

# RAO BULLETIN

## 1 September 2011

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**Tomb of the Unknowns Update 06:** While Hurricane Irene bore down on much of the mid Atlantic states on its way north, and residents of the Washington, D.C. area were advised to remain indoors, the elite soldiers who are the sentinels at Arlington Cemetery's Tomb of the Unknowns remained at their posts. Since taking over the mission on April 6, 1948, Tomb Sentinels from the Army's 3rd Infantry Regiment's "The Old Guard" have guarded the Tomb for 24 hours a day, 365 days a year regardless of the weather. Sentinels trade off marching in front of the tombs that are the final resting place for unknown soldiers from World War I, World War II and the Korean War. The Changing of the Guard at the Tomb is a popular stop for Washington tourists. The Old Guard's Facebook page has drawn an overwhelmingly positive response from readers moved by the posting of three pictures showing a lone sentinel still marching by the tomb despite the Hurricane Irene's heavy rains and strong winds. The elite soldiers known as the Tomb Sentinels pride themselves on not letting bad weather interfere with their post. They stayed at their posts in 2003 during Hurricane Isabel, the last hurricane to come near Washington, and during blizzards in 2009-2010, which shut down the Washington, D.C. area for days.

Typically when it rains, Tomb Sentinels have the option of standing their watch under a green tent located to the side of the Tomb where they usually remain during wreath-laying ceremonies at the tomb.

According to the Society of The Old Guard's website, Tomb Sentinels "are completely dedicated to their duty of guarding the Tomb. Because of that dedication, the weather does not bother them. In fact, they consider it an honor to stand their watch (we call it "walking the mat"), regardless of the weather. It gets cold, it gets hot - but the Sentinels never budge. And they never allow any feeling of cold or heat to be seen by anyone." The Society is an alumni association for the more than 400 soldiers who have earned the Sentinel badge since 1958. The website for The Society says that despite their commitment, the welfare of the soldier is never put at risk: "The Tomb Guards have contingencies that are ready to be executed IF the weather conditions EVER place the Soldiers at risk of injury or death -- such as lightning, high winds, etc. This ensures that Sentinels can maintain the Tomb Guard responsibilities while ensuring soldier safety. It is the responsibility of the Chain of Command from the Sergeant of the Guard to the Regimental Commander to ensure mission accomplishment and soldier welfare at all times." [Source: ABC World News Luis Martinez article 28 Aug 2011 ++]



**A lone Tomb Sentinel, 3d U.S. Infantry Regiment (The Old Guard), walks his tour in humble reverence during Hurricane Irene in Arlington National Cemetery, Va., Aug 27.**

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**Commissary Update 06:** Jerry Ensminger, a retired Marine Corps master sergeant who has fought for years to win government-funded health care for families exposed to contaminated water at Camp Lejeune, doesn't want the measure passed if, to pay for it, Congress would gut the military's prized commissary benefit. Critics contend that's what the Caring for Camp Lejeune Veterans Act (S.277) would do, funding health care for these families by ending annual appropriations for commissaries and merging these base grocery store operations with exchanges, the name for base department stores. "Do I agree with this proposal to punish veterans and their families and active duty people who depend on, and worked for, the right to use the commissary? Hell no. We have lost too many of our benefits over the years to have this taken from us," Ensminger said in a phone interview. But Ensminger, who lost a nine-year-old daughter, Janey, to acute lymphoblastic leukemia in 1985, and blames her death and many others on poisons found in Lejeune drinking water, had only praise for Sen. Richard Burr (R-N.C.), lead architect of S. 277. In June, when forced to find cuts in defense spending to pay for Lejeune vets' health care, Burr proposed streamlining military store operations. The full committee agreed.

Just by getting S. 277 through the veterans affairs committee this summer, Burr brought ailing Lejeune veterans and families closer to the medical help they need, Ensminger suggested. That alone is a victory. "I applaud Senator Burr for recognizing this problem and raising it to the level it deserves. It is horrific that this happened" to families over three decades, ending in 1985. "So please focus on the fact that there's no

question the population at Camp Lejeune was poisoned," Ensminger told me. "Now, does the bill need to be amended and tweaked? Yes, by all means," he said. "Does there need to be another way of paying for it? Yes, and there are other savings that can be found within the Department of Defense budget. But, that burden should not be placed on Senator Burr or Senator [Patty] Murray or the Senate Veterans Affairs Committee [which she chairs]. It should be placed on the perpetrators who did this." That, Ensminger said, is the Department of Defense, and more specifically the Navy Department and the Marine Corps.

Burr's decision to fund S. 277 by putting commissaries at risk has been roundly criticized by military associations, commissary patrons and the American Logistics Association (ALA), which represents suppliers doing business with base stores. ALA projects that, if passed as written, S. 277 would raise grocery prices an average of \$4,000 a year for military families and kill 50,000 store jobs for family members. The vast infrastructure of commissaries, built over decades and funded by a five percent surcharge on commissary items that otherwise are sold at cost, would be lost to patrons forever, said Patrick Nixon, ALA's president and a former director of the Defense Commissary Agency. Commissary advocates on Capitol Hill suggest the store system had a target on its back for deficit hawks already. The target only got bigger when the Senate Veterans Affairs Committee signaled that ending taxpayer subsidies and lowering patron savings were reasonable efficiency moves. Burr's staff merely had found and embraced a cost-savings proposal floated by the Congressional Budget Office for the last several years. The bipartisan National Commission on Fiscal Responsibility and Reform, created by President Obama, used that same suggestion on store consolidation to illustrate ways defense spending might be cut. It said combining store systems into one network over five years period would save \$1.7 billion annually, assuming prices were raised an average of five percent.

The same commission said some savings could be returned to families in the form of a grocery allowance to offset the price increase. S. 277 proposes no such allowance. CBO said arguing against this is the fact that a combined store network still could offer patrons "below-market prices." The offset to pay for S. 277, said David Ward, Burr's spokesman, "is just one option for providing care for the veterans and their family members who suffer as a result of exposure to toxic water at Camp Lejeune." Burr remains "open to working with DOD to find other means to pay for this important legislation." Burr might have done all he can at this point to help these families. If he were to request and get floor time in the Senate' to debate and try to pass S. 277, the Senate Armed Services Committee stands ready to seek unanimous consent of colleagues to send the bill to its committee, which claims oversight of defense budgets and policies including base stores. A Senate source acknowledged referral likely would kill the bill. The armed services panel won't support deep cuts to the commissary benefit and isn't keen to propose another way to pay for S. 277, given the tight defense budgets already looming. The department must find \$350 billion in cuts over 10 years, and perhaps a lot more. A special 12-member "super committee" could propose deeper defense cuts. And if it can't agree to a plan to lower deficit spending by another \$1.5 trillion over 10 years, automatic budget cuts of \$1.2 trillion will be triggered with half taken from defense spending.

Alarmed by the funding provision in S. 277, and by the number of debt reduction initiatives that threaten military shopping discounts, Reps. Joe Wilson (R-S.C.) and Susan A. Davis (D-Calif.), chairman and ranking member of the House military personnel subcommittee, sent a letter last month to Defense Secretary Leon Panetta, signed by more than 60 colleagues. It acknowledges the budget challenges Panetta faces. But it urges him to ignore "cavalier rhetoric by budget-minded advocates" that denigrates the need for the military to operate grocery and department stores. Yes, military pay has improved. But a "compelling need" remains, it says, "to provide young families and elderly retirees access to discounted goods." Base stores do so very efficiently and have become "part of the fabric of military life." Ensminger argues that military life shouldn't include exposure to toxins or years of cover up, as he contends happened at Lejeune. He is confident that Burr and other lawmakers will continue that fight, and will be armed soon

by government mortality and scientific studies affirming their case. [Source: Military.com Tom Philpott article August 25, Aug 2011++]

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**Vet Cemetery North Carolina Update 01:** Wilmington National Cemetery is located in New Hanover County near downtown Wilmington, N.C., on the Cape Fear River. During the Civil War, Wilmington harbor was one of the most significant importation depots for the South, and as such mines and underwater explosives protected it. In addition, the heavily armed Fort Fisher guarded the entrance to the harbor. Until the last few months of the Civil War, Fort Fisher kept the port of Wilmington open to blockade-runners supplying necessary goods to Confederate armies inland. Unlike older fortifications built of brick and mortar, Fort Fisher was made mostly of earth and sand, which was ideal for absorbing the shock of heavy explosives. By 1865, the supply line through Wilmington was the last remaining route open to Gen. Robert E. Lee's Army of Northern Virginia. The Union army and navy planned several attacks on Fort Fisher and Wilmington, but made no attempt until Dec. 24, 1864. After two days of fighting and little headway, Union commanders concluded the fort was too strong and withdrew. However, they returned for a second attempt on Jan. 12, 1865, and for more than two days federal ships bombarded it from land and sea. Three days later, more than 3,300 Union infantry, including the 27th U.S. Colored Troops, attacked. After several hours of fierce combat, Union troops captured the fort. The Confederate army evacuated their remaining forts in the Cape Fear area and within weeks Union forces overran Wilmington. Once Wilmington fell, the Confederacy's supply line was severed and the Civil War was soon over.

In 1867, land was purchased from a local Wilmington resident for the construction of a national cemetery. Most of the original interments were remains removed from the Wilmington City Cemetery, Fort Fisher, Fort Johnson and the surrounding area. An inspection dated May 13, 1870, reports 2,039 interments, including 698 known and 1,341 unknown graves marked by headboards. Also buried in Wilmington National Cemetery are the remains of a group of Puerto Rican laborers who fell victim to the great influenza epidemic of 1918. On Nov. 14, 1918, the Wilmington Morning Star reported an outbreak of influenza on a ship docked in the Cape Fear River. The government vessel, City of Savannah, had arrived two days earlier carrying 1,900 Puerto Ricans to Fayetteville to aid in the construction of Camp Bragg. By the time the ship left Wilmington harbor, 28 of the Puerto Rican laborers had been buried at the national cemetery. Wilmington National Cemetery was listed on the National Register of Historic Places in 1997.

The cemetery is located approximately 20 blocks from the historic center of the City of Wilmington. From Wilmington International Airport, exit the airport on Airport Drive. Turn left on 23rd Street. Continue approximately two miles to Market Street. Turn right. Cemetery is three blocks on your right. This cemetery is administered by the New Bern National Cemetery. Contact info is: 2011 Market Street, Wilmington, NC 28403 Tel: (910) 815-4877 FAX: (252) 637-7145 Wilmington National Cemetery is closed to new interments. The facility is open daily from sunrise to sunset but closed federal holidays except Memorial Day and Veterans Day. [Source:

<http://www.cem.va.gov/CEM/cems/nchp/wilmington.asp#top> Aug 2011 ++]



**Wilmington National Cemetery: Caretakers of History**

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**American Legion Update 01:** More than 10,000 members of the American Legion were expected to attend the 2011 National Convention 27-31 AUG in Minneapolis MN. The American Legion is the nation's largest wartime service organization. As delegates convene at the Minneapolis Convention Center the Legion will be in the midst of a fight of its own -- to stay relevant . To attract and serve today's modern veteran, the American Legion needs to recognize the value of online services and issues such as women in the military. While the American Legion hall down the street may continue as meeting place and de facto community center, the organization has to do more than sponsor baseball leagues and corn feeds. It will have to balance the needs of the vast bubble of Vietnam-era veterans -- who now make up the bulk of the 2.4 million member organization -- with a new generation of Iraq and Afghanistan veterans. Nationally, American Legion membership is down from a high of 3 million members. "We are a changing organization. You just have to be able to improvise, overcome and adapt," said American Legion National Commander Jimmie Foster.

The Legion recently completed a survey of more than 3,000 female veterans on changes they would like to see in the Veterans Affairs system, a recognition of the growing role of women in the military. With unemployment among young veterans in the double digits, Foster met personally with President Obama to lobby for a fix. Obama was scheduled to be in Minneapolis to address the group on 30 AUG. The Legion invites the president, as commander in chief, to its gathering each year. The Legion will act on hundreds of resolutions throughout the conference.

Resolutions start at the post level and work their way through department and state conventions. If approved at the national convention they then become the marching orders for the national commander and national officers until they gather again the following year. The convention brings together delegates from all 55 Legion departments: The 50 U.S. states as well as the District of Columbia, France, Mexico, Puerto Rico and the Philippines.

Still, as the convention was about to begin, a stroll through the ballroom of vendors revealed the realities of the demographics: booths for insurance companies, hearing aids and comfortable pillows. There were more than a few early arrivals making their way with the help of canes and power chairs. To potential new members, Foster offers up the services of an organization with a daily presence on Capitol Hill and the numbers to influence change. "We'll say, 'OK, Mr. Politician, how are you going to vote? We have good



memories. If you don't do that we'll ... find you and remind you that you did not vote the way you said you would." [Source: StarTribune Mark Brunswick article 26 Aug 2011 ++]

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**JCSDR Update 01:** Like the recent earthquake, the Budget Control Act of 2011 left Washington shaken and completely confused, the epicenter being the Department of Defense. While some are saying that the Super Committee will be able to reach a deal and cut the additional \$1.5 trillion (half from defense), others are not so confident there will be any agreement, resulting in automatic caps for the next nine years. Either way, defense spending will make or break a super committee budget deal. Truthfully, Congress has a better chance of willfully trimming the budget at the Joint Select Committee on Deficit Reduction (JCSDR) stage because they have more tools to orchestrate a reduction. Even if they deadlock, they'll push through artificial savings mechanisms, anything to merit a Mission Accomplished banner. Medicare doc fixes are an example of such "solutions". Though Congress's intention was to curb Medicare spending, they came up with an unworkable formula that has now resulted in temporary increases and extensions of existing physician reimbursement rates, all in an attempt to circumvent a long-term solution.

Applying this to what Congress may do with defense spending, a successful deal may be nothing more than a tacit convention of today's culture on Capitol Hill, do anything to avoid Armageddon. And some do consider the trigger provision of the bill to be deadly. Secretary Leon Panetta even called it the 'doomsday mechanism'. Under sequestration, or the trigger, defense cuts are still a variable certainty. We simply do not know how bad it is. It all boils down to the language of the bill. Here's why:

- 1) The bill does not organize any of its spending requirements against any baseline.
- 2) Positive numbers (discretionary spending caps) without context forces you to make arbitrary assumptions.
- 3) No analyst can come up with a number that is reasonable/unreasonable.

The question on everyone's mind: What on earth do we base these numbers against? The President's request in February? The President's April modification? CBO's baseline? The DoD's 'Green Book' estimates? Using any of these assumptions, an analyst can show a range of reductions in the base defense budget. Over a ten-year period, the difference can be up to \$150 billion, depending on what baseline you use. With a range like that, no one knows what to believe. Congress was smart. The bill is also legally provocative in that, if the Committee fails, it changes its basic definitions for the categories of spending that must be cut. At the Committee stage, defense cuts are represented under the 'security category'. Under sequestration, the now 'revised security category' is defined as "discretionary appropriations in budget 050". Granted that function 050 represents national defense spending, it excludes a particular area of spending that, previously on the table, is now off limits: veterans' benefits and services.

While function 050 covers the pay and benefits of active, Guard, and reserve military personnel, it does not appropriate money towards programs of the Department of Veterans Affairs (VA), including veterans' medical care, compensation and pensions, education and rehabilitation benefits, and housing programs. This is all covered by function 700, out of which 90 percent of spending pays for veterans' health care. Golden rule in Washington: cutting pay/benefits for veterans is politically lethal. The Super Committee could have been designed to fail. With veterans' benefits off the table and immeasurable caps on national defense, Congress would ultimately have to raise taxes. Or maybe they do succeed and the Committee schedules a series of cuts that will or will never happen. In either case, the after effects of the Budget Control Act of 2011 are unknown. However, if we look to Mother Nature, we do know that earthquakes

can have large aftershocks, and in some cases, they can last for years. [Source: Business Insider S.N. Kapadia article 26 Aug 2011 ++]

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**Mobilized Reserve 23 AUG 2011:** The Department of Defense announced the current number of reservists on active duty as of 23 AUG 2011. The net collective result is 240 more reservists mobilized than last reported in the 15 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 70,506; Navy Reserve 4,454; Air National Guard and Air Force Reserve, 10,204; Marine Corps Reserve, 5,970; and the Coast Guard Reserve, 734. This brings the total National Guard and Reserve personnel who have been activated to 91,868 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/d20110823ngr.pdf>. [Source: DoD News Release No. 737-11 dtd 25 AUG 2011 ++]

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**Congress Retirement Benefits Update 01:** Rep. Mike Coffman (R-CO) this fall will introduce a bill that would end the defined benefit portion of the congressional retirement plan. Currently, lawmakers who have been in Congress at least five years receive annual benefits equal to 1.7 percent of their salary for every year served up to 20 years, and 1 percent for each additional year. Members contribute 1.3 percent of their paychecks to the pension plan and also are eligible for Social Security and a 401(k)-type account. Under the legislation, lawmakers still would receive any retirement benefits already accrued and could continue to contribute to Social Security and the 401(k)-style Thrift Savings Plan. Members of Congress typically become eligible for retirement annuities at an earlier age and with fewer years of service than most government employees, but they also pay more of their salary for retirement benefits. "These are extremely difficult economic times and Congress needs to set an example and lead the way for the country," Coffman said. "I think this is a good start." Coffman is not the first to propose changes to congressional pensions:

- Rep. Scott Rigell (R-VA) in March sponsored legislation that would prohibit members of Congress from receiving matching contributions to their Thrift Savings Plan accounts, a benefit also available to federal employees, in the absence of a budget resolution that reduces the deficit from the previous year.
- Sen. Sherrod Brown (D-OH) in April introduced a bill that would require members of Congress to wait until they reach the Social Security retirement age to access their federal annuity benefits.
- Rep. Howard Coble, R-N.C., this summer sponsored legislation that would require new members of Congress to serve for at least a dozen years before they vest into the congressional pension program. It also would ensure they do not receive other pension benefits until they've served 12 years.

Under the Federal Employees' Retirement System, lawmakers are eligible for an immediate, full pension once they reach age 62 if they have completed at least five years of service; they are eligible at age 50 or older if they've served 20 years, or at any age after completing 25 years of federal service. Under the Civil Service Retirement System, members of Congress are eligible for an immediate, full pension at age 60 or older, after a decade of service, or age 62 after five years of federal service. The new bill comes amid conflict over the future of federal employee pensions. Proposals floating around include shifting from a



high-three to a high-five annuity calculation, or requiring federal workers to contribute more to their pension plans. [Source: GovExec.com Emily Long article 25 Aug 2011 ++]

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**Weight Reduction Update 02:** If the current "obesity epidemic" continues unchecked, 50% of the U.S. adult population will be obese -- with body mass index values of 30 or higher -- by 2030, researchers said. Drawing on data from the National Health and Nutrition Examination Survey (NHANES) series from 1988 to 2008, Y. Claire Wang, MD, of Columbia University's Mailman School of Public Health, and colleagues projected that, compared with 2010, there will be "as many as 65 million more obese adults" in the U.S. by that year. Obesity prevalence in both men and women in their 40s and 50s would approach 60%, the researchers indicated in the 27 AUG issue of *The Lancet*, part of a series of papers on the growing worldwide burden of obesity. The economic burden of these increasing morbidities will be substantial, the researchers indicated -- medical expenditures alone will be higher by \$48 to \$66 billion annually by 2030, without taking into account lost productivity and other indirect costs associated with a generally sicker population. Reduced productivity would add another \$390 to \$580 billion to the annual tab, the researchers said, based on a 2009 study linking obesity to lost work time. Wang and colleagues also projected that, as a result of the burgeoning obese population, the U.S. will see the following health impacts:

- 6 to 8.5 million more people with diabetes.
- 5.7 to 7.3 million more cases of heart disease and stroke.
- 490,000 to 670,000 additional cancers.
- 26 to 55 million quality-adjusted life-years lost.

Another country with an aging population and a growing problem with obesity is Great Britain. Wang and colleagues analyzed NHANES-like health data collected in England from 1993 to 2008, finding slightly lower prevalences of obesity relative to the U.S., but similar rates of increase. If the current trends in England continue, they would project to obesity prevalences in 2030 of about 40% in men and 35% in women. Both NHANES and the Health Survey for England (HSE) involve interviews and physical exams in more than 10,000 people per iteration. The HSE is repeated annually, while NHANES is conducted over two-year periods. In both programs, the individual participants change from one survey to the next, but they are selected to be sociodemographically representative of the national populations. Wang and colleagues used epidemiological and outcomes data in the literature to estimate the disease burdens that would result from the growing prevalence of obesity. They also calculated what would happen if everyone's BMI was 1% lower -- approximately 1 kg (2 lb) in an average adult. "This change might sound small, but such a scenario would have a substantial effect on consequent health burdens," the researchers wrote. In the U.S. more than 2 million cases of diabetes, roughly 1.5 million cardiovascular disease diagnoses, and about 100,000 cancers would be avoided, their models showed.

Wang and colleagues acknowledged that their calculations were "mere extrapolations from available data" and that current trends may very well not continue. "Past trends do not always predict the future," they wrote. An important finding was the rising burden of obesity among people 60 and older, the researchers emphasized. Of the 65 million additional obese people projected in the U.S. in 2030, 24 million would be in this age range. This population -- already the sickest and most expensive in terms of medical costs -- is the fastest-growing in the U.S. and Britain. Therefore, the overall disease burden and economic effects of obesity may be magnified. In addition to their caveat about extrapolating trends into the future, Wang and colleagues cited other limitations to the study: methodological issues related to the NHANES and HSE surveys; uncertainties in the relationships between obesity, other diseases, and economic impacts;

and the study's 20-year timeframe, which may underestimate future impacts of pediatric obesity. The study was supported by the National Collaborative on Childhood Obesity Research, which coordinates childhood obesity research across the National Institutes of Health, the CDC, the Department of Agriculture, and the Robert Wood Johnson Foundation. Study authors declared they had no relevant financial interests. : [Source: MedPage Today John Gever, Senior Editor, article 25 Aug 2011 ++]

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**Weight Reduction Update 03:** Common rules of thumb exaggerate how much weight people will lose from a given dietary calorie reduction, leading to unrealistic expectations and disappointment, researchers said. Whereas patients are often told that cutting 500 calories a day will let them lose a pound a week, a more realistic formula is that such a caloric reduction would lead to a 50-pound loss over three or more years, according to Kevin D. Hall, PhD, of the National Institute of Diabetes and Digestive and Kidney Diseases in Bethesda, Md., and colleagues. Even then, they explained in the 27 AUG issue of *The Lancet* -- a special edition devoted to obesity -- such weight loss is possible only if the calorie reduction is actually maintained over that time. The standard rules -- endorsed by the National Institutes of Health and the American Dietetic Association, among others -- fail to consider that human metabolism responds dynamically to changes in diet and body composition, Hall and colleagues asserted.

If a 300-pound dieter could really lose a pound a week by cutting his regular diet by 500 calories, he would vanish entirely in six years. "This ubiquitous weight-loss rule (also known as the 3,500 [calorie]-per-pound rule) was derived by estimation of the energy content of weight lost, but it ignores dynamic physiological adaptations to altered body weight that lead to changes of both the resting metabolic rate as well as the energy cost of physical activity," the researchers wrote. When people gain weight, their baseline energy needs increase, to keep the extra tissue alive and to move it around. Likewise, when weight is lost, their baseline needs decrease. So when people cut calories below the baseline requirement -- thereby triggering weight loss -- the gap between their intake and their baseline energy needs begins to shrink. At some point, it may disappear altogether, at which point weight loss stops.

Hall and colleagues put together what they said was a better model of caloric intake and resultant weight loss, incorporating feedback mechanisms to reflect metabolic changes over time in response to diet and body weight. It indicated that weight change in response to caloric restriction occurs over a relatively long period of time. Each reduction of 100 kilojoules daily -- 24 calories -- in intake eventually leads to a loss of 1 kg (2.2 lbs) in body weight, the researchers determined. But only half that loss occurs in the first year. In three years, 95% of the ultimate loss will be realized. On the flip side, using data from previous studies, Hall and colleagues said their calculations suggest that the U.S. population has a persistent excess energy intake of 30 kilojoules (7.2 calories) per day, explaining the increasing prevalence of overweight and obesity. For the population to return to body mass index values that prevailed in the 1970s, average diets would need to shrink by about 220 calories per day. The researchers pointed out that these figures are averages for the adult population. Individuals' metabolic requirements for sustaining a given body mass vary substantially. Consequently, "a given diet results in an uncertain degree of energy deficit," Hall and colleagues wrote.

The findings have important implications for policy, the researchers argued. For example, they pointed to a 2010 policy paper from the U.S. Department of Agriculture, which included an estimate that a 20% tax on sugar-sweetened drinks would reduce average energy intake by 40 calories. Using the standard 3,500 calorie-per-pound rule, the paper indicated that an average weight loss of about 1.8 kg (4 lbs.) per year could be expected -- "incorrectly," Hall and colleagues contended. Their model shows that it would actually

take five years to achieve that level of average weight loss. "We suggest that unrealistic weight loss expectations obtained by erroneous use of the static dieting rule should be replaced by our methods to assess other population-wide and more targeted obesity prevention interventions," the researchers wrote. They also pointed out that, in evaluating interventions, the model can also take account of physical activity and its effects on body weight and metabolism.

On the other hand, a limitation is that "it assumes perfect adherence to the intervention" and also doesn't automatically include increases in food intake that may accompany the start of an exercise program. The problem, of course, is that adherence is usually anything but perfect. Moreover, it can be compounded by the long lag between changes in diet and changes in body weight, according to Hall and colleagues. One manifestation is that patients lose weight while on a program and continue to do so -- for a time -- after they revert to their former lifestyle. "The dieter might then incorrectly infer that adherence is not essential for continuing weight loss when, in fact, impending weight regain has already been set in motion," the researchers indicated. The study was supported by the National Institutes of Health, the CDC, and the Robert Wood Johnson Foundation. Study authors declared they had no relevant financial interests. [Source: MedPage Today John Gever, Senior Editor, article 25 Aug 2011 ++]

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**Stolen Valor Update 44:** Robert Lawrence Deppe, 57, of Upper Lake CA was sentenced 23 AUG to three years in state prison for stealing hundreds of dollars from his brother-in-law and replacing the money with counterfeit bills. "We gave him a pretty big break," Deputy District Attorney John Langan said of Deppe. Langan said Deppe could have faced life in prison because he was a three strikes candidate, with two previous felony first-degree burglary convictions that occurred about 20 years ago. The report on the case explained that Deppe turned himself in at the Lake County Jail on 9 FEB after an investigation began into allegations that he took money from his brother-in-law – who lived with Deppe and his wife, Lisa – as well as taking money from Lisa Deppe herself. Deppe was alleged to have taken from his brother-in-law eight \$100 bills and five \$20 bills and replaced them with fake bills. He also allegedly took two \$100 bills from his wife's purse, also putting fake bills in their place, according to the initial sheriff's report. The District Attorney's Office later charged Deppe with forgery and felony petty theft.

It was about that same time that Deppe, the former post commander of Veterans of Foreign Wars Post 2015, was accused of having falsified a Vietnam service record, leading to him leaving the post. That incident was reported in the 1 MAR Edition of the RAO Bulletin. Langan said the fact that Deppe used counterfeit bills to cover the thefts showed premeditation. Deppe made a complete confession to the thefts. Lisa Deppe – who paid her brother back the stolen money – asked for leniency, and it was Langan's understanding that she also was speaking for her brother-in-law, but found out later that the brother-in-law wasn't asking for Robert Deppe to be given a break. "It was my mistake," said Langan. He said he invited Deppe's brother-in-law to come and make a statement to the court and lodge a complaint about the process if he had one. However, when the man addressed the court he said he was fine with the outcome. He also stated that he loved his sister but was tired of dealing with Deppe. Because of the previous convictions Judge Blum turned down probation. Deppe was immediately taken into custody and transported to the Lake County Jail. From there he will be transported to the California Department of Corrections and Rehabilitation. [Source: Lake County News Elizabeth Larson article 23 Aug 2011 ++]

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**VA Lawsuit ~ Lack of Care Update 13:** It has been more than three months since a panel of the United States Court of Appeals for the Ninth Circuit accused the Department of Veterans Affairs of “unchecked incompetence” and unconscionable delays in caring for veterans with mental health problems. Instead of working with the plaintiffs to address the court’s concerns, the V.A. is appealing the ruling. The 2-to-1 decision in a lawsuit brought by two nonprofit groups, Veterans United for Truth and Veterans for Common Sense, found that the V.A. bureaucracy was so extremely slow and unresponsive that veterans were being denied their constitutional right to mental health care and to the timely adjudication of disability claims. It cited as evidence the high veteran suicide rate — an estimated 18 a day among the nation’s 25 million veterans, and four to five a day among those being served by the V.A. The judges pointedly noted that the agency had no suicide prevention officers at any of its outpatient clinics and that 70 percent of its health facilities had no systems to track potentially suicidal patients. The court agreed with the plaintiffs that “systemwide” changes were needed at the V.A., especially given the rising flood of veterans returning from Iraq and Afghanistan. It ordered the case back to the district court so a plan could be devised.

The V.A. is determined to overturn that ruling. It is seeking a rehearing from the full appellate court. It argues, among other things, that Congress had specifically sought to prevent federal circuit courts from “second-guessing” V.A. decisions about benefits under a 1988 law, which set up the Court of Appeals for Veterans Claims to review disability claims. The two nonprofits are urging that the rehearing be denied. They argue, sensibly, that while the 1988 law imposed limits on federal courts’ oversight of the V.A.’s bureaucratic decisions, Congress surely did not intend to deny veterans any judicial forum to challenge the systematic and structural denial of their constitutional rights. The current crisis, they say, is not about federal judges meddling in specific decisions by the agency to grant or withhold some veterans’ benefits. It is about trying to compel the agency to fix a grossly deficient process for providing mental health care, a system that is failing nationwide. For veterans who are dying for lack of timely care, due process has been replaced by no process, or process with pervasive delays. These court delays are adding insult to those injuries. This cannot continue. [Source: New York times Editorial 21 Aug 2011 ++]

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**MN Disabled Property Tax Exclusion Update 01:** A property tax exclusion program has been extended to five years for the surviving spouses of Minnesota veterans with a permanent and total disability connected to their military service. “We hope this extended benefit will help ease the financial burden on the families of our disabled heroes in Minnesota,” said Larry Shellito, Commissioner of the Minnesota Department of Veterans Affairs. In Minnesota, military Veterans with permanent, 100 percent service-connected disabilities may receive a value exclusion of up to \$300,000 on their homestead for property tax purposes. Previously, the spouse of a qualifying Veteran who died could receive the exclusion for two years after the Veteran’s death. Under this year’s tax bill (Chapter 7, sec. 8), that period was extended to five years, or until the spouse remarries, sells or transfers the property. “The families of our Minnesota Veterans also pay a price for their service to our nation,” said Myron Frans, state revenue commissioner. “Extending this program for surviving spouses when a Veteran dies is one way to show our gratitude for their collective sacrifice.” To receive the exclusion, the surviving spouse must apply for the program through their county assessor and reapply each year. This year, applications are due by 15 SEP (to receive the exclusion for taxes payable in 2012). The deadline is 1 JUL in future years. Anyone with questions about this program or their eligibility should contact their county assessor’s office or their County Veterans Service Officers. For more information and an application for this program, visit the Department of Revenue website <http://www.taxes.state.mn.us>. [Source: Associated Press INFORUM article 19 Aug 2011 ++]

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**VA Cemetery Texas Update 07:** On 21 AUG a federal judge asked attorneys for several veterans groups and the U.S. Department of Veterans Affairs to work toward settling a lawsuit accusing Houston VA officials of religious discrimination. Three local veterans groups have accused VA officials at the Houston National Cemetery of banning such religious words as "God" and censoring their prayers at soldiers' funerals. The lawsuit filed by the Veterans of Foreign Wars District 4, the American Legion Post 586 and the National Memorial Ladies says VA officials barred prayer and religious speech in burials at the Houston cemetery unless families submit a specific prayer or message in writing to the cemetery's director. The lawsuit also accuses VA officials of not allowing them to use religious words such as "God" or "Jesus." During a hearing on the lawsuit, U.S. District Judge Lynn Hughes called on both sides to find a solution. "I hope the parties will settle," he said.

Fred Hinrichs, one of the attorneys for the VA, denied there was religious discrimination or limits on people saying "God" or "Jesus" at soldiers' funerals in Houston or anywhere around the country. "The VA wants to do what the family wants," he said. "If the family wants a (religious) recitation read, they provide it for somebody to read it." But Hughes seemed sympathetic to the veterans groups during the half-hour hearing packed by veterans, both seated and standing. Hughes criticized what he believed were efforts by the VA to portray members of the National Memorial Ladies, a local nonprofit that honors veterans and their families, as "old ladies ... attacking people" with religious messages. Hughes also told Hinrichs that attorneys for the veterans groups have continued to amplify their claims by "supplying excruciating detail," including affidavits by veterans and relatives who believe they have been discriminated against by VA officials.

"We have to solve this problem," the judge said. Hinrichs and attorneys for the Liberty Institute, a Texas religious rights group representing the veterans groups, said they are trying to settle the case. The allegations follow ones made in May by a Houston pastor, Scott Rainey, who sued to be allowed to refer to Jesus Christ at a Memorial Day invocation at the Houston cemetery. A federal judge issued a temporary restraining order forbidding VA officials from censoring the pastor's prayer. Lisa Ward, 43, who was added as a plaintiff in the case last week, said after the hearing that her husband's funeral in May had to be moved to a private chapel so that she could include the VFW ritual in the service. Her husband, Richard Ward, 53, was in the military for more than 30 years. The lawsuit has prompted several members of Texas' congressional delegation to ask the VA to investigate the allegations. [Source: Associated Press Juan A. Lozano article 22 Aug 2011 ++]

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**Fisher House Expansion Update 06:** The furnishings are in place, and the rooms are dressed up and ready for the first Families to begin staying at the Charlie Norwood VA Medical Center Fisher House. "We will have Families living here before the dedication. We are hoping by the middle to end of September," said Anne Arnold, Fisher House manager. The dedication ceremony is scheduled for 5 OCT. Arnold said VA officials signed the acceptance papers for the completed house on 15 AUG. They are still waiting to tie up other paperwork related ends. Construction on the 15,000 square-foot home began in May 2010. The Augusta community raised \$1.8 million for the construction of the home, which cost more than \$5 million to build, according to Arnold. It was completed last month.

While there is a Fisher House at Fort Gordon, it can only house about six Families at a time. The Charlie Norwood VA Medical Center has a unique partnership with the Department of Defense and Dwight David Eisenhower Army Medical Center. The VA houses the active duty rehabilitation unit, where Active Duty Soldiers, Sailors, Airmen and Marines receive treatment. For much of the war, the Fort Gordon Fisher House has been at capacity, and there has often been a waiting list of Families. Some service members receive treatment over many months at the VA, and there have been several Families who stayed at the Fisher House at Fort Gordon throughout the course of their loved one's treatment, said Arnold.

The Augusta VA Fisher House can house about 20 Families at a time. It has two floors and an elevator. It is completely handicapped accessible. There are two wings on the lower level with six rooms in each wing. The upstairs has eight rooms. The rooms vary in size; some have a queen bed, while others have two double beds or two single beds. Each room has its own handicapped accessible bathroom. Also downstairs is a kitchen large enough for several people to prepare meals at one time. There are three refrigerators hidden behind cabinet doors; there are two freezers as well. Each Family will be assigned refrigerator space as well as a cabinet to keep non-perishable food items. A spacious laundry room has three large washers and three dryers. Other common spaces include a large dining room; a Family room with flat screen television and a more formal sitting area without electronics to provide a quiet area.

Arnold called the décor beautiful and said she likes the many details within the home. Fisher Houses are supposed to be “homes away from home” for Families who come to be near their loved ones during treatment. There are more than 50 Fisher Houses on military bases and near VA hospitals. Homes are designed according to the architecture of the region, and Arnold said the interior of the Augusta house reflects Southern style with real hardwood floors – not laminate flooring – on the upper floor. Framed black and white photographs hang throughout the home. “A lot of them make me think of Savannah and Charleston,” she said. Mirrors, beds frames and light fixtures also lend to the Old World Southern feel. Outside the home, there is a patio and gazebo on the landscaped lawn. The Fisher House is located near Wrightsboro Road not far from the hospital entrance. [Source: Fort Gordon “The Signal” Charmain Z. Brackett article 19 Aug 2011 ++]



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**VAMC Spokane WA:** The father and brother of a Navy veteran who killed himself three years ago are suing the federal government, alleging negligence by the Spokane Veterans Affairs Medical Center. The death of Lucas Senescall, 26, on July 7, 2008, came amid a spike in the number of suicides by Spokane-area veterans. From JUL 07 to JUL 08, 21 veterans in the Spokane VA service area killed themselves, including 14 who'd had contact with the medical center, according to Department of Veterans Affairs records. Senescall, who had a history of mental health problems, sought help from the medical center's behavioral health unit before returning to his Spokane home and hanging himself. Steve Senescall



accompanied his son to the medical center that day and witnessed Lucas' interaction with VA staff members. The veteran's brother, Jake Senescall, discovered his body. Steve and Jake Senescall have filed a lawsuit in U.S. District Court for the Eastern District of Washington, seeking damages from the federal government for alleged negligence by the VA and for the pain and suffering they endured as a result of Senescall's death. A medical center spokesman said he had not seen the lawsuit and declined to comment.

The lawsuit alleges that Senescall, who had previously attempted suicide, showed up at the medical center despondent on the day of his death and told a VA nurse, "I don't want to exist." A psychiatrist failed to offer Senescall treatment, counseling or medication, the lawsuit says, but instead "chastised Lucas for missing three mental health appointments in the prior three years." Later that day, Senescall had further contact with VA staff by telephone, complaining, "I am not doing well," but nobody told his father, the police or others he should have been under suicide watch, the suit says. The lawsuit cites a February 2009 report by the VA's Office of Medical Inspector that concluded Senescall should have been offered admission and should have been examined outside his father's presence. The Senescalls are seeking no less than \$1.35 million in damages. Following an overhaul in VA suicide prevention tactics, the Spokane Veterans Affairs Medical Center reported nine suicides from JUL 08 to JUL 09, including three veterans who'd had contact with the medical center – a dramatic decrease. In May, the 9th U.S. Circuit Court of Appeals ordered the Department of Veterans Affairs to overhaul its mental health care system nationally in response to a lawsuit filed by veterans groups. [Source: The spokesman-Review Kevin Graman article 20 Aug 2011 ++]

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**VAMC Salt Lake City UT:** Chris Anglesey nearly died in the U.S. Army's march into Baghdad as part of Operation Iraqi Freedom. While responding as a medic to a downed helicopter, a rocket-propelled grenade hit the vehicle he was riding in. Anglesey returned home with a Bronze Star and a partial disability. The family of Iraqi war veteran Christopher Scott Anglesey has filed a wrongful death suit against the VA hospital. Last summer, he went to the George E. Whalen Veterans Administration Hospital in Salt Lake City after falling over some toys in his Tooele home. Doctors diagnosed him with a broken right tibial plateau and kept him overnight for evaluation. They sent him home the next day with crutches, painkillers and an undetermined date for surgery, court documents state. Anglesey returned to the hospital three days later after stumbling on the crutches. He also experienced respiratory problems requiring oxygen. He again stayed overnight, went home with painkillers and no date for surgery. Two days later, Anglesey was found unresponsive in his home. Efforts to revive him failed. He was 32.

Those details leading to his death are outlined in a federal lawsuit his widow filed this week against the VA hospital and three doctors, alleging negligence and malpractice. "Unfortunately, he was one of the victims of war," said Susan Black Dunn, one of Kathy Anglesey's attorneys. Chris Anglesey struggled with post-traumatic stress disorder and a brain injury for which he was getting ongoing care at the VA, Dunn said. That, she said, warranted closer monitoring of the drugs he was taking when he went in with the broken leg. The second time he went to the hospital should have been a real red flag, Dunn said. "Defendants had a duty to provide reasonable, necessary, appropriate and timely medical care and treatment to Mr. Anglesey that was consistent with the standard of care in the medical community," the suit says. "Defendants breached that duty which led to Mr. Anglesey's untimely death." According to the lawsuit, Anglesey's death certificate says he died from "mixed drug intoxication and pulmonary emboli due to (or a consequence of) recent right leg fracture." An emboli is a basically a blood clot in the lungs.

An autopsy report showed six drugs in his system: hydromorphone, morphine, zolpidem, promethazine, mirtazepine and citalopram, the suit says. Those drugs treat pain, insomnia, allergies and depression. VA doctors prescribed the medications and Anglesey took them according to the instructions he was given, the lawsuit says. In a wrongful death claim filed with the U.S. Department of Veteran Affairs in February, Kathy Anglesey's other attorney, Roger Sharp, sought a \$5 million settlement. Because the VA did not respond to the claim within the allotted six months, her lawyers went ahead with the federal lawsuit. The lawsuit does not seek a specific amount of damages but says they should cover medical expenses, funeral services, lost earnings and financial support as well as lost love, comfort and protection. VA attorney Scott Davis said his office is still reviewing the administrative claim and has not come to a resolution. He declined to comment on its merits. "We do see it as a very tragic case. We are very sympathetic to the family's loss," Davis said. Despite his post-war injuries, Anglesey worked hard to provide for his wife and daughters, Dunn said. Kathy Anglesey, whom Dunn said isn't ready to talk publicly, tries to carry on. [Source: Deseret News Dennis Romboy article 19 Aug 2011 ++]

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**GI Bill Update 76:** Over the past decade, the Veterans Affairs Department spent \$717 million for an anti-psychotic drug to treat post-traumatic stress disorder that a recent study shows is no more effective than a placebo. Data provided by the department in response to a Nextgov query showed that VA doctors wrote more than 5 million prescriptions for risperidone from OCT 2000, the beginning of fiscal 2001, through June 2010. Risperidone is the generic name for Risperdal, a second-generation anti-psychotic drug originally developed by the Janssen Pharmaceuticals division of Johnson & Johnson to treat severe mental conditions such as schizophrenia and bipolar disorder. But a paper by VA researchers published 2 AUG in the Journal of the American Medical Association concluded, "treatment with risperidone compared with placebo did not reduce PTSD symptoms." That paper, whose lead author is Dr. John H. Krystal, director of the clinical neurosciences division of VA's National Center for PTSD, concluded: "Overall, the data do not provide strong support for the current widespread prescription of risperidone to patients with . . . military-related PTSD symptoms, and these findings should stimulate careful review of the benefits of these medications in patients with chronic PTSD." The study included 193 Vietnam veterans and 63 Iraq and Afghanistan veterans.

While the paper focused on risperidone, it also questioned the effectiveness of other second-generation anti-psychotic drugs, including Seroquel, also known by its generic name quetiapine. VA told Nextgov it spent \$846 million on Seroquel over the past decade for more than 6.6 million prescriptions. Besides prescribing Seroquel for use as an anti-psychotic drug, both VA and Defense Department physicians prescribe it as a sleep aid, despite the fact the drug has been implicated in the deaths of two Marines who took large doses of it. Though the Food and Drug Administration has approved risperidone only for treatment of schizophrenia, bipolar disorder and irritability associated with autistic disorder in children and adolescents, clinicians are free to prescribe it as they see fit, a practice known as "off-label" use. The paper on risperidone published earlier this month reported the results of the first large trial measuring the effectiveness of second-generation anti-psychotics in the treatment of PTSD, previous research found little evidence the drugs were effective and VA's own clinical practice guidelines, first published in 2004, when the department spent \$66 million on risperidone and \$56 million on Seroquel, warned against using the drugs to treat PTSD. Those guidelines, still in force today for both VA and Defense, cautioned "there is insufficient literature to recommend the use of atypical anti-psychotics (olanzapine, quetiapine, risperidone, ziprasidone, aripiprazole) to recommend their routine use in PTSD."

Douglas Leslie, a professor at Penn State College of Medicine's department of public health sciences, conducted a study of 279,778 veterans who had received off-label prescriptions for anti-psychotic drugs for PTSD treatment in 2007. The veterans were most often prescribed Seroquel, followed by risperidone. In a 2009 paper, he concluded, "The scientific evidence supporting the effectiveness of off-label anti-psychotic medication use is weak for most conditions, including depression and PTSD -- conditions with relatively high rates of off-label use in our study." In 2007, the year Leslie was conducting his research, VA spent \$89 million for 467,217 risperidone prescriptions and \$92 million for 740,317 Seroquel prescriptions. Teresa Mueller, a Janssen spokeswoman, said, "The treatment of post-traumatic stress disorder with Risperdal (risperidone) is not approved by the FDA, and as such, we do not promote its use for this medical condition." But the company is under investigations by the Justice Department and several state attorneys general for its sales and marketing practices regarding Risperdal, according to Johnson & Johnson's quarterly report filed July 3 with the Securities and Exchange Commission. According to the report, the company in 2004 "received a subpoena from the Office of the Inspector General of the United States Office of Personnel Management seeking documents concerning sales and marketing of, anyNextGov and all payments to physicians in connection with sales and marketing of, and clinical trials for, Risperdal from 1997 to 2002. Documents subsequent to 2002 also have been requested by the Department of Justice." The Johnson & Johnson report also identifies lawsuits filed by eleven states related to sales and marketing of Risperdal for off-label use. [Source: GovExec.com Bob Brewin article 8/22/11]

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## **VA Survivor Assistance Update 01:** VA's Office of Survivors Assistance (OSA)

ensures families of the fallen have full access to the services and benefits to which they're entitled. It was established by Public Law 110-389, Title II, Section 222, in OCT 08 to serve as a resource regarding all benefits and services furnished by the Department to survivors and dependents of deceased Veterans and members of the Armed Forces. OSA also serves as a principal advisor to the Secretary of Veterans Affairs and promotes the use of VA benefits, programs and services to survivors. The OSA is your advocate to ensure fairness, equity and appropriateness of all survivor benefits and to serve as the liaison for inter- and intra-agency collaboration and coordination on survivor issues. OSA is also fully committed to staying in step with the needs of survivors to ensure that OSA remains a viable advocate for the survivor community. They can be contacted at [officeofSurvivors@va.gov](mailto:officeofSurvivors@va.gov). Their website <http://www.va.gov/survivors> includes answers to the following list of FAQ's which cover many of the needs of survivors.

1. How do I apply for benefits?
2. Is there someone that can help me file my claim?
3. How do I check the status of my claim?
4. How do I know if I am eligible for a benefit?
5. What is the difference between DIC and SBP?
6. What is the SBP / DIC offset?
7. What is the difference between DIC and Death Pension?
8. Is DIC taxable income?
9. What is CHAMPVA?
10. As a surviving spouse, am I eligible for VA medical care?
11. How do I update my contact information?
12. What education benefits are available and what is the Sgt. Fry Scholarship?
13. How can I access information about VA Education Benefits for myself or for my children?
14. What are VGLI/SGLI and how do I file a claim?

15. I am a widow/er; if I remarry, do I lose my benefits? If I later get divorced or my new husband dies, do I get my VA benefits back?

16 .How do I get a copy of my loved one’s DD-214 or DD-1300?

17. Who is eligible for Veteran Center grief counseling, and how can I locate a center?

18. Am I eligible for a VA Home Loan as a widow?

19. My question is not covered above, is there another source of information I can check?

[Source: <http://www.va.gov/survivors> Aug 2011++]

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**NMAJMH:** The National Museum of American Jewish Military History (NMAJMH), under the auspices of the Jewish War Veterans of the USA, documents and preserves the contributions of Jewish Americans to the peace and freedom of the United States, educates the public concerning the courage, heroism and sacrifices made by Jewish Americans who served in the armed forces, and works to combat anti-Semitism. Its mission is, and has always been, to show both non-Jews and Jews that and how Jewish Americans have served in the military. It is located at 1811 R Street NW, Washington, DC 20009. Parking is on streets in the neighborhood. Hours and days of operation are Mon – Fri: 09-1700. The museum, which is handicapped & wheelchair accessible, is closed Sat and most Jewish and Federal holidays and open Sunday for 6 or more people by appointment only. To contact the museum call 202-265-6280/462-3192F or email <mailto:nmajmh@nmajmh.org>. Call Mary Westley at Extension 511 to arrange a tour. [Source: <http://www.nmajmh.org> Aug 2011 ++]



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**DoD PDBR Update 10:** Michael LoGrande, Physical Disability Board of Review director, visited Fort Carson 9 AUG, on the first stop in his nationwide attempt to offer the board to more than 70,000 injured veterans. The Physical Disability Board of Review, or PDBR, was established "to review the disability determinations of covered individuals by Physical Evaluation Boards," according to the Dignified Treatment of Wounded Warriors Act of 2008. The board began accepting applications in January 2009 from post-9/11 veterans with a disability rating of 20 percent or less. About 25 percent of post-9/11 veterans reported a service-connected disability in July 2010, according to U.S. Labor Department statistics in March. Nearly a third had a disability rating less than 30 percent. The PDBR re-evaluates records for

anyone who served in the armed forces between Sept. 11, 2001, and Dec. 31, 2009. "Congress made it incredibly clear to everyone that it's apparent the services are artificially suppressing disability ratings, across all of the services," said LoGrande, regarding discussions in 2007. He said PDBR applicants receive an objective, DoD-level review of their previously filed disability ratings.

Ratings of 10 and 20 percent pay out \$123 and \$243, respectively, per month, according to the latest Veterans Affairs compensation benefits rate tables. After 30 percent, benefits pile up with the possibility of increased payments, dependent compensations, disability retirement and access to the TRICARE military health program. Only five percent of the eligible population has applied, said LoGrande, during his two-day visit to Denver and Colorado Springs, Colo., where he met with local media. He plans to continue his travels to raise awareness of the PDBR this fall, with stops in California and Texas. "Congress put this board in place so we can correct inaccurately rated disabilities -- so we can afford (veterans) what they should have been afforded in the first place," said LoGrande, while meeting with Edward Butler, an Army Wounded Warriors program advocate at Fort Carson. Butler has helped five veterans apply to PDBR in the past year; each received a higher rating. "There are a number of people who don't feel good about their rating," said Butler. His cases mostly involve severely injured individuals who were discharged with a medical disability, such as a traumatic brain injury, post-traumatic stress disorder, limb dysfunction or loss of vision or hearing. "Sometimes they're just worn out and frustrated and just want to get out -- they'll sign anything ... PDBR is an opportunity to correct a Soldier's military record as it pertains to their medical board rating. It will assist not just the Soldiers but also their Families."

LoGrande says, "If you apply to the PDBR, you don't have to prove there was an error or injustice. We look at everything available and see what can be rated. Almost all of the PDBR findings have resulted in a correction of military records." Each board combines a medical officer alongside two senior line officers, who represent the veteran's branch of service. They may endorse rating modifications, additions or re-characterizations to retirement. They are not authorized to recommend reductions, according to the bill passed in 2008. The legislation also funded the creation of pilot programs for the Disability Evaluation System, which are projected to reduce processing times and standardize policies across the military departments. Colorado contains the PDBR's third largest eligible population, behind California and Texas, said LoGrande. Out of the estimated 1,500 disabled post-9/11 veterans residing in the state, 116 have applied. More than half of those applicants received retroactive benefits and a disability retirement. "They can send us whatever documentation they have, or they can send us nothing," said LoGrande, emphasizing that the paperwork requested by the PDBR is minimal. "They don't have to send us anything other than the application and privacy act release." Post-9/11 veterans with a combined disability rating of 20 percent or less can apply to the PDBR at <http://www.health.mil/pdbr>. [Source: U.S. Army Home Page <http://www.army.mil> Dustin Senger article 18 Aug 2011 ++]

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**DoD Benefit Cuts Update 09:** Military retirement is on the table in the coming months and years as Congress attempts to rein in our national debt. But that's only the start of what could be at risk. There are many things going on simultaneously which could cause adverse impact on the military community. Here is a timeline of expected events for the rest of this year.

- **September-October:** DoD will need to decide on specific initiatives to trim its budget by \$350 billion over the next ten years. The \$350 billion cut was adopted as part of the recent debt ceiling compromise. Possible initiatives include force reductions, pay raise caps, TRICARE and retirement changes, and more.



- **October 1:** That's the first day of the new fiscal year. If Congress hasn't passed all of the various federal departments' appropriations bills by that date (which almost certainly won't happen), Congress will have to pass what's called a "continuing resolution" to avoid a government shutdown. We've seen this scenario before. The last several times it's happened, there's been a big fight over whether to use the risk of a shutdown to impose even bigger spending cuts than already have been approved.
- **November 23:** This deadline for the so-called "Super Committee" – a bipartisan group of 12 legislators from the House and Senate – to put forward a proposal to further reduce the federal deficit by \$1.5 trillion over the next 10 years. This requirement also was part of the recent deficit-reduction legislation. Why November 23? Because that will leave Congress only one month to approve whatever plan the 12 legislators propose.
- **December 23:** The deadline for Congress to review and vote on any proposal agreed to by the "Super Committee." Congress must conduct an up-or-down vote on the proposal, with no amendments considered. If the committee can't agree on a proposal, or if Congress rejects the proposal without approving some alternative to achieve equal savings, an automatic enforcement mechanism (sequestration) will cut \$1.2 trillion from the budget over the next 10 years.
- **January 1:** In the event of sequestration, the cuts will be effective on the first of the year. The \$1.2 trillion in automatic, across-the-board cuts will be divided evenly between defense and non-defense accounts. Under sequestration, certain programs will be exempt from cuts, including federal civilian and military retirement, Social Security and Medicare beneficiaries. But cutting an additional \$600 billion from defense spending would require massive cuts to almost all other programs, likely including health care, commissaries, weapons systems, troop levels, and more.

Tough times are ahead and we'll all members of the military commodity to help remind Congress that programs like military retirement and military health care are unique benefits designed to offsets the challenges and sacrifice inherent in a military career. If you haven't already done, so send your legislators your feelings on the subject. One way is to use a MOAA-suggested message urging your legislators to protect military people programs that are essential to sustaining a high-quality career force. At <http://capwiz.com/moaa/issues/alert/?alertid=51851501> is a preformatted editable message that you can use. All that is required is to complete the sender information and click the send tab. [Source: MOAA Leg Up 19 Aug 2011 ++]

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## **Microwave Ovens Update 01:** Are you utilizing your microwave to its full capability.

Check out the following:

- **Disinfect and Deodorize Sponges.** Don't throw out the kitchen sponge that smells like last night's salmon. Soak it in water spiked with white vinegar or lemon juice, then heat it on high for 1 minute. (Use an oven mitt to remove it.) This will also disinfect any sponges you used to wipe up the juices from a raw chicken.
- **Cook an Entire Dinner in Under 10 Minutes.** Not just the TV variety. We mean braised salmon with green beans and mashed potatoes. Use the microwave for any recipe that calls for braising, poaching, or steaming. Just subtract about three-quarters of the cooking time. Remember to stir



liquids often to redistribute the heat, and always take the food out a minute or two before it's completely done, since it will continue to cook.

- **Disinfect Plastic Cutting Boards.** Wash the board well, rub it with the cut side of a lemon, then heat for 1 minute.
- **Soften Brown Sugar.** Keep the sugar in its plastic packaging, add a few drops of water, and heat on medium for 10 to 20 seconds.
- **Decrystallize Honey.** Honey that has solidified can be brought back to liquid life by uncovering the jar and heating on medium power for 30 seconds to 1 minute.
- **Proof Yeast Doughs.** Yeast doughs that normally take an hour or more to rise at room temperature can be proofed in the microwave in about 15 minutes. Place the dough in a very large bowl and cover with plastic. Place an 8-ounce cup of water in the back of the microwave with the bowl of dough in the center, and set the power as low as possible (10 percent power). Heat for 3 minutes, then let the dough rest in the microwave for 3 minutes. Heat for 3 minutes longer, then let rest for 6 minutes. The dough will double in bulk.
- **Heat up Health Aids.** You use a microwave to reheat your coffee, so why not use it to heat and reheat gel packs for headaches? (Don't do this with a metal-wrapped pack.)
- **Warm Beauty Products.** Warming up a hot-oil conditioning pack for your hair takes about 10 to 20 seconds and feels marvelous, as does briefly heating up a moisturizing facial mask. (Stir the mask and test the temperature with your finger before applying to your face.) And if hot wax hardens when you're only halfway up your calf, reheat it in the microwave. It's much less messy than using a double boiler.
- **Roast Garlic.** It takes 45 minutes to roast garlic in the oven but less than 8 in the microwave. Slice off the top of the head to reveal all the cloves. Place the head in a small, deep dish, season with salt and pepper, and drizzle with 2 tablespoons of good olive oil. Spoon 2 tablespoons of water into the bottom of the dish, cover it with plastic wrap, and cook at medium power for 7 to 7½ minutes. Let stand for a few minutes before unwrapping.
- **Get More Juice From Citrus Fruits.** A lemon or lime taken straight from the refrigerator is harder to juice than one left at room temperature or warmed slightly. To get the most juice, microwave citrus fruits for 20 seconds before squeezing.
- **Toast Bread Crumbs, and Coconut.** The microwave toasts them in a quarter of the time it takes in a conventional oven. Spread them out on a plate and heat on high for 2 to 3 minutes, stirring every minute. Keep in mind that they will continue to toast for about a minute after removal.
- **Warm Tortillas.** Wrap tortillas in a damp paper towel. Microwave on high (power level 10) for 40 seconds to 1 minute.
- **Toast Pine Nuts and Sliced Almonds.** Spread nuts on a microwave-safe plate. Microwave on high (power level 10) in 1-minute intervals, tossing in between, until beginning to turn golden, 4 to 5 minutes.
- **Make Applesauce.** In a microwave-safe bowl, combine 1 pound peeled and diced apples (Macintosh, Fuji, or Gala are best) with ¼ cup water, 2 teaspoons sugar, and ½ teaspoon cinnamon. Cover and microwave on high (power level 10) until the apples are tender, 8 to 10 minutes. Mash with a fork or potato masher.
- **Make Homemade Popcorn.** Place ½ cup popcorn kernels in a large microwave-safe bowl with 1 tablespoon olive or canola oil. Cover with a microwave-safe plate and microwave on high (power level 10) until the majority of the kernels have popped, 3 to 5 minutes.

[Source: Real Simple Magazine article 16 Aug 2011 ++]

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**VA Paralympic Program Update 01:** The Department of Veterans Affairs (VA) has launched its Paralympic Program website as part of VA's ongoing commitment to support the rehabilitation and recovery of disabled Veterans through participation in adaptive sports. "Adaptive sports participation among disabled Veterans has many proven benefits such as increased independence, reduced dependency on pain and depression medication and stress reduction," said Secretary of Veterans Affairs Eric K. Shinseki. "Providing resources for disabled Veterans to participate or compete in adaptive sports supports the holistic wellness of Veterans, which is a key component of VA's Veteran-centric care." The website is located at <http://www.va.gov/adaptivesports> .

One of the highlights of the new website is the "Success Stories" page, which features disabled Veterans and their stories of how participating in adaptive sports has positively impacted their lives. Veterans who participate in adaptive sports at any level, as well as Paralympic competitors, are encouraged to submit their stories and share their challenges and triumphs with the entire Veteran community. The site also provides users with a comprehensive overview of the benefits of disabled Veterans participating in adaptive sports, sports by disability, training allowances, the VA Paralympic Grant Program, and resources for caregivers and VA clinical personnel. Another resource is the "Sports Club Finder" feature, a searchable database developed by U.S. Paralympics that connects disabled Veterans with local sports programs throughout the country. For more information, visit the website <http://www.va.gov/adaptivesports> or send an email to [vacoadaptiveSP@va.gov](mailto:vacoadaptiveSP@va.gov). [Source: VA News Release 18 Aug 2011 ++]

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**Government Vet Support Update 01:** As President Obama begins to draw down U.S. forces in Afghanistan, most Americans continue to say that government support for troops returning from war is falling short. The public remains divided over whether the American people give enough support to soldiers who have served in Iraq and Afghanistan. Opinions on this tilt more negative, however, among the families of those who have served in the military since the 9/11 terror attacks. The latest national survey by the Pew Research Center for the People & the Press, conducted June 15-19 JUN among 1,502 adults, revealed the following

- The government gets better marks for supporting returning troops than it did in 2007, amid the scandal over military medical care at Walter Reed Army Medical Center, or a year later. Nonetheless, just 32% say the government gives enough support to soldiers who have served in Iraq and Afghanistan. Nearly twice as many (62%) say the government does not provide enough support for the returning troops. In 2007 and 2008, even fewer said the government was providing adequate support for the troops (21% in 2007, 22% in 2008).
- The public is split in its views of whether the American people give enough support for returning troops -- 47% say they do, while 49% disagree. These views are little changed from 2007 or 2008. However, a majority (58%) of those in households with veterans who have served since the 9/11 attacks say the American people do not give enough supports to the returning troops. Far fewer (38%) say the American people have given enough support to the troops.
- When people who say the government has not provided enough support for returning troops are asked for specific problems, nearly as many cite a lack of help with financial issues (37%) as problems with medical care (42%). Three years ago, medical care was the dominant concern, mentioned by half of those who answered the question (50%). About a quarter (27%) cited financial issues.

- Among financial concerns cited, 19% say the government is not doing enough to address the lack of jobs or preparation for work among returning soldiers. In February 2008, 12% cited these concerns.
- About a third (34%) of those who say the government has not done enough for returning troops point to mental health issues as the biggest area of concern; that is unchanged from 2008. However, specific mentions of post-traumatic stress disorder (PTSD) have doubled - from 5% to 11%.
- Following media revelations in early 2007 about poor medical care in government facilities given to veterans of the ongoing wars, Democrats were more likely than Republicans to say the government was not doing enough for returning troops (81% vs. 58%). Fewer Democrats and independents fault the government's support for returning troops today, while Republicans' views are little changed. In the new survey, there are no significant differences among partisans on this question: 61% of Republicans, 63% of Democrats and 64% of independents say the government does not give enough support to returning soldiers. There also are no significant partisan differences in views of public support for returning troops.
- Women are somewhat more likely than men to say that both the American people and the government do not give enough support to returning troops. About two-thirds of women (67%) say the government does not provide enough support, compared with 57% of men. More than half of women (54%) say the American people do not give enough support to these veterans, compared with 43% of men.

[Source: PewResearchCenter Publications article 29 Jun 2011 ++]

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**VA Homeless Vets Update 23:** The number of homeless female veterans is on the rise and the high rate of Military Sexual Assault may be partly to blame. Between 2008 and 2009, women veterans made up 7.5 percent of the estimated 75,609 homeless service members, according to the Department of Veteran Affairs. The same organization found that 20 percent of of female Iraq and Afghanistan veterans have experienced Military Sexual Abuse, a trauma that is more likely to impede a veteran's transition back to society, than a combat-related trauma, according to a 2009 Clinical Psychology Review study, the Portland Monthly cited. "I think I can say confidently that every single woman in the military has dealt with sexual harassment at some time in their career," Mickiela Montoya, a homeless veteran, told ABC. Montoya, who served as a policewoman in Iraq for seven years said a fellow soldier threatened to rape her in Iraq.

Recognizing the pressing need to cater to this specific population, the U.S. Department of Labor's Women Bureau launched a guide for service providers in July to ensure that homeless veterans' unique challenges are adequately addressed. "I am very concerned about this increase in homelessness and other challenges our women veterans face as they reintegrate..." Hilda Solis, Secretary of the U.S. Department of Labor, remarked on the organization's website. "Often women veterans are neither aware of the available services nor comfortable accessing them. Something must be done." Paulina Hicks, who lives in a veteran-funded women's living center in California, is one such traumatized veteran who the Department of Labor hopes to target. "Of course, I'll never forget his face," Hicks told the Huffington Post in April of the man she said raped her at an air show. Hicks said that another man, who broke into her dormitory in Texas, raped her and that she was verbally and physically assaulted by a superior in Oregon whom she worked with on a daily basis for three years. She reported a few incidences, but mostly kept the attacks to herself.

While the growing rate of female homeless veterans is a nationwide concern, certain pockets of the population are experiencing the rise more than others. In Fayetteville, N.C., for example, the female veteran homeless rate has hit 18 percent, according to the Fay Observer. "Fayetteville is a bastion of military persons," Barbara Marshall, a Navy veteran who was once homeless, told the newspaper. "They retire here, and, unfortunately, some encounter times of trouble." Of the 504 homeless veterans Fayetteville serves, about 90 of them are women, the Fay Observer reports. But those numbers don't necessarily represent the problem's complete picture, since veterans are often hesitant to reveal the abuse they have been subjected to. Finding housing is just part of the problem. Getting veterans to overcome their reluctance to ask for help is another. "There's more shame, secrecy, and stigma attached to post-traumatic stress disorder associated with military sexual trauma than with combat-related PTSD," Marcia Hall, a counselor and Women's Health Program manager at the Roseburg VA told the Portland Monthly. "It's a hidden war." Oregon's VA faces similar challenges to that of Fayetteville's when it comes female veteran homelessness. Though the 2010 rate of 6 percent is lower than the national rate, according to Oregon Housing and Community Services, experts admit that these numbers are likely not representative of how grave the problem is. "Veterans are like the salmon, they never want to stop and be counted," Nicole Hoeft, lead public information specialist for Oregon's VA, told the Huffington Post.

To assist their homeless female veteran population, Portland's VA opened the state's first—and one of the country's few—female-only VA clinics. Lawmakers also recently passed legislation calling for improvements in the care made available for victims of Military Sexual Trauma, the Portland Monthly reported. While such female-veteran specific resources are raising awareness and offering unprecedented help, experts say it's just beginning to scratch the surface of the problem. "The community is more aware," Stephanie Felder, the Fayetteville VA's homeless program coordinator Felder told the Fey Observer. "But there just isn't enough beds, especially for women and children." [Source: Huffington Post article 18 Aug 2011 ++]



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**Nursing Homes Update 10:** Two senators have urged the Centers for Medicare and Medicaid Services (CMS) to take a closer look at potential over-prescribing of atypical antipsychotics to nursing home residents. There are eight atypical antipsychotics approved by the FDA to treat schizophrenia and/or bipolar disorder, including clozapine (Clozaril), aripiprazole (Abilify), and quetiapine (Seroquel). Atypical antipsychotics are not approved to treat dementia, and must carry black box warnings that elderly people who take atypical antipsychotics have an increased risk of death, compared with those who take placebo pills for dementia. Still, it's clear that these drugs are being used in nursing homes to control

behavioral problems related to dementia. A 2011 report from the Department of Health and Human Services Office of the Inspector General (OIG) found that 14% of all nursing home residents with Medicare had claims for antipsychotics and 88% of the atypical antipsychotics prescribed off-label were for dementia. And in 2009 Elli Lilly, the makers of olanzapine (Zyprexa), pled guilty and paid \$1.4 billion to the federal government for allegedly targeting doctors who worked in nursing homes and assisted living facilities to prescribe olanzapine off-label to elderly patients with dementia.

In their letter, Sens. Charles Grassley (R-IA) and Herb Kohl (D-WI) urged CMS administrator Donald Berwick, MD, to examine the issue of overuse of antipsychotics in nursing homes more closely. The letter is a follow-up to one the senators sent in May after the release of the OIG report, which the senators themselves requested. The newest letter, sent 1 AUG, requests that CMS investigate what role pharmacy benefit managers -- who manage prescription drug coverage for Medicare beneficiaries living in nursing homes -- play in fueling the possible overuse of atypical antipsychotics in elderly people in long-term-care facilities. Pharmacy benefits managers may receive rebates from drug companies for prescribing certain drugs, and CMS should look at their role in "unnecessarily increasing the use of antipsychotic drugs and to subsequently take action to address such practices and curb excess use." The letter also urges CMS to consider requiring that physicians, who off-label prescribe drugs with black box warnings to seniors, certify that a Part D provider will cover the drug. If CMS followed the senators' advice, Medicare payments for antipsychotics that "lack a medically-accepted indication" should be drastically reduced, the senators said. "Taking such proactive steps will create disincentives for entities that administer pharmacy benefits to allow these practices to flourish while also providing CMS with clearer means to recoup erroneous payments," Grassley and Kohl wrote.

A recent study found that the prescription cost for a typical antipsychotic increased from \$38 to \$41 between 2004 and 2008, while the price tag for an atypical antipsychotic rose from \$226 to \$323, the researcher found. Overall, the cost of typical antipsychotics in the U.S. was \$600 million in 2008, while the cost of atypical drugs reached \$9.9 billion. That same study concluded that atypical antipsychotic use is growing, especially among seniors, and the drugs are increasingly prescribed off-label, sometimes without convincing evidence to support that use. In 2008, 91% of the prescriptions written for atypical antipsychotics were for circumstances where the evidence for the efficacy was uncertain, the researchers found. However, a separate study found that after the FDA issued a black box warning about the risks of using the drugs to soothe behavioral problems in dementia patients, there was a decline in prescribing the drugs to patients in the VA medical system.

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## **VA Fraud Waste & Abuse Update 39:**

- **Martinsburg WV** - Charity Arpacik accused of making more than \$23,000 in unauthorized withdrawals from the bank account of a patient at the Veterans Affairs Medical Center in Martinsburg was arraigned 15 AUG on one count of embezzlement by misuse of power. She was later released after posting \$5,000 bail. Arpacik didn't dispute that she made all of the withdrawals, but she said they were authorized by the victim. According to court records, the investigation began on 16 JUN when Martinsburg Patrolman First Class W. Parks received a phone call in reference to a possible fraud. Parks learned that the victim, who was living at the Veterans Affairs Medical Center in Martinsburg, had money taken out of his BB&T bank account. Parks then traveled to the victim's bank, where he spoke with a bank investigator. She told Parks that the man had filed a complaint with the bank alleging that a female, later identified as Arpacik,

had withdrawn a large amount of money from his checking and savings accounts without his consent.

On June 20, Parks spoke to the victim, who stated he had been living at a residence on West King Street until he was admitted to the VA in March. He said he had asked Arpacik, a friend, to take care of his home and his dog while he was in the hospital. He told the officer that he had given Arpacik his debit card along with his PIN number, authorizing her to pay his cable bill, phone bill and to purchase food for his dog, records show. The victim stated that upon receiving his bank statements, he realized there had been a number of unauthorized withdrawals from his accounts. He initially told police that about \$11,000 in unauthorized withdrawals had been made, but later told Parks that the exact amount was \$23,614 based on bank statements provided to police, records show. After making multiple attempts to locate Arpacik, she eventually went to the Martinsburg Police Department on 1 AUG and provided Parks with a statement. She told police that she began working for the victim around March, cleaning his house. She said the man gave her his BB&T bank card and PIN number on several occasions to do grocery shopping and to take care of his bills. Arpacik stated that she would give him his card back on several occasions, but alleged that the man would say, "If you need anything, you know what to do with it".

She further stated that the victim paid for her rent, electric and cellphone bill. When the victim was admitted to the hospital, she said that she continued to take care of the man's bills and his dog. Parks showed her the alleged victim's bank statements showing multiple withdrawals from his account between March 29 and June 16. Parks then asked her why there were several cash withdrawals on various days. In one case, on April 18, there were 14 cash withdrawals made ranging from \$10 to more than \$200. Arpacik couldn't give an answer as to why there were so many random withdrawals, records show. Based on the statements collected during the investigation and the alleged victim's bank statements, Parks obtained a warrant charging Arpacik with embezzlement. If convicted, she faces one to 10 years in prison. [Source: The Journal Edward Marshall article 16 Aug 2011 ++]

- **Reno NV** - About eight years ago, a nursing assistant at a Reno veteran's hospital befriended a patient — a double leg amputee — who had suffered a stroke that paralyzed his body. On 16 AUG, she was sentenced to up to five years in prison by Washoe District Judge Janet Berry. Joan Winkleblack-Scott reunited with Norman Moller in 2008 when she began caring for him outside of her job as a Certified Nursing Assistant at the U.S. Department of Veterans Affairs Sierra Nevada Health Care System. By that time, Moller, who had no family, suffered a second stroke and relied on Winkleblack-Scott as his sole outlet to the world outside of his small Reno apartment, said Deputy District Attorney Kelly Ann Kossow. His only income was a monthly Social Security check for \$1,000 that she was supposed to use to manage his finances. After Moller received a hefty inheritance from his deceased mother the following year, police said Winkleblack-Scott began writing checks on Moller's bank account and using his debit card to withdraw money so she could gamble at the slot machines and go on shopping sprees.

Moller died in JUL 2010 at a long-term rehabilitation facility after detectives had informed him that Winkleblack-Scott stole more than \$83,000 from his bank account. Authorities said she went on clothes shopping sprees to local stores like Marshall's and spent Moller's money at Wal-Mart and at local casinos. Winkleblack-Scott had earlier pleaded guilty to exploitation of an older or vulnerable person. The judge ordered Winkleblack-Scott to pay \$83,369.60 restitution. "She admitted to detectives that she had liked the finer things in life and loved to gamble and shop," Kossow said. "The bank records show that as the year progresses, she literally withdrew \$800 from the ATM two to three times a day." Winkleblack-Scott, in an emotional plea, asked Berry to sentence her to probation. She said she was sorry, and blamed the roughly year-long financial exploitation on her gambling problem. "I'll never do it again," she said.



Kossow said that Moller had no idea that his helper had been stealing his money. He told detectives he completely trusted Winkleblack-Scott, who stole so much of his money that checks he wrote to pay for his final days in the hospital bounced, Kossow said. Moller did not receive his mail, believing Winkleblack-Scott handled it. He never saw his bank statements, Kossow said. During a meeting with detectives, Moller confirmed she had forged his signature on several checks written in amounts exceeding thousands of dollars. He said he didn't want to see any more checks because it was too depressing, Kossow said. [Source: Reno Gazette Jaclyn O'Malley article 17 Aug 2011 ++]

- **West Palm Beach FL** - A seven-month-long investigation into prescription-drug dealing culminated in significant arrests at the Veterans Affairs Medical Center in West Palm Beach on 18 AUG. The Palm Beach Sheriff's Office, the State Attorney's Office, the U.S. Department of Veterans Affairs and the Office of the Inspector General - Criminal Investigations Division joined forces to conduct the probe inside the center, targeting VA workers and veterans alike. "We were able to purchase narcotics from 21 individuals on the property here," PBSO spokesman Eric Coleman said. "Some of those individuals are employees of the VA, some are veterans and some are associates of employees or veterans." Investigators got a tip from the VA office of the inspector general that veterans were selling their own prescriptions. Drugs were coming in from the streets, and nursing assistants, a pharmacy technician, a respiratory therapist and even laundry-room workers were among those also involved, authorities said. "The VA center is almost like a little city," Coleman said. "There's 8,000 to 10,000 people a day that come through here." By the end of the day, 14 people had been arrested, a total of 18 were in custody and warrants were out for three more suspects. Coleman said that 6,000 oxycodone pills and more than \$200,000 in cash were seized, as were two vehicles. Most of the sales took place on the property or close to it, authorities said. More arrests are expected. [Source: WPBF.com ABC 25 article 18 Aug 2011 ++]

- **Lowell MA** - A Robert T. French, 28, a United Parcel Service worker admitted 23 AUG to stealing prescription drugs sent in packages from Veterans Administration hospital pharmacies to area veterans to feed his opiate addiction. He pleaded guilty to a charge of larceny from a building and admitted to sufficient facts to possession of a Class B drug as part of a plea deal. Four other charges were dropped by the prosecution. The Judge agreed to sentence French to two years of probation for the larceny charge and had the drug-possession charge continued without a finding for two years, after which the charge will be dismissed. French entered a series of drug-treatment programs from February to April. He is currently participating four days a week in The 16 Steps, an alternative to a 12-step recovery program.

According to court documents, officials from the U.S. Department of Veterans Affairs Office of the Inspector General's Office met with Chelmsford police on 11 FEB about an ongoing investigation into 14 packages with medications missing from the UPS facility the VA was using to mail the medications. The packages were handled by French, a UPS preloader, whose job it was to load packages in trucks for delivery. Five of the 14 packages were sent from VA hospital pharmacies and contained medications needed by veterans. Missing medications must be followed up on before replacement prescriptions can be filled, causing a delay in needed medication to the veteran. Officials set up video surveillance of French using a bait package that contained dye powder. It showed French as he removed the bait package from the conveyor belt and took it into the back of a truck for about two minutes. When French came out, his hands were in his sweatshirt pocket. Then French began rubbing his hands in the sand on the floor. Investigators would later find a razor they believed was used to open the packages. Then French put on a pair of gray gloves and went into the men's room. Investigators would find dye from the

package in the men's room sink. When the bait package was retrieved, investigators found the package had been cut open, but the five tablets of Oxycodone were still in the package. When confronted, French denied any wrongdoing and refused to remove his gloves. As he was being handcuffed the gloves came off, revealing the dye on his hands. A search of French's car revealed two prescription bottles of of suboxone, prescribed to people with opiate addictions, according to court documents. [Source: Lowell Sun Lisa Redmond article 24 Aug 2011 ++]

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**WWII Vets Update 04:** A doctor once told Albert Brown he shouldn't expect to make it to 50, given the toll taken by his years in a Japanese labor camp during World War II and the infamous, often-deadly march that got him there. But the former dentist made it to 105, embodying the power of a positive spirit in the face of inordinate odds. "Doc" Brown was nearly 40 in 1942 when he endured the Bataan Death March, a harrowing 65-mile trek in which 78,000 prisoners of war were forced to walk from Bataan province near Manila to a Japanese POW camp. As many as 11,000 died along the way. Many were denied food, water and medical care, and those who stumbled or fell during the scorching journey through Philippine jungles were stabbed, shot or beheaded. But Brown survived and secretly documented it all, using a nub of a pencil to scrawl details into a tiny tablet he concealed in the lining of his canvas bag. He often wondered why captives so much younger and stronger perished, while he went on.

By the time he died 14 AUG at a nursing home in southern Illinois' Nashville, Brown's story was well-chronicled, by one author's account offering an encouraging road map for veterans recovering from their own wounds in many wars. "Doc's story had as much relevance for today's wounded warriors as it did for the veterans of his own era," said Kevin Moore, co-author of the recently released "Forsaken Heroes of the Pacific War: One Man's True Story," which details Brown's experience. "The underlying message for today's returning veterans is that there's hope, not to give in no matter how bleak the moment may seem," added Moore, whose nephew just returned from military duty in Afghanistan. "You will persevere and can find the promise of a new tomorrow, much like Doc had found." Brown, recognized in 2007 at an annual convention of Bataan survivors as the oldest one still living, couldn't muster the strength to talk about his experiences until about 15 or so years ago, said his granddaughter, Susan Engelhardt of Pinckneyville, Ill. "I'm not a big military buff at all. But just reading the story about the death march and the situation in the Philippines, it's an incredible story. And incredibly sad," Engelhardt said. "He's an incredible man, and he had an incredible legacy. He came through horrible times and came out on top, rebuilding his life. But so many of those men and women triumphed."

Brown's account described the torment that came about every mile as the marchers passed wells U.S. troops dug for natives but weren't allowed to drink from once they became prisoners. Filipinos who tried to throw fruit to the marchers frequently were killed. Brown remained in a POW camp from early 1942 until mid-September 1945, living solely on rice. The once-athletic man — he lettered in baseball, football, basketball and track in high school — saw his weight whither by some 80 pounds to less than 100 by the time he was freed. Lice and disease were rampant. Despite the hardships, Brown focused on bright spots, including a prisoner called on to fix Japanese soldiers' radios. The prisoner managed to steal radio parts, scraping together enough components to build a functioning unit of his own. Brown helped craft a listening tube for the device, which brought the captives news from San Francisco that the U.S. actually had won a battle the Japanese soldiers were celebrating as a naval victory. "He had this incredible spirit to live and overcome," Moore said. "Positive thinking or whatever you call it, he survived."

Born in 1905 in North Platte, Neb., Brown was the godson of Wild West folk hero "Buffalo Bill" Cody, who often let the boy sit on his lap and tug his beard. Brown moved with his family to Council Bluffs, Iowa, after his father — a railroad engineer — died when a locomotive engine exploded. He studied dentistry at Creighton University in the 1920s and was called to active duty in 1937, leaving behind a wife, children and a decade-old dental practice his war injuries prevented him from resuming. By the time the war ended in 1945, the 40-year-old Brown was nearly blind, had weathered a broken back and neck and suffered through more than a dozen diseases including malaria, dysentery and dengue fever. He took two years to mend, and a doctor told him to enjoy the next few years because he had been so decimated he would be dead by 50. But Brown soldiered on, moving to California, attending college again and renting out properties to the era's biggest Hollywood stars, including Joan Fontaine and Olivia de Havilland. He became friends with John Wayne and Roy Rogers, doing some screen tests along the way. "I think he had seen so much horror that after the war, he was determined to enjoy his life," Moore said. [Source: Associated Press Jim Suha article 16 Aug 2011 ++]



**Albert Brown in uniform.**

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**WWII Vets Update 05:** Charles Murray, one of the most decorated Soldiers of World War II, died at the age of 89 at his home in Columbia, S.C.. Murray, who retired from the Army as a colonel, received the Medal of Honor, three Silver Stars, two Bronze Stars, and the French Legion of Honor. While taking a nap 12 AUG, he died at home in his bed of congestive heart failure six weeks after having a pacemaker implanted. "He was the epitome of the American hero," said Maj. Gen. James E. Livingston of Charleston, S.C., also a Medal of Honor recipient. "He was a humble guy. Never self-serving. We all love him and are going to miss him. He's a loss for the country and certainly for South Carolina." Murray served with war hero Audie Murphy and was one of the most decorated Soldiers in the most decorated division in the Army, the famed 3rd Infantry Division. Murray received the Medal of Honor for valor during World War II. On Dec. 14, 1944, in Kayserberg, France, then-1st Lt. Murray organized his company to keep German troops from taking a hill and the valley below. He killed 20 enemy soldiers, wounded several and captured 10. At one point, a German soldier tossed a grenade that wounded him in eight places. Before seeking medical care, he put his troops into position. He is survived by his wife, Anne, son Brian and daughter Cynthia Anne. Another son, Charles P. Murray III, preceded him in death. Murray will be buried in Arlington National Cemetery. [Source: Military.com UPI article 16 Aug 2011 ++]



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**COLA 2012 Update 05:** With deficit reduction negotiations running into the federal debt limit deadline, cost-of-living adjustment (COLA) cuts remain on a short list of dwindling options for Congressional leaders and the White House. A recent editorial appearing in The Washington Post called the proposed switch to the more slowly-growing “chained” consumer price index (CPI) “a relatively easy way to save about \$300 billion over the next decade...” saying that the change “... has been endorsed by groups across the ideological spectrum.” Senior and veteran groups are fighting any cut to the growth of COLAs because the boost is growing too slowly already. A recent study by The Senior Citizens League (TSCL) found that seniors have lost almost one-third of their buying power since 2000. While the COLA increased Social Security benefits about 31 percent, typical senior expenses have jumped 73 percent.

Living costs for seniors 65 and older are rising faster than younger households because seniors use more medical care and health care costs are growing faster than prices for most other goods and services. According to a fact sheet released by the National Academy of Social Insurance (NASI), households headed by seniors 65 or older spend two to three times as much of their budgets on medical care as younger households do and disabled individuals spend even more. NASI also says that healthcare costs have grown faster than prices for other goods; and services for more than three decades. Monthly premiums for Medicare Part B have grown “fifteen-fold” since 1976 — from \$7.20 to \$115.40 in 2011. What you can do: Members of Congress are more likely to re-think voting for legislation when they see a large number of seniors adamantly opposed to cutting COLAs. Write to or call your Member of Congress and ask what plans he or she supports to maintain COLA adjustments in their present form. The more input they get from their senior and veteran constituents the least likely they are to support the proposed changes. For quick Congressional email or telephone contact data refer to <http://thomas.loc.gov/home/contactingcongress.html>. [Source: TSCL Social Security and Medicare Advisor, Vol. 16, No. 6 16 Aug 2011 ++]

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**Social Security Fund Depletion Update 08:** Medicare and Social Security’s finances are deteriorating, and both programs are now forecast to become insolvent earlier than anticipated. That’s the word from the Medicare and Social Security Trustees’ latest annual report. It’s stirring the debate over benefit cuts to reduce the federal budget deficit. The Trustees estimate that Medicare’s Hospital Insurance Trust Fund will run dry five years earlier than forecast one year ago. The news was particularly surprising because the estimates include income from a new Medicare surtax, passed under healthcare reform legislation, that starts in 2013 on all earnings above \$200,000 (individuals) or \$250,000 (married couples). The Social Security Trust Fund also lost one year of solvency over the past year, and is now projected to be insolvent by 2036. Social Security Disability is in much worse shape and it’s projected to run short by 2018. Of immediate concern to seniors are the Trustee projections for the 2012 cost-of-living adjustment (COLA) and Part B premiums. The Trustees estimate that there would be a COLA in 2012, albeit a very

low one, of 0.7% to 1.2 %. Medicare Part B monthly premiums are forecast to be \$106.60. For most seniors, higher Medicare premiums would consume the entire COLA increase.

While this is bad, the situation could get even worse. Congressional leaders and the White House are discussing deficit reduction plans that would make seniors pay more for their Medicare and various changes to Social Security that include slowing the growth of COLAs. Despite daily contradictory headlines, nothing has been ruled out yet, and major changes remain under consideration. Seniors who are already retired and those nearing retirement have few options if the benefits they rely on today were to be cut. The Senior Citizens League (TSCL) is fighting any such proposals affecting the benefits of current retirees. What you can do: Write to your Member of Congress and ask what plans he or she supports to "fix" the financing problems of Medicare and Social Security and to ensure funding will be there for the benefits you rely on. For quick email or telephone contact or to get help looking up your member, go to <http://thomas.loc.gov/home/contactingcongress.html> or call TSCL toll free at 1-800-333-8725. [Source: TSCL Social Security and Medicare Advisor, Vol. 16, No. 6 16 Aug 2011 ++]

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**Military Retirement System Update 06:** The military retirement isn't going to change any time soon, Defense Department officials said. "There's no immediate plan to affect retirement," Navy Adm. Mike Mullen told service members at Kandahar Airfield, Afghanistan, 31 JUL. The chairman of the Joint Chiefs of Staff said any changes to military retirement should be studied carefully and should be "grandfathered" so the military doesn't break faith with those in the service. Pentagon officials are reviewing all areas of the defense budget, and the goal of the review is to "inform the decisions and strategies that we have to make," Defense Secretary Leon E. Panetta said 4 AUG. "So that's going to be key to what decisions we make and what areas we look to for savings," the secretary added. In support of the department's efficiency initiatives, a small group of Defense Business Board members was tasked to develop alternative plans to the current military retirement system. The group briefed its findings and draft recommendations to the full board during their 21 JUL quarterly meeting. The full board approved the recommendations, and the group will issue a final report by the end of AUG 2011.

The Defense Business Board provides DOD's senior leaders independent advice and recommendations "on effective strategies for the implementation of best business practices on matters of interest to the Department of Defense," according to Pentagon officials. Meanwhile, a Pentagon spokeswoman said, officials are reviewing the board's recommendations. "Any recommendation to change the military retirement system must be approached with thoughtful analysis, to include considerations of impacts to recruiting and retention," Eileen Lainez said. "While the military retirement system, as with all other compensation, is a fair subject of review for effectiveness and efficiency, no changes to the current retirement system have been approved, and no changes will be made without careful consideration for both the current force and the future force." [Source: AFPS Jim Garamone article 15 Aug 2011 ++]

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**VA Social Media:** The Department of Veterans Affairs (VA) announced 16 AUG the release of a policy directive regarding the secure use of Web-based collaboration and social media tools. The policy directive is available at [http://www.va.gov/vapubs/viewPublication.asp?Pub\\_ID=551&FTYPE=2](http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=551&FTYPE=2). The policy allows the Department and its employees to leverage emerging platforms that enhance communication, stakeholder outreach, and information exchange as the Department transforms itself into a

21st Century organization attuned to the needs of Veterans of all generations. "Veterans should have consistent and convenient access to reliable VA information real time using social media -whether on a smartphone or a computer," said Secretary of Veterans Affairs Eric K. Shinseki. "They also should be able to communicate directly with appropriate VA employees electronically."

The policy, "VA Directive 6515: Use of Web-Based Collaboration Technologies," encourages the adoption and use of social media by VA employees. It provides workplace boundaries and establishes the Department's philosophy for communication: VA is open and transparent, and VA is willing and able to engage and collaborate with its many stakeholders online. "This isn't about using social media because it's cool or because it's a fad," said VA Director of Online Communications Brandon Friedman. "It's about getting the right information to the right Veteran at the right time. This policy sets us on a path toward changing how we talk-and listen-to Vets."

VA began launching social media sites in 2009 and the Department has over 100 Facebook pages, more than 50 Twitter feeds, two blogs, a YouTube channel, and a Flickr page. VA's Facebook pages have a combined subscribership of over 293,000 fans-with the Department's main page reaching over 138,000. On Twitter, VA has a combined followership of over 53,000-with the Department's main feed reaching over 22,000. VA has posted over 300 videos on YouTube and over 9,000 photos on Flickr, which have been viewed over a combined 1.1 million times. In NOV 2010, VA launched its first blog, Vantage Point, which distinguishes itself from other government blogs by actively soliciting guest pieces from both employees and the public. By the end of the year, the Department expects to have an active Facebook page and Twitter feed for all 152 VA Medical Centers. [Source: VA News Release 16 Aug 2011 ++]

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**GI Bill Update 103:** More changes are coming to the post-Sept. 11 G.I. Bill. The third round of updates is scheduled to roll out 1 OCT a Veterans Affairs Department official announced 11 AUG. New provisions include eligibility for educational programs that do not lead to a college degree, such as flight training and apprenticeships. Additionally, the bill now will provide a housing allowance for students not on active duty and enrolled only in distance learning. In addition, active-duty students will receive a stipend for books and supplies. Previous updates of the expanded act, which President Obama signed in January, began in March and August. Keith Wilson, director of VA's education service, called the changes a significant expansion. Brian Hawthorne, a board member of the Student Veterans of America, said he was very pleased with the expansion and the administration's timeliness in enacting the changes.

More than 130,000 people have applied for VA benefits for fall 2011 enrollment, and VA has processed more than 110,000 of those applications. The department requested \$11.1 billion for the bill for fiscal 2012, an increase of more than \$2 billion from the previous year's request. Despite the gradual expansion of the program, some cuts could be on the horizon. Vet organizations suspect the upcoming budget cuts required by the 2011 Budget Control Act will target the G.I. bill along with other veteran and military benefits. The act combines the discretionary budgets of several agencies -- including VA and the Defense, Homeland Security and State departments -- and forces reduction in the combined budget. The White House recently sat down with veterans groups to assure them their benefits would be protected in deficit-reduction talks, but Joseph Chenelly and Joseph Violante, both from the Disabled American Veterans, said that the White House did not address whether the G.I. bill would be safe from cuts. Recently, Senate majority leader Harry Reid (D-NV) selected Sen. Patty Murray (D-WA) to co-chair the deficit reduction super committee. Murray also chairs the Senate Veteran Affairs committee. "Hopefully, she will protect veterans' benefits as



a member of the super committee," SVA's Hawthorne said. "We have a good relationship with her and she knows how important the G.I. bill is." [Source: GovExec.com Caitlin Fairchild article 12 Aug 2011 ++]

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**Veteran Issues:** U.S. Sen. Patty Murray (D-WA) held a discussion on veterans issues on 11 AUG at the Veterans of Foreign Wars Post No. 239 in Bremerton. Murray wrote and is shepherding a bipartisan bill to improve job training and employment placement for veterans. It is currently awaiting a vote of the full U.S. Senate. A companion bill is working its way through the U.S. House. Murray's office said there is a 27% unemployment rate among young veterans nationwide. Military unemployment payments, paid to ex-military personnel who are honorably discharged, increased from \$450 million in fiscal 2008 to \$882 million in fiscal 2010 with the 2011 figure expected to be higher, according to her office. Murray's bill would require every departing service member to go through the Transition Assistance Program, which tackles resume writing, interviewing skills and job hunting. Right now, use of that program is not mandatory. The bill would also speed up the post-military federal employment process by fast-tracking the veterans through red tape. Also, red tape would be trimmed in transferring military skills to civilian certifications and training requirements — mimicking a state law recently passed by the Washington Legislature. About 100 veterans attended the meeting and Murray got an earful. Issues vented during the discussion included the following:

- Leif Bentsen, a human services planner for Kitsap County, said the heavily military county has at least 36,000 veterans. And of the roughly 4,500 people collecting unemployment in Kitsap County, it is likely that 800 to 900 are veterans, he said.
- Native Americans have a higher per capita representation among veterans than other ethnic groups, and Indian veterans have four times the unmet needs of non-Indian veterans, said former Marine Frank Cordero, a member of the Suquamish Tribe who is involved in veterans affairs.
- Many complaints voiced during the discussion addressed delays in filing, tracking cases and searching for lost paperwork in the federal Veterans Affairs system. Joel Courreges, commander of Chapter 5 of the Disabled American Veterans, said there are more than 32,000 claims for federal assistance by disabled veterans in Seattle, and more than 25,000 are still not completely processed after the 125-day deadlines to finish the work. "I'm so frustrated by this," said Murray, who sits on the Senate Veterans Affairs Committee and is on the Military Construction and Veterans Affairs Subcommittee of the Senate Appropriations Committee. "I really directed the VA to change the system so it's more coordinated and efficient. ... Here we are in the home of Microsoft, and we do not have the ability to track records. That's unbelievable," Murray said.
- Some people noted that most veterans-assistance programs are based in Tacoma and Seattle with very little available in Kitsap, Jefferson and Clallam counties. The Olympic Medical Center in Port Angeles has a physician's assistant to help veterans, but it cannot get Veterans Affairs to provide a doctor, said the clinic's board chairman, Jim Cammack. The VA has not answered the clinic on why it cannot get a doctor, he said.
- Post-traumatic stress disorder and military sexual trauma were also voiced as major concerns. Some people said they were told not to mention their military-related disabilities to avoid spooking potential employers. "We cannot have that message out there," Murray said.
- Retired Navy veteran Tracy Brommel, a nurse at the Harrison Medical Center, said it is estimated that one-third to one-half of military women faced some type of sexual assault during their service and are reluctant to report those assaults. She called for the VA system to improve dealing with the psychological fallout of those cases.

[Source: Kitsap Sun John Stang article 11 Aug 2011 ++]



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**VA Presumptive VN Vet Diseases Update 19:** More than 84,000 Vietnam veterans afflicted with heart disease, Parkinson’s disease or B-cell leukemia are drawing disability compensation today thanks to a decision by Secretary of Veterans Affairs Eric Shinseki to expand the list of ailments presumed caused by exposure to herbicides, including Agent Orange, used during that war. Another 74,000 veterans have claims pending, and will only need to show VA that they set foot in Vietnam and have one of the diseases added last year to the list of Agent Orange “presumptive” conditions. Though these payments comfort veterans and their families, they have upset some Republican senators who argue they are “unfair” to fellow veterans and taxpayers, and drive up VA compensation claims at a time when budgets are tightening and needs are expanding for new veterans. These senators argue the Agent Orange Act of 1991 is flawed, providing too much authority to the VA secretary and allowing compensation awards based on a mere “association” between a disease and herbicide exposure rather than evidence that exposure “caused” the ailments.

“We are transferring a half million dollars to veterans under this decision by Secretary Shinseki for people who weigh 350 pounds, smoke three packs of cigarettes a day, and have hypercholesterolemia because they will not take their medicine,” Sen. Tom Coburn (R-OK) complained to colleagues during floor debate on his recent amendment to tighten the law. “We are saying the reason they have heart disease is because at some point in time they were in Vietnam” and their disease meets the law’s criteria of being “associated” with herbicide exposure. Coburn in late July sought to change the law to block more conditions from being added to VA’s list of presumptive diseases for exposure to Agent Orange unless medical science can show a “causal” effect and veterans can prove they were exposed to the herbicide. Coburn’s amendment to the Military Construction and Veterans’ Affairs Appropriations Act of 2012 was tabled on a motion from Sen. Patty Murray (D-Wash.). The vote was 69-to-30 with 29 Republicans supporting Coburn. Though he lost this vote, Coburn will continue to try to narrow the Agent Orange law and trim back authority of the VA secretary for expanding the list of presumptive diseases, said his press aide, Becky Bernhardt.

Coburn’s amendment would not have impacted the current list of presumptive diseases, including conditions added last year. That wasn’t clear from his rhetoric during floor debate. Coburn noted that in 2006 the Institute of Medicine (IOM) found no positive association between exposure to Agent Orange and heart disease. By 2008 it had found a positive association “but absolutely no causation. There is a big difference... On that basis, the secretary committed this country to make payments to people for disabilities not associated with their service.” With a limited budget going forward, if we are paying for disabilities that are not associated with service, that means we are going to have less money available for those veterans who do have a disability.” Arizona Sen. John McCain, ranking Republican on the armed services

committee, endorsed Coburn's amendment. McCain had co-sponsored the Agent Orange Act of 1991 believing the herbicide had harmed the health of many thousands of veterans. But the VA secretary "has now expanded the eligibility to the point where it is beyond any scientific evidence that compensation would be required," McCain said. He noted that heart disease "is the leading cause of death in America today and has been so for decades." Yet any Vietnam vet with the disease now can be awarded compensation at a potential cost to VA of up to \$42 billion by 2020 "without what appears to be a direct connection to Agent Orange." There are too many legitimate needs "for veterans of wars to come" to allow this "open-ended expenditure of taxpayers' dollars."

Sen. Jim Webb (D-VA), a Vietnam veteran like McCain, voted with fellow Democrats to table the amendment. But Webb, who serves on the veterans' affairs committee, later released a statement saying he agreed with Coburn that the 1991 law's "associative" link between illnesses and exposure to Agent Orange "is too vague" and the law "gives too much discretion to the secretary of veterans affairs." "This discretionary power has been increasingly widened over time, impacting hundreds of thousands of veterans and tens billions of taxpayer dollars," Webb said. "Legislation enacted 20 years ago under the assumption that it would be applied to a very narrow set of illnesses now allows presumptive service-connection for such age-related maladies as Type II diabetes and chronic heart disease." He asked VA Committee Chairman Murray to hold a hearing to consider legislation to reform the 1991 law. Murray expressed no support for such a hearing in her motion to kill the amendment, arguing that Coburn made "a compelling case for saving money" but gave no evidence Agent Orange did not cause the conditions faced by these veterans...They have been dying for 40 years or more. We should not ask them to wait longer."

Veterans' groups vigorously attacked the amendment. "Congress, in part, settled on this mechanism because it was nearly impossible for Vietnam veterans to prove that their exposure to Agent Orange caused their health conditions," said John Rowan, National President of Vietnam Veterans of America. Coburn's change "would essentially mean that benefits due to Agent Orange exposure would be out of reach" on additional diseases. Tim Tetz, legislative director for the American Legion, said the law remains "fair and non-political. We think that's the model for environmental exposures as we go forward...We applauded it then and we continue to applaud it today for creating an objective, scientific-based standard" which recognizes very poor record-keeping on herbicide exposure during the war. [Source: Stars & Stripes Tom Philpott article 12 Aug 2011 ++]

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**USFSPA & Divorce Update 18:** The Supreme Court of Vermont, in *Cote v. Cote*, decision 12 AUG, overturned a lower court's inclusion of veterans' disability payments within the total income of a husband whose Social Security payments were being garnished after he failed to make court-ordered alimony payments. The Federal Consumer Credit Protection Act caps at 55% the percentage of aggregate disposal earnings that may be garnished; by including the husband's monthly \$2,721 veterans' disability payment within its calculation of his aggregate disposal earnings, the lower court had garnished his entire \$1,569 Social Security payment. The state Supreme Court ruled, however, that veterans' disability payments were not "remuneration for employment" within the meaning of federal law, and therefore should not be counted. As a result, 55% of the husband's Social Security payment was all that could be garnished. To review the case refer to *COTE v. COTE* 2011 VT 92, Carol A. Cote, v. Alan B. Cote. No. 2010-057, October Term, 2010. Supreme Court of Vermont or go to this Bulletin's attachment titled, "**USFSPA: COTE v. COTE**". [Source: <http://www.leagle.com/xmlResult.aspx?xmlDoc=In%20VT%20CO%2020110812C30.xml&docbase=CSLWAR3-2007-CURR> Aug 2011 ++]

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**Agent Orange Okinawa Update 01:** An American veteran has told The Japan Times that in the late 1960s, the U.S. military buried dozens of barrels of the toxic defoliant Agent Orange in an area around the town of Chatan on Okinawa Island. The former serviceman's claim comes only days after Foreign Minister Takeaki Matsumoto said that he would ask the U.S. Department of Defense to come clean on its use of the chemical on the island during its 27-year occupation of Okinawa between 1945 and 1972. The U.S. government has repeatedly maintained that it has no records pertaining to the use of Agent Orange in Okinawa. The veteran's allegation is likely to cause considerable concern in Okinawa, as Agent Orange contains highly carcinogenic dioxin that can remain in the soil and water for decades. The area where the veteran claims the barrels were buried is near a popular tourist and housing area.

The 61-year-old veteran, who asked to remain anonymous, was stationed between 1968 and 1970 in Okinawa, where he drove a forklift in a U.S. Army supply depot. During that time, he helped load supplies — including Agent Orange — onto trucks for transport to the port of Naha, from where they were shipped to Vietnam. The veteran said that in 1969, one of the supply ships became stranded on a reef offshore and he had to take part in the subsequent salvage operation. "They brought in men from all over the island to Naha port. We spent two or three days offloading the boat on the rocks. There were a lot of broken containers full of drums of Agent Orange. The 55-gallon (208-liter) barrels had orange stripes around them. Some of them were split open and we all got poured on," he said. Following the removal of the damaged barrels, the veteran claims he then witnessed the army bury them in a large pit. "They dug a long trench. It must have been over 150 feet (46 meters) long. They had pairs of cranes and they lifted up the containers. Then they shook out all of the barrels into the trench. After that, they covered them over with earth."

Two other former service members interviewed by The Japan Times — soldier Michael Jones and longshoreman James Spencer — backed up the veteran's claim that Naha's port was used as a hub to transport thousands of barrels of herbicide. Spencer also said he witnessed the 1969 salvage operation to unload the containers from the listing ship, though he was unable to confirm the contents of the containers. But the veteran making the allegations said he was sure. "They were Agent Orange. I recognized the smell from when I handled (the barrels) at Machinato (Service Area)." Since his exposure to the defoliant's dioxin during the salvage operation, the veteran has suffered serious illnesses, including strokes and chloracne. The U.S. Department of Veterans Affairs (VA) — which handles compensation for ailing service members — pays the former soldier more than \$1,000 a month in medical fees related to Agent Orange exposure. But the VA claims he was exposed to dioxin during the six-month period that he was stationed in Vietnam. But due to the Pentagon's repeated denials that Agent Orange was ever stored in Okinawa, it does not pay these benefits to U.S. veterans who claim dioxin-exposure on the island. The veteran said he is aware of the risk of discussing the issue — especially given the sensitivity of current Japan-U.S. relations over Okinawa, where negotiations are currently under way to realign U.S. forces stationed there. "I worry if I go public with my name on this, they'll take away my benefits," he said.

In 2002, the prefectural government uncovered a large number of unidentified barrels in the Chatan area near the location where the veteran claims he witnessed the trench being dug. According to a source close to the Chatan municipal office, after the barrels were uncovered, they were quickly seized by the Naha-based Okinawa Defense Bureau, which is under what is now the Defense Ministry. "I asked the Chatan town base affairs division if they had a report from the defense bureau. They said no. The town still does not know what the substance was, how the barrels were treated or if the bureau conducted an analysis of the substance," the source said. Over the past six months, The Japan Times has gathered firsthand testimony

from a dozen U.S. veterans who claim to have stored, sprayed and transported Agent Orange on nine U.S. military installations on Okinawa — including the Kadena air base and Futenma air station — between the mid-1960s and 1975. Among those who have come forward are Joe Sipala, a 61-year-old former U.S. Air Force mechanic, who says he sprayed the defoliant regularly to kill weeds around the perimeter of the Awase Transmitter Site, and Scott Parton, a marine at Camp Schwab who alleges that he saw dozens of barrels of Agent Orange on the base in 1971. Both men's allegations are supported by photographs of barrels of the defoliant on Okinawa. They are currently suffering serious illnesses — including type-2 diabetes and prostate disorders — related to their contact with the defoliant, and Sipala's children show signs of deformities consistent with exposure to dioxin. However, the VA is continuing to reject the men's claims due to the Department of Defense's denials that the defoliant was ever present on Okinawa.

The accounts of these 12 veterans suggest the wide-scale use of Agent Orange on the island during the Vietnam War. They say the defoliant was used and stored in massive quantities from the northern Yambaru district to Naha port in the south. The defoliant's carcinogenic properties were not fully revealed until the mid-1980s. Okinawans expressed concern over the issue. A retired teacher whose school was located near one of the nine bases where Agent Orange had been sprayed recently explained how several of her students had died of leukemia — one of the diseases listed by the U.S. government as caused by exposure to dioxin. Yoshitami Oshiro, a member of the Nago Municipal Assembly, called for an investigation into the claims of Parton, the former marine, that he had seen large numbers of barrels at Camp Schwab — which is in Nago. This is not the first time the U.S. military has been accused of disposing toxic waste this way. In 2005, Fort Mainwright, Alaska, made headlines after construction workers discovered tons of PCB-contaminated earth beneath a planned housing unit. In May, three U.S. veterans claimed they helped bury barrels of Agent Orange on Camp Carroll in South Korea in 1978. The Pentagon is currently investigating this assertion. [Source: Special to The Japan Times Jon Mitchell article 13 Aug 2011 ++]



**U.S. Marine Scott Parton stands near what he says were barrels of Agent Orange at Camp Schwab in this 1971 photograph.**

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**USS Arthur W. Radford:** Culminating the country's first multistate artificial reefing effort, the ex-USS Arthur W. Radford (DD-968) Spruance class destroyer was sunk Aug. 10 in 135 feet of water off Indian River Inlet. The decommissioned warship's carefully staged sinking was witnessed by former



crew members and state and federal officials aboard the Cape May-Lewes ferry M/V Delaware, chartered for observing the Radford as she descended at approximately 3:30 p.m. to her final resting place as an artificial reef. The Radford, her hull spanning 563 feet and the longest vessel ever reefed in the Atlantic, was sunk at the Del-Jersey-Land Inshore Reef site located 26 miles southeast of the Indian River Inlet. The Del-Jersey-Land reef is a collaborative effort of the three states cited in its name - Delaware, New Jersey and Maryland – and lies equidistant from fishing ports in Indian River, Cape May, N.J., and Ocean City, Md.



**The Navy destroyer USS Arthur W. Radford awaits her watery fate.**

Gov. Jack Markell sent a message of thanks to the ex-Radford's crew members for their service: "This ship and its crew have been all over the world protecting our country. Now, the Radford's new mission will bring people from across the nation and other parts of the world to our region. "The sinking of the ex-Navy destroyer, USS Arthur W. Radford, will allow it to continue to serve our country far after it was decommissioned," said Sen. Tom Carper, a former naval flight captain. "By adding the former warship to the artificial reef off the coast of Delaware, the Radford will help bolster the region's coastal economies and make a great example of taking something old and turning it into something new."

After the Navy's announcement of the Radford's availability for reefing in January 2008, the ship underwent 14 months of preparation by American Marine Group, a Virginia-based marine towing, salvage and reefing contractor. The company, which has extensive experience reefing ships in the Atlantic, cleaned and prepared the Radford to Environmental Protection Agency specifications. Much of her armored hull and other nautical equipment were recycled for reuse. Funding for the ship's transportation, cleanup, preparation, sinking and monitoring was shared among the three states and the Navy. Delaware's portion came from the Sportfish Restoration Program that includes federal excise taxes on fishing and boating equipment in the state. The destroyer, named for Navy Admiral Arthur W. Radford, who served as the



commander in chief of the U.S. Pacific Command and chairman of the Joint Chiefs of Staff, was commissioned in 1977 and decommissioned in 2003. [Source: Cape Gazette article 12 Aug 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>:

- 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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**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 contaminants, 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.

Mather Air Force Base is located in the Central Valley region of Northern California, approximately 10 miles east of Sacramento and immediately south of Rancho Cordova. The base ultimately encompassed

approximately 5,850 acres and operated as a pilot and navigator training post from 1918 through 1993, when it was closed under the Department of Defense (DOD) Base Realignment and Closure (BRAC) Act of 1988. Currently, much of the base is undergoing commercial redevelopment and reuse. While Mather was an active duty base, hazardous materials, such as fuel oils, lubricants, solvents, and protective coatings, were used in the operation and maintenance of aircraft. The U.S. Air Force (USAF) began to identify locations where these materials might have been released after the 1982 DOD Installation Restoration Program commenced. Mather was placed on the U.S. Environmental Protection Agency's (USEPA) National Priorities List on November 21, 1989, because of contamination released during past disposal practices and accidental spills of hazardous materials. The USAF has identified 89 sites and four groundwater contaminant plumes at Mather and has completed investigations of these areas. Site remediation and preparation of Records of Decision are underway.

Communities around Mather depend on groundwater as the primary drinking water source. Groundwater contamination on and off the base is the most important and widespread exposure situation at Mather. While Mather was active, the operation and maintenance of aircraft, small arms, radar equipment, vehicles, and other equipment, as well as dry cleaning activities, required the use of toxic and hazardous materials. These materials included fuel, oils, lubricants, solvents, protective coatings, and weed and pest control mixtures. One solvent, trichloroethylene (TCE), was used from 1958 through 1974 by the U.S. Air Force (USAF) and until as late as 1992 by the Army National Guard, who have also been stationed at Mather. These materials may have been disposed or spilled onto the ground or into unlined ditches and may have resulted in contamination found throughout the base. For additional info refer to <http://www.atsdr.cdc.gov/hac/pha/pha.asp?docid=53&pg=0>. [Source: <http://www.militarycontamination.com> Aug 2011 ++]

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**Saving Money:** Healthcare is expensive, especially when it comes to recurring costs like prescription drugs. Big names like Lipitor, Plavix, and Zyprexa can cost hundreds of dollars a month – each. But there’s good news for people on some of these pricy prescriptions: Over the next year, Medco Health says nearly two dozen brand names will get generic versions. Generics are significantly cheaper even though they contain the same active ingredients and go through an approval process at the U.S. Food and Drug Administration just like their expensive counterparts. There are two main reasons for the price difference: competition and advertising budgets. When a new drug hits the market, the price is higher because the FDA grants exclusivity for a few years and the company spends a ton promoting it. Afterward, other companies can legally copy the product and sell it much cheaper. For a complete list of prescription drugs anticipated to go generic by 2027 refer to [http://www.medcohealth.com/art/corporate/anticipatedfirsttime\\_generics.pdf](http://www.medcohealth.com/art/corporate/anticipatedfirsttime_generics.pdf) or go to this Bulletin's attachment titled, "**First Time Generic Market Entry**". Some of the most popular drugs that will go generic in the next year are:

- Zyprexa Oct 2011
- Lipitor Nov 2011
- Solodyn Nov 2011
- Lexapro Mar 2012
- Plavix - May 2012
- Sigulair Nov 2012

If you’re now taking a drug for which there’s no generic, there are still ways to save:

- **Talk to your doctor.** After you ask if Drug X is right for you (like the commercials tell you to) ask for free samples and whether there's a cheaper prescription that may do the same thing. Even if there isn't a generic copy, there are sometimes other drugs that work differently to treat the same condition. Bringing your formulary (a list of medications covered by your health insurance) is a good idea.
- **Review your prescriptions.** Regularly ask your doctor or pharmacist to go over your medications with you. If there are ones that aren't working or are no longer needed, that's instant savings.
- **Comparison shop.** Rates aren't the same everywhere, so check with multiple pharmacies. Don't forget the ones at big retailers like Target and Wal-Mart, both of which offer a month's supply of many generics for as low as \$4. Good places to compare online include <http://www.rxusa.com> and <http://www.destinationrx.com>. Be sure to check the prices on all your meds and go for the best net bargain; don't try to get the cheapest rates piecemeal, which could be a health risk. Your pharmacist needs to know what you take to make sure none of the medicines interfere with one another.
- **Buy more.** This may not be possible, especially if you're on a fixed income. But as with many things, buying bulk can save money. Just make sure you only do it with medicines you've tried and know you will continue needing – not new prescriptions.
- **Look for patient assistant programs.** There are programs out there to help people in need find free prescriptions or discounts. Most are for people without insurance or those with low income. Start with the Partnership for Prescription Assistance <http://www.pparx.org>, and take a look at these:
  - RxHope <https://www.rxhope.com>
  - NeedyMeds <http://www.needymeds.org>
  - Together Rx Access <http://www.togetherrxaccess.com>
  - PatientAssistance.com <http://www.patientassistance.com>
  - Patient Advocate Foundation <http://www.patientadvocate.org>

[Source: MoneyTalksNews Brandon Ballenger article 15 Aug 2011 ++]

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## Notes of Interest:

- **USPS.** It's the 41st anniversary of the U.S. Postal Service as an independent agency. To maintain their independence the Postal Service is on the verge of cutting 120,000 jobs -- 20 percent of its workforce -- and pulling out of the federal health care and retirement program according to the Washington Post. Congressional approval would be required for the plan's activation.
- **Army suicides.** Last month's 32 Army suicides underscore the military's continuing inability to prevent troubled soldiers from taking their own lives.
- **TSCL.** The Senior Citizens League is a true grassroots organization. Almost one hundred percent of their revenue comes from individual donations, and they do not sell any products to their members. They even refuse outside advertising in their materials. The organization's sole focus is on education and protection of the Social Security and Medicare benefits senior citizens have earned and paid for.
- **Benefits.** Widows retain military benefits after their spouse passes, regardless of whether they were married during his service or afterward. The only thing that will cause a widow to lose benefits is if they later remarry. They then lose nearly everything.
- **Malpractice Stats.** The New England Journal of Medicine analyzed malpractice data from 1991 through 2005 for all physicians covered by liability insurance. Each year during the study period, 7.4% of all physicians had a malpractice claim, with 1.6% having a claim leading to a payment

(i.e., 78% of all claims did not result in payments to claimants). The proportion of physicians facing a claim each year ranged from 19.1% in neurosurgery, 18.9% in thoracic–cardiovascular surgery, and 15.3% in general surgery to 5.2% in family medicine, 3.1% in pediatrics, and 2.6% in psychiatry. The mean indemnity payment was \$274,887, and the median was \$111,749. Mean payments ranged from \$117,832 for dermatology to \$520,923 for pediatrics. It was estimated that by the age of 65 years, 75% of physicians in low-risk specialties had faced a malpractice claim, as compared with 99% of physicians in high-risk specialties.

- **Funeral Honors.** The 100,000th person to receive military funeral honors through the Missouri National Guard Funeral Honors Program was buried this week. The program began in July 1999 and provides a military funeral honors team for every Missouri veteran who was honorably discharged or died while still serving. The National Guard says the program averages 25 funerals per day statewide.
- **USAF Early Outs.** Officials plan to implement both the Voluntary Separation Incentive Program and Voluntary Early Retirement Authority program. All major commands, direct reporting units and field operation agencies are expected to be affected by these actions. For additional information on civilian workforce reduction measures, personnel should contact their local civilian personnel office, or call the Total Force Service Center at 800-525-0102.
- **MGIB.** The VA recently announced that the maximum monthly payment rate for full-time students would be increased about 3 percent — from of \$1426 to \$1473 — on 1 OCT. This payment rate automatically adjusts for inflation on the first of October each year. You get current payment rate no matter when you became eligible or begin using it. The first payment at the new rate will be sent near the 1st of November. Additionally the rates will increase for the MGIB – Selected Reserve, Reserve Education Assistance Program (REAP) and OJT training.
- **WWII MIA Identified.** DPMO has announced that remains of 12 U.S. servicemen, missing in action from World War II, had been identified and would be returned to their families for burial with full military honors. A list of the Army Air Force soldiers identified is available online. The 12 airmen were ordered to carry out a reconnaissance mission in their B-24D Liberator, taking off from an airfield near Port Moresby, New Guinea, on Oct. 27, 1943.
- **Retiree Pay.** Even the most ambitious retirement reform proposals being discussed at this point wouldn't cut retirement payments to current retirees. But this is just the beginning of what could be many rounds of deep budget cuts. It can't say with certainty that military retirees have nothing to be concerned about. One threat that we'll almost certainly face in the near future is cuts to the Cost of Living Adjustment.
- **COLA Increase 2012.** Barring an economic collapse over the next two months retirees and survivors will be in line to see a COLA increase in 2012. But pressure to produce budget savings will likely lead Congress to consider lowering or freezing COLAs at some point in the near future. They've done it before during the budget crunch of the 1990s.
- **CO Firings.** Cmdr. Laredo Bell, cited by police in New York for driving under the influence, is the 17th Navy commanding officer this year to be canned, which means the service has now tied the record it set for all of 2010 for CO firings and with four months left in the calendar year.
- **July CPI-W.** The Bureau of Labor Statistics announced the July CPI-W of 222.686 a 0.1 percent increase over the June value of 222.522. The July value of 222.686 is up 3.3% from the 2008 COLA Base of 215.5.

The 2008 COLA base was used to calculate the 2010 COLA since there was no 2009 COLA as a result of negative inflation from the third quarter of 2008 to the third quarter of 2009.

[Source: Various 16-31Aug 2011 ++]

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## Medicare Fraud Update 74



- **Brunswick GA** - Sahak Tumanyan, 44, of Los Angeles facing trial in Georgia on federal money laundering charges has pleaded guilty in exchange for prosecutors dropping charges against his wife. He entered his plea before a federal judge 15 AUG. He and his wife were scheduled to stand trial in Brunswick, where prosecutors say the owner of a fake health company relied on the California couple to launder at least \$80,000 in fraudulent Medicare payments through the accounts of their fictitious businesses. Tumanyan pleaded guilty to a single count of money laundering conspiracy, which carries a maximum sentence of 20 years in prison and up to \$500,000 in fines. A judge will sentence him at a later date. His wife, Hasmik Tumanyan, faced the same charge. But it was dropped by prosecutors as part of her husband's plea bargain. The Tumanyans owned at least four companies that existed on paper alone and were used to launder some of the Medicare payments made to Brunswick Medical Supply, a fake business that submitted \$5 million in Medicare payments between 2007 and 2008 and received \$1.5 million in actual payouts. Brunswick Medical Supply's owner, Arthur Manasarian, was charged in the same indictment as the Tumanyans. He pleaded guilty 4 AUG and agreed to testify against the Tumanyans as part of a deal with prosecutors. All three were indicted last year along with 70 other defendants as part of what federal prosecutors called an organized crime ring responsible more than \$163 million in fraudulent Medicare claims.
- **Oklahoma City OK** - On 17 AUG a jury found Adedayo O. Adegboye and Olalekan Rufai, both age 48, and both of Brooklyn, New York, guilty of committing five counts of health care fraud in connection with the sale of power wheelchairs and wheelchair accessories to Medicare beneficiaries. They opened First Century Medical Supply, Inc., located in Oklahoma City, to engage in the business of selling power wheelchairs and wheelchair accessories to Medicare beneficiaries. Evidence at trial showed that from 2007 through 2009 the business obtained identification numbers and personal information from Medicare beneficiaries and used that information to submit claims to Medicare for power wheelchairs and wheelchair accessories. Evidence also showed that the defendants billed Medicare for some beneficiaries who did not receive a power wheelchair at all, some who received a less expensive motorized scooter, and for others who did not have a medical need for a wheelchair or did not even request a wheelchair. In all, the evidence showed that through First Century the defendants submitted over \$1.1 million in fraudulent claims to Medicare. Adegboye and Rufai were indicted by a federal grand jury in January of this year. The trial lasted approximately six days before the jury found the men guilty of committing five counts of health care fraud. The jury found the men not guilty of conspiracy.

At sentencing, each of the men faces up to ten years in prison and a \$250,000 fine for each count, plus mandatory restitution.

- **Miami FL** - A Miami mother and son Medicare fraud duo were sentenced Monday in a scheme that bilked the program out of over \$1.5 million, federal prosecutors said. Angela Bustillo, 57, was sentenced to 71 months in prison and son Alfredo Morrera, 30, was sentenced to 57 months in prison for their roles in the scheme. Both will have to pay back \$1,566,288 in restitution and will serve three years of supervised release at the end of their prison sentences. According to prosecutors, Bustillo and Morrera owned and operated Angie's Home Health Care Inc., a Miami-Dade based home health agency that provided nursing services to homebound Medicare beneficiaries. But prosecutors say the company gave care to patients who didn't need it and billed Medicare for the unnecessary services. Morrera told patients to give false info so they would qualify for home health services, even though they didn't, prosecutors said. Angie's also paid kickbacks to nurses and recruiters who paid Medicare beneficiaries who agreed to be treated at Angie's, prosecutors said. Mother and son submitted \$2,295,139 in false claims to Medicare, with Medicare paying out \$1,566,288.
- **Detroit MI** - Two sisters captured in Colombia have pleaded guilty to committing health-care fraud in the Detroit area. Caridad and Clara Guilarte (Gill-AR'-tay) have been in custody since March. Instead of being transferred to Detroit, they agreed to plead guilty 24 AUG to conspiracy in Miami federal court. The sisters say they submitted \$9 million in false Medicare claims for bogus services at a Dearborn clinic. Medicare in turn paid \$6 million. When they were captured overseas, the Guilartes were on the government's most-wanted list of health-care crooks. They face up to 20 years in prison when they return to court on 3 NOV.

[Source: Fraud News Daily 16-31 AUG 2011 ++]

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## Medicad Fraud Update 46:

- **Bedford MA** - Massachusetts Attorney General Martha Coakley's office has reached with a Bedford clinical laboratory that her office says overcharged Medicaid for urine drug tests. Coakley's office says that between 2005 and 2011, Diagnostic Laboratory Medicine, Inc. billed Medicaid for urine drug tests which were not properly ordered by a doctor or other authorized prescriber. DLM had overcharged the state Medicaid program for these urine tests by failing to give the Medicaid program its "best price." The firm also reportedly failed to comply with the documentation and record keeping requirements. These alleged violations of state law and Medicaid rules and regulations resulted in significant Medicaid overpayments to DLM. In mid-AUG the firm agreed to reimburse the state \$153,780.87 and agreed to comply with all state laws and Medicaid regulations in the future. The Bedford- based company is owned by Joseph D. Musto of Dover. Anthony Ferullo, the firm's business manager, said the fine was the result of an administrative oversight. "We were doing drug screens for a clinic, and the forms weren't signed by a doctor," he said. The DLM agreement is the sixth settlement resulting from an ongoing industry-wide investigation by AG Coakley's Medicaid Fraud Division into urine drug tests billed by independent clinical laboratories to the state Medicaid program. So far, the probe has returned approximately \$10 million to the state Medicaid program and led to 42 criminal indictments.



- **Knoxville TN** - The Office of Inspector General today announced the arrest of Lori N. Sharp, also known as Lori Nicole Lister, 34, of Knoxville. Sharp is accused of five counts of TennCare fraud and one count of theft of property. Charges against her say that from APR 08 to APR 2010, she received medical services paid for by TennCare even though she wasn't eligible for the program, and that she gained access to TennCare by willfully giving false information, false representation, concealing a material fact and committing fraud. If convicted, Sharp could serve up to four years per charge for the theft of services charge, which is a Class D felony, and two years per charge for the TennCare fraud, which is a Class E felony. District Attorney General Randall Nichols will prosecute. Since the OIG began full operation in February 2005, nearly 1,500 people have been charged with TennCare fraud and more than \$3.5 million paid in restitution TennCare. Tennesseans can get cash rewards for TennCare fraud tips that lead to convictions. Report suspected TennCare fraud by calling 1-800-433-3982 toll-free from anywhere in Tennessee, or log on to <http://www.tn.gov/tnoig> and follow the prompts that read "Report TennCare Fraud."



**Lori N. Sharp**

- **Nashville TN** - Daphine L. Webb, 31, was arrested 30 AUG and charged with TennCare fraud involving "doctor shopping," or using TennCare public health care insurance to go to multiple doctors in a short time period to obtain controlled substances. Webb failed to disclose to her health care providers that she had seen other physicians within a 30-day period. She received prescriptions for the painkillers Endocet and Lortab and used TennCare to pay for both the drugs and the clinical visits. TennCare fraud involving doctor shopping is a Class E felony carrying a sentence of up to two years per charge in prison.
- **Portland OR** - Ahmad Hamad Hamad, 48, , received a 13-month prison sentence 29 AUG after he pleaded guilty to participating in his family's Medicaid fraud conspiracy that brought in nearly \$100,000. Hamad's attorney, Paul Aubry, said prison was an unfortunate resolution for a "very ill individual" with a long list of medical conditions. In a plea agreement, Hamad pleaded guilty to six of the 99 charges against him and received 13 months in prison. He and his sister, Rania Hamad Hamad, were ordered to repay nearly \$94,000 to the Oregon Department of Human Services and more than \$1,000 to the U.S. Social Security Administration. Last year the family filed false claims between 2006 and 2009 for progressive disabilities so they could qualify for government assistance. Rania Hamad applied for money through Oregon's Medicaid home care program to care for Ahmad Hamad and her mother, authorities said. Rania Hamad Hamad has already completed her prison time and repaid \$94,000 to the Oregon Department of Human Services, Assistant Attorney General Donna Maddux said. That leaves Hamad to pay the remaining restitution to the Social Security Administration. Ahmad Hamad's case came to a halt

until U.S. Marshals arrested him on a warrant upon his release from a Portland-area hospital in January, she said. He was then booked into the Washington County jail on 99 charges of first-degree theft and making false claims for health care payment.



**Ahmad Hamad Hamad**

[Source: Fraud News Daily 16-31 Aug 2011 ++]

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**State Veteran's Benefits:** The state of New Jersey provides several benefits to veterans as indicated below. To obtain information on these refer to the “**Veteran State Benefits NJ**” 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:** Victory is a perception. Its contours shift with every conflict, as does its definition, within every warrior culture. In the fall of 1950, two vastly different cultures met for the first time on the field of battle in North Korea. The battles that raged around the Chosin Reservoir, between the United States 1st Marine Division and the Peoples' Volunteer Army of Communist China, were but a small part in the overall contest of the Korean War, but they have become legend in both countries. Part of the proud history of the United States Marine Corps, the Chosin Reservoir campaign is labeled by many historians as one of the greatest defeats in United States military history. Due to dissimilar objectives and desired effects, the perceptions of victory differed between states and echelons of command in the Chosin Reservoir campaign. Examining the Chosin Reservoir campaign from both Chinese and American perspectives through the lens of the strategic, operational, and tactical commanders shows that for the United States Marine Corps, the great defeat was not a defeat at all. To read more on the road to Chosin,

objective of the battle, and the perceptions on the outcome refer to this Bulletin's attachment titles, "**Chosin Reservoir**". [Source: Military History Online | Perception of Victory Mark E. Bennett article 19 Jul 09 ++]

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**Military History Anniversaries:** Significant September events in U.S. Military History are:

- Sep 01 1864 – Civil War: Confederate troops abandoned Atlanta in the face of continuing attacks by federals under General W.S. Sherman .
- Sep 01 1939 - WW II: Nazi Germany attacks Poland beginning the war in Europe.
- Sep 01 1950 - Korean War: 13 North Korean divisions open assault on UN lines
- Sep 01 1982 - The United States Air Force Space Command is founded
- Sep 01 1983 - Cold War: Korean Boeing 747 strays into Siberia & is shot down by a Soviet jet. All 269 on board are killed, including United States Congressman Lawrence McDonald.
- Sep 02 1898 – Machine gun 1st used in battle
- Sep 02 1864 - Civil War: Union forces enter Atlanta, Georgia a day after the Confederate defenders flee the city.
- Sep 02 1945 - WWII: V-J Day. Combat ends in the Pacific Theater: The final official surrender of Japan is accepted aboard the battleship USS Missouri in Tokyo Bay.
- Sep 02 1958 - Cold war: United States Air Force C-130A-II is shot down by fighters over Yerevan, Armenia when it strays into Soviet airspace while conducting a sigint mission. All crew lost.
- Sep 03 1783 - Revolutionary War: The war ends with the signing of the Treaty of Paris by the United States and the Kingdom of Great Britain. America is officially free from Britain
- Sep 03 1855 - Indian Wars: In Nebraska, 700 soldiers under American General William S. Harney avenge the Grattan Massacre by attacking a Sioux village, killing 100 men, women, and children.
- Sep 03 1916 - WWI: Allies turned back Germans in WW I's Battle of Verdun
- Sep 03 1941 - WWII: 1st use of Zyklon-B gas in Auschwitz (on Russian prisoners of war)
- Sep 03 1943 – WWII: The allied invasion of Italy began.
- Sep 04 1862 - Civil War: Gen Lee invades North with 50,000 Confederate troops
- Sep 04 1886 - Indian Wars: after almost 30 years of fighting, Apache leader Geronimo surrenders with his remaining warriors to General Nelson Miles in Arizona ending last major US-Indian war.
- Sep 04 1918 - WWI: U.S. troops land in Archangel, Russia, stay 10 months
- Sep 04 1940 - WW II: A German submarine makes the first attack against a United States ship (the USS Greer).
- Sep 04 1967 - Vietnam: Operation Swift begins: U.S. Marines engage the North Vietnamese in battle in the Que Son Valley.
- Sep 05 1914 - WWI: Battle of Marne begins: Germans chase out Russians.
- Sep 05 1939 - WWII: FDR declares US neutrality at start of WW II in Europe
- Sep 08 1943 - WWII: Gen Eisenhower announced unconditional surrender of Italy in WW II
- Sep 08 1945 - Cold War: United States troops arrive to partition the southern part of Korea in response to Soviet troops occupying the northern part of the peninsula a month earlier.
- Sep 09 1914 - WWI: Battle of Marne. German advance stalls, Paris saved .
- Sep 09 1942 - WWII: 1st bombing on continental U.S. soil. A Japanese floatplane drops an incendiary bomb on Mount Emily Oregon.
- Sep 10 1776 - Revolutionary War: George Washington asks for a spy volunteer, Nathan Hale volunteers.

- Sep 10 1813 - War of 1812: Battle of Lake Erie. U.S. Naval Captain Oliver Hazard Perry defeats a British flotilla.
- Sep 10 1919 - Latin America Interventions: Honduras. U.S. Marines land during election campaign.
- Sep 11 1941 - WWII: FDR orders any Axis ship found in American waters be shot on sight.
- Sep 11 1965 - Vietnam: The 1st Cavalry Division of the United States Army arrives in country.
- Sep 11 2001 - 2996 people are killed when terrorists hijack four passenger planes crashing two into New York's World Trade Towers causing the collapse of both and one into the Pentagon. Another headed toward Washington likely to strike the White House or Capitol, crashed just over 100 miles away in Pennsylvania after passengers storm the cockpit and overtake the hijackers.
- Sep 11 2001 - Terrorists hijack a passenger plane and crash it into the Pentagon causing the death of 125 people.
- Sep 12 1814 - War of 1812: Battle of North Point is fought near Baltimore.
- Sep 12 1847 - Mexican-American War: The Battle of Chapultepec begins.
- Sep 12 1862 - Civil War: Battle of Harpers Ferry VA.
- Sep 12 1918 - WWI: St Mihiel France. 1st U.S. Operation and Victory by an Independent American Army.
- Sep 12 1944 - WWI: U.S. Army troops enter Germany for 1st time
- Sep 13 1847 - American-Mexican War: U.S. forces capture Mexico City effectively ending the war.
- Sep 13 1861 - Civil War: 1st naval battle of the war. Union frigate "Colorado" sinks privateer "Judah" off Pensacola, Fla.
- Sep 13 1900 - Philippine-American War: Filipino resistance fighters defeat a small American column in the Battle of Pulang Lupa.
- Sep 13 1942 - WWI: Battle of Edson's Ridge (2nd Japanese assault) at Guadalcanal.
- Sep 13 1951 - Korean War: Battle of Heart Break Ridge began.
- Sep 14 1814 - War of 1812: During a British naval attack on the City of Baltimore, Francis Scott Key composed a poem entitled "The Star Spangled Banner."
- Sep 15 1776 - Revolutionary War: British forces capture Kip's Bay Manhattan.
- Sep 15 1914 - Vera Cruz Incident: U.S. Marines march out of Vera Cruz, Mexico.
- Sep 15 1916 - WWI: 1st tank used in war, "Little Willies" at Battle of Flors, France
- Sep 15 1950 - Korean War: UN forces land at Inchon in South Korea.

[Source: Various Aug 2011 ++]

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**Military Trivia Update 34:** During World War II, Japanese forces occupied U.S. territory for over a year. A small, brave band of soldiers call Castner's Cutthroats helped to dislodge them. On 7 August 1943, the U.S. was finally free of all invading forces, largely due to the efforts of **Castner's Cutthroats**. See if you can answer the following question related to their activities:

- (1) Which area of the United States was occupied by the Japanese during World War II?
  - (a) Part of the Aleutian Islands
  - (b) A peninsula in western Alaska
  - (c) Remote islands in the Hawaiian chain
  - (d) Juneau, Alaska.
- (2) When did the Japanese attack the Aleutians?
  - (a) April 1942
  - (b) December 1941 after Pearl Harbor
  - (c) June 1942
  - (d) July 1943

- (3) Most of the recruits in Castner's Cutthroats were native to Alaska. In addition to their familiarity with the area, what other attributes made them invaluable to the U. S. Army?
- a) All were unmarried
  - b) The army wanted local Alaskans to avoid transportation costs
  - c) All were experienced cartographers
  - d) Experts in survival and hunting
- (4) Why were the 1st Combat Intelligence Platoons called the Cutthroats?
- a) They wore bright red scarves around their necks
  - b) This was their method of dispatching the enemy
  - c) Because they were an irregular military unit
  - d) They excelled in fishing for cutthroat trout
- (5) The Cutthroats' first mission was to help establish an airfield on Adak Island which was nearer to the occupied islands than Dutch Harbor. They successfully occupied Adak in August 1942 but found no area suitable for an airstrip. The Cutthroats came up with a very clever idea to overcome the problem. What was it?
- a) They leveled the small rock-strewn beaches
  - b) Drain a small lagoon which had a flat, sandy bottom
  - c) Sturdy ice floes north of the island were located
  - d) They abandoned Adak for a more suitable nearby island
- (6) Army commanders believed that in the conflict in the Aleutian islands, they had two enemies, the Japanese being an obvious one. What was the other enemy?
- a.) Alaskan weather
  - b.) Russian fisherman
  - c.) Native Aleutians who escaped internment
  - d.) Extensive minefields
- (7) May 1943, the military sent forces to retake Attu. The Cutthroats did the reconnaissance and were the first unit in the attack, personally taking the first three beach heads. What major mistake did the U.S Army make in this operation?
- a) They chose a different landing spot than the one recommended by the Cutthroats
  - b) They ignored the Cutthroats advice on adequate warm clothing and provisions for the troops
  - c) They sent too few troops and were eventually repulsed by the Japanese
  - d) An accidental bombing of friendly U.S. troops occurred
- (8) Before Attu was taken on 29 May 1943, the Japanese launched one of the largest "banzai" charges of the war. What was the Attu location of this attack?
- a.) Victory Bay
  - b.) Komandorski Bay
  - c.) Attu Beach
  - d.) Massacre Bay
- (9) The Cutthroats were part of the military force that attacked Kisku on 7 August 1943. What kind of resistance did they receive from the Japanese occupiers?
- a.) The fighting was hand-to-hand for most of the battle.
  - b.) None, as the Japanese had already left.
  - c.) The U.S. troops suffered bombardment from Japanese ships.
  - d.) 421 Japanese troops surrendered after one day.
- (10) The Aleutian Islands campaign in World War II is sometimes referred to as "The Forgotten Battle". Why were these events so ignored by the American public?

- a.) Alaska was deemed unimportant strategically.
- b.) Guadalcanal was going on at the same time
- c.) The operation was classified "Top Secret" until 1998
- d.) Journalists refused to go to Alaska so there was no press to write about the events

## Answers

- 1) **Part of the Aleutian Islands.** The Aleutian islands of Attu and Kiska were occupied by the Japanese in a surprise attack.
- 2) On 3 **June 1942** the Japanese unexpectedly bombed Dutch Harbor on Unalaska Island which was the largest U.S. base on the Aleutians. While the bombing did little damage, the Japanese were able to land and occupy Kiska and Attu islands on 6 and 7 June, respectively, with relative ease. There were few native inhabitants at that time since most had been forcibly relocated to the Alaskan panhandle.
- 3) **Experts in survival and hunting.** Colonel Lawrence Castner was the leader of the 1st Combat Intelligence Platoon (Provisional), the official name of the Cutthroats. The members were Aleuts, Eskimos, trappers and miners all of whom were experts in hunting, fishing and living in the harsh Alaska environment. These abilities also enhanced their use as scouts.
- 4) **Because they were an irregular military unit.** Appreciating their unique talents, Col. Castner did not enforce standard military procedures on his unit, who gave themselves the name "Cutthroats". They were given a great deal of freedom in order to get the job done. Bright red scarves would not be an ideal accessory for an Alaskan scout.
- 5) **Drain a small lagoon which had a flat, sandy bottom.** Dutch Harbor was too far away to serve as an effective base to attack the occupying Japanese, so it was crucial to establish a closer base of operations. There was a very real concern that the Japanese would use the Aleutians as a springboard to invade mainland Alaska. The Cutthroats provided reconnaissance and intelligence on the area prior to the occupation of Adak and their plan to drain the lagoon provided the U.S. with a much needed air base.
- 6) **Alaskan weather.** While the great distance from the Alaskan mainland, running the length of the Aleutian islands, was a formidable difficulty, the unpredictable and harsh weather in Alaska was something that the U.S. military was unprepared for. The only members of the military that truly appreciated this factor were the men in Castner's Cutthroats.
- 7) **They ignored the Cutthroats advice on adequate warm clothing and provisions for the troops.** The upper echelon did not heed the advice of their Alaskan experts and thousands of soldiers had insufficient winter gear and food for the assault which lasted several weeks. Castner's Cutthroats did their best to help the soldiers build better shelters and their successful fishing provided needed food, however of the 4,000 U.S. troops sent to Attu, some 1900 succumbed to cold injuries and disease.
- 8) **Massacre Bay.** The sudden Japanese attack was nearly successful and only a furious response by the weary U.S. troops prevented a rout. Over 2,000 Japanese soldiers were killed in this foray (hence the name Massacre Bay) with only 28 taken prisoner. According to one estimate, nearly 500 Japanese soldiers committed suicide rather than be taken captive.
- 9) **None,** as the Japanese had already left.
- 10) **Guadalcanal was going on at the same time.** Some military commanders considered the Japanese invasion of the Aleutians as a diversionary tactic by the Japanese and did not wish to risk drawing more resources from key Pacific locations. The Guadalcanal campaign which took place August 1942 to February 1943 was the first major offensive by the U.S. against the Japanese and concerned crucial strategic areas in the Pacific Ocean.



[Source: [http://www.funtrivia.com/quizzes/history/war\\_history.html](http://www.funtrivia.com/quizzes/history/war_history.html) Aug 2011 ++]

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**Tax Burden for Florida 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 Florida:

#### Sales Taxes

**State Sales Tax:** 6% (food, prescription and non-prescription drugs exempt). There are additional county sales taxes which could make the combined rate as high as 9.5%.

**Gasoline Tax:** 34.4 cents/gallon

**Diesel Fuel Tax:** 29.6 cents/gallon (Includes local county taxes)

#### Personal Income Taxes

No state income tax

**Retirement Income:** Not taxed. Individuals, married couples, personal representatives of estates, and businesses are no longer required to file an annual intangible personal property tax return reporting their stocks, bonds, mutual funds, money market funds, shares of business trusts, and unsecured notes. For details refer to <http://dor.myflorida.com/dor/tips/tip07c02-01.html>.

#### Property Taxes

All property is taxable at 100% of its just valuation. Every person who owns and resides on real property in Florida on January 1 and makes the property their permanent residence is eligible to receive a homestead exemption up to \$50,000. The first \$25,000 applies to all property taxes, including school district taxes. The additional exemption up to \$25,000, applies to the assessed value between \$50,000 and \$75,000 and only to nonschool taxes. If one spouse holds the title, the other spouse may file for the exemption with the consent of the titleholder.

Below is a general list of exemptions available in the state.

- [Homestead exemptions up to \\$50,000](#)
- [\\$500 widows and widower's exemption](#)
- [\\$500 disability exemption](#)
- [\\$5,000 disability exemption for ex-service member](#)
- [Service connected total and permanent disability exemption](#)
- [Exemption for totally and permanently disabled person](#)
- [Additional homestead exemption for persons 65 and older](#)
- [Homestead property tax discount for veterans age 65 and older with a combat-related disability](#)
- [Homestead tax deferral](#)
- [Installment payment of property taxes](#)
- [Personal property](#)

The homestead exemption for all residents applies to all property taxes, not just city and county taxes. Annual increases in the assessment of homestead property are limited to 3% of the prior year's assessed value, or if lower, the percentage change in the Consumer Price Index for the prior, as long as there was no change in ownership.

For more details on property taxes go to <http://dor.myflorida.com/dor/property> and then find the link for the county property appraiser for the county in question. For more information on Florida property tax exemptions refer to <http://dor.myflorida.com/dor/property/taxpayers>.

**Inheritance and Estate Taxes**

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

To review information for new residents go to <http://dor.myflorida.com/dor/forms/2009/gt800025.pdf>. For general information on Florida taxes, visit the Florida Department of Revenue site <http://dor.myflorida.com/dor> or call 800-352-3671. [Source: [www.retirementliving.com](http://www.retirementliving.com) Sep 2011 ++]

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**Veteran Legislation Status 31 AUG 2011:** Both chambers of Congress have been in recess since the 12 AUG status report so there is no change in what was previously reported. 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 112<sup>th</sup> 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](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?** Morning Muster

Ensign Montgomery was holding morning muster.

"Jackson?"

"Here!"

"KIBBEY?"

"Yo."

"STEPHENS?"

"Present, sir."

"Robbins?"

"Yo."

"SEEBACK?"

(Nothing)

"SEEBACK?!"

(Still nothing)

"DAMMIT, SEEBACK!"

The Chief quietly tells the Ensign,

"Turn the paper over, sir."

\*\*\*\*\*

Some people spend an entire lifetime wondering if they made a difference. The Marines don't have that problem."

-- **President Ronald Reagan**

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