RAO BULLETIN
15 August 2011

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Vet Benefits Funding Update 02: Military pay raises, funding for veterans health care and the Post-9/11 GI Bill could be sacrificed to new fiscal realities as the result of the deal signed by President Obama on 2 AUG to raise the federal debt ceiling, according to the Military Officers Association and veterans groups. The law requires the federal budget be cut $2.1 trillion over 10 years. The White House said it plans to cut $350 billion from the Defense Department budget (excluding war funding) over the next decade. Retired Air Force Col. Michael Hayden, the association's deputy director for government relations, said this means "everything is on the table," including military pay. While Congress historically has been reluctant to freeze military pay, the 2011 Budget Control Act signed by Obama makes it clear upfront that military pay is no longer off-limits in budget discussions. If the administration and Congress fail to make the required reductions then across-the-board cuts in discretionary funding will be triggered through a procedure known as sequestration. The law gives the president "authority to exempt any [military] personnel account from sequestration" but only if "savings are achieved through across-the-board reductions in the remainder of the Department of Defense budget," states a House Rules Committee analysis of the bill.

The budget control law lumps the discretionary budgets for the Defense, Homeland Security and Veterans Affairs departments, along with the National Nuclear Security Administration, the intelligence community management account and portions of the State Department budget, in a new "security" category capped at $684 billion in fiscal 2012. This marks a 6 percent, or $44 billion, cut for those entities, according to an analysis by the Heritage Foundation. If these departments and agencies do not adhere to the budget caps then they would lose funds through the sequestration process spread evenly across their budgets, but with no clear delineation in how and where cuts would be made, the analysis concluded. Representatives from various veteran groups made the following comments regarding possible fallout of the new law:

- MOAA Hayden said, "this leaves pay raises up for grabs" as Defense crafts a new budget to meet cuts planned by the White House. He also expressed concern that cost-of-living increases for military retirees could end up sacrificed in the Pentagon budget-cutting process, although by law they are protected from sequestration. Hayden predicted an intense round of lobbying as various groups work to protect their piece of a smaller pie. But, he said, the stark reality is "everyone will have to suffer a little bit."

- Retired Air Force Col. Philip Odom, another deputy director for government relations at the Military Officers Association, said troops could face a pay freeze coming on the heels of a small 1.6 percent pay raise in the 2012 budget, the "second lowest increase since 1962."

- Keith Weller, a spokesman for the Reserve Officers Association, expressed concern that the "super committee" Congress must establish to determine the budget cuts will use the new strict budget caps to increase fees for the TRICARE health insurance program for active-duty and retired military personnel. "We don't want them to view TRICARE as a cash cow," Weller said. In January, then-Secretary of Defense Robert Gates called for a "modest" increase in TRICARE premiums, which have been frozen at $460 a year for the past 15 years, compared to $5,000 a year other federal workers pay for health insurance. Gates said Defense heath care costs have spiraled to $50 billion a year from $19 billion a year over the past decade, with the 10 million TRICARE beneficiaries accounting for much of that increase.

- Carl Blake, legislative director of Paralyzed Veterans of America, said he has real concerns about the effect the law will have on veterans' health care. Veterans Affairs Department pension and disability programs are fenced off from cuts or sequestration, Blake said, but not the massive 247,000 employee Veterans Health Administration, which is expected to care for 6.2 million patients in 2012. Blake said VHA operates under discretionary funding, which makes it a target for cuts.

Government Executive learned that John Carson, director of the White House office of public engagement, met with veterans groups, including the America Legion, Disabled American Veterans, Iraq and Afghanistan Veterans of America and the Wounded Warrior Project, to assure them that veterans compensation programs will be safe from sequestration. But Joseph Chenelly, assistant national communications director for the Disabled American Veterans, said Carson did not address whether VHA or the Post-9/11GI Bill would be safe from cuts. Joseph Violante, legislative director for the group, said that despite the White House statements, "nothing reassures me that veterans programs are safe from cuts." Ed Meagher, vice president for health care strategy at Computer Sciences Corp. and a former VA deputy chief information officer, said he doubted VA's requested $3 billion for information technology spending in 2012 will take much of a hit as the department counts on IT to save money through automation of manual processes, including the disability claims system. "At most, the IT budget might get nicked for $100 million," Meagher said.

He agreed that VHA funding faces cuts under the budget control act, and predicted those would come from new mental health projects, a number of which have been adopted to care for Afghanistan and Iraq veterans suffering

from post-traumatic stress disorder and traumatic brain injury. New projects, Meagher said, are easier to cut than established ones. VA requested $6.1 billion for mental health care in its 2012 budget and $6.4 billion in its 2013 budget, both which account just under 15 percent of the overall health care budget of $46 billion in each of those years. Nextgov reported in March that more than half the Afghanistan and Iraq veterans treated by VA last year received care for mental health problems, roughly four times the rate of the general population. Paul Rieckhoff, executive director of the Iraq and Afghanistan Veterans of America, told a hearing of the Senate Veterans Affairs Committee that the nation faces a $1 trillion long-term bill to care for veterans of those wars and warned against slashing program funding "in a shortsighted rush."

VA requested $11.1 billion for the Post-9/11 GI Bill in 2012, up $2.1 billion from 2011, with more than 260,000 veterans enrolled in the college year that just ended. Michael Dakduk, executive director of the Student Veterans of America, said he is worried that budget hawks will flail the program. Dakduk, a Marine veteran who served tours in both Afghanistan and Iraq, said that Congress supports projects like the GI Bill when the memories of war are fresh, but when those fade, attention shifts from caring for veterans to balancing the budget. [Source: GovExec.com Bob Brewin article 3 Aug 2011 ++]

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Tricare Provider Availability Update 04: Low reimbursements are the number one reason physicians say they turn away patients of Tricare Standard, the military's fee-for-service insurance option, or Tricare Extra, the preferred provider option. Access to health care for these two groups could become an even bigger challenge thanks to the convoluted deficit-reduction deal hammered out last weekend between the Obama administration and leaders i n Congress. The Budget Control Act of 2011, which President Barack Obama signed into law 2 AUG, establishes a two-step process toward reducing deficit spending by $2.4 trillion over the next decade. Step one directs Congress to cut discretionary spending by $917 billion to include $350 billion from defense budgets based on priorities set by a roles and missions study. Step two has Capitol Hill leaders establishing a 12-member committee of lawmakers, to be divided evenly between Democrats and Republicans, an arrangement that appears designed to produce gridlock. They are to identify an additional $1.5 trillion in reductions from entitlements and tax reforms. This bipartisan committee is to report out legislation agreed to by at least seven of its members by Nov. 23 to produce the required cuts. The full Congress then must vote on the recommendations by 23 DEC.

With Republican leaders already vowing to assign to the committee only lawmakers rigidly opposed to revenue increases of any sort, including any tax bump for the wealthy or loophole closures for corporations, and Democrats vowing to protect Medicare, Medicaid and Social Security, the likelihood of stalemate appears quite high. That's where the risk surfaces for Tricare clients. If the committee of 12 can't agree or the full Congress votes down their plan, the Budget Control Act inflicts its own formula: automatic cuts of $1.2 billion, half to come out of future defense budgets and the other half from entitlement programs. "The deal includes an automatic sequester on certain spending programs to ensure that -- between the committee and the trigger -- we at least put in place an additional $1.2 trillion in deficit reduction by 2013," a White House fact sheet on the arrangement explains. The arbitrary cut "would be divided equally between defense and non-defense programs, and it would exempt Social Security, Medicaid, unemployment insurance, programs for low-income families, and civilian and military retirement. Likewise, any cuts to Medicare would be capped and limited to the provider side." This last sentence, underlined and made bold in the White House fact sheet, ignores the likelihood beneficiaries still would be hurt as more doctors, feeling underpaid, turn away Medicare and Tricare patients.

Any cut in Medicare provider fees would tighten access to care for Tricare beneficiaries because -- for the past 20 years -- Tricare physician fees, by law, have been linked to fees allowed under Medicare. If Medicare reimbursements are slashed, doctors who accept Tricare Standard and Extra patients feel the same financial pain.

Retired Air Force Col. Mike Hayden, deputy director of government relations for Military Officers Association of American, said Tricare users clearly have reason worry if the 12-member committee fails to reach a deal. "Anything that lowers payments to providers will negatively impact beneficiary access to both Tricare and Medicare," Hayden said. Spending-cut mandates in the new budget control law also could thwart efforts to correct a long-standing flaw in the Medicare fee formula, which has threatened access to care for Tricare patients for many years. The Balanced Budget Act of 1997 attempted to get Medicare costs under control by adopting a mechanism called Sustainable Growth Rate for setting spending targets for physician services. When annual targets are met, doctor rates are to be adjusted by medical inflation. When growth targets are exceeded, doctor reimbursements are to be lowered. [Source: The daily Herald Tom Philpott article 6 Aug 2011 ++]

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JSCDR: The new super committee tasked with finding $1.2 trillion in additional deficit reduction was officially named the Joint Select Committee on Deficit Reduction (JCSDR). As structured, the committee must find $1.5 trillion in deficit reduction over 10 years by 23 NOV and approve it with a majority vote in order to fast track it through Congress by Christmas. If the panel deadlocks along partisan lines, it would instead trigger across-the-board spending cuts in the orbit of $1.2 trillion with half of those cuts coming from defense, and the rest from discretionary spending. Entitlements would remain largely untouched if the cuts are triggered by inaction. Another possibility is that the panel could agree to spending cuts below their $1.5 trillion target, which if approved, would lower the trigger amount for spending cuts. For instance, if they approve $800 billion in spending cuts, it would still trigger sequestration, but lower the total from $1.2 trillion to $400 billion. However, lawmakers on the committee insisted on 10 AUG that their goal was to fulfill their obligation. Sen. Toomey told reporters that a comprehensive plan was "much, much preferred over the default settings."

House Speaker John Boehner (R-OH) and Senate Minority Leader Mitch McConnell (R-KY) made it clear from the beginning that no Republican on the panel would vote in favor of tax increases of any kind, and their nominees reinforce that:

- Sen. John Kyl (R-AZ) who walked out of the debt ceiling talks with Vice President Joe Biden, Sen. Pat Toomey (R-PA) a former president of the anti-tax Club for Growth , and Sen. Rob Portman (R-OH)
- Rep. Dave Camp (R-MI) and Rep. Jon Hensarling (R-TX) who both served on the special White House deficit-reduction Simpson-Bowles commission and voted against its recommendations for deficit reduction through spending cuts and revenue increases, and Rep. Fred Upton (R-MI).

Senate Majority Leader Harry Reid's and House Minority Leader Rep. Nancy Pelosi (D-CA) selections similarly underscores that Democrats are not going to sign off on any drastic entitlement changes ahead of an election cycle where Democratic control of the Senate is in question. Their nominees were:

- Sen. Patty Murray (D-WA), Sen. Max Baucus (D-MT) who also served on the Simpson-Bowles commission and voted against its recommendations, and Sen. John Kerry (D-MA) selected for his stature and Senate tenure.
- Rep. Chris Van Hollen (D-MD) the ranking Democrat on the House Budget Committee, Rep. Jim Clyburn (D-SC)the highest ranking African-American member of the House and the assistant Democratic leader, and Rep. Xavier Becerra (D-CA) the highest ranking Latino lawmaker in the House who served on the served on the Simpson-Bowles commission and voted against its recommendations

None of the six senators tapped for the deficit reduction panel were part of the "Gang of Six" that has already done a lot of the leg work toward achieving the committee's goals. Sen. Murray will serve as co-chairwoman of the super committee while simultaneously running the Senate Democrats' campaign operation for 2012. She is also a member of leadership, a senior member of the Budget Committee, and a woman on a male-dominated committee.

Sen. Baucus is chairman of the powerful Senate Finance Committee with jurisdiction over many areas, including entitlement programs, that the committee is expected to examine.

The panel will need at least seven of the 12 lawmakers to vote on a final proposal by Thanksgiving in order to fast-track it through both chambers and send it to President Obama by 23 DEC. If the panel deadlocks along partisan lines, it would trigger across-the-board cuts for both defense and non-defense spending. The chances of deadlock are rooted in the intractable partisan divide over taxes. Democrats want to raise them; in particular they want to roll back the Bush tax cuts for the wealthiest Americans and use the revenue toward deficit reduction. Republicans are united against any tinkering with the tax code that is not revenue neutral and oppose any effort to raise revenues to pay down the debt. Republicans also want to target entitlement spending on programs including Social Security, Medicare, and Medicaid, but Democrats have ruled out any changes to entitlements unless taxes are on the table. When precisely the committee will begin its work is unclear. Lawmakers return in September with just 77 days until the Nov. 23 deadline. [Source: National Journal Susan Davis articles 9 & 10 Aug 2011 ++]

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Medical & Dental Costs Estimates. In 2009, the New York State Attorney General's Healthcare Industry Task Force reported serious problems with the system that major health insurers used to calculate reimbursements for out-of-network services to patients. Following action by the Attorney General, FAIR Health, an independent nonprofit organization, was created to develop a database that would (a) help insurers determine their reimbursement rates for out-of-network charges and (b) provide patients with fee information and a clear, unbiased explanation of the reimbursement process. The FAIRHealth Educational Site enables consumers to estimate the cost of common medical and dental procedures. That database, which is continuously updated, is now freely available at http://www.fairhealthconsumer.org . All that is required is for you to enter your Zip code and select the Medical or Dental procedure you anticipate you will be needing.

As you use this site to estimate the cost of medical services, keep in mind that visits with your provider for consultation, evaluation, and management are typically billed separately from the other services you receive. For example, if you visit your provider for certain blood tests, your provider will likely charge you for an office visit as well as the actual tests performed. Also, any treatment scenarios involve more than one procedure. A knee replacement, for example, is likely to involve some form of anesthesia, a diagnostic scan of the knee prior to surgery and physical therapy after surgery. Currently, the FH Medical Cost Lookup includes information for provider services related to medical and surgical procedures only. It does not include information about procedures related to hospital facilities, anesthesia, or durable medical equipment. Over time, it will be expanding the FH Medical Cost Lookup to include such data. [Source: Consumer Health Digest #11-25, 11 Aug 2011 ++]

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Patton Cologne: The U.S. Army has released a cologne named for the World War II hero Gen. George S. Patton. The scent, dubbed simply "Patton," is the Army's licensed, official fragrance. The cologne was not initiated by anyone in the Patton family, but they took the news with good humor. Daughter-in-law Joanne Patton said, "It was a surprise to me. We'll wait to see how and why," she said, chuckling. "... I was surprised that a perfume for General Patton wouldn't be smelling like diesel fuel." Gen. Patton, who died in 1945, owned what is now Green Meadows Farm in Hamilton. His son, also a general named George, lived there until his death in 2004, and his widow, Joanne, still lives on the Asbury Street property. Patton cologne is made by California-based Parfumologie. A portion of proceeds from sales of Patton, and the scents Parfumologie has created for each branch of the armed forces (Riptide for the Coast Guard, Devil Dogs for the Marines and Stealth for the Air Force), are donated to the Veterans Administration. The line of colognes was first released in 2009, but made news in AUG after the Patton

cologne was mentioned on the Military Times news website. Patton is advertised as a woodsy blend of lavender, citrus, coconut, cedar, sage, tonka bean, bergamot and lime. [Source: The Salem News Bethany Bray article 10 Aug 2011 ++]

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VA Appeals Update 10: The U.S. Department of Veterans Affairs has reinstated Joel Klobnak's disability benefits after a two-year fight and a burst of publicity, but the former Marine knows that hundreds of thousands of veterans are still stuck in disability-claims purgatory. Klobnak, 24, lost his left leg in Iraq in 2006. He spent six months in an Army hospital, then returned to Iowa with full disability pay. In APR 09, the VA notified him that because he had missed a doctor's appointment, the department was cutting his pay in half, to $1,557 per month. His appeal was snarled in a national paperwork backlog that has forced many disabled veterans to wait years for their benefits. While he waited, he struggled to support a family of four on half pay. The Greenfield veteran's plight captured attention in June, when The Des Moines Register explained it in a front-page story. He believes the media spotlight, plus pressure from the staff of his congressman, Steve King, helped persuade VA officials to retrieve his case from the pile and to decide late last month to reverse their earlier decision. "Don't get me wrong, I'm grateful," Klobnak said this week. "But I didn't want them to fix just mine. I want the system fixed."

VA leaders nationally have said their solutions include a new computer system and better cooperation with the active-duty military. They've told Congress that they're making progress, but that it will take time to dig out of the paperwork quagmire. Klobnak expressed thanks to Iowans who came to his aid after the Register story ran in June. At least 20 families offered help, including household items and cash. A lady in her 90s sent a check for about $250. Someone else sent $20 with a note that said "wish I could do more." Others donated basic supplies for Klobnak's young family. Klobnak said he has no intent to live off disability payments forever. He will continue taking online college courses, he said, and he plans to have a follow-up operation to remove bone growth that causes pain in the stump of his leg. He hopes to work full time eventually. In fact, he's looking into the possibility of becoming a police officer. One obstacle would be the required 1.5-mile run, which prospective cops must finish in a set time. Klobnak probably couldn't finish the run in the 15 minutes and 26 seconds allotted for men his age, but he noted that women and older men are given extra time to finish. He wonders why a disabled veteran couldn't also get dispensation. [Source: DesMoines Register article 9 Aug 2011 ++]

Marine veteran Joel Klobnak, shown at his Greenfield home

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VA Fraud Waste & Abuse Update 38: A man who made more than $20,000 in false mileage reimbursement by lying to the Spokane Veteran Affairs Medical Center about where he lived is to spend six months in jail. Michael Edward Harrison, 27, is to be on probation for three years and is required to pay $20,464.92 in restitution to the U.S. Department of Veteran Affairs under a sentence imposed 9 AUG in U.S. District Court in Spokane. Harrison, an Army veteran, pleaded guilty in May to four counts of making a false claim for travel benefits. Veteran Affairs reimburses patients at the Spokane Veterans Affairs Medical Center 41.5 cents per mile driven to and from the hospital. Harrison lived on West Francis Avenue in Spokane, less than three miles from the hospital, but filed 202 claims between September 2009 and October 2010 that said he traveled from Omak - a 280-mile round trip, according to the U.S. Attorney's Office. "The actions of this individual served to divert some of VA's limited financial resources, from deserving veterans, into his own pocket," Michael Seitler, special agent in charge of the U.S. Department of Veteran Affairs and Office of Inspector General's northwest office, said in a prepared statement. "VA OIG is confident that this successful prosecution will assist in deterring others from defrauding the VA in this manner." Harrison is to report to the U.S. Marshals Service by noon on 16 AUG. [Source: The spokesman-Review Meghan article 10 Jun 2011 ++]

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VAMC St. Louis MO Update 02: Before arriving at the Millenium Hotel 10 AUG for a speech to veterans attending the annual AMVETS National convention, VA Secretary Eric Shinseki met with the director of the VA's John Cochran Medical Center in St. Louis. The hospital was the subject of Congressional and VA investigations in 2010 after contaminated dental equipment was uncovered. In early 2011 the operating suite was shut down when spots of corrosion were found on surgical tools. Shinseki had praise for the hospital director Rima Nelson, RN. "I'm satisfied we are turning the corner and many of the things that were in place when we were watching what was happening here, much of that has begun to be healed thanks to her leadership and also the leadership of the people who are now in place with her." Nelson told reporters no one has been dismissed in response to the sterilization issues. "We need to avoid the blame game if we want employees to report problems," she said. "Our focus is really on a culture of safety and making sure the quality that we deliver and the care that we provide is of the best quality and of the safest environment."

U.S. Senator Claire McCaskill (D-MO) and state Congressman Lacy Clay (D-St. Louis) joined the Secretary for the news conference. Both lawmakers had issued strong criticism of conditions at Cochran in 2010. Now they say the service is better. "I'm satisfied they have improved," said Rep. Clay. He described success stories his staff hears from veterans who rely on the Cochran Hospital. Senator McCaskill has organized an independent customer survey process with help from veteran organizations like AMVETS. The results of the first ninety days of surveys have been given to the hospital and McCaskill said she was impressed with the staff's willingness to work on problem areas. "I think the culture at Cochran is changed," she said noting evidence of more respect for veterans and a commitment to excellence.

The U.S. Veterans Affairs Department is scrambling to keep up with a growing number of new military veterans, many with serious medical difficulties. But Shinseki is reassuring veterans the department is up to the challenge. In his speech Shinseki said, "As troops return from Iraq and Afghanistan an additional one million service members are expected to leave the military service between 2011 and 2016. We need to get out ahead of this," he told the crowd. Shinseki described efforts to computerize much of the paperwork the VA does to link veterans to their benefits. He outlined new efforts to prevent homelessness among veterans and to help them return to school. "Our goal is to end veterans' homelessness by 2015," he said. One million veterans were unemployed as of June. Shinseki wants to see a "reverse bootcamp" to help military train to transition back to a civilian workforce or to college. The VA's budget has increased more than 15 billion dollars since 2009. Both Clay and McCaskill promised to fight to keep funding to

meet the needs of the growing veteran population even in the wake of the nation's budget troubles. [Source: St. Louis, MO (KTVI-FOX2Now.com) Betsey Bruce article 10 Aug 2011 ++]

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Mobilized Reserve 9 AUG 2011: The Department of Defense announced the current number of reservists on active duty as of 26 JUL 2011. The net collective result is 974fewer reservists mobilized than last reported in the 1 AUG 2011 RAO Bulletin. At any given time, services may activate some units and individuals while deactivating others, making it possible for these figures to either increase or decrease. The total number currently on active duty from the Army National Guard and Army Reserve is 70,725; Navy Reserve 4,423; Air National Guard and Air Force Reserve, 9,721; Marine Corps Reserve, 6,021; and the Coast Guard Reserve, 738. This brings the total National Guard and Reserve personnel who have been activated to 91,628 including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel who are currently activated may be found at http://www.defense.gov/news/d20110809ngr.pdf. [Source: DoD News Release No. 657-11 dtd 28 Jul 2011 ++]

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VA Rural Access Update 10: At the Department of Veterans Affairs, Secretary Shinseki often talks about the tyranny of distance – the distance that often separates Veterans from care at their nearest VA medical facilities. For about 3.3 million Vets, or 41 percent of the total enrolled in VA's health care system, distance is more than a challenge. Distance can mean rural Veterans don't have access to the care and services they've earned. Secretary Shinseki made it clear – this summer, he wanted to hear from Veterans in the hardest to reach places. "I know from previous experience that sitting in Washington with a 2,000-mile screwdriver trying to fine tune things at the local level never works," he said. So, we hit the road to learn firsthand. From the plains of North Dakota and Montana to the isolated island of Guam, Veterans from rural areas talked with Secretary Shinseki about what's working and what the department can do better. To many Veterans, it was clear VA has shifted its approach to be more accessible. But it also was quickly learned that standard definitions like "urban, rural, and highly rural" may not be exact enough. Often, "remote, extreme rural, and inaccessible" is more accurate.

The "inaccessible" category would definitely include Kwigillingok, Alaska, or Kwig, located in the far reaches of Central Yup'ik near the Bering Sea. On Memorial Day, Secretary Shinseki visited Kwig to meet and honor living members of the Alaska Territorial Guard, who served bravely during World War II. No roads lead to Kwig, so the trip wasn't easy. They hopped on a flight in Anchorage, and connected in the small town of Bethel – about 1,000 miles roundtrip. When they finally landed on the dirt landing strip in Kwig, villagers on all-terrain vehicles appeared from all over to give them rides to the village center. You hear about long trips beforehand, but the actual flights tell the simple story – Veterans in Kwig, and in rural areas all across the country, do not live near a VA facility. People in rural areas, both in the VA system and outside of it, face major challenges, including the shortage of health care resources and specialty care providers. During these trips, VA experienced the distanced that, in recent years, spurred them to make a dramatic shift for Veterans in rural areas. VA currently has 400 health clinics in rural areas, and is expanding outreach clinics, Vet Centers, even mobile Vet Centers to enroll Veterans and provide readjustment counseling.

Simply put, with these changes, many Veterans may not need to drive as far for a check-up. To coordinate the efforts, VA established the Office of Rural Health, which has already funded over $500 million for more than 500 projects, including home based primary care and intensive case management. In other places, VA is partnering with private health care providers and connecting facilities through new means like telehealth technologies to keep patients closer to home. Over the next several years, VA will continue to invest in solutions that bridge the gap

between VA Medical Centers and rural Veterans. Access requires creativity. The trips taken by Secretary Shinseki have reinforced that the department is dedicated to improving health care for Veterans who live in rural, remote, even inaccessible areas. While VA has made considerable progress, there is still much work to do. Whether in Montana or Alaska, North Dakota or Guam, Secretary Shinseki is unequivocal when it comes to rural access: Veterans have earned and deserve VA care and services wherever they live. He is committed to making that happen – even in the most remote parts of the country. [Source: White House rural Council Drew Brookie article 3 Aug 2011 ++]

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Vet Cremains Update 07: The MISSING IN AMERICA PROJECT will conduct its first mission in the State of Utah by honoring fifteen veterans whose remains have been in the care of Deseret Mortuary in Salt Lake City, UT, yet remained unclaimed. Services will be conducted with full military honors for the following fifteen veterans at 10 a.m., Monday, August 15, at Utah Veterans Memorial Park, 17111 S. Camp Williams Road in Riverton.

- John Arthur Foreman, PFC (1935-2009) served in the U.S. Army from 1954-1957.
- Marita Anne Haberland, AB (1951-2010) served in the U.S. Air Force in 1969.
- Ronald Harold Hester, SA (1952-2009) served in the U.S. Navy from 1970-1974.
- Horace Raymond Hunt, Jr., PFC (1938-2008) served in the U.S. Army from 1958-1960.
- Charles Michael Karlsson, PVT (1940-2010) served in the U.S. Army during Vietnam from 1962–1965.
- John Robert Mooney, PVT (1941-2009) served in the U.S. Army from 1959-1962.
- Robert Lee Orchard, CPL (1930-2009) served time in the U.S. Army from 1950-1953.
- Earl Day Owen, SC2c (1925-2009) served in the U.S. Naval Reserve from 1943-1946.
- Stanley Benson Philoon, SP4 (1949-2010) served in the U.S. Army from 1971-1974.
- Albert Franklin Pilon, (unk.) (1936-2010) served in the U.S. Air Force in 1954.
- Harlon James Plamp, PFC (1931-2010) served in the U.S. Army from 1950-1953.
- Billie Joe Porter, PVT E-2 (1947-2009) served in the U.S. Army during Vietnam from 1964-1965.
- Robert Moulton Southwick, Jr., SSGT (1948-2010) served in the U.S. Marine Corps from 1966-1969 and the U.S.Air Force from 1972-1979.
- Timothy Nolan Theriot aka Anthony N. Theriot, PVT (1945-2009) served in the Army during Vietnam, 1965.
- Ronald Lee Young, PVT (1957-2010) served in the U.S. Marine Corps from 1976-1980.

A Deseret Mortuary hearse carrying the Cremains will be escorted by members of the MISSING IN AMERICA PROJECT, a Veteran's Recovery Program, with large American flags flying on motorcycles. The hearse will be followed by Patriot Guard Riders, POW/MIA Riders, The Green Knights M/C and other participating veterans focused motorcycle organizations, cars and other vehicles. Roger Graves, MIAP Utah State Coordinator, says "it has been a privilege to work with the dedicated and professional staff at Deseret Mortuary, a Memorial Mortuaries and Cemeteries company, to ensure all unclaimed veterans in the State of Utah are laid to rest with the honors they deserve for their service to our country."

Service Details:

- Date: August 15, 2011, Deseret Mortuary 36 East 700 South, Salt Lake City, 84111; Line Up Time: 8:30 am Departure Time: 9:00 am
- .Place of Interment: Utah Veterans Memorial Park (UVMP) 17111 So. Camp Williams Road, Riverton, 84065; Time: 10:00 am

- Government officials, the public and media are invited to attend. Attendance confirmations have been received from the following:

1) U.S. Senate – Larry Shepard, Constituent Liaison, Office of Senator Mike Lee
2) Utah Department of Veterans Affairs - Col. Craig Morgan, (retired)
3) Utah National Guard - will be represented by a high ranking official

The purpose of the MISSING IN AMERICA PROJECT is to locate, identify and inter the unclaimed cremated remains of veterans through the joint efforts of private, state and federal organizations; to provide honor and respect to those who have served this country, by securing a final resting place for these forgotten heroes. For more information, visit http://www.miap.us. [Source: MIAP Press Release 8 Aug 2011 ++]

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Mosquitoes: The first buzz of a mosquito is an unpleasant reminder that summer fun comes with a pesky price. Examining the science behind common mosquito myths reveals that while some have a basis in reality, many are plain bunk. Mosquitoes are more than a nuisance -- they carry harmful diseases such as encephalitis and malaria. Here's what you need to know about this most unwanted guest:

1. Lemon dish soap and Listerine repel mosquitoes.
Fiction: This myth has been widely circulated around the Internet. According to the Florida Medical Entomology Lab at the University of Florida, these household products do not work to thwart mosquitoes. One of the most effective repellents is DEET. The Centers for Disease Control also recommends repellents with Picaridin and oil of lemon eucalyptus. If you use a product containing DEET, read the label and do not over-apply. DEET is a powerful chemical that can be harmful if used incorrectly. Make sure the repellent has an EPA-approved label and registration number. Use caution with small children and stick with a formulation that is made for kids.

2. Ultrasonic devices repel mosquitoes.
Fiction: Save your money. According to the Department of Entomology at Purdue, these gadgets don't work. Bug zappers do kill mosquitoes, but they also electrocute many beneficial insects including those that eat mosquitoes, so the scientists at Purdue recommend against using them.

3. Taking B vitamins repels mosquitoes.
Maybe: According to the Mayo Clinic, B vitamins change a person's odor, which may indeed make them less attractive to mosquitoes.

4. Eating garlic repels mosquitoes.
Fiction: According to current research, consuming large amounts of garlic only works against vampires and bad dates.

5. Skin-So-Soft products repel mosquitoes.
Fact: BUT, buyer beware: According to a study by the University of Florida, Skin-So-Soft and other products containing Citronella oil are only effective for between 3 and 10 minutes after application.

6. Creating a bat or insect-eating bird habitat will rid your yard of mosquitoes.
Fiction: While these species do eat mosquitoes, they probably won't eat enough to make a noticeable difference at your next garden party.

7. Meat tenderizer calms an itchy bite.

Fact: The Mayo Clinic recommends mixing a tablespoon of water with a tablespoon of meat tenderizer and forming a paste to apply to a bite. Using an ice pack can ease discomfort as well. OTC remedies to try: hydrocortisone cream and calamine lotion.

8. Mosquitoes die after feeding.
Fiction: Unfortunately, the female mosquito (males don't eat blood, they feed on nectar) can live to bite again. Females will die if they don't get their first blood meal, which they require in order to lay eggs.

9. Mosquitoes transmit the HIV virus.
Fiction: According to scientists at the Centers for Disease Control, Rutgers University, and others, mosquitoes cannot transmit the HIV virus from human to human. They do carry the West Nile virus and other serious diseases. Nearly one million people die each year from malaria, mainly children under the age of 5.

[Source: Yahoo!Green Sarah B. Weir article 18Jul 2011++]

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SSA Death Reporting Update 01: Thousands of Americans are mistakenly reported dead every year by the Social Security Administration or other federal agencies. And Illinois has one of the highest rates of making such grave mistakes, according to a recent report by Scripps Howard News Service. Names of the alleged dead are listed in a massive “Death Master File” database maintained by the SSA. Research of the database by Scripps Howard’s Thomas Hargrove found the deaths of 31,931 Americans were listed in error. The government makes about 14,000 such errors every year — or about one for every 200 death reports — because of “inadvertent keying errors” by federal workers, according to SSA spokesman Mark Hinkle. That would mean about 400,000 people have been falsely declared dead since 1980, when the Death Master File was created at the request of U.S. business interests who wanted the records to reduce consumer fraud. While the SSA authorizes the use of the database as a death verification tool, it is noted on a U.S. Department of Commerce website that contains the official file that the SSA cannot guarantee its accuracy.

SSA doesn’t always know why mistakes are made. “It’s a larger issue than just our agency,” said Doug Nguyen, SSA’s deputy regional communications director in Chicago. Several agencies other than the SSA submit death reports that might make it to the Death Master File. “It’s usually human typing errors entered into our system from another system,” Nguyen said. “We do not verify the accuracy of every death record. “The Social Security number was never meant to be the identifying piece of information it has evolved into,” he said. “Unfortunately,” he said, errors also can occur in recording the date of birth, date of death or the deceased’s name or address. Death reports also are provided by individuals, funeral parlors, nursing homes, state and federal agencies such as Medicare, the

VA, railroad retirement plans, the Department of Defense and Department of Commerce, and other agencies that pay federal benefits, Nguyen said. All go into the Death Master File, which records 90 million deceased Americans.

The information is used not only by agencies that pay federal benefits but to determine eligibility and prevent fraud for bank loans, credit cards and insurance coverage."We make it clear that our death records are not perfect and may be incomplete, or rarely, include information about individuals who are alive," he said. Out of 2 million deaths reported every year, the error rate is about 0.5 percent, he said. "But if you are in that half of 1 percent, it feels like 100 percent," Nguyen said. When his agency discovers incorrect information, it moves "as quickly as possible" to correct it, he said. The agency requires current identification and signed statements from the person — not birth certificates. "This all helps, but it's one piece of the puzzle," he said. SSA also has to track the mistake down to the source that reported the death and follow the chain of records in reverse."It takes time to untangle," he said. Mistakes usually are discovered when someone calls about a late check. But many of the "walking dead" in the Scripps Howard report said their "deaths" were discovered while shopping for a cell phone, applying for a student loan, mortgage or bank account, or renting an apartment. [Source: Southtown Star Susan Demar Lafferty article 5 Aug 2011 ++]

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VAMC Fort Harrison MT: At least 300 Montana veterans who need orthopedic surgery are on a waiting list while the Department of Veterans Affairs Montana Health Care System works to recruit a full-time surgeon to help ease the growing backlog of disabled — and often disgruntled — veterans. To receive surgery, Montana veterans without private insurance must travel out of state for care or pay for it out of their pockets. To compound this problem, Montana veterans are being told that the VA facilities in Denver and Salt Lake City are too busy to accept Montana patients. Subsequently, they are being placed on a waiting list that is approaching two years.

Robert Wombolt, a 77-year-old U.S. Air Force Korean War veteran, is on the growing waiting list. The Billings resident had three knee surgeries beginning in NOV 09 and was told that he would also need his left hip replaced. With that, his wait began. At one point, Wombolt said, he was No. 20 on the waiting list. On 1 MAR his wait became indefinite after receiving a letter from Dr. Philip P. Alford, chief of surgical service at the VA Hospital in Fort Harrison, which is about 250 miles from Billings."We regret to inform you that your upcoming orthopedic surgery will need to be postponed," Alford's letter said. "... Someone will be contacting you in the near future with further information to insure you receive the orthopedic care you need." Wombolt still waits. He's heard nothing. On a pain-intensity scale from zero to 10, Wombolt said his pain averages from seven to nine. His walk is more of a shuffle and he can't navigate long distances. Wombolt has no idea where he is on the waiting list and fears talking about it publicly will shove him further toward the bottom. Tired of the wait, Wombolt has contacted U.S. Sen. Jon Tester (D-MT) a member of the Senate Veterans Affairs Committee. Tester has assured Wombolt that he will look into his concerns.

The waiting list of veterans is due primarily to a shortage of staff at the VA Hospital in Fort Harrison, according to Tester's office. The hospital has been searching for an orthopedic surgeon to replace Dr. Peter Wendt, who retired and hasn't operated since 18 MAR. There were two orthopedic surgeons on staff, but Wendt was the only one who performed hip and knee replacement surgery. Veterans were already waiting their turn on the operating table while Wendt was on staff. His absence has only exacerbated the problem. VA Montana has received several applications for the position, which pays between $97,988 and $375,000 and includes a generous benefits package. But no one has yet been hired, according to Tester's office. The burgeoning backlog has caught the attention of both Tester and Veterans Affairs Secretary Eric Shinseki. The topic dominated much of an hourl ong session Tester and Shinseki held with more than 100 veterans in July. Since then, the drumbeat of discontent has grown louder.

In a tersely worded letter to Shinseki, Tester said, “This situation is completely unacceptable and it’s getting worse.” Tester implored Shinseki to provide as much assistance and guidance as necessary and urged the VA to more aggressively pursue fee-basis care that would allow the needs of veterans to be addressed locally and in a more timely manner. “Further delaying or denying care for veterans whose conditions worsen each day is an outcome I cannot accept,” Tester said. “With more and more troops returning home and in need of care, the inability of the VA to recruit and retain quality doctors and surgeons has to become a higher priority.” Shinseki has received the letter and in July promised veterans that getting them access to quality health care is a priority. While VA Montana continues its search for a surgeon, it is taking other steps to address veterans’ needs. At the end of August, VA Montana will begin a three-year pilot program called Project ARCH, Access Received Closer to Home. Billings has been chosen as one of five sites nationwide for the pilot project. ARCH will contract with Billings medical providers to deliver care not available at VA Montana. Veterans in the Billings area awaiting orthopedic surgery will be contacted by a VA representative to discuss their eligibility for the pilot and other care options through VA. If veterans agree to participate in Project ARCH, and they are eligible, they will be referred to the program. The contracted provider has 14 days to schedule an appointment with their network providers, and subsequently schedule the surgery in the community. [Source: Billings Gazette Cindy Uken article 6 Aug 2011 ++]

Robert Wombolt shows a letter that he received from the Veterans Affairs hospital at Fort Harrison

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Stolen Valor Update 43: A former state Military and Veterans Affairs official violated the terms of his probation to charges he falsified records to gain a tax exemption afforded those who served in the armed forces by continuing to work with veterans after being ordered to cease such activities, a Superior Court judge here ruled 5 AUG. Judge Irvin Snyder continued probation for William Devereaux, but warned Deveraux he would be incarcerated if another such violation occurred. Deveraux pleaded guilty in 2010 to falsifying his veteran and government records in order to receive tax exemption and benefits. Devereaux was sentenced by Snyder in April 2010 to theft by failure to make the required disposition. The terms of his sentence required Devereaux to forfeit his position with the state’s Division of Veterans’ Services and prohibited him from holding any job with the State of New Jersey. He also agreed to reimburse Laurel Springs $54,142.25 in unpaid taxes. He is serving five years of probation, during which he is banned from working with veterans in any capacity.

Snyder determined Friday that Devereaux had worked with veterans in Willingboro on a volunteer basis from May to October 2010. He assisted them with claims related to requests for records, including records associated with health care and military benefits. “Bill Devereaux is Bill Devereaux’s own worst enemy,” Camden County Assistant Prosecutor Mark Chase said at the hearing. Devereaux, appointed director of Veterans Programs for the state Department of Military and Veterans Affairs by former Gov. James McGreevey, admitted to using falsified

veterans' records and other falsified state documents to wrongly claim exemption from property taxes in Laurel Springs from April 2002 to his arrest in November 2008. He falsely stated he was 100 percent permanently and totally disabled due to military service, qualifying him for property tax exemption. In fact, Veterans Affairs had stated Devereaux was only temporarily disabled and was eligible to pay property taxes.

The U.S. Department of Veterans' Affairs Office of Inspector General Criminal Investigation Division is continuing an investigation into other records Devereaux is accused of falsifying — specifically military benefits forms for the U.S. Department of Veterans Affairs in which Devereaux claimed he was a paratrooper and artilleryman, exchanged fire with enemy combatants and was involved in an incident of friendly fire. He also claimed to have been injured multiple times in Vietnam and asserted he received medals such as the Purple Heart, the Soldiers Medal and the Bronze Star with "V" device. Devereaux was never a paratrooper or artilleryman, according to court records. He served as a finance clerk in Vietnam for 4 months, 11 days in 1968. There is no record of his being injured in combat or his receiving the medals he has boasted of receiving. [Source: Gloucester County Times John Barna article 5 Aug 2011++]

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GI Bill Update 102: The Department of Veterans Affairs (VA) is reaching out to inform Veterans of recent changes made by Congress to the Post 9/11 GI Bill that take effect in 2011. General Allison Hickey, Under Secretary for Benefits, said "The Post 9/11 GI Bill is incredibly important because it reduces the financial burdens of higher education so that Veterans have an opportunity to achieve their education goals. VA believes it is important for Veterans to be aware of changes to the GI Bill this year and learn more about how these changes may affect them." "It's hard to believe how far we have all come with the Post-9/11 GI Bill the past two years," stated General Hickey. "Today, more than 537,000 students have received over $11.5 billion in GI Bill benefits to help them take charge of their future."

Upcoming changes to the Post-9/11 GI Bill effective August 1, 2011 include paying the actual net cost of all public in-state tuition and fees, rather than basing payments upon the highest in-state tuition and fee rates for every state; capping private and foreign tuition at $17,500 per academic year; and ending payments during certain school breaks, to preserve Veterans' entitlement for future academic semesters. Also, certain students attending private schools in select states can now continue to receive benefits at the same rate payable during the previous academic year. Beginning October 1, 2011, eligible individuals will be able to use the Post-9/11 GI Bill for programs such as non-college degrees, on-the-job training, and correspondence courses, and they will be eligible to receive a portion of the national monthly housing allowance rate when enrolled only in distance learning courses.

VA is implementing the latest round of changes to the Post 9/11 GI Bill and has already begun processing fall 2011 enrollment certifications. Outreach by VA has helped to increase participation by colleges and universities in the Yellow Ribbon program, which helps students avoid out-of-pocket costs that may exceed the benefit. Today, more than 2,600 schools are participating in the Yellow Ribbon program. "VA is committed to ensuring Veterans have the information and tools they need to succeed," General Hickey concluded. Complete information on the Post-9/11 GI Bill is available at:http://www.gibill.va.gov. VA's education information phone number is: 1-888-GIBILL-1. For ongoing benefit information, Veterans and Servicemembers can log into the VA eBenefits website: http://www.eBenefits.va.gov . To ask a question in a secure e-mail, use the "Ask a Question" tab at: https://www.gibill2.va.gov/cgi-bin/vba.cfg/php/enduser/ask.php. [Source: TREA Washington Update 5 Aug 2011 ++]

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Vet Jobs Update 33: The Department of Homeland Security (DHS) held a Veterans Summit on 26 JUL to emphasize the strides that they've been making on veteran employment issues. The DHS veteran coordination strategy is intended to increase veteran hiring in the constituent agencies, increasing NOV 09, DHS Secretary Janet Napolitano announced a goal of having 50,000 veterans employed at DHS by the end of 2012; as of the third quarter of 2011 there were 48,572 veterans currently working at DHS. DHS has also established a Veteran Employment Program Office, which has a "one stop" website for veterans seeking employment at DHS (http://www.dhs.gov/xcitizens/veterans.shtm). The website explains veterans' preference, has a contact email address to answer any questions, and has a converter tool that helps transitioning service members find appropriate jobs to apply for within DHS and the federal government. Any veterans interested in employment at DHS should send their inquiries to VETS@DHS.GOV. [Source: TREA Washington Update 5 Aug 2011 ++]

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Vet Jobs Update 34: On 5 AUG, President Obama made a speech at the Navy Yard in Washington, D.C., about several major initiatives to combat the persistently high rate of veteran unemployment. The plan includes proposed tax credits for companies that hire unemployed veterans (several initiatives are currently working their way through Congress) and the creation of an inter-governmental agency task force to explore the idea of "reverse boot camps." Hopefully, these reverse boot camps will prepare veterans for reintegration with the civilian workforce. More than 25% of veterans under the age of 25 are unemployed, according to Labor Department figures. The tax incentive program would be set up on a scale providing companies a $2,400 credit for hiring an unemployed veteran, $4,800 for hiring a veteran who has been unemployed six months or longer, and $9,600 for hiring a veteran with a service-connected disability who has been unemployed for six months or longer. The White House is hoping the program will lead to jobs for 100,000 veterans by the end of 2013. The task force will be led by the Department of Defense and the Department of Veterans Affairs and include representatives from other agencies such as the Department of Labor, Office of Personnel Management and Department of Education. Their recommendations are to be presented to the President by year's end. The task force will attempt to remake the training service members receive for the civilian job market. [Source: TREA Washington update 5 Aug 2011 ++]

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Gulf War Medical Records: Numerous veterans who served in Operation Desert Storm have had difficulty validating their current medical conditions as service connected. Gerry Propst, a 82nd Airborne veteran, attempting to obtain records to substantiate his VA claim was told the only thing that they had was his physical before going in, and an ear exam going out. Well, how did they lose everything in between. It appears that many of the records were intentionally destroyed by the Army. Propst alleges among the missing records is the documented proof he suffered a major back injury during a parachute assault. "Amazingly enough, when I broke my back, I was flown off the drop zone to an emergency hospital in the area, in the country of Jordan. [Then I was] flown to Germany - all of this by military aircraft - flown to Malcrom Grow hospital in Washington DC, then to Norfolk Hospital in Virginia, and then back to a hospital in Fort Bragg. All [the trips] on Air Force aircraft, and nobody has anything with my name on it that I was ever there," said Propst. Propst recovered from that injury, but says he was soon back on desert duty, which aggravated it.

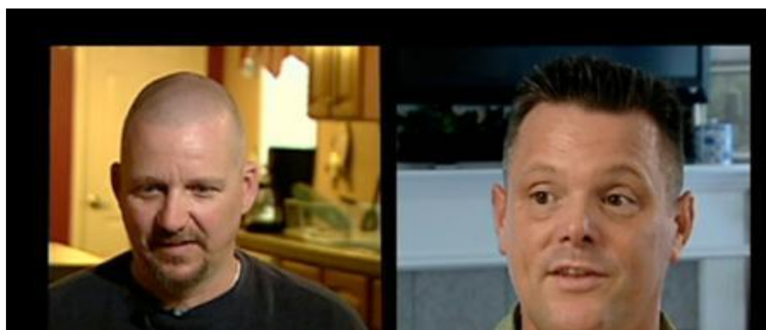
Propst was able to finish his tour of duty, but he recalls what he says he was ordered to do before he could come home. "We were told [to] mail everything home. Everything that's not mailed by the end of this week, you either carry on your back or we're gonna burn it," Propst said. "They were throwing our medical records and every non-essential piece of equipment into the burn pits because there was no room to fly it home. You're worried about getting shot the next day. You're not worried about what they're doing with that box and what's in it," he explained.

And Propst didn't worry too much about his back pain back then either. He was young and strong. He did his final year of duty at Fort Bragg and then joined a police force. But years later, Propst says it became just too much to bear. When he started applying for VA disability benefits about three years ago, he immediately hit a brick wall. The Veterans Administration had no record of Propst's back, knee, or ankle injuries while in the military. "I've been dealing with denials, I know I'm not alone," he said. And he is not, veteran Chris Layton says he feels Propst's pain. I don't have any medical records or records to show anything," Layton said. Layton, a former Fort Bragg paratrooper who also served in Desert Storm, says he hurt his back on a jump and there is no record of it. "You're expected to do a job in the military and then you expect if something happens that you'll be looked after," he said.

But earlier this year, there was a glimmer of hope. Propst saw a story similar to his done by a Florida TV station featuring what appears to be a letter from the Department of the Army with an admission. "Units were told to destroy their records since there was no space to ship the paper back to the states," reads the letter, which it says was in "direct contradiction to the existing army regulations." A copy of the 1 May 2007 letter can be seen in this Bulletin's attachment titled, "**Gulf War Medical Records Destruction**". Through a public record request, the Army sent ABC11 a copy of the original letter which they in turn provided to Senator Kay Hagan to get her reaction "My first reaction was certainly the military didn't destroy any records and so getting to the bottom of that has been interesting," she said. "I wanted to be sure what the protocol was to do such a thing and why." In turn, Hagan wrote a letter to Secretary of Defense Leon Panetta asking what the protocol is if records are lost or missing. "I just want to be sure we get to the bottom of this so those veterans that have served our country and military, that we are certain that they not only can get the VA services, but the benefits they deserve," Hagan said. "I mean these people have fought for our country." She is currently awaiting a response.

Probst and Layton continued to appeal VA denials. Probst even got the medic who treated him then - now a doctor - to confirm he was treated during the war for chronic pain due to parachute injury. He did eventually get a percentage of his service disability benefits approved, but was being denied compensation for back, leg, and other injuries. In the interim VA is providing medical treatment for both veterans injuries. Probst and Layton both say that since ABC11's story first aired, they heard from the Veterans' Administration and had examinations to determine if their injuries are service related. The examination was good news for Propst, who says the VA doctor gave his medical opinion that all his medical issues are service related. He is now just waiting for the official VA decision in writing and what that will mean in terms of compensation for those injuries. Layton has not heard his results yet.

This comes down to his and other Gulf War veterans disability benefits for service-connected injuries. ABC11 has heard from other veterans who say they're dealing with roadblocks when it comes to getting treatment or services. [Source: ABC11 Diane Wilson article 9 May & Veteran Issues by Colonel Dan 4 Aug 2011 ++]



Veterans Chris Layton and Gerry Propst

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Study Results

Panic Attacks: A study funded by the National Institutes of Mental Health, Department of Veterans Affairs, and the Beth and Russell Siegelman Foundation suggests that Panic attacks do not come "out of the blue". They are preceded by physiological changes similar to those that precede seizures, stroke, and even manic episodes. "There is reason to believe that waves of physiological instability occur for a substantial period of time before the attack is reported by patients," Alicia E. Meuret, PhD, an assistant professor from the Department of Psychology, Southern Methodist University, in Dallas, Texas, who led the study. The finding may have relevance for other medical disorders where symptoms seemingly happen "out of the blue," such as seizures, strokes, and even manic episodes, the researchers note. There is speculation that panic attacks are triggered by marked changes in physiology, in particular breathing, Dr. Meuret explained. However, until now, very little is known on the physiological functioning of those with panic attacks outside the laboratory.

In the current study, 43 patients with panic disorder underwent repeated 24-hour ambulatory monitoring of various physiological indices, including respiration, heart rate, and skin conductance level. During 1960 hours of monitoring, 13 natural panic attacks were recorded. "We managed to capture spontaneously occurring attacks in these recordings, which we were able to examine closer. The study marks the first to gain an in-depth look into what occurs in early stages before a panic attack occurs," Dr. Meuret said. The investigators specifically analyzed the 60 minutes before panic onset and during the panic attack. The researchers say they detected significant patterns of instability across a number of autonomic and respiratory variables as early as 47 minutes before panic onset. The final minutes preceding the attack were dominated by respiratory changes, with significant decreases in tidal volume followed by abrupt carbon dioxide partial pressure increases, they report. With the onset of a panic attack, heart rate and tidal volume increased and carbon dioxide partial pressure decreased. Skin conductance levels were generally elevated in the hour preceding an attack and during an attack. "These changes were largely absent in the control periods," the investigators write.

Because most patients report panic attacks as being unexpected, "it appears that they do not 'feel' these instabilities," Dr. Meuret noted. "From a patient's point of view, our study may be upsetting news, since it is hard to control something that one does not sense. "However, it would be fascinating to explore whether it is possible to monitor such changes and train the patient to become aware of them, similar to patients who have auras before a migraine or an epileptic attack strikes," Dr. Meuret said. "Likewise, the extent to which therapies that alter physiological responding (such as pharmacotherapy or respiratory therapy) can help to combat such instabilities remains to be tested," she noted. Reached for comment, Alexander Bystritsky, MD, PhD, professor of psychiatry and biobehavioral sciences and director of the Anxiety Disorder Program at the David Geffen School of Medicine, University of California, Los Angeles, said this study provides "new evidence that [unexpected] panic attacks are not so unexpected. "The dynamic changes in some physiological parameters may be detected by the brain and trigger the response. This is important for behavioral treatments of panic," Dr. Bystritsky added. [Source: Medscape Today News Megan Brooks article 2 Aug 2011 ++]

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VAMC Beckley WV: The family of a deceased West Virginia veteran is suing the U.S. Department of Veterans Affairs for wrongful death and medical negligence. Robert L. Bailey Jr., on behalf of the estate of his father Robert L. Bailey, filed a federal tort claim complaint in the U.S. District Court for the Southern District of West Virginia on 29 JUL. Robert L. Bailey, a veteran and West Virginia resident, was a patient at the Beckley Veterans Hospital. He had complained of symptoms of chest congestion, difficulty breathing, shortness of breath and weakness. According to his son's lawsuit, "radiological studies properly reviewed and interpreted placed lung

cancer squarely within the differential diagnosis." However, diagnostic testing was delayed and follow-up care and investigation into the proper differential diagnosis was not performed, the suit alleges. He died from cancer on 07.

"The United States of America, through the Department of Veterans Affairs, Beckley Veterans Hospital, undertook to be the deceased Robert Bailey's medical professional care provider and failed to exercise that degree of care, skill and learning required or expected of a reasonable prudent health care provider in the profession or class to which the health care providers at the Beckley Veterans Hospital belong acting in the same or similar circumstances," the lawsuit said. "Such failure proximately caused deceased, Robert L. Bailey, to suffer a delay in treatment of cancer, pain and suffering, loss of opportunities, loss of enjoyment of life, and eventually his death." The delay in treatment also resulted in a loss of opportunity for a cure, his son's suit alleges. The man's estate, represented by Timothy P. Lupardus of Pineville, is seeking damages. [Source: The Record | News - Federal Court Jessica M. Karmasek article 3 Aug 2011 ++]

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Texas Veteran Homes Update 01: A one-of-a-kind long-term care facility being built in Tyler got its name 3 AUG, the Watkins-Logan-Garrison Texas State Veterans Home. The Texas Veterans Land Board (VLB) voted unanimously to honor three local heroes — two Medal of Honor recipients and a Tuskegee airman — in naming the home after Travis Earl Watkins, James Marion Logan and Samuel M. Garrison. “When it came down to it, we just couldn’t pick any one of these heroes over the other, so we picked all three,” Texas Land Commissioner Jerry Patterson said. “We were all just humbled by their sacrifice.” Local veterans groups were asked to nominate who should be honored. The three men selected by the VLB 3 AUG were chosen from the list of names submitted.

Unlike previous Texas State Veterans Homes, the Smith County home will consist of 10 cottages and one common building. The design approach for each cottage focuses on drawing residents into social connection by mixing the best communal aspects of a home while still maintaining privacy and independence for residents. An open kitchen, dining room and large table are at the heart of each of the 10 cottages. Family-style meals will be served at the table and residents can enjoy each other’s company afterward in a large living room with a fireplace. This hearth, or communal heart of the home, is what sets this Texas State Veterans Home apart from any other long-term care facility in Texas. “The kitchen is the heart of any home, and the new Texas State Veterans Home we’re going to build in Smith County takes that into account,” Patterson said. “Instead of one large, hospital-like facility, this home will consist of a cluster of small cottages built to draw residents into family-like social connections around the dinner table.” A total of 10 private rooms, each with its own bathroom, will flank the hearth. Each cottage will be set up as a “non-lift” facility, where overhead tracks with slings in each resident’s room will provide safe transport of non-ambulatory residents from bed to bath.

The newest Texas State Veterans Home is being built on 20 acres donated by the University of Texas Health Science Center at Tyler. The donated land is just north of the Health Science Center, along the west side of Highway 155, just south of County Road 334. The home is being built with a $12 million grant from the U.S. Department of Veterans Affairs, with the remaining 35 percent paid for by the Texas Veterans Land Board. The new Texas State Veterans Home will join seven others across the state in Amarillo, Big Spring, Bonham, El Paso, Floresville, McAllen and Temple. Texas State Veterans Homes offer a broad spectrum of health care services, comprehensive rehabilitation programs, special diets, recreational activities, social services, libraries, and certified, secured Alzheimer’s units, each with its own secured outdoor courtyard. For additional information on Texas State Veterans Homes, call 1-800-252-VETS (8387), visit the Texas Land Board website at http://www.texasveterans.com , or find them on Facebook at http://www.facebook.com/TXVLB . [Source: Cherokeean Herald article 3 AUG 2011 ++]

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Cars Most Stolen: "Nationally — and for the first time since 2002 — thieves preferred domestic makes over foreign brands," the National Insurance Crime Bureau (NICB) reported on 2 AUG. "Ford took three spots, Dodge two, and Chevrolet held one." Here's the NICB's top 10 list, which uses 2010 data that it took till now to crunch. (Use https://www.nicb.org/newsroom/nicb_campaigns/hot–wheels to search the most-stolen cars in your state). You'll notice that while American carmakers have a presence on the national list, it's still top-heavy with foreign makes…

- Honda Accord (1994)
- Honda Civic (1995)
- Toyota Camry (1991)
- Chevrolet Pickup Full Size (1999)
- Ford F150 Series/Pickup (1997)
- Dodge Ram (2004)
- Dodge Caravan (2000)
- Acura Integra (1994)
- Ford Explorer (2002)
- Ford Taurus (1999)

Why are older-model Hondas and Toyotas in such demand? Two reasons…

1. "Certain models of older cars and trucks are popular with thieves because of the value of their parts," the NICB says. Makes sense: Hondas and Toyotas were top-selling vehicles in the '90s, and their owners tend to drive them into the ground. Hence, a big market for replacement parts.
2. "Improved technology is one of the keys to lower theft rates," the NICB says. "Of the nearly 52,000 Honda Accords stolen in 2010, over 44,000 were models made in the 1990s, compared with fewer than 5,700 that were produced since the year 2000."

The NICB has four suggestions for how to prevent your car from being stolen, and only one of those doesn't involve technology…

- **Common sense:** "Lock your car and take your keys" sounds blindingly obvious, but as the NICB notes, "Many thefts occur because owners make it easy for thieves to steal their cars."
- **Warning devices:** "Having and using a visible or audible warning device can ensure that your car remains where you left it," the NICB advises. Although who among us hasn't been annoyed by those blaring car alarms – and ignored them?
- **Immobilizing devices:** This is the fancy term for a "kill switch," and it's one of the two best options if you're buying a new car. These devices will range from fuel cut-offs to smart keys, and the NICB says they're "extremely effective."
- **Tracking devices:** Also proven "very effective," tracking devices now go far beyond the LoJack commercial of a few years ago. "Some systems employ telematics, which combine GPS and wireless technologies to allow remote monitoring of a vehicle," the NICB says. "If the vehicle is moved, the system will alert the owner, and the vehicle can be tracked via computer."

[Source: Money Talks Michael Koretzky article 4 Aug 2011 ++]

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Tricare Prime Update 08: Split enrollment allows eligible family members who do not live with their sponsor to enroll in TRICARE Prime as long as they reside in an area where TRICARE Prime is available. Split enrollment is especially helpful for families with college students, children living with former spouses or families

that are otherwise separated. Children who are TRICARE-eligible based on their sponsor's status remain eligible until reaching age 21 (or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides at least 50 percent of the financial support). Your college student's TRICARE Prime coverage ends if his or her Defense Enrollment Eligibility Reporting System (DEERS) record is not updated before reaching age 21. For information on extending benefits for your college student, refer tohttp://www.tricare.mil/deers .

To use split enrollment, complete and sign a TRICARE Prime Enrollment Application and PCM Change Form (DD Form 2876). Send the form to the family member's new regional contractor at:

- North Region: Health Net Federal Services, LLC, P.O. Box 870143, Surfside Beach, SC 29587-9743
- South Region: Humana Military Healthcare Services, Inc.,Attn: PNC Bank, P.O. Box 105838, Atlanta, GA 30348-5838
- West Region: TriWest Healthcare Alliance, P.O. Box 43590, Phoenix, AZ 85080-3590

The form should be sent within 30 days of the move. You must notify each family member's regional contractor of the split enrollment status and establish one family enrollment fee, if applicable. TRICARE Prime enrollments follow the "20th of the month rule." Applications received by your regional contractor by the 20th of the month will become effective at the beginning of the following month (e.g., an enrollment received by Dec. 20 would become effective Jan. 1). If the application is received after the 20th of the month, coverage will become effective on the first day of the month following the next month (e.g., an enrollment received on 27 DEC would become effective on 1 FEB).

To use the split enrollment option, you must notify the regional contractor in each region to establish a primary payer, usually the sponsor, if you pay enrollment fees. If your child enrolls separately in TRICARE Prime after arriving at college, and no other family members are enrolled in TRICARE Prime, it is considered a single enrollment. If the child enrolls and there are other family members enrolled elsewhere, your TRICARE Prime family enrollment fee remains the same. Your regional contractors will coordinate enrollment fees and billing statements. Student enrollment in TRICARE Prime is automatically renewed after one year, unless the renewal offer is declined. An unpaid enrollment fee will cause the entire family to be disenrolled. A 12-month lockout will result if you have been disenrolled for non-payment.

Except for emergencies, your family member must receive care from his or her assigned primary care manager (PCM). A uniformed services identification card helps provide proof of coverage, and the TRICARE Prime enrollment card should be shown at the time of care. PCMs must provide specialty care referrals to avoid using the TRICARE Prime point-of service (POS)* option, which results in higher costs. If your child does not continue enrollment in TRICARE Prime, he or she will be automatically covered by TRICARE Standard and TRICARE Extra as long as his or her DEERS information is current. Visit www.tricare.mil if you have questions about using TRICARE Standard and TRICARE Extra. After "aging out" of TRICARE coverage under the sponsor, adult children, until reaching age 26, may be eligible to extend TRICARE coverage by purchasing TRICARE Young Adult, a premium-based health care plan. Visit www.tricare.mil/tya for more information. [Source: TRICARE Health Matters Fall 2011 ++]

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IDES: The Integrated Disability Evaluation System (IDES), formally called the Disability Evaluation System Pilot, was developed in 2007 to shorten the 540 days it took a Solider from processing through the Army's PDES system and then processing through the VA system. IDES is a seamless, transparent disability evaluation system administered jointly by the Departments of Defense (DoD) and Veterans Affairs (VA) to make disability evaluations

for wounded, ill or injured servicemembers and veterans, simple, seamless, fast and fair. The IDES integrates evaluation processes DoD and VA each performed separately, to help DoD determine whether a wounded, ill or injured servicemember is able to continue to serve and quickly returns those to duty status who are. For servicemembers unable to continue service, the IDES determines the disability rating the member will receive through the VA. The transformation from two separate evaluation and disability systems to the streamlined IDES, will help all current and future Soldiers and servicemembers by delivering-
(1) Enhanced Case Management
(2) A Single Comprehensive Disability Examination
(3) A Single-Sourced Disability Rating
(4) Increased Transparency
(5) Faster Disability Processing.

Although the new streamlined IDES system is intended to improve the delivery of disability services and benefits for all U.S. Soldiers, servicemembers, veterans and their families, Congress is being told this is not the case. This supposedly new and improved system cannot speedily handle the most obvious of cases, as Crystal Nicely, whose Marine husband Todd lost both arms and legs in Afghanistan in 2010 told a hearing of the Senate Veterans Affairs Committee 27 JUL. Nicely said that while IDES "is supposed to be a faster, more efficient way to complete the evaluations and transition service members, that has not been our experience." For example, Nicely said, "a very simple narrative summary of how my husband was injured sat on someone's desk for almost 70 days waiting for a very simple approval." She said the system started to work only after the intervention of Sen. Patty Murray, D-Wash. Since 43,000 troops have been wounded over the past decade in Afghanistan and Iraq, Murray will be mighty busy if she has to intervene in the thousands of cases still stuck in IDES. For a more detailed report on IDES refer to http://dtf.defense.gov/rwtf/m02/m02pa06.pdf. [Source: GovExec.com Bob Brewin article 7/29/11 ++]

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GI Bill Update 75: Despite its widespread use in veterans' facilities, risperidone (Risperdal) appears to be ineffective in the treatment of posttraumatic stress disorder (PTSD) in veterans, according to a new study. Risperdal has not been approved by the U.S. Food and Drug Administration (FDA) to treat PTSD, but doctors often prescribe medications for ailments that have not undergone government approval. John Krystal, M.D., of the VA Connecticut Healthcare System, and colleagues conducted the six-month, randomized, placebo-controlled multicenter study at 23 different Veterans Administration outpatient medical centers. Of the 367 patients screened, 296 were diagnosed with military-related PTSD and had ongoing symptoms despite at least two adequate antidepressant treatments with selective serotonin reuptake inhibitors (SSRIs), and 247 contributed to analysis of the primary outcome measure. Patients in the study received risperidone (up to 4 mg, once daily) or placebo combined with other therapy. Symptoms of PTSD, depression, anxiety and other health outcomes were gauged via various scales and surveys. After analysis of the data, the researchers found no statistically significant difference between risperidone and placebo in reducing measures of PTSD symptoms after six months of treatment.

Posttraumatic stress disorder is among the most common and disabling psychiatric disorders among military personnel serving in combat. No psychiatric medication is approved by the FDA to treat it. However, antidepressants are commonly prescribed for some symptoms of PTSD. Within the U.S. Department of Veterans Affairs (VA), 89 percent of veterans diagnosed with PTSD and treated with pharmacotherapy are prescribed SSRIs, the most common type of antidepressant. "However, [S]SRIs appear to be less effective in men than in women and less effective in chronic PTSD than in acute PTSD. Thus, it may not be surprising that an SRI study in veterans produced negative results. Second-generation antipsychotics (SGAs) are commonly used medications for SRI-resistant PTSD symptoms, despite limited evidence supporting this practice," the authors write. Researchers wondered whether risperidone (Risperdal) added to an ongoing pharmacotherapy regimen would be more effective

than placebo for reducing chronic military-related PTSD symptoms among veterans whose symptoms did not respond to at least two adequate SSRI treatments. The researchers also discovered that risperidone was not statistically superior to placebo on any of the other outcomes, including improvement on measures of quality of life, depression, anxiety, or paranoia/psychosis. Overall, the rate of adverse events during treatment was low but appeared related to dosing of risperidone.

"In summary, risperidone, the second most widely prescribed second-generation antipsychotic within VA for PTSD and the best data-supported adjunctive pharmacotherapy for PTSD, did not reduce overall PTSD severity, produce global improvement, or increase quality of life in patients with chronic SRI-resistant military-related PTSD symptoms. "Overall, the data do not provide strong support for the current widespread prescription of risperidone to patients with chronic [S]SRI-resistant military-related PTSD symptoms, and these findings should stimulate careful review of the benefits of these medications in patients with chronic PTSD," the authors conclude. In treating military-related PTSD, Charles W. Hoge, M.D., of the Walter Reed Army Medical Center, writes that "significant improvements in population care for war veterans will require innovative approaches to increase treatment reach." "Research is required to better understand the perceptions war veterans have concerning mental health care, acceptability of care, willingness to continue with treatment, and ways to communicate with veterans that validate their experiences as warriors." The study appears in the August 3 issue of the Journal of the American Medical Association. [Source: Psych Central News Editor article 2 Aug 2011 ++]

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POW/MIA Update 02: A U.S. Army private from New York who died in a Korean War POW camp 60 years ago has finally returned home. The remains of Pvt. John Lavelle, of Brooklyn, New York, reached Kennedy Airport 30 JUL. "It was unbelievable," said Lavelle's niece, Mary O'Brien. "There wasn't a dry eye." Lavelle was 24 when he was captured in December 1950 by enemy forces near Kuni-ri, a town in what is now in North Korea. He died of what is believed to be malnutrition in a Chinese POW camp in 1951. His remains were turned over to U.S. officials in 1954, but the Army couldn't positively identify them. They were buried at the National Memorial Cemetery of the Pacific in Hawaii as unknown. The remains were exhumed a year ago when Army researchers found evidence suggesting the remains were Lavelle's. The identification was made possible by dental records. The remains arrived in New York in a wooden casket draped by an American flag. A Port Authority fire truck sprayed water over the plane as it taxied down the runway before members of an Army honor guard removed the casket to a waiting hearse. Gloria Webber, Lavelle's sister, said the return of her brother's remains have finally brought her family "closure." "We're so happy to see that he's back [home]," said Webber, 81. "We're nice and relaxed. There's no more worrying." Lavelle was scheduled for burial 1 AUG in Calverton National Cemetery in Long Island. [Source: New York Daily News article 31 Jul 2011 ++]

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Medicad Eligible Vets Update 01: Maine state officials are exploring ways to encourage veterans on Medicaid to shift some or all of their health care to the federal Department of Veterans Affairs, saving the state money and potentially improving benefits for veterans. "Clearly we should have been exploring this before, but we are looking at it now," said Department of Health and Human Services Commissioner Mary Mayhew. "People who are on Medicaid who have military service are eligible for Medicaid, but clearly there are opportunities for individuals to move into the veterans health benefits programs and there are clearly savings for the Medicaid program." Maine has approximately 150,000 veterans, one of the highest per capita in the nation. Peter Ogden, director of the state Bureau of Veterans Services, said only about 40,000 of them are taking advantage of the various Veterans Affairs health programs. "We have some data-sharing problems under federal law," he said. "But I think there are ways that we can make this work."

Several states are using the federal database of the Public Assistance Reporting Information System set up to help stop fraud in Medicaid. The database has information identifying recipients who are also veterans and that has been used to provide information to those veterans about VA programs. “In Washington state, where it has been used the longest, it has been successful because they have someone on the DHS staff that works with veterans to provide them the information about VA benefits,” Ogden said. “We have been trying to figure out how we could fund a position to do that here.” It does cost to set up such a system, but other states have already realized significant savings. For example, Montana had $900,000 savings in its first year of use, 2008. Washington state estimates that since it first implemented the program in 2003, the state has saved $27 million and 9,500 veterans have been moved from Medicaid to VA programs. “There is no doubt the savings here can be significant, “Mayhew said. ”We hope to at least start with some of the changes we can do in the next six to nine months.”

What is frustrating to some lawmakers is that the idea was first discussed two years ago by lawmakers on the Veterans and Legal Services Committee and members of the Appropriations Committee. Rep. Peggy Rotundo, D-Lewiston, has served on the panel several terms and is now the Democrat lead on the budget panel. “We tried but couldn’t seem to get much traction with the department two years ago after members of the veterans committee came to us with this suggestion,“ she said. “I am very pleased Commissioner Mayhew is looking at this in a serious way.” Mayhew said she had objected to moving forward and projecting savings in the current budget because she was not confident of the numbers. She said her agency is working with Ogden and his staff to develop a plan and a budget estimate. “I am concerned that we do this right,” Ogden said. “We don’t want to do anything that would hurt a veteran or in any way affect other benefits they are already receiving.” For example, he said, some veterans would be concerned that some other income-determined benefit they are receiving would be affected if they were getting additional VA benefits. He said it may be that a veteran may only want to get some of the VA benefits they are due because they like the care they are getting where they live. “A lot of veterans are on some sort of maintenance medications like for blood pressure or diabetes,“ he said. “We could have those prescriptions provided through the VA.”

In other states, veterans have found they can get more generous benefits through the VA than through Medicaid. Most benefits in Maine are through the Togus VA center in Augusta, but a growing number of regional clinics also are being established. Ogden expects the new clinic in the Lewiston area will draw veterans from throughout that region of the state. “This will be up to the veterans,“ Mayhew said. “We are not going to force anyone to move to VA health benefits unless they want to.” In general, anyone who has served in a branch of the military for 24 continuous months of the full period for which they were called to active duty is eligible for VA benefits. Ogden said he believes the state could double the 40,000 who now receive some VA health benefits and still not reach all who are eligible. [Source: Capitol News Service Mal Leary article 31 Jul 2011 ++]

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Your Doctor Update 02: Staying with a doctor you're not happy with is as harmful as staying in a relationship you know is bad because it's easier than making a change. But parting ways may be the healthiest move. Here are nine signs that it's time to fire your doctor. (For simplicity, the references below are to male doctors, but men don't have a monopoly on unacceptable behavior.)

1. You don't mesh. You and your doctor don't need to see eye to eye on everything, but it's helpful if you work well together. If you want a partnership, for example, a doctor who spouts commands is not the best fit. If you value warmth, you may not be able to build an effective relationship with a physician who seems formal or distant. "Some patients like doctors who are very direct and blunt," says Washington, D.C. based family physician Kenny Lin, who blogs for U.S. News. "And some patients can't stand that type of doctor because they think he or she isn't empathetic

enough or doesn't provide enough options." When there's a mismatch, neither person is at fault—but it could be grounds for termination.

2. He doesn't respect your time. Do you routinely wait an hour to see your physician only to feel like he's speed-doctoring through the visit? You should never feel like you're being rushed. If your doctor doesn't take the time to answer your questions or address your concerns, there's a problem. The medical community is becoming increasingly sensitive to patients' precious time. When they're late for an appointment, some habitually tardy doctors have even begun compensating patients with money or gifts. If your doctor's chronic lateness makes you grind your teeth, why stay with him? Hint: If you're evaluating a prospective physician, investigate his timeliness beforehand.

3. He keeps you in the dark. A doctor should be open and thorough about why he recommends a certain treatment or orders a specific test, and he should share all results with you. "If a doctor doesn't explain himself, or at least not to your satisfaction, at that point a doctor is bad," Lin says. "I know doctors who have drawn blood or run a bunch of tests without telling patients why they're doing them and what they mean." It's also important that a doctor uses terms you understand, rather than complicated medical jargon; otherwise, explanations are meaningless. Your health is too important to feel confused or uninformed.

4. He doesn't listen. Does your doctor hear you out without interrupting? "It all comes down to communication and whether you feel like you're asking questions and they're not being answered," says Carolyn Clancy, director of the Agency for Healthcare Research and Quality. She recalls visiting a doctor for a second opinion on whether she should go through with a procedure recommended by her dentist. "He made a big leap—that I didn't want to have it done because I was afraid of the pain—and kept reassuring me that it was virtually pain-free. That's not what I was asking. After three rounds, I concluded that we weren't going to get to a productive place, and I didn't go back."

5. The office staff is unprofessional. The receptionists are the link between you and the doctor. If they blow you off—or neglect to give your message to the physician, say about side effects of a new medication—your health could be at risk. Even if you like your doctor, a bad office staff could signal it's time to look elsewhere.

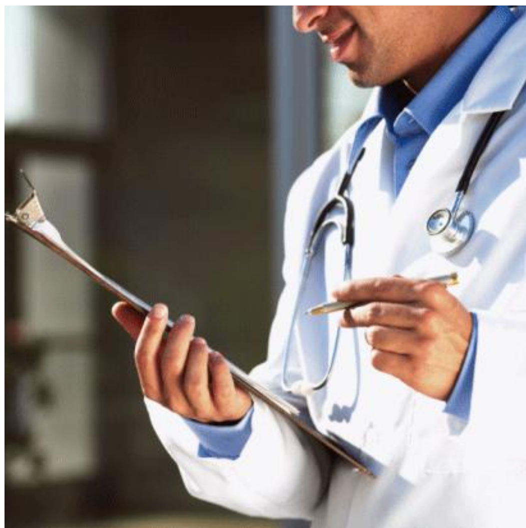
6. You don't feel comfortable with him, or wonder about his competence. Doctors need to know intimate details you may not even share with friends or family members. If you're unable to disclose such facts, you and your doctor may not be the right match. A sense of unease about his decisions and recommendations, even if you can't say exactly why, is also a perfectly legitimate reason for cutting the cord, says Don Powell, president of the American Institute for Preventive Medicine, a nonprofit that promotes healthy behavior through wellness programs and publications. Beware of sloppy medical mistakes, too: If your doctor prescribes a medication to which you're allergic, and you know that information is in your history, a separation may be in order.

7. He doesn't coordinate with other doctors. Your primary care physician should be the quarterback of your healthcare team, managing each step of the medical process. That means keeping track of specialists' reports and instructions and talking with you about their recommendations. If he's slacking, an important piece of your care could slip through the cracks.

8. He's unreachable. A good doctor is available for follow-up questions and concerns. Patient advocate Trisha Torrey, author of You Bet Your Life! The 10 Mistakes Every Patient Makes, recalls the time her husband developed severe tooth pain on a weekend. His dentist's voicemail included a cell phone number and a promise of a quick response, but he never heard back. An emergency clinic visit and root canal later, he told his dentist she was fired. A growing number of doctors are making themselves available to patients via E-mail, text message, and Skype, and at the very least, you need to know that in an emergency, you won't be left hanging.

9. He's rude or condescending. Time to part ways. Same goes if he trivializes your concerns as though they're not valid. One of the clearest signs you should move on is if he walks out of the room while you're still talking, says Clancy. That's what happened when her sister met with a surgeon to determine if her daughter should go through with a procedure. "When my sister finished asking her question, the doctor was gone," Clancy recalls. "She called me afterward and I told her, 'You have to find someone else. You'll regret it if you don't.'"

[Source: U.S. News & Report Angela Haupt article 26 Jul 2011 ++]



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TSP Update 22:

Federal employees and members of the uniformed services (active duty or Ready Reserve) are eligible to participate in the Thrift Saving Plan TSP). As of 20 DEC 2010, spouses who are beneficiaries of deceased civilian and uniformed services TSP participants may inherit those assets. These spouses have the same benefits and privileges as separated TSP participants. In JUL all but two of the investment options in the federal employee retirement savings plan posted losses after two months of similar declines. Details of the Plan's performance for JUL are:

- The F Fund, which invests in fixed-income bonds, saw a small gain for the month, up 1.59 percent. The F Fund has increased 4.39 percent so far this year.
- The stable government securities in the G Fund also posted small monthly growth of 0.22 percent. The G Fund rose 1.66 percent this year.
- The S Fund, which invests in small and midsize companies and tracks the Dow Jones Wilshire 4500 Index, saw the largest drop for the month, decreasing 3.14 percent. The S Fund has gained 3.81 percent this year to date.
- The C Fund -- invested in common stocks of large companies on the Standard & Poor's 500 Index -- declined 2.04 percent. The C Fund is up 3.85 percent for the year.
- The international stocks in the I Fund went down 1.60 percent. The I Fund is up 3.59 percent so far this year.

All the life-cycle funds, designed to move investors to less risky portfolios as they get closer to retirement, saw losses for the third month in a row. The L 2040 dropped 1.49 percent in June; L 2030 declined 1.25 percent; L 2020 lost 0.94 percent; and L Income, for federal employees who have reached their target retirement date and have started withdrawing money, dropped 0.14 percent. The new L 2050 Fund, which opened on Jan. 31, declined 1.75

percent. L 2040 is up 3.81 percent so far this year, with L 2030 close behind at 3.60 percent and L 2020 up 3.31 percent. L Income grew 2.36 percent in that time. [Source: GovExec.com Emily Long article 1 Aug 2011 ++]

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U.S. Navy Seabee Museum: The U.S. Navy Seabee Museum recently opened its new 38,000 square foot, state-of-the art facility at Naval Base, Ventura County, Building 100, Port Hueneme, CA 93043 Tel: 805-982-5165. Among the many featured exhibits at the new museum is the he Naval Experimental Manned Observatory (NEMO), a deep submergence vehicle created in the 1970s by the Naval Civil Engineering Laboratory and the Southwest Research Institute. Also, a Humvee on a Bailey bridge, a two-hole "burnout," and a piece of the geodesic dome that Seabees constructed in Antarctica are among the brand-new exhibits. The new facility features modern exhibits spaces, memorial garden, theater, education room, and gift shop. Museum hours are Monday - Saturday: 9-4 and Sunday: 12-4. Admission and parking are free. For more information, visit the United States Navy Seabee Museum webpage http://www.history.navy.mil/museums/seabee_museum.htm. Other U.S. Navy Museums Include:

- National Museum of the U.S. Navy Washington, D.C.
- Great Lakes Naval Museum Naval Station Great Lakes, Illinois
- Hampton Roads Naval Museum Norfolk, Virginia
- National Naval Aviation Museum Pensacola, Florida
- Naval Heritage Center of Armament & Technology
- Naval War College Museum Newport, Rhode Island
- Navy Art Collection Washington, D.C.
- Puget Sound Navy Museum Bremerton, Washington
- Patuxent River Naval Air Museum Patuxent River, Maryland
- Naval Undersea Museum Keyport, Washington
- Submarine Force Museum & Historic Ship Nautilus Groton, Connecticut
- U.S. Naval Academy Museum Annapolis, Maryland
- USS Constitution "Old Ironsides" Boston, Massachusetts

[Source: Military.com | Benefits article 1 Aug 2011 ++]

THE U.S. NAVY SEABEE MUSEUM

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Tricare Nursing Home Coverage Update 03: At some point in your life, you or a family member may need skilled nursing care, long-term care or both. You should understand what each term means and how they affect you. Under TRICARE, a skilled nursing facility is a facility with the staff and equipment to provide

skilled nursing, skilled rehabilitation or other medically necessary healthcare services, including prescription medications. Skilled nursing care isn't typically provided in a nursing home or a patient's home. For TRICARE to cover your skilled nursing facility admission you must meet the following criteria:

- You must be treated in a hospital for at least three consecutive days, not including the day of discharge;
- You must be admitted within 30 days of your hospital discharge (with some exceptions) to a skilled nursing facility;
- Your doctor's treatment plan must demonstrate your need for medically-necessary rehabilitation and skilled services; and
- The facility must be Medicare-certified and a participating provider.

Under skilled nursing care, TRICARE typically covers Medically-necessary skilled nursing care; Rehabilitative (physical, occupational, and speech) therapies; Room and board; Prescribed drugs and laboratory work; Supplies; Appliances; and Medical-equipment. The amount you pay varies, depending on your eligibility status and TRICARE option. Your costs are different depending on who you are and which health plan option you are using. To determine your cost refer to the chart at http://www.tricare.mil/costs. Medicare and TRICARE have the same benefits, skilled nursing facility decision process and payment calculation method, except TRICARE doesn't limit the benefit to 100 days (after obtaining a Medicare claim denial). If you are Medicare and TRICARE eligible:

- For days 1 to 20, Medicare pays 100 percent;
- For days 21 to 100, Medicare covers all costs, except for the required Medicare copayment. TRICARE covers the copayment; and
- After day 100, TRICARE is the primary payer and you pay TRICARE beneficiary cost shares.

TRICARE covers medically necessary equipment costing more than $100, such as wheelchairs, hospital beds, and respirators. You may buy or rent the equipment (whichever costs less). Send your doctor's prescription with your claim, specifying the type of equipment, why you need it and for how long. TRICARE won't cover general use equipment, such as air cleaners or whirlpool baths. Before getting durable medical equipment, check with your region's toll-free call center about rules and coverage limitations. TRICARE and Medicare will not pay for Long-term care. This includes support services for patients with a degenerative condition (Parkinson's, stroke, etc.), a prolonged illness (cancer) or cognitive disorder (Alzheimer's). A trained professional doesn't have to provide long term care and it may be given in nursing homes, assisted living facilities, adult day care centers or in your home. Long-term care services include help with the following: Walking; Personal hygiene; Sleeping; Using the bathroom; Dressing; Cooking/feeding; Medication; and Moving from a bed to a chair. All such care is your financial responsibility. So ask the facility whether you are getting skilled nursing care or long-term care. Ask your regional contractor or case manager about exceptions or partial exceptions to the "no coverage" guidance. For skilled nursing care and long-term care issues contact your TRICARE Service Center or your regional contractor.

Hospice care is available for terminally ill patients expected to live six months or less if the illness run sits normal course. A Medicare-approved program must provide the hospice care, which may include: Physician services; Nursing care; Counseling; Inpatient respite care; Medical supplies; Medications; Home health aide services; and Short-term acute patient care. TRICARE Standard pays the full cost of covered hospice care services, except for small cost-share amounts the hospice may collect for drugs and inpatient respite care. Check with your regional contractor for details. For more information, visit the TRICARE website http://www.tricare.mil/Factsheets/viewfactsheet.cfm?id=258. [Source: Military.com | Benefits article 1 Aug 2011 ++]

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VA Fraud Waste & Abuse Update 38:

VAMC Aurora CO - A federal grand jury in Denver indicted year old 35 Sharon Jones19 JUL on charges of attempting to obtain a controlled substance by fraud. Federal prosecutors say she stole pain killers from patients at the Denver Veterans Affairs hospital where she worked as a nurse. According to the indictment, Jones stole Oxycodone tablets from Aug. 16, 2010, to Sept. 14, 2010. “Taking pain medicine from those in need is not only criminal, it is unconscionable,” said U.S. Attorney John Walsh. If convicted, Jones faces up to four years in federal prison and up to a $250,000 fine for each of the 35 counts against her. [Source: Aurora Sentinel Brandon Johansson article 28 Jul 2011 ++]

DOL VETS - Raymond Jefferson, who headed the Department of Labor's Veterans Employment and Training Service (VETS) since 2009, resigned 2 AUG. According to a 21 JUL report by the agency's acting inspector general, Jefferson used his position to coerce or intimidate other employees to make the awards without open competition. A former Army officer who lost all five fingers on his left hand when a hand grenade detonated prematurely during Special Forces training, Jefferson was tapped by President Barack Obama to head the office that helps veterans find jobs and employment training programs. The report said that Jefferson and other lower ranking officials engaged in conduct "which reflects a consistent disregard of federal procurement rules and regulations, federal ethics principles and the proper stewardship of appropriated dollars." The investigation was prompted after a whistleblower reported irregularities last year to Sen. Claire McCaskill (D-MO). McCaskill, who heads a Senate subcommittee that oversees government contracting, said she doesn't fault the Obama administration for appointing Jefferson, given his impressive resume. But she plans to take a hard look at what she sees as wasteful management consultant contracts that appear to offer little benefit to government agencies. [Source: Associated Press| Sam Hananel article 1 Aug 2011 ++]

Mobile AL - A federal judge sentenced a contract postal worker from Conecuh County to 5 years’ probation 4 AUG for stealing prescription drugs that had been mailed by the U.S. Department of Veterans Affairs. U.S. District Judge Ginny Granade also ordered substance abuse treatment for Derek Wayne Reed, who pleaded guilty in May to theft or receipt of stolen mail. The plea came the same month the Reed was to stand trial in U.S. District Court. The previous month, a jury had deadlocked on the charges. Reed, who worked as a driver for a contractor hired to move mail among postal facilities, admitted that he stole 90 hydrocodone pills from the mail stream at the Monroeville post office in July. Authorities have said they began investigating after veterans complained they did not receive prescription medication from the U.S. Department of Veterans Affairs. The indictment accused Reed of taking prescription drugs 3 other times from the Evergreen post office in 2010 — May 21, June 10 and June 16. At the previous trial, prosecutors showed a surveillance video they contended showed Reed moving packages of Lortab from a bin to his truck in May 2010 at the Evergreen post office. Defense attorney Bill Scully argued that it is impossible to tell from the video what the package contained. After Reed decided to plead guilty, Scully cited new evidence presented by prosecutors after a grand jury issued a new indictment. [Source: Press-Register Brendan Kirby article 4 Aug 2011 ++]

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SBA Vet Issues Update 14: After an investigation, the U.S. Department of Veterans Affairs found major problems with small businesses claiming to be owned by veterans, according to the Navy Times. The news source said VA officials found 76 percent of businesses did not meet eligibility requirements for funding, meaning a minimum of 1,400 small businesses are falsely receiving money. VA values this funding at more than $500 million. To be eligible to receive funding, the Navy Times said that businesses must be owned and operated by a veteran, but some companies are run day-to-day by non veterans. This leaves the owner as a figurehead, according to investigators, and therefore not eligible to receive benefits. The Times report said one company, which received $340,000 in contracts, was run by a "disabled veteran" who was in the Marine Corps for five weeks before being

discharged because of an injury in an off-duty football game. He would not have qualified for the money. Actual veterans who run small businesses will be able to network in August at the first National Veterans Small Business Conference and Expo in New Orleans hosted by VA. VA Secretary Eric Shinseki said the goal is to help veterans grow and start their own businesses. He said he hopes this offers veteran-owned businesses tools and access needed to thrive in the market. [Source: Small Business News DEREK MCALLISTER article 29 Jul 2011 ++]

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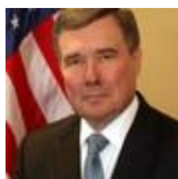
Prescription Drug Epidemic: Gil Kerlikowske, director of National Drug Control Policy for the Obama administration, met 28 JUL with federal, state and local law enforcement officials and pharmacy industry representatives to discuss ways to curb what the Centers for Disease Control and Prevention is calling a prescription drug epidemic.



Gil Kerlikowske

The problem is prevalent among both active-duty service members and veterans, Kerlikowske says. In February, the New York Times reported the military's medical system is "awash in prescription drugs" after 10 years of treating troops injured in the Iraq and Afghanistan wars. What may prove indicative of the problem locally was a recent warrant issued to search the Carlsbad apartment of a Camp Pendleton Marine suspected of illegally obtaining and selling prescription drugs. One way the administration aims to curb prescription drug use among veterans is to include the Department of Veterans Affairs in a national system that monitors the flow of prescription pills in this country. Kerlikowske also reaffirmed the administration's plan to reduce prescription drug abuse by 15 percent over the next five years. He responded to several related questions put to him by Camp Pendleton Patch:

Camp Pendleton Patch: What can you say about prescription drug use among active-duty service members and veterans as a result of what they've been exposed to while at war?

Gil Kerlikowske: We can tell you without fear of being incorrect that the survey instruments on active-duty military show that they have been abusing or self-medicating with prescription drugs. That issue is also quite true with our veterans. … Veterans Affairs and the Department of Defense both have published, through their survey work and information, quite a bit. Admiral Michael Mullins [chairman of the Joint Chiefs of Staff] has spoken about the prescription drug issue a year ago when he testified on the DOD budget. … So there is a lot of information coming from this. Also, if you go back a few months ago, USA Today did a piece with a lieutenant general [David Fridovich] … who was on the front page of USA Today talking about his own battle with prescription drugs, and I was really moved by that piece.

Camp Pendleton Patch: What is the Obama administration doing to try and curb this epidemic?

Kerlikowske: Well, first of all, there is a program—a piece of technology called prescription drug monitoring programs—these are electronic databases. Forty-eight of the 50 states have passed laws that … probably about 35 now have active technology programs, which are these monitoring programs. What they do is allow a doctor to

search a database and they can detect if a patient is doctor shopping. The doctors call it a real patient safety tool. The other thing that it does is it helps medical boards detect whether or not a doctor may be over just prescribing. ... So if you had a VA hospital in a state with one of these programs, they were not allowed to participate because of a decision that had come from the VA General Counsel. So it wasn't a question that they didn't want to participate. But you don't want to see a veteran go into a VA hospital and get a prescription drug filled for painkillers and then go down the street to a private doctor or private pharmacy and get another prescription pill when there's a database that could actually help prevent that. So Sen. [Richard] Blumenthal from Connecticut, who is very active in the issue involving veterans, has moved forward with legislation to allow the VA hospitals to participate in these technology programs that would actually help to improve the safety of our veterans.

Camp Pendleton Patch: (Regarding doctor shopping and pharmacy robberies) Is this something new that's being targeted by the Obama administration?

Kerlikowske: No one has really captured, until within the last couple years, the extent of this prescription drug epidemic, as the CDC has called it. Part of that epidemic—and within the last year in particular—we have seen this increase in robberies and burglaries of pharmacies. Now it's hard to figure out what the data, what the information shows, but if you listen to police departments and pharmacists and the groups that represent the drug stores, they've been very concerned.

Camp Pendleton Patch: Are service members' criminal cases—as they pertain to prescription pills—handled differently than civilians'?

Kerlikowske: What I've seen and what I've visited—I went to the veterans court—there are now about 72 veterans courts in the country; they're very new. Robert Russell in Buffalo, NY, started the first veterans court a few years ago when he was coming across cases in which veterans were coming forward with charges maybe involving drugs, could involve domestic violence, that involved domestic dispute issues. So he started a special court for veterans involving the VA, the criminal justice system and also those veterans service organizations. Gen. [Eric] Shinseki visited that court to take a look at how it's working, and we've seen that expand from one in Buffalo to now I believe over 70. … You really see how everyone is concerned and kind of wraps their arm around that veteran to get him or her back on the right track.

Camp Pendleton Patch: Which pills are most sought after?

Kerlikowske: In the past, you would often read, and quite often talk about, OxyContin but the opioids, painkillers, generally are the most abused. Hydrocodone, oxycodone, on and on. So it can be a variety of these very powerful, very addictive and—unfortunately, at times—very deadly painkillers. We're seeing more people die as a result of drug overdoses than are dying of gunshot wounds in this country today. And in 17 states we're seeing more people die from drug overdoses than from car crashes. This is driven mostly, by the way, by prescription drugs. Prescription drug overdoses are taking more lives than heroin and cocaine overdoses combined.

[Source: Camp Pendleton Press Jared Morgan article30 Jul 2011 ++]

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Prescription Drug Epidemic Update 01: According to the National Institute on Drug Abuse, prescription drugs are the second-most commonly abused category of drugs, behind marijuana and ahead of cocaine, heroin, methamphetamine and other substances. In 2009, nearly 7 million people in the United States were nonmedical psychotherapeutic drug users. And opiate overdoses, once almost exclusive to heroin use, are now

increasingly caused by misuse of prescription painkillers. While prescription drug abuse is not a new problem, it deserves renewed attention because of its prevalence and how often it affects children. After tobacco and alcohol, prescription and over-the-counter medications are the most frequently abused substances by high-school seniors. Nearly one in 12 high-school seniors reported nonmedical use of Vicodin and one in 20 reported abuse of OxyContin. Fifty-nine percent of 12th graders said the drugs were given to them by a friend or relative. Prescription drug abuse is correlated with other risky behaviors including abuse of other drugs and alcohol.

There are many health concerns associated with prescription drug abuse. These risks include overdose, drug interactions and the possibility of the drugs falling into the hands of children with allergies, to name just a few. While opioids, such as codeine, oxycodone and morphine, have improved pain management, they have also become popular drugs for misuse. Central-nervous system depressants, such as barbiturates and benzodiazepines, can lead to overdose and dangerous withdrawal, including seizures. Abuse of stimulants like dextroamphetamine and methylphenidate (commonly used to treat attention deficit hyperactivity disorder and narcolepsy) can cause psychosis, seizures and cardiovascular complications. Because prescription drugs are legal when properly used, they can often be found in our own medicine cabinets. If you have leftover medications that are not needed, do not flush them down the toilet or drain unless the label or patient information instructs you to do so. For information on drugs that can be flushed, visit the U.S. Food and Drug Administration's website at http://www.fda.gov/Drugs/default.htm and click on "Resources for You."

To dispose of non-flushable prescription drugs, you may be able to participate in community drug take-back programs or household hazardous waste-collection events, which collect drugs at central locations for proper disposal. Contact your city or county household trash and recycling service and ask if a drug take-back program is available in your community. If a take-back program is not available, the Office of National Drug Control Policy recommends these simple steps to ensure your no-longer-needed prescription drugs are not improperly used:

- Take the medication out of its original container.
- Mix the drug with an undesirable substance such as cat litter or used coffee grounds.
- Put the mixture into a disposable container with a lid such as an empty margarine tub or sealable bag.
- Conceal or remove all personal information, including the Rx number, with permanent marker, duct tape or by scratching it off.
- Place the sealed container with the mixture and the empty drug container in the trash.

Advances in medicine allow for management of acute and chronic pain and have improved the lives of many. But some of these medications are potentially addicting. If someone you know is struggling with prescription drug use, discuss it with your health care provider or use one of the many resources the Department of Defense makes available to service members, retirees and their families. Today, more than ever, health care providers are sensitive to the needs of those struggling with substance use and dependence. TRICARE is there to help! For information about TRICARE's substance use treatment coverage, refer to www.tricare.mil/mentalhealth. [Source: TRICARE Health Matters Fall 2011 ++]

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Food Expiration: Every house has food in the pantry that has been there for weeks if not months, but according to food experts, you may want to think twice before throwing those items out. Many common food products last far longer than you might think. "We throw out tons of food each year in this country because people don't understand how long they can keep things," said Jo-Ann Heslin, a certified nutritionist and author of The Complete Food Counter. As Heslin and other nutritionists explain, consumers generally assume that foods should not be eaten after the use-by date on the package, but in reality, this date simply indicates the period of time when the food tastes best, not the date when it will suddenly make you sick. It's true that fresh foods like fruits and

vegetables should not be consumed much after the use-by date has passed, as these products generally spoil quickly (unless frozen), but for countless packaged products, the consumption window can last for years. "For connoisseurs who have a real taste for a certain food, it's probably a good idea to use it by the best by date, but nothing bad will happen to you if you don't," said Keri Gans, a registered dietician and author of The Small Change Diet. The general recipe for longevity, according to these experts, is for the food to be low in liquids, sugar and oil, all of which have the potential to mold and spoil the food, or to have "lots and lots" of preservatives, which keep the food fresh longer. So if you're looking for groceries to buy in bulk and store in your pantry, these products are your best bet:

- **Canned Beans and Vegetables.** Canned food, by definition, lasts longer than most products in the grocery store because it has been specially processed in air-tight cans. In general, canned items can stay good for 12-18 months, according to Gans, but some last even longer. Canned products like beans and vegetables, which are low in acid, can actually last for as long as two to five years. The only exception is if the can is dented or rusty, as that indicates the can has been punctured at some point, which speeds up the spoilage process.

- **Spices.** You may want to think twice before replacing the containers in your spice rack. In general, most common spices like salt, pepper and oregano don't actually expire in the traditional sense, they just become less and less flavorful. "Salt occurs naturally in nature, it has no expiration date," Heslin said. "There is no difference in 10-year-old salt at all, as long as it hasn't been exposed to moisture." But over time, the potency and taste of the spice begins to decline, which is why Gans recommends using these spices within two to four years to be safe. Keep in mind too by that point, you'll probably have to use more of each spice in order to compensate for the loss in flavor.

- **Cereal and Crackers.** You might as well start stocking up on crackers and cereal for the winter. According to Heslin, these products are essentially just "edible cardboard" that don't have enough moisture to grow bacteria or mold, so they can last for a very long time. Cereals like Cheerios and Puff Wheat, which have little to no sugar, can last for 18-24 months if unopened, while crackers like saltines can generally last for about two years. "The safety and nutrient quality of these products doesn't change, but the taste and texture might deteriorate somewhat," Heslin said. In other words, your body will be fine eating these things after more than a year, but you may find them a bit too stale to make it worthwhile.

- **Dried Pasta and White Rice.** as with cereal and crackers, dried pasta and white rice do not contain enough moisture to spoil, and can therefore last for at least two years unopened. Consumers should be mindful though of what kind of pasta and rice they intend to store, though. Brown rice and whole wheat pasta may seem the same, but in reality each of these products contains more oil than their traditional counterparts, and can therefore go rancid much quicker.

- **Popcorn.** Unmade popcorn kernels can last for up to two years, according to Gans, once again because they lack the oils and moisture that would lead to spoilage.

- **Condiments.** All those condiments you have left over from July Fourth festivities may just barely survive until Independence Day weekend next year. Ketchup, mustard, horseradish and salad dressings generally contain no ingredients that can go bad, and according to Gans, they will last for a solid 12 months unopened before they completely lose their taste.

- **Coca Cola.** Old fashioned Coca-Cola is the ultimate bomb shelter beverage. If left unopened, Heslin says a can of coke will take "an extraordinarily long time" to expire. Diet sodas, on the other hand, expire much more quickly because they contain artificial sweeteners that degrade with heat and time.

- **Honey.** Honey can take years to expire, but according to Gans, one can conservatively hold onto it for about a year before its consistency begins to change, hardening and losing its sweet taste. Interestingly, Gans says that honey stays good for 12 months whether it's opened or unopened, making it one of the only foods where that is the case.

- **Twinkies.** Despite all the claims in pop culture to the contrary, Twinkies don't actually last forever. In fact, you'd be lucky to have a Twinkie that is still edible after a few months.

[Source: http://financiallyfit.yahoo.com/finance/index Seth Fiegerman article27 Jul 2011 ++]

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Veteran Hearing/Mark-up Schedule: Following is the current schedule of Congressional hearings and markups pertaining to the veteran community. Congressional hearings are the principal formal method by which committees collect and analyze information in the early stages of legislative policymaking. Hearings usually include oral testimony from witnesses, and questioning of the witnesses by members of Congress. When a U.S. congressional committee meets to put a legislative bill into final form it is referred to as a mark-up. Veterans are encouraged to contact members of these committees prior to the event listed and provide input on what they want their legislator to do at the event. Membership of each committee and their contact info can be found at http://www.congress.org/congressorg/directory/committees.tt?commid=svete:

- August 30, 2011. SAC-MILCON/VA will hold a field hearing on VA's collaboration with Indian Health Service (IHS) titled: Improving Access to Care for Native American Veterans by Maximizing the Use of Federal Funds and Services. (10:00 A.M.; Rapid City, South Dakota)
- September 8, 2011. HVAC will hold a full Committee mark-up on pending legislation. (10:00 A.M; 334 Cannon).
- September 21, 2011. SVAC and HVAC will hold a full committee joint hearing on the legislative agenda of the American Legion. (8:00 A.M.; G-50 Dirksen)
- September (Date TBD). The Committee on Oversight and Government Reform will conduct a hearing on "Is This Any Way to Treat Our Troops? Part IV: Lack of Progress and Accountability."

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El Toro MCAS

Vet Toxic Exposure ~TCE: As early as WWII, United States Air Force and other Military bases used and disposed of chemical degreasers and other toxic substances that were later determined to contaminate drinking water and pose multiple health risks including: Cancers, Reproductive disorders, Birth defects, and Multiple other serious difficulties. Countless military personnel, their families, and private individuals living and working in the near vicinity of the bases may have been affected by these contaminates, through drinking water, general water usage and exposure through vapor seepage. The four most alarming contaminants are: Trichloroethylene (TCE), Tetrachloroethylene (PCE), Vinyl Chloride, and Benzene. Scientific studies show that some or all of these chemical compounds have breached the ground water supply on several of our US Military Bases and in some instances, have affected civilian properties adjacent to the bases including churches, schools and private wells. Currently, on-going research is being conducted on military bases around the country and on properties directly adjacent to these bases to identify just how wide spread this contamination may be.

Marines take great pride "in taking care of their own." Marine and Navy veterans who were stationed at the former (decommissioned) MCAS El Toro in Irvine CA are at risk for exposure to toxic chemicals as a result of the contamination of the soil and groundwater. Very few know of their exposure. Marines have been exposed to trichloroethylene (TCE) and tetrachloroethylene (PCE), suffered serious health consequences, and have no idea of

what hit them. A number of Marines report serious illnesses linked to toxic exposure. Some of the emails are posted at http://www.mwsg37.com . Others have asked to withhold their names. Neither the Navy nor the Marine Corps made any attempts to notify El Toro veterans.

MCAS El Toro was commissioned in 1943 and for many years the base obtained drinking water from fresh water wells on station. EPA in 1997 confirmed that the aquifers are "not currently a source of municipal water." After 56 years, El Toro was officially closed in July 1999, the 3rd MAW transferred to Miramar, and thousands of acres sold at a public auction to Lennar Corp. for $650 million. A TCE plume was discovered off base in 1985. MWSG-37 was ground zero for the TCE plume, spreading miles into Orange County. In 1997 EPA reported that the MWSG-37 area was the source of the toxic plume. EPA found that: "approximately 1,500 pounds of TCE are estimated to be present in soil gas; an additional 4,000 pounds of TCE would be present in the soil moisture. The mass of TCE in groundwater beneath Site 24 is estimated to be approximately 8,000 pounds."

EPA traced the "hot spot" to MWSG-37's maintenance hangars: "the primary VOC (Volatile Organic Compounds) source is present beneath Buildings 296 and 297, extending to the south with decreasing concentrations to the southern Station boundary. Several smaller source areas exist in the soil beneath Site 24, including a PCE soil gas plume located west of Building 297. The VOC concentrations in soil gas generally increase with depth, and the highest concentrations occur near the water table. VOCs in the area of Buildings 296 and 297 extend to groundwater directly beneath those buildings." How much TCE/PCE was used at El Toro? It's anybody's guess. El Toro kept no TCE usage records. Six of the base wells were in the path of the TCE plume. With the possible exception of one well (#4, 1947), the actual dates the wells were abandoned are unknown. Well water may have been used for years after the purchase of municipal water for swimming pools, irrigation, fire service, and washing of aircraft and vehicles. Contaminated well water would have exposed Marines, dependents, and civilian workers to these carcinogens.

The Navy purchased municipal water for El Toro and the Santa Ana Air Facility as early as 1951. There's no explanation for the reasons for the purchase, but the high salt content (total dissolved solids) in the groundwater may have corroded the wells. The base wells were constructed in 1942 so something had to be seriously wrong with the wells for the Navy to purchase municipal water. The early purchase was not enough to replace the maximum daily output from the base wells. In late 1969, the Navy entered into another contract which exceeded the maximum output from the base wells. The 1969 contract required the contractor to supply water to El Toro from the Santa Ana Air Facility's wells in the event of disruption in municipal water services. El Toro's wells were obviously off-limits. The Navy contends that corrosion was not a factor in the decision to purchase municipal water for El Toro despite the high levels of TDS ("salts") in the shallow aquifer (> 1,000 mg/ug). The only thing that is certain is that the Navy did not purchase municipal water without cause, especially when there was good quality water in the principal aquifer under the base.

All of El Toro's wells are now destroyed. The consulting engineers' well destruction reports show extensive well casing corrosion, at least one well screen in the contaminated shallow aquifer, broken discharge pipes, and one well failure (#4). The risk of serious illness for those who worked in MWSG-37 in or near the maintenance hangars was high because of exposure to toxic vapors from open containers and from vapor intrusion. Others on the base were at some risk for exposure from vapor intrusion from the contaminated soil and groundwater. If contaminated well water was used in swimming pools and for irrigation, the risk for exposure to these carcinogens through dermal contact is evident. In the words of one toxicologist El Toro "was a toxic waste dump." At least one national law firm has taken an interest in injuries from toxic exposure at El Toro. [Source: http://www.militarycontamination.com Jul 2011 ++]

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Saving Money: We all know 15 percent is the standard tip for restaurant servers, but what if the service was way above standard? Or way below? Tipping is such a mystery because there aren't any ironclad rules. And tipping can be stressful because we've all heard how servers depend on their tips for their livelihood. Here are some facts: Waiters and waitresses can be paid as low as $2.13 an hour, but if their tips don't bring them up to the federal minimum wage of $7.25 and hour, the government requires employers to make up the difference. According to the U.S. Bureau of Labor Statistics, the average restaurant server earns about $8 an hour, with the top 10 percent getting around $14.25 an hour. But that's just waiters and waitresses. Who else should you tip? Because there's no law or rule or even agreement on a guideline, opinions vary. For example, CNN Money's guidelines for tipping suggests a minimum of $2 per night for a hotel housekeeper while The Consumerist suggests only $1. But mostly, those two respected media sources agree. By studying those and other sources, Money Talks News has devised an abbreviated list for the more common encounters. While opinions may vary slightly, you won't go wrong following this advice:

Tip a percentage.

- Take-out preparer (the restaurant person who packs up your to-go order): 10 percent
- Taxi driver: 10-15 percent
- Tattoo artists: 10-20 percent
- Barber/stylist: 15-20 percent
- Bartender: 15-20 percent

Tip a flat figure.

- Pizza delivery guy: $2-5 based on distance
- Coffee at mom-and-pop shop: $1 per drink (chain coffee shops? CNN says "completely optional," Consumerist says, "25 cents tossed in the tip jar," others say little to nothing)
- Valet parking: $1 or $2
- Furniture delivery: $5
- Housekeeping: $1-5

More advice on tipping.

- On average, you can see it's typical to leave 10-20 percent for just about anybody worth tipping. But adjust that based on circumstances: If your delivery guy rushed over in a thunderstorm and is dripping on your doormat, toss him a little extra. Reward people who go out of their way to help. But if your server provides poor service, give a poor tip – but leave something so it's obvious you didn't just forget.
- Pay attention to what's included in a bill and who it's going to. At restaurants, a table of six or more is often charged an extra "gratuity" or "service fee" that may (or may not) go directly to the server. A delivery bill may likewise have a service charge for gas that doesn't go to the driver, and a tip may already be built into the bill.
- If you have a regular barber or bartender you're buddies with, don't let that relationship sour over tipping. Treat well those people you're likely to deal with often.
- Try to avoid leaving cash lying around. Hand the tip to your server, leave it in the holder the check comes in, or put it on your card. For housekeeping, leave the money in a marked envelope so they know it's for them.
- Always calculate tips based on the original bill, not based on any discounts or coupons you used.
- Some people can't (or won't) accept tips. You can still give them a card, a warm handshake, or a genuine, "Thank you."

[Source: Money Talks Brandon Ballenger 7 Jul 2011 ++]

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Notes of Interest:

- **ND Driver Licenses.** North Dakota veterans will "soon be able to get new licenses–which will give them recognition for their service. Starting 1 AUG, veterans will be able add the letter 'V' on their licenses." Besides offering recognition for their service having the symbol of their driver's license may make it easier for veterans to prove their eligibility for veteran's discounts.
- **Annapolis Class of 2016.** The Navy has announced that the U.S. Naval Academy's admissions cycle for the class of 2016, entering in July 2012, is open to enlisted Sailors. The deadline for initial application to the class is 31 JAN 2012.
- **Secret Service.** Army veteran Charles L. Gittens, the first African American agent in the Secret Service and the former head of the agency's Washington field office, died 27 JUL at an assisted living center in Mitchellville Maryland after a heart attack. He was 82.
- **Immunizations.** August is National Immunization Awareness Month. If you are planning a trip make sure you have your required vaccinations and get them documented .
- **Delaware Vet ID Cards**. DMV recently announced it would begin providing free replacement veteran identification cards to those servicemembers who have lost, damaged or misplaced them. These cards will be available to any veteran. Call 302-744-2515 (Dover) or 302-434-3203 (Wilmington) for appointments.
- **Tanning bed use.** Results of a small clinical study showed frequent users of tanning beds exhibited brain activity similar to that observed in people addicted to drugs or alcohol. Interest in tanning as an addictive behavior has evolved from evidence that use of indoor tanning equipment has continued to increase despite well-known associations with skin cancer and premature skin aging.

[Source: Various 1-15 Aug 2011 ++]

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Medicare Fraud Update 73:

- **San Antonio TX** - Dr. Herbert Joel Robinson, 78, has been indicted on charges that he committed more than $100,000 in Medicaid and Medicare fraud by billing for patients he did not provide medical service to — or for people who were dead. Robinson ran a general practice and weight-loss clinic and was charged earlier this year. He was re-indicted last week as prosecutors added counts alleging that he billed the medical-assistance programs for people who were dead. He now faces 27 counts of health care fraud, punishable by up to 10 years in prison; three counts of mail fraud, punishable by a maximum of 20 years; and one count of aggravated identity theft, punishable by a mandatory two years on top of what he could get from any of the other charges. He intends to plead not guilty to all charges. From January 2006 through

November 2009, Robinson billed the government for "office visits during times when patients were not present, out of town and hospitalized, and times when defendant Robinson was outside of the United States, and at times when his office was closed," the indictment states. Court records allege that more than $100,000 was fraudulently billed, though agents with the U.S. Health and Human Services Department's Office of Inspector General were still calculating the purported loss.

- **Brunswick GA** - Arthiu Manasarian, 49, pleaded guilty to conspiracy to commit health care fraud and to aggravated identity theft in the scheme he operated out of Brunswick Medical Supply Inc in 2007 and 2008. Although he admitted his guilt, Manasarian offered no explanation to Chief U.S. District Judge Lisa Godbey Wood about his submission of $7.5 million to $20 million in phony claims to Medicare through Brunswick Medical and his eight other businesses in Savannah, New Mexico and California. Manasarian took a government plea bargain just 10 days before going on trial with two co-defendants in the Brunswick-based scheme. The government will dismiss eight other charges against Manasarian in exchange for his two guilty pleas and continuing cooperation including testimony if necessary against others, Assistant U.S. Attorney Brian Rafferty told the court. Manasarian's co-defendants, Sahak Tumanyan, 44, and his wife, Hasmik Tumanyan, 39, will stand trial on money laundering conspiracy charges beginning Aug. 15 in U.S. District Court in Brunswick. The Tumanyans operated and controlled at least four fictitious companies in the Los Angeles area as part of the money laundering conspiracy, according to the indictment. Armenian natives living in Los Angeles, Manasarian and the Tumanyans were among 73 defendants in a nationwide organized crime ring that submitted more than $163 million in phony Medicare claims.

- **Miami FL** - A Miami nurse was sentenced to 10 years imprisonment on 8 AUG for his role in what prosecutors say is a $11 million Medicare fraud ring. In May, a federal jury had convicted Armando Santos, 46, of multiple counts of health care fraud for his actions between 2007 and 2009. At trial, prosecutors said Santos billed the government for services that did not take place or were not medically necessary while one of ten Miami employees of the Ideal Home Health company charged with defrauding Medicare. The owners of Ideal Home Health, Elizabeth Acosta Sanz and Luis Alejandro Sanz, stand accused of masterminding the scheme in which the home nursing company sought $11 million in bogus reimbursements – of which they received more than $7 million. Although their employee Armando Santos claimed in Medicare filings to make regular rounds injecting patients with insulin, prosecutors said that at least two of his patients did not need insulin and were not housebound. In total, prosecutors said, Santos submitted $230,315 in false claims. The ten year sentence imposed on Santos by U.S. district Judge Federico Moreno was the maximum advised under sentencing guidelines.

- **Detroit MI -** A Florida woman who committed multimillion-dollar Medicare fraud in the Detroit area has been given a generous reduction in her prison sentence. Federal Judge Gerald Rosen last week shaved 2 ½ years off the eight-year sentence ordered for Daisy Martinez in 2010. Prosecutors say she deserved a break after her testimony and cooperation helped convict others who committed health care fraud. Martinez arrived from Miami to set up three Detroit-area clinics that were a sham. The clinics billed Medicare for treatments that weren't performed or weren't necessary in 2006 and 2007. Her daughter and son-in-law also pleaded guilty in the scheme.

- **Detroit MI** - Friends of a Detroit-area pharmacy owner are willing to put up their houses as collateral if it would ensure his release from jail on fraud charges. Babubhai (BOB'-ooh-by) Patel has been locked up for a week. He's charged with about $60 million in health care fraud at his pharmacies. Patel was back in court 9 AUG, but a federal judge didn't make a decision. The hearing resumes 12 AUG. Prosecutors want the Canton Township man to stay in jail until trial. He's accused of giving kickbacks to doctors to write prescriptions and send people to Patel's pharmacies. The government says the painkillers were unnecessary

or not provided. Prosecutors call it a brazen scheme to cheat Medicare and Medicaid. Patel is the vice chairman of the Canton Hindu temple. He's pleaded not guilty.

- **Los Angeles CA** - Two pastors of a defunct Los Angeles church have been found guilty of preying on their trusting parishioners to run a $14.2 million Medicare fraud scheme. Christopher Iruke, 60, and his wife Connie Ikpoh, 49, persuaded churchgoers at the now-defunct Arms of Grace Christian Center to provide personal information that they used to open fraudulent medical equipment supply operations. The two abused their positions of trust and persuaded those who blindly trusted in them to steal millions of dollars from taxpayers and Medicare. The conviction 9 AUG came at the end of a two-week federal trial. The couple was accused of using information from parishioners to set up several fraudulent medical supply businesses — one even shared the address of the church — that billed Medicare for power wheelchairs and other pricey equipment that was never provided or was unnecessary. Iruke was found guilty of one count of conspiracy and 17 counts of health care fraud. Ikpoh and employee Aura Marroquin, 30, were each found guilty of one count of conspiracy and four counts of health care fraud. According to evidence presented at trial, the three and co-conspirators used fraudulent prescriptions and documents that were illegally purchased to bill Medicare for high-end power wheelchairs. Though the wholesale price of each wheelchair was less than $1000, they were billed to Medicare at a rate of approximately $6,000, according to federal prosecutors. The ill-gotten proceeds were spent on luxury vehicles and home remodeling expenses.

- **Miami FL** - Federal investigators have arrested a 10th person in a South Florida scheme to defraud Medicare out of more than $27 million. Prosecutors in Miami said 39-year-old Elizabet Lombera is facing multiple counts of health care fraud and aggravated identity theft. She faces a lengthy prison sentence if convicted. Prosecutors say Lombera used some of the illegal profits to take a trip to Japan. Nine other people have already been arrested in the scam. Prosecutors say it involved fraudulent invoices to Medicare for durable medical equipment devices submitted by five different companies. Six of those involved are already serving time in prison. One is a fugitive.

- **Louisville KY** - Federal officials say the owner or operator of six Kentucky hospitals has agreed to pay $8.9 million for claims improperly billed to Medicare. The U.S. attorneys' offices in Louisville and Lexington announced the settlement 11 AUG with Baptist Healthcare Systems Inc. and Hardin Memorial Hospital, under management of Baptist Healthcare. Hospitals involved besides Hardin Memorial are five facilities owned by Baptist Healthcare -- Baptist East in Louisville, Western Baptist in Paducah, Baptist Northeast in La Grange, Central Baptist in Lexington and Baptist Regional in Corbin. The U.S. attorneys' offices statements said Baptist Healthcare and Hardin Memorial made no admission of liability in agreeing to the settlement and that no issues of quality of patient care were involved.

[Source: Fraud News Daily 1-15 Aug 2011 ++]

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Medicad Fraud Update 45:

- **Rayville LA** - Three former employees of a Rayville personal care services agency are accused of billing the state's Medicaid program for more than $575,000 in services supposedly done while they were really at other jobs. The state Attorney General's Medicaid Fraud Control Unit arrested 50-year-old Georgia Lee Coleman on 35 counts of Medicaid fraud; 45-year-old Lisa Thomas on 10 counts and 37-year-old Yaschica Pleasant Jackson on four counts, Attorney General Buddy Caldwell said Monday. The company's owner Patricia A. Bell, 51, was arrested earlier on 60 counts of filing or maintaining false public records and seven counts of Medicaid fraud. Investigators found that Louisiana Medicaid paid more than $575,000 for

services supposedly provided by people who weren't working for bell any longer. Bell also allegedly billed for services reportedly given while patients were hospitalized.

- **Brownsville TX** - Felicitas Velez Alanis, 50, and her daughter-in-law Erika Ortega Alanis, 26, both of Brownsville, Texas, have been arrested on charges of health care fraud and conspiracy to commit health care fraud. A grand jury returned a six-count sealed indictment on 26 JUL, charging Felicitas Alanis and Erika Alanis with one count of conspiracy to defraud the Texas Medicaid program and five counts of submitting false and fraudulent claims to the Texas Medicaid program. Felicitas Alanis allegedly owns and operates Vel-Ala Inc. - a Texas corporation which does business as Nisi Medical Equipment and Supply in and around Brownsville and Harlingen, Texas, and elsewhere in South Texas. Her daughter-in-law, Erika Alanis, allegedly assisted in the day to day operation of the company. Nisi Medical Equipment and Supply is enrolled with the Texas Medicaid program to provide durable medical equipment (DME) to Texas Medicaid beneficiaries. The six-count indictment alleges Felicitas Alanis and Ericka Alanis conspired to send false and fraudulent bills to the Texas Medicaid program in the name of Nisi Medical Equipment and Supply. Between JAN 2005 and Oct 2006, the women submitted more than $646,000 in false and fraudulent bills to the Texas Medicaid program for diabetic supplies which Nisi Medical Equipment and Supply never purchased or supplied to Medicaid beneficiaries. The delivery records and billing records of Nisi Medical Equipment and Supply show that the Texas Medicaid program was routinely billed for more items than were actually delivered and the purchase records allegedly reveal that the Texas Medicaid program was billed for medical supplies and items that Nisi Medical Equipment and Supply had never purchased. Medicaid paid more than $554,000 on the allegedly false and fraudulent claims submitted to it.

- **Mt. Vernon MO** - Attorney General Chris Koster has filed a civil lawsuit against a Mt. Vernon dentist Thomas Alms Jr., DDS, and his wife Laura Alms alleging they made false and fraudulent claims to Missouri's Medicaid program. For nearly five years they filed claims and billed Missouri Medicaid for dental procedures that Dr. Alms was not authorized by the Missouri Dental Board to perform. They also billed Medicaid for services that were not provided. Medicaid has reimbursed Dr. Alms for services totaling more than $600,000. The lawsuit, filed 2 AUG in Cole County Circuit Court, asks the court to order Dr. Alms and his wife to pay restitution, as well as civil penalties and punitive damages.

- **Indianapolis IN** - William Maultsby, 52, was charged 5 AUG with health care fraud, following an investigation by the U.S. Health and Human Services Inspector General and Indiana Attorney General Medicaid Fraud Control Unit. The information alleges that William Maultsby owned Ace Transportation Service, a business providing transportation services in and around the Indianapolis, Indiana area. Between JAN 08 and DEC 2010, Maultsby submitted claims for services to Indiana Medicaid for services purportedly provided by Ace for Medicaid recipients. The scheme to defraud was that Maultsby submitted claims to Medicaid for transportation of Medicaid patients: (A) as if the patients were non-ambulatory when he knew that the patients were ambulatory, and (B) for transportation of patients when that transportation did not occur, for a total loss to the Medicaid program of approximately $63,612.68. An initial hearing will be scheduled in Indianapolis before a U.S. Magistrate Judge.

[Source: Fraud News Daily 1-15 Aug 2011 ++]

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State Veteran's Benefits: The state of New Hampshire provides several benefits to veterans as indicated below. To obtain information on these refer to the "**Veteran State Benefits NH**" attachment to this Bulletin for an overview of those benefits listed below. Benefits are available to veterans who are residents of the

state. For a more detailed explanation of each click on "**Learn more about** …" wording highlighted in blue on the attachment.

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

[Source: http://www.military.com/benefits Aug 2011 ++]

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Military History: The sinking of the TITANIC in 1912 and the LUSITANIA three years later are commonly thought of as two of the greatest maritime disasters of all time. Yet, the German ship Wilhelm Gustloff carrying mostly civilian refugees and sunk in the Baltic Sea in the closing months of World War II claimed more than twice as many lives as both ships combined. It was the greatest marine disaster in history and most Americans probably never heard of it. With all cabins occupied and passengers jammed into passageways, the GUSTLOFF got underway at 1230 on 30 January 1945 for Kiel and Flensburg in western Germany. There were over 6,000 passengers--more than three times above capacity. Most were women and children, elderly men and about 1,200 wounded soldiers. To read more about the Gustloff's sinking and the events that led to it refer to this Bulletin's attachment titled, **"Greatest Marine Disaster in History".** [Source: Military History Online Irwin J. Kappes JUL 03 article http://www.militaryhistoryonline.com/wwii/articles/wilhelmgustloff.aspx Aug 2011]

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Military History Anniversaries: Significant August events in U.S. Military History are:

- Aug 16 1780 - Revolutionary War: American troops are badly defeated by the British at the Battle of Camden, South Carolina.
- Aug 16 1945 - WWII: Lieutenant General Jonathan Wainwright, who was taken prisoner by the Japanese on Corregidor on 6 MAY 42 is released from a POW camp in Manchuria by U.S. troops.
- Aug 17 1943 - WWII: Allied forces complete the conquest of Sicily.
- Aug 18 1914 - WWI: Germany declares war on Russia while President Woodrow Wilson issues his Proclamation of Neutrality
- Aug 18 1951 - Korea: Battle of Bloody Ridge began which continued until 5 SEP
- Aug 19 1812 - War of 1812: The USS Constitution earns the nickname "Old Ironsides" during the battle off Nova Scotia that saw her defeat the HMS Guerriere.
- Aug 21 1942 - WWII: U.S. Marines turn back the first major Japanese ground attack on Guadalcanal in the Battle of Tenaru.
- Aug 22 1945 - Vietnam: Conflict in Vietnam begins when a group of Free French parachute into southern Indochina, in response to a successful coup by communist guerilla Ho Chi Minh.
- Aug 23 1950 - Korea: Up to 77,000 members of the U.S. Army Organized Reserve Corps are called involuntarily to active duty to fight the Korean War.
- Aug 25 1921 - WWI: The U.S., which never ratified the Versailles Treaty ending World War I, finally signs a peace treaty with Germany.
- Aug 25 1944 - WWII: Paris is liberated by the Allies.
- Aug 26 1942 - WWII: First black Marine (Howard Perry) entered first recruit training camp (Montford Point, NC) for black Marines
- Aug 27 1776 - Revolutionary War: British defeat Americans in Battle of Long Island

- Aug 27 1945   WWII: B-29 Superfortress bombers begin to drop supplies into Allied POW camps in China.
- Aug 27 1945 - WWII: US troops land in Japan after Japanese surrender
- Aug 29 1862 - Civil War: Battle of Bull Run, VA (Manassas, Gainesville, Bristoe Station)
- Aug 29 1916 - Congress creates US Naval Reserve
- Aug 29 1942- WWII: The American Red Cross announces that Japan has refused to allow safe conduct for the passage of ships with supplies for American POWs.
- Aug 29 1944 - WWII: 15,000 American troops liberating Paris march down Champs Elysees
- Aug 29 1990 - Iraq: Saddam Hussein declares America can't beat Iraq
- Aug 30 1813 - Creek Indians massacre over 500 whites at Fort Mims Alabama.
- Aug 30 1963 - Cold War: The Hotline between the leaders of the U.S.A. and the Soviet Union goes into operation.
- Aug 31 1941 - WWII: 23 U-boats sunk (80,000 ton) this month
- Aug 31 1942 - WWII: U boats sunk 108 ships (544,000 ton) this month
- Aug 31 1951 - Korea: The1st Marine Division begins its attack on Bloody Ridge. The 4 day battle results in 2,700 Marine casualties.

[Source: Various Aug 2011 ++]

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Military Trivia Update 33:

1. What was the Allied operation to invade North Africa in 1942 called?
ANS: Operation Shoestring -- Operation Scorch -- Operation Torch -- Operation Husky .

2. What did the British High Command insist that the untested US soldiers were?
ANS: Seasoned and ready -- Untested but will prevail -- Green and cocky -- Well equipped .

3. The US 1st Armored Division was well trained by pre-war standards. What major problem did they face at Kasserine Pass?
ANS: German armor was better with experienced crews -- They had to rely on the French -- The terrain was not suited for armored warfare -- The weather and the terrain .

4. The US did have Sherman tanks at Kasserine Pass. How did the US tank crews fail to take advantage of this tank?
ANS: Speed and stealth -- Cover and alignment -- Cover and concealment -- Fire and maneuver .

5. General Fredendall was the US commander at Kasserine Pass. What major mistakes did he make that day during the German attack?
ANS: He failed to ascertain enemy intentions and lost his nerve --. He made no major mistakes -- Poor deployment and piecemeal support -- Poor reconnaissance and misdirection .

6. What did the US 2nd Armored Division see as it attempted to restore order at Sidi bou Zid?
ANS: US troops in full retreat -- Sidi bou Zidi in ruins and looted -- German armor quickly advancing -- US and German armored formations fighting

7. Who replaced General Fredendall after Kasserine Pass?
ANS: Bradley -- Harmon -- Smith -- Patton

8. What vital lesson was learned from Kasserine Pass?
ANS: America should have listened to its ally -- Panic spreads easily -- American armored doctrine was flawed --

Terrain is important

9. The inexperience of the US infantry was obvious. What did the British notice about the GIs that stood out?
ANS: They lacked knowledge of infantry tactics -- They were not familiar with their weapons -- They would not dig foxholes -- They would not camouflage their equipment .

10. What did Rommel think of the US Army after Kasserine Pass?
ANS: He thought the US soldier and the British soldier were about the same -- He had a low opinion of the US soldier -- He thought US equipment was good but their tanks inferior -- He was impressed but thought they were poorly led .

Answers

1. The operation to invade North Africa in November of 1942 was called, Operation Torch. It was the first major land offensive by combined US and British troops in WWII against Germany and Italy.
2. The British (veterans of El Alamein) were not impressed by the material might of the US Army. They immediately saw green and untested troops who were a bit too cocky for their liking because they had yet to face a real nemesis in the German Africa Corps.
3. The major problem the US 1st Armored Division faced at Kasserine Pass was not only a superior tank in the Panzer MK IV but also veteran crews from the Africa Corps.
4. If the US tank crews had used the armored doctrine of fire and maneuver, they would have fully utilized the Sherman's 75mm gun against the German armor. Instead, they were picked off on at a time by concentrated fire.
5. General Fredendall made two glaring errors that day: he deployed his troops on two isolated hills so neither could support the other and he attempted to support them with armor piecemeal. The Germans surrounded both positions and decimated the armored columns that attempted to come to their support.
6. General Harmon (CO of the 2nd Armored) was astounded to see, 'a US Army in rout'. Anything that had four wheels was moving away from the front at full speed. His command vehicle was almost run off the road twice!
7. General George Patton replaced Fredendall after Kasserine Pass and assumed command of the II Corps. This was the beginning of a legend.
8. Kasserine Pass saw the defeat of US forces against a veteran Africa Corps. The one vital lesson learned from that engagement was our armored doctrine was flawed. Armor cannot be committed piecemeal and you need infantry to support it.
9. The British were astounded that the US infantryman would not dig himself a foxhole. For whatever reasons, a shallow slit trench was preferred. This position offered no protection against air or armored attacks. No one took this advice serious until after Kasserine Pass.
10. Rommel was unimpressed by the poor performance of the US soldier and thought their equipment was equally inferior. This opinion remained unchanged until the Normandy Campaign.

[Source: http://www.funtrivia.com/quizzes/history/war_history.html Aug 2011 ++]

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

Sales Taxes

State Sales Tax: 6.00% (temporary increase from 5.75% for the period from October 1, 2009 to September 30, 2012) (food, prescription and non-prescription drugs, residential utility services exempt)
Gasoline Tax: 23.5 cents/gallon
Diesel Fuel Tax: 23.5 cents/gallon
Cigarette Tax: $2.50/pack of 20

Personal Income Taxes

Tax Rate Range: Low - 4.0%; High - 8.5%
Income Brackets: Three. Lowest - $10,000; Highest - $40,000 ***Note:*** *Excludes Social Security income and maximum $3,000 exclusion on military retired pay, pension income, or annuity income from DC or federal government.*
Personal Exemption: Single - $1,675; Married - $1,675; Dependents - $1,675
Standard Deduction: Single - $2,000; Married filing joint return - $4,000
Medical/Dental Deduction: Same as Federal taxes
Federal Income Tax Deduction: None
Retirement Income Taxes: Social Security is exempt. Taxpayers 62 and older can exclude $3,000 of military, federal, and state/local pensions. All state government pensions are fully taxed.
Retired Military Pay: Up to $3,000 of military retirement pay excluded for individuals 62 or older, Survivor benefits are taxable.
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

Property is assessed at 100% of market value. Taxes on owner-occupied real estate are $0.85 per $100 of assessed value. The first $67,500 of assessed value (homestead deduction) is exempt from taxes. Several property tax relief programs are available to assist property owners and first time home buyers. These include a homestead deduction, tax credits for historic properties, senior citizen tax relief and property tax exemptions and deferrals. Homeowners 65 and older with household adjusted gross income of less than $100,000 receive an additional exemption equal to 50 percent of their homestead deduction. For details refer to
http://otr.cfo.dc.gov/otr/cwp/view,a,1330,q,594366,otrNav_gid,1679,otrNav,%7C33280%7C.asp
The real property tax deduction has increased. As a result of changes made to Federal year law, non-itemizers (those who take the standard deduction) may now increase the standard deduction by up to $500 (if single, head of household, married filing separately) and up to $1,000 (if filing jointly) if they took the real property tax deduction on their Federal tax return as an increase to the standard deduction. Tangible personal property is taxed at the rate of $4.30 per $100 of assessed value. The first $225,000 of taxable value is excluded from tax. Call 202-727-1000 for more information.

Inheritance and Estate Taxes

There is no inheritance tax and only a limited estate tax.

For further information, visit the District of Columbia Office of the Chief Financial Officer site http://cfo.washingtondc.gov/cfo/site/default.asp or call 202-727-2476. [Source: www.retirementliving.com Aug 2011 ++]

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Veteran Legislation Status 12 AUG 2011: The August recess has begun now that the debt limit debate is over. The Senate is scheduled to return on 6 SEP. The House is scheduled to return on 7 SEP. For a listing of Congressional bills of interest to the veteran community introduced in the 112th Congress refer to the Bulletin's "**House & Senate Veteran Legislation**" attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At http://thomas.loc.gov you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to http://thomas.loc.gov/bss/d111/sponlst.html.

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

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Have You Heard?

Harry and Sam, two friends, met in the park every day to feed the pigeons, watch the squirrels and discuss world problems.

One day Harry didn't show up. Sam didn't think much about it and figured maybe he had a cold or something.. But after Harry hadn't shown up for a week or so, Sam really got worried. However, since the only time they ever got together was at the park, Sam didn't know where Harry lived, so he was unable to find out what had happened to him.

A month had passed, and Sam figured he had seen the last of Harry, but one day, Sam approached the park and-- lo and behold!--there sat Harry! Sam was very excited and happy to see him and told him so. Then he said, 'For crying out loud Harry, what in the world happened to you?'

Harry replied, 'I have been in jail.'

'Jail!' cried Sam. What in the world for?'

'Well,' Harry said, 'you know Sue, that cute little blonde waitress at the coffee shop where I sometimes go?'

'Yeah,' said Sam, 'I remember her. What about her?

'Well, one day she filed rape charges against me; and, at 89 years old, I was so proud that when I got into court, I pled 'guilty'.

'The damn judge gave me 30 days for perjury.'

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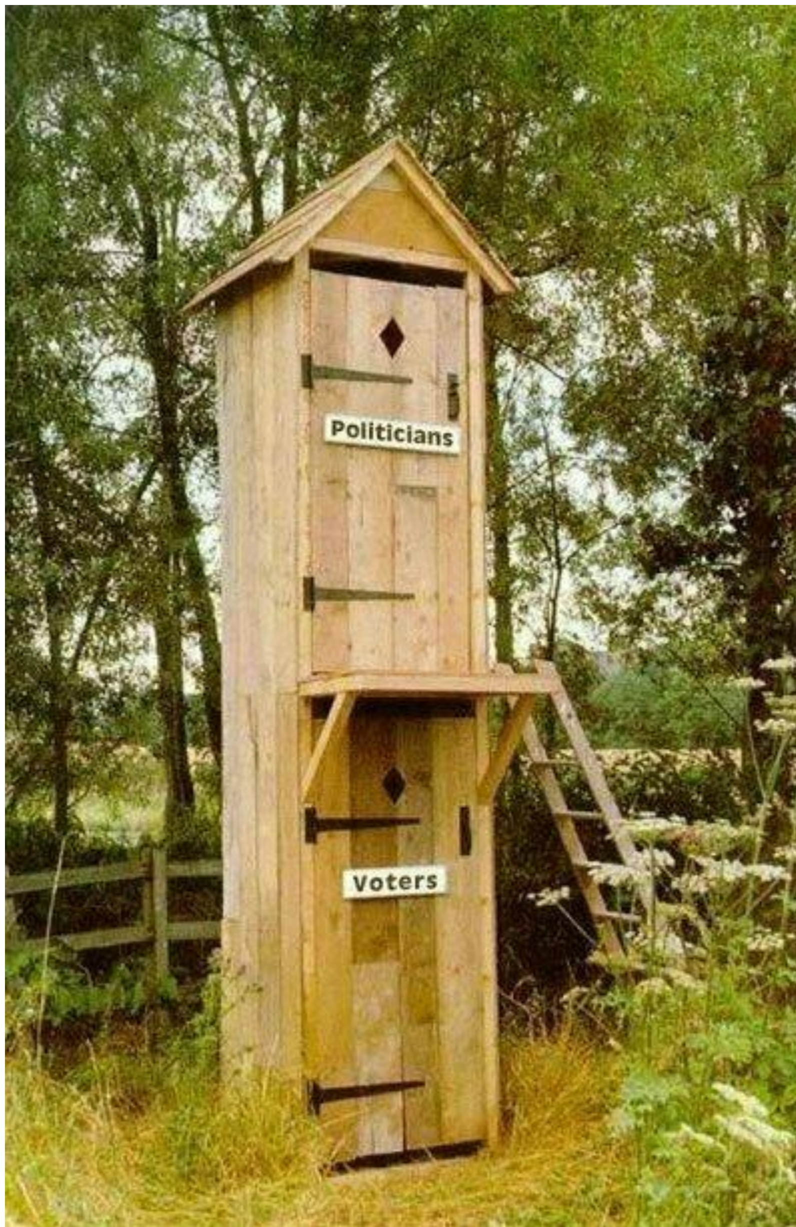
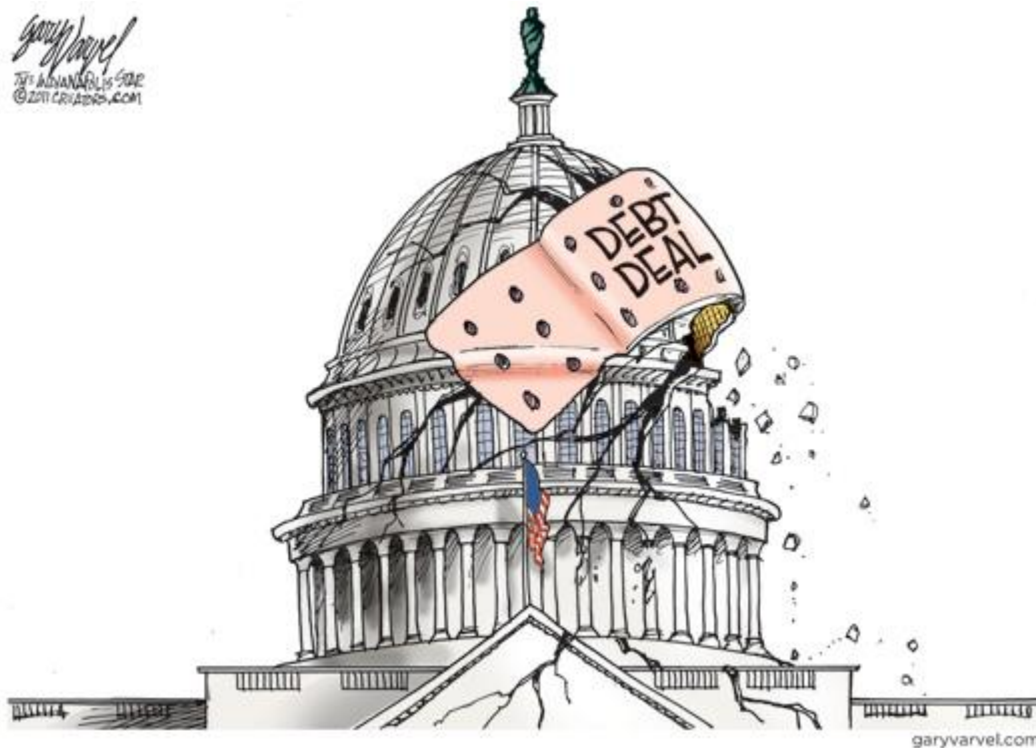
"A house divided against itself cannot stand."
- **Abraham Lincoln** (16th President of the United States | 1809 –1865)





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