed you drive your car at. There is a split between city and highway efficiency, which is why you'll see both figures along with a combined MPG reported on review sites like Carsales at <http://www.carsales.com.au> or at the dealership. Most vehicles provided better fuel economy when they're allowed to run at a continuous speed on the highway, in comparison to the stop-start traffic of an urban setting. In addition to city driving, another factor that could impact your real-world efficiency is your driving style. Aggressive driving, sudden acceleration, speeding, and slamming on the brakes will all take a toll on your real-world mileage. Air conditioner use, vehicle size, and the climate you drive your car in could also impact its efficiency. If you load your car down with heavy equipment or pack a full load of passengers in every time you drive, you'll see your efficiency decrease. Fuel type can also affect mileage. For example, the EPA in the United States tests efficiency by using 100 percent gasoline, but most gasoline in the USA is actually composed of about 10% ethanol, which is less efficient.

Although there are many factors that can cause your efficiency to decrease when you take your car out on the road, the reported figures are still useful. Because car manufacturers all tend to test their cars in idealized factory settings, the numbers they provide can be used to compare one model to another. Although you may not be able to hit those reported MPG figures without seriously adjusting your driving style, you can use this as a baseline when buying a vehicle to choose the most efficient model for your money. [Source: MoneyTalksNews | Stacey Johnson | Jun 20, 2014 ++]

Car MPG Update 01 ► Ford to Compensate User's for Overstating Numbers

Ford Motor Co. is lowering the fuel economy ratings on several of its cars touted for their fuel efficiency. It's the second time in less than a year that Ford has had to make cuts after overstating mileage numbers. The New York Times said the new mileage reductions will impact six 2013 and 2014 models, most of them hybrids. About 215,000 customers who own or lease the vehicles will be compensated for the errors. The refunds are between \$125 and \$1,050, depending on how much customers' mileage numbers were overstated. The Times said: The vehicles include four versions of the 2014 Ford Fiesta, as well as the hybrid and plug-in hybrid versions of the 2013-14 C-Max and Ford Fusion and the hybrid version of the 2013-14 Lincoln MKZ. Most of the vehicles' combined city and highway rating will be lowered by one to five miles per gallon; the MKZ will be reduced the most, by seven miles per gallon, to 38 from 45. Last August, Ford had to cut the C-Max rating by four miles per gallon.



According to The Associated Press, Ford discovered the issue in March after conducting internal tests. Ford said it notified the U.S. Environmental Protection Agency, which oversaw the retesting of several vehicles' fuel economy. Chris Grundler, head of the EPA's office of transportation and air quality, told AP that the agency is looking into Ford's oversight. He also said the EPA is considering requiring all automakers to do the same kind of internal testing of production vehicles that Ford is doing. Grundler said not all companies do fuel economy testing after vehicles are in production. According to AP, Ford product development chief Raj Nair said the engineers' wind resistance calculation was off, likely causing the error. "This was our mistake, plain and simple, and we apologize to our customers for it," he said. "We are taking steps to improve our process so this doesn't happen again." The Times said Ford has agreed to more stringent fuel economy testing standards in an effort to ensure this type of problem doesn't happen again. [Source: MoneyTalksNews | Krystal Steinmetz | Jun 20, 2014 ++]

Photos That Say it All ► Our Symbol Standing Guard



National Cemetery in Minneapolis, MN on a June morning

Normandy Then & Now ► Omaha Beach near Vierville sur Mer



June 6, 1944: US reinforcements land on Omaha beach during the Normandy D-Day landings near Vierville sur Mer, France. Today, holidaymakers enjoy the sunshine on the same section of beach.

Have You Heard? ► The Coyote Principle

California

- The Governor of California is jogging with his dog along a nature trail. A coyote jumps out and attacks the Governor's dog, then bites the Governor.
- The Governor starts to intervene, but reflects upon the movie "Bambi" and then realizes he should stop because the coyote is only doing what is natural.
- He calls animal control. Animal Control captures the coyote and bills the state \$200, testing it for diseases and \$500 for relocating it.
- He calls a veterinarian. The vet collects the dead dog and bills the State \$200 testing it for diseases.
- The Governor goes to hospital and spends \$3,500 getting checked for diseases from the coyote and getting his bite wound bandaged.
- The running trail gets shut down for 6 months while Fish & Game conducts a \$100,000 survey to make sure the area is now free of dangerous animals.
- The Governor spends \$50,000 in state funds implementing a "coyote awareness program" for residents of the area.
- The State Legislature spends \$2 million to study how to better treat rabies and how to permanently eradicate the disease throughout the world.
- The Governor's security agent is fired for not stopping the attack. The state spends \$150,000 to hire and train a new agent with additional special training re: the nature of coyotes.
- PETA protests the coyote's relocation and files a \$5 million suit against the state.

Texas

- The Governor of Texas is jogging with his dog along a nature trail. A coyote jumps out and attacks his dog.
- The Governor shoots the coyote with his state-issued pistol and keeps jogging.
- The Governor has spent \$1.50 on a .45 ACP hollow point cartridge.
- The buzzards eat the dead coyote.

They Grew Up to Be? ► Vladimir Putin



This young pioneer was hated and considered a cockroach by his classmates, is...



Vladimir Putin

“Those who can make you believe absurdities can make you commit atrocities.”
— François-Marie Arouet aka Voltaire (1694–1778) French Writer, Historian, Philosopher



Interesting Ideas ► Innovative Spoon







Clever Graffiti

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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. This Bulletin notice was sent to the 17,693 subscribers who have responded to date. Readers who have not yet revalidated 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.

3. Bulletin recipients who reside, or have an interest in the Philippines can request to be added to the RAO's Philippine directory for receipt of messages pertaining to Clark Field Space 'A', U.S. Embassy Manila, VARO/OPC 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.

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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.nhc-ul.com/rao.html> (PDF Edition), <http://www.veteransresources.org> (PDF & HTTP Editions), or <http://frabr245.org> (PDF & HTTP Editions), or before sending me an email asking if one was published. If you are unable to access the Bulletin at any of these sites let me know. If you can access the Bulletin at any of the aforementioned sites it indicates that something is preventing you from receiving my email. Either your server considers it to be spam or I have somehow incorrectly entered or removed your addressee from the mailing list. Send me an email so I can verify your entry on the current mailing list.

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