

RAO BULLETIN

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PDF Edition

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Health Care Quality/Price Update 02: We all know that Americans spend too much money on healthcare – more than twice as much per patient as people in other industrialized countries, on average – but we don’t necessarily know who to blame. A study published in 27 SEP edition of Archives of Internal Medicine offers up a surprising culprit: primary care doctors who admit that they give their patients too much care. That’s right – 42% of the docs in a nationwide survey said the patients in their own practices “were receiving too much medical care” and 28% said they personally were ordering more tests

and making more referrals to specialists than they would “ideally like to be.” Why do they do it? Three reasons:

- 1) 76% of doctors in the survey said fear of malpractice lawsuits prompted them to practice more aggressive medicine;
- 2) 52% blamed it on the use of clinical performance measures that are used to judge whether doctors are doing their jobs correctly; and
- 3) 40% said they didn’t get to spend enough time with their patients to figure out what is really wrong with them, so they ordered tests and consultations to provide some of the answers.

Defensive medicine was clearly a problem. In the survey, 83% said they felt that “they could easily be sued for failing to order a test that was indicated,” but on the flip side only 21% worried that a patient might file a lawsuit against a doctor who ordered a test that wasn’t medically necessary. Making money was another factor. Only 3% of the 627 internists and family practice doctors who participated in the survey acknowledged that they sometimes ordered extra tests to boost their own bottom line, but 39% said they thought that other primary care physicians ordered tests in part to boost their own revenue. If they were suspicious of their colleagues, they held even lower opinions about subspecialists – 62% said these doctors (think cardiologists, oncologists, etc.) “would cut back on testing in the absence of a financial incentive,” according to the study. Overall, 61% of the primary care doctors judged subspecialists to be providing too much care. In addition, 47% felt that nurse practitioners and physician assistants – thought to be lower-cost substitutes for doctors – were practicing too aggressively. “Many primary care physicians believe there is substantial unnecessary care that could be reduced, particularly by increasing time with patients, reforming the malpractice system, and reducing financial incentives to do more,” wrote the authors from the Veterans Administration Outcomes Group in White River Junction, Vt., and the Dartmouth Institute for Health Policy and Clinical Practice in Lebanon, N.H. That’s easier said than done, of course. Changing the medical malpractice system would be no small task. There’s also the matter of changing the way doctors are reimbursed so that they can get paid for talking and thinking as well as for doing. On the plus side, it should be possible to spend less on medical bills while actually improving the quality of medical care. [Source: Los Angeles Times Karen Kaplan article 27 Sep ++]

Tricare Flu Shots Update 01: Two forms of the flu vaccine are distributed in the U.S., and both are covered by TRICARE. These are an injectable, inactivated vaccine that contains a killed virus and can be used in all age groups 6 months and older and an intranasal spray, made with live, weakened influenza viruses; limited to use in people who are between the ages of 2 and 49 years, and who are not pregnant at the time they receive the vaccination. Flu vaccines may be received at no cost from any TRICARE-authorized provider or at one of the TRICARE retail network pharmacies that participates in the vaccination program. To find a participating pharmacy, search online at <http://www.express-scripts.com/TRICARE/pharmacy> or call 1-877-363-1303. If you get the vaccine from your provider, you may have to pay copayments or cost shares for the office visit or other services received during the office visit.

Uniformed service members (Active duty, National Guard, and Reserves) are required to be immunized. Active duty service members (ADSM) have priority for getting the vaccine at military treatment facilities but may also receive the vaccine at a participating network pharmacy. When received at a network pharmacy, ADSMs are required to follow their Service policy guidance for recording the immunization in their shot record by the close of business the next duty day. Proper documentation should be obtained from the pharmacy which includes patient identification; the date the vaccine was given; the vaccine name or code, manufacturer, and lot number. Everyone six months and older should get a flu vaccine as soon as its available each fall. Some people are at a higher risk of serious flu-related complications and should get vaccinated each year. According to the Centers for Disease Control and Prevention (CDC), the following people should be vaccinated each year:

- All children aged six months to 18 years
- Adults aged 50 years and older
- Persons with underlying chronic medical conditions

- All women who are be pregnant during the influenza season
- Health care workers involved in direct patient care
- Child care and elderly care workers
- Persons at high risk of severe complications from influenza

Daily steps to take to Prevent the Spread of the Flu include:

- Wash your hands with soap and warm/hot water
- Use an alcohol-based sanitizer when hand-washing is not possible
- Cover your mouth or nose when you cough or sneeze
- Avoid contact with your nose, eyes or mouth
- Avoid contact with people who are sick
- Stay home if you have flu-like symptoms
- Take anti-viral medications to treat your flu symptoms when prescribed by a doctor.

[Source: <http://www.tricare.mil/mybenefit/jsp/Medical/IsItCovered.do?kw=Flu+Vaccine> Sep 2011 ++]

Tricare Data Breach (SAIC): On 14 SEP Science Applications International Corporation (SAIC) reported a data breach involving personally identifiable and protected health information (PII/PHI) impacting an estimated 4.9 million military clinic and hospital patients. The information was contained on backup tapes from an electronic health care record used in the military health system (MHS) to capture patient data from 1992 through September 7, 2011, and may include Social Security numbers, addresses and phone numbers, and some personal health data such as clinical notes, laboratory tests and prescriptions. There is no financial data, such as credit card or bank account information, on the backup tapes. The risk of harm to patients is judged to be low despite the data elements involved since retrieving the data on the tapes would require knowledge of and access to specific hardware and software and knowledge of the system and data structure.

The incident is being investigated and additional information will be published as soon as it is available. Meanwhile, both SAIC and TRICARE Management Activity (TMA) are reviewing current data protection security policies and procedures to prevent similar breaches in the future. Anyone who suspects that they were impacted by this incident is urged to take steps to protect their personal information and should be guided by the Federal Trade Commission at:

<http://www.ftc.gov/bcp/edu/microsites/idtheft/consumers/defend.html>. Concerned patients may contact the SAIC Incident Response Call Center, M-F from 09-1800 EST in the U.S at (855) 366-0140. Those overseas can call collect to (952) 556-8312. The following is germane to the breach:

- Approximately 4.9 million patients who received care from 1992 through September 7, 2011 in the San Antonio area military treatment facilities (MTFs) (including the filling of pharmacy prescriptions) and others whose laboratory workups were processed in these same MTFs even though the patients were receiving treatment elsewhere.
- The PII/PHI data elements involved include, but are not limited to names, Social Security numbers, addresses, diagnoses, treatment information, provider names, provider locations and other patient data, but do not include any financial data, such as credit card or bank account information.
- Not just anyone can access this data. Retrieving the data on the tapes requires knowledge of and access to specific hardware and software and knowledge of the system and data structure.
- The exact circumstance surrounding this data loss remain the subject of an ongoing investigation. Thus, Tricare waited to announce the breach to beneficiaries because they wanted to determine the degree of risk this data loss represented before making notifications not want to raise undue alarm.
- TRICARE and SAIC are working together to identify as quickly as possible all beneficiaries whose information may have been involved in the breach and notify as appropriate.

- Affected beneficiaries to protect themselves can monitor their credit and place a free fraud alert on their credit for a period of 90 days using the Federal Trade Commission (FTC) web site. The FTC site also provides other valuable information regarding actions that can be taken now or in the future, should any problems develop. This information is available at:
<http://www.ftc.gov/bcp/edu/microsites/idtheft/consumers/defend.html>
- To get more information affected beneficiaries can call the SAIC Incident Response Call Center, M-F from 09-1800 EST in the U.S at (855) 366-0140. Those overseas can call collect to (952) 556-8312.

[Source: http://tricare.mil/mybenefit/Download/Forms/DataBreach_PublicStatement.pdf 28 Sep 2011 ++]

VA Hospital Compare Program: The Secretary of Veterans Affairs (VA) and the VA's Under Secretary for Health are committed to transparency - giving Americans the facts. The Veterans Health Administration (VHA) releases the quality goals and measured performance of VA health care in order to ensure public accountability and to spur constant improvements in health care delivery. The success of this approach is reflected in VA's receipt of the Annual Leadership Award from the American College of Medical Quality. The VA Hospital Compare web site <http://www.hospitalcompare.va.gov/> provides veterans, family members and their caregivers to compare the performance of their VA hospitals to other VA hospitals. Using this tool, Veterans, family members, and caregivers can compare the hospital care provided to patients. Quality Information on this web site is divided into the areas of:

- 1) Linking Information Knowledge and Systems (Links) - summarizes outcome measures for acute care, ICU, outpatient, safety and annual measures. This data shows strengths and opportunities for improvement at the national, regional and local hospital levels. LinKS supports the VA mission to provide the best possible care to the Veterans. The dashboard shows what is being measured and the result. A simple example would be for smoking. VA measures the percentage of veterans that smoke and what they have done to help them stop smoking such as smoking cessation classes, counseling or medication to help them quit.
- 2) VA's Transparency Program (ASPIRE) - documents quality and safety goals for all VA hospitals, plus how well their hospitals are meeting these goals. VA scores hospitals more than 30% different from the goal as underperforming or red and those only 10% different from the goal as green. This data shows strengths and opportunities for improvement at the national, regional and local hospital level. ASPIRE data supports the VA's mission of a continuous health care improvement program to provide the best possible care to Veterans. The database lists many measures and the goal for each measure. The data shows VA is in comparison to where VA wants to be. A simple example would be for blood pressure management. The goal for all veterans age 18-85 with high blood pressure is to have blood pressure readings less than 140/90. This measure shows the percentage of Veterans meeting that blood pressure goal.
- 3) Comparing by state how well your local VA hospital cares for its veterans with congestive heart failure, heart attack and pneumonia. <http://www.hospitalcompare.va.gov/apps/Compare/index.asp>.
- 4) Tracking by state progress in the VA in reducing complications from surgery including infection, blood clots, cardiac, and respiratory problems.
<http://www.hospitalcompare.va.gov/apps/Compare/SCIP.asp>

This information will help you compare the quality of care that VA hospitals provide. Talk to your doctor about this information to help you, your family, and your caregivers make your best hospital care decision.
[Source: <http://www.hospitalcompare.va.gov/> Sep 2011 ++]

VA Quality & Value Metrics: Top health care industry leaders from around the country joined for a two-day roundtable discussion about the next generation of health care quality and value metrics. One of the participants was Eric K. Shinseki, Secretary, Department of Veterans Affairs. The meeting allowed leaders to compare and contrast how they use metrics to enhance quality of care and value for patients. Harvey V. Fineberg, MD, PhD, president of the Institute of Medicine and former provost of Harvard University, moderated the discussion. The meeting created a dialogue across major health care systems in order to work toward two primary goals: to identify the next generation of performance metrics to assess population health, patient experience and health care value, and to explore opportunities to develop and use these new measures.

"We greatly appreciate the time, commitment and expertise of these health care leaders, who shared thoughtful and powerful insights on how to better measure quality, safety and performance," said Secretary of Veterans Affairs Eric K. Shinseki. "I believe strategic partnerships with our health care colleagues, public and private, are invaluable." Last year, VA launched its ASPIRE for Quality initiative, aimed at making data and outcome information available to the public in such areas as inpatient and ambulatory care, prevention, and chronic disease. More information on ASPIRE is available at <http://www.hospitalcompare.va.gov/>. [Source: VA News Release 28 Sep 2011 ++]

B&Bs for VETS Program: Innkeepers want to say thank you to those who've served their country by inviting veterans to wake up on 11-11-11 in a B&B. Inns and B&Bs throughout North America will open their doors to active and retired military and vets and one guest by offering a free room to those who've served in the military on Thursday, November 10, 2011. While hundreds of inns and B&Bs have signed on to provide rooms, they will be reserved quickly, so review the list at <http://www.betterwaytostay.com/current-promotions/bbs-for-vets> for innkeepers in the U.S. who are participating in the program and reserve your room while space is available. For a complete list of Canadian inns and B&Bs participating in the B&Bs for Vets program, refer to the B&Bs for Vets page <http://www.bbcanada.com/bbforvets> and search by province. From the entire B&B industry, thank you to all those who are presently serving or have served to protect our freedom. Regarding reservations:

- Vets should contact the inns and B&Bs directly to reserve a room.
- Rooms are complimentary for Thursday, November 10, 2011 for vets and one guest; most rooms
- Proof of veteran status may be requested.
- No fees will be charged for a reserved one-night veteran's stay but a credit card may be required to book your stay. Credit card or cash may be accepted for add-ons and additional nights. While policies vary from inn to inn, the full rate may be charged if the complimentary room night is not occupied or not canceled in a timely manner according to the inn's standard reservation practices or cancellation period set for this special event. Be considerate if your plans change; most inns will have a waiting list for their complimentary rooms, and a proper cancellation will always be filled with a fellow deserving vet.

[Source: <http://www.betterwaytostay.com/current-promotions/bbs-for-vets> Sep 2011 ++]

VA Disputed Claims Update 01: Clifford Bare, a 76-year-old retired U.S. Navy veteran, has a monthly income, gathered from Social Security and a state pension, of \$1,233. His wife Norma's monthly Social Security check is \$893. They are not people of means. But, try telling that to the U.S. Department of Veterans Affairs. Bare is one of about 18,000 veterans in Montana who do not qualify for health care coverage in the VA system. He is, in government speak, a Priority 8 veteran, defined as men and women who make above a certain amount of money and have no service-connected disabilities and therefore are not allowed to enroll in the VA health care program. Under current restrictions, a veteran with no service-related injuries and with an annual income of \$35,577 can be denied VA health benefits. The amount varies by state but it is about \$35,000 in Montana. By all calculations, the Bares' \$25,000 annual

income falls well below the threshold. But his benefits may now be jeopardized because the cash-strapped couple tapped their savings for about \$8,000 to help cover Norma's hospital costs after being treated for cancer and a heart attack. That single move nudged him above the threshold and apparently disqualified him from receiving health care benefits.

"It's a damn crying shame," said Bare, who served in the Pacific during both the Korean and Vietnam wars. Citing privacy, the VA declined to comment on Bare's case. Bare said he has been dealt a double whammy, penalized for tapping into his savings account, and further punished for not being wounded. "We put in our time," Bare said. "We dodged bullets. Does that make us less than the men who lost a leg?" Bare relies on five daily life-saving medications and a pacemaker, his third, in his chest to help control abnormal heart rhythms. The VA has helped pay for none of it. "I gave the Navy the best years of my life," Bare said. "I was faithful to my country. Now, I'm living on borrowed time and I'm being screwed and nobody seems to care -- until now." Bare, whose state pension comes from serving 12 years as a Stillwater County Commissioner, is referring to U.S. Sen. Jon Tester, (D-MT) who has called on the U.S. Department of Veterans Affairs to expand health care coverage to include all veterans regardless of income or whether they are wounded. Tester, a member of the Senate Veterans Affairs Committee, has implored VA Secretary Eric Shinseki to immediately return Priority 8 veterans to the health care system.

In 2003, then-VA Secretary Anthony Principi, who worked under President George W. Bush, stopped Priority 8 enrollments. He argued their numbers strained the system and crowded out higher-priority veterans, including those who were wounded and returning from Afghanistan and Iraq. During the first six months of this year, nearly 47,000 veterans applied for VA enrollment but were denied health care due to income. Bare contacted The Billings Gazette after reading that Tester was working to restore Priority 8 veterans' health care benefits. While Bare said he admires Tester's effort, he fears the senator is "shoveling against the wind." Tester isn't convinced. Thousands have already been let back in. In 2009, as President Barack Obama took office, Congress provided the VA with enough money to begin enrolling some Priority 8 veterans, and the expansion began. The VA announced that up to 266,000 veterans with no service-connected health conditions would be allowed to enroll in VA health care. Those who enrolled earned less than \$35,000 annually. Nearly 12,000 of the 30,000 eligible Priority 8 veterans in Montana were enrolled at that time.

Moreover, Tester has amassed a successful resume in securing benefits for veterans, which bodes well for Bare and others. During Tester's tenure in the Senate, Montana has received six new VA clinics in Lewistown, Havre, Hamilton, Libby, Cut Bank and Plentywood. Two VA Vet Centers in Great Falls and Kalispell also opened this year. In February, the U.S. Department of Veteran Affairs approved doubling the size of the Billings VA Clinic. Montana has also received additional resources, including transportation vans and housing vouchers, for veterans. At Tester's invitation, Shinseki made his first visit to Montana in July. "That didn't happen on its own and it sure wasn't happening before I came to Congress," Tester said. "That happened because I listened to veterans in Montana and we worked together to get it done." Tester stopped short of saying he's optimistic about enrolling more Priority 8 veterans, saying he's not a betting man. He said there are difficult decisions to make as Congress reduces debt and cuts spending in the months and years ahead. "But I make my decisions and pick my battles based on the priorities that are right for Montana," Tester said. "And I just don't believe in backpedaling on our commitment to veterans. Federal budgets should reflect our priorities, which is why I sent my letter to Secretary Shinseki asking him to prioritize Priority 8s in his budget." [Source: Billings Gazette Cindy Uken article 27 Sep 2011 ++]



Clifford Bare

Tricare Claim Policy for RP Update 01: WPS maintains separate lists of authorized and denied Tricare providers for the Philippines. The authorized list is available at <http://www.tricare.mil/tma/pacific/pacificcertifiedproviders.aspx>. The denied list is not available on their website. If a claimant submits a claim having used a provider who has been denied or decertified, WPS is forbidden to pay the claim if that provider appears on the list. This means that the retiree cannot be paid, even though he did not have any way to know that the provider was on the denied list. The only person that can request a re-certification of a denied provider is the provider. The beneficiary is not allowed to make that request. The only exception is if the provider was denied based on the fact that a claim had not been filed using the provider for a period of two years. In those cases the retiree/beneficiary can request a re-certification.

The Yahoo Group U.S. Military Retirees in the Philippines (USMRoP) over the last three years has attempted to get TRICARE Management Activity (TMA) to post a current and frequently updated 'Denied Provider' list in order to assist retirees in the Philippines to avoid claim denials if they use a provider that is on the list. They made their request under the provisions of DODI 6000.14, (Patient Bill of Rights and Responsibilities in the Military Health System (MHS), which states in part;

- E3.2.2.1. Information Disclosure. MHS patients have the right to receive accurate, easily understood information and assistance in making informed healthcare decisions about their health plans, providers, and facilities. DoD facilities will promote quality and efficient healthcare through the use of health information technology; transparency regarding healthcare quality and price; and better incentives for beneficiaries, enrollees, and providers consistent with Executive Order 13410 (Reference (f)) and in accordance with specifications established by the ASD(HA).
- E3.2.2.1.1. MHS beneficiaries shall be provided accurate, understandable, and timely information about the TRICARE program (section 199.17 of Reference (e)) including details of the covered health benefit, the various health plan options, and applicable cost-sharing arrangements.

TRICARE Management Activity (TMA) appears adamant in their refusal to post this 'Denied Provider' list on their TAO-P website <http://www.tricare.mil/tma/pacific> or any other readily available source. Their reasoning is apparently some restriction which prohibits disclosing who these providers are. By paying a \$1056 fee required by the FOIA law and assessed by TMA for the cost of their research efforts to provide the info, the USRP Group through the Freedom of Information Act acquired a AUG 2010 Master list with updates through 13 SEP 2011. It can be viewed at <http://db.tt/qoSmNzEO>. This 113 page alphabetical listing of almost 4,000 decertified Philippine providers is updated weekly by ISOS. A previous denied list was obtained from an enclosure in the TMA 2008 Request for Bid on the current Tricare Overseas Program contract, (TOP), and contained denied providers from 2001-2007. That enclosure showed that the majority, more than 99%, of the providers denied certification were for reasons other than that the provider was not licensed or fraud. Rather they were denied because the International SOS (ISOS) contractor claimed they could not find their office, were reluctant to travel to the location or the provider refused to be certified. Some were decertified because a claim had not been filed for 2 years.

USMRoP recommends beneficiaries seeking a provider first check the Certified Provider List by learning how to determine the multiple 'City' names used to find providers in their area. For example in Angeles City a beneficiary would need to check for "Angeles City", "ANGELES CITY 2009", "Angeles City Pampan", "ANGELES CITY PAMPANGA", "ANGELES CITY,PAMPANGA" (comma added), "Angeles Mac Arthur", "PAMPANGA", "PAMPANGA ANGELES CITY", "Pamapanga" and "Quezon City". Once you have determined there is no provider with the specialty you need on the Certified Provider List and decide to use an uncertified provider then check their name against the 'Denied Provider List' at <http://db.tt/qoSmNzEO>. If their name appears it is likely you will need to take additional action such as addressing with the provider the need for them to request to be recertified for your benefit. If they will not

you may want to consider finding yet another provider or be prepared to pay for the cost of your care in full. [Source: USMRoP James Houtsma & Kenneth Fournier input 25 Sep 2011 ++]

Tricare Philippine Demonstration Project: TRICARE has experienced dramatic increases in the amount billed for healthcare services rendered in the Philippines. Billings rose from \$15 million in 1999 to \$59 million in 2009 while the number of beneficiaries remained constant at about 11,000. Administrative controls such as the validation of providers, implementation of a fee reimbursement schedule, duplicate claims edits and the impact of the cost-shares and deductibles have limited actual TRICARE expenditures to \$17 million in 2009. Fraud and abuse activities in the Philippines have been a growing concern that necessitated prompt investigation and actions to reduce the number of fraudulent or abusive incidences. Measures were taken to prevent or reduce the level of fraud and abuse against TRICARE while concurrent investigations and prosecutions were conducted. In April 2008, seventeen individuals were convicted of defrauding the TRICARE program of more than \$100 million.

In an effort to control rising cost TRICARE will be implementing an alternative approach to providing healthcare services under the TRICARE Standard option in the Philippines. Over a 3 year period they will exercise their alternative approach in an effort to determine its validity. The new program is referred to as “The DOD Tricare Demonstration Project for the Philippines”, and has been posted in the Federal Register. A copy of the posting can be seen in this Bulletin’s attachment entitled, “**DOD Tricare RP Demo Project**”. Under this demonstration, the overseas contractor in the Philippines (WPS) will establish a dedicated list of providers who will file their claims with the contractor and be reimbursed under an established fee schedule. As a result beneficiaries should have overall lower costs because these providers will no longer require payments at the time of service nor will they subject beneficiaries to balanced billing of charges. All TRICARE Standard beneficiaries residing in those geographic areas where WPS is able to develop a sufficient list of providers will be required to use these providers in order for their claims to be paid. Notice will be provided to the beneficiaries informing them of the areas participating and not participating in this demonstration. [Source: 60008 Federal Register / Vol. 76, No. 188 / 28 Sep 2011 / Notices ++]

Mobilized Reserve 20 SEP 2011: The Department of Defense announced the current number of reservists on active duty as of 20 SEP 2011. The net collective result is 1739 more reservists mobilized than last reported in the 1 SEP 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 71,771; Navy Reserve 4,704; Air National Guard and Air Force Reserve, 10,782; Marine Corps Reserve, 5,697; and the Coast Guard Reserve, 653. This brings the total National Guard and Reserve personnel who have been activated to 93,607 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/d20110920ngr.pdf>. [Source: DoD News Release No. 823-11 dtd 26 Sep 2011 ++]

JCSDR Update 04: A congressman from Colorado who has served in both the Army and the Marine Corps is suggesting a shift of 100,000 active-component troops to the National Guard and the Reserve as a cost-cutting measure. The plan from Rep. Mike Coffman (R-CO) was mentioned in a recent letter to the Joint Select Committee on Deficit Reductions and reported in Army Times. The committee is charged with finding \$1.5 trillion in savings in the federal budget by the end of November, part of the deal made to raise the debt ceiling limit over the summer. Read the letter here. Coffman’s plan would save \$90 billion over 10 years, the publication reported. Also, it quoted a statement from Coffman’s office citing the average total annual cost to maintain one soldier on active duty as \$130,000. The same soldier in the Guard

or Reserve would cost \$37,000. "I have served in the Army, the Army Reserve, the Marine Corps and the Marine Corps Reserve and I know from experience that we can retain our capability while reducing cost by transferring some of our units from active-duty into the reserve," Coffman wrote. He also pointed out that savings also would come from the less expensive retirement system for Guard and Reserve troops, which he said is about one-third the cost of the active-component retirement benefit system. [Source: NGAUS Washington Report 27 Sep 2011 ++]

Veterans Conservation Corps: Illinois veterans interested in working on a volunteer basis on projects to restore the state's natural habitats are invited to join the Veterans Conservation Corps. The inaugural meeting will take place from 10 a.m. to noon 1 OCT at Volo Bog State Natural Area in Ingleside, Illinois. The Veterans Conservation Corps is forming a combined group at Volo Bog State Natural Area in Ingleside and Moraine Hills State Park and McHenry Dam in McHenry. To register for Veterans Conservation Corps team and the first meeting, or to just learn more, contact Stacy Iwanicki at 815-344-1294 or email dnr.volobog@illinois.gov. [Source: Military.com Veterans Report 26 Sep 2011 ++]

PTSD Update 78: How About One Website for Combat Stress Info? That's the take of the Senate Appropriations Committee in its report on the 2012 Defense budget bill, which found the Pentagon and military services have set up a confusing mess of websites that purport to provide support for service members and their families struggling to deal with combat stress. For example, the report said, the Navy published one pamphlet explaining how to combat operational stress that listed 16 different websites and phone numbers for outreach. Yet another Navy pamphlet listed eight additional websites, while an Air Force pamphlet listed 13 sites and points of contact and an Army information sheet on combat stress and mental health assistance listed 19 sites. But, as the report pointed out, the website descriptions contains little information as to what services the sites will provide, thus requiring users to read through them to find one that meets his or her needs. Rather than consolidating these efforts and streamlining this information for service members, the Department continues to approve new programs, resulting in a maze of information that poses a significant challenge to navigate, the report added. The committee believes the Army, Navy and Air Force, as well as the Office of the Under Secretary for Personnel and Readiness, the Office of the Assistant Secretary of Defense for Health Affairs, and the Department of Veterans Affairs need to work together with the private sector to consolidate these efforts and develop a single portal. Getting all these folks into the same room let alone reaching an agreement sounds like a task that could take years. [Source: NextGov.com Bob Brewin article 22 Sep 2011 ++]

Gulf War Presumptive Disease Update 04: For Gulf War veterans with certain ailments like: Chronic fatigue syndrome; Fibromyalgia; Functional gastrointestinal disorders; and other undiagnosed illnesses the current deadline for when the condition must have "appeared" is on or before Dec. 31, 2011. If you have any conditions that are "undiagnosed" and you did a tour in the Middle East, this could apply to you. A law was written some time ago that provided extra protection for veterans from the Persian Gulf War. The basic purpose of the law was to ensure that veterans were able to apply for health care and other benefits for the decades following their time in combat. Sometimes health conditions are caused by circumstances while in a war zone, but do not manifest until many years later. This law was to ensure that if this was the case, these veterans were still able to receive benefits and compensation. This law expired on September 30, 2011.

The VA apparently received a lot of concern from Gulf War veterans. Like all laws, there is a bit of ambiguity in the wording of the expiration date. What this date does mean is that some protections that were offered to Gulf War veterans may no longer be in effect. Also, prior to September 30, 2011, if any scientific report was published that had studied specific effects of service in the Southwest Asian theater, the VA was required to assess and respond to the report. There is no longer a requirement to publish a

response. What this date does not mean is a benefits termination. No Gulf War veteran who is currently receiving benefits will have those benefits terminated. (Sometimes veterans are determined to be in recovery, or have recovered to a great enough degree that the VA warrants a reduction in benefits. This is not the same thing, and can still happen.) Additionally, Gulf War veterans are still able to apply for benefits when service related conditions are discovered. What all this really means for the average Gulf War veteran is that he/she will continue to receive their benefits, and veterans will continue to be able to apply.

There is one important date that Gulf War veterans do need to know about. Initially, the VA determined that if a condition that was shown to be connected to Gulf War service (aka, presumed exposure) did not manifest by December 31, 2011, then it was more likely that the condition was due to other circumstances. The VA is currently addressing this date, and has drafted a new version of this rule, to state an expiration date for presumed exposure of 2018. What does this date mean for Gulf War veterans? If you, or another veteran who fought in the Gulf War, has begun to develop any health conditions related to your time in service, you may eventually run out of time to submit your claim as a presumed exposure health problem. When the rule becomes finalized, you will have a few more years to submit a claim, but sooner is definitely better. [Source: VA Benefit Blog <http://www.VABenefitBlog.Com> article 14 Sep 2011 ++]

VA Cemetery Texas Update 08: The U.S. Department of Veterans Affairs has agreed to settle a lawsuit over allegations of religious censorship at Houston National Cemetery, according to documents filed in federal court 22 SEP. Local veterans and volunteer groups had accused VA and cemetery officials of banning them from using religious speech - including the words Jesus and God - during services at the cemetery. The parties reached agreement on the case through mediation with former Texas Supreme Court Chief Justice Tom Phillips, according to the documents. VA officials and attorneys representing the plaintiffs declined to comment until a judge signs off on it. The documents state that VA will pay attorneys fees and expenses of \$215,000, but the government admits no liability or fault, and stresses that some provisions of the agreement already were policy or practice at the department. Under the settlement,

- VA would agree "not to ban, regulate or otherwise interfere with prayers, recitations, or words of religious expression absent family objection" and to allow veterans' families to hold services with any religious or secular content they desire.
- VA also agrees not to edit or control private religious speech by speakers at VA-sponsored ceremonies or events and pledges to return a Bible, cross and Star of David to the cemetery's chapel, which must remain open and not be used for storage or referred to as a meeting facility. The Bible, cross and star would be placed "on an open shelf within, but to the side of, the Chapel, where they would be accessible and available for use by families," the documents state.
- Local members of Veterans of Foreign Wars District 4 and Houston National Memorial Ladies would resign their positions as official VA volunteers, according to the agreement. They would be free to provide their own texts of recitations to funeral homes so that veterans' families can decide if they would like these groups to provide any services at the cemetery.
- VA would not interfere in the distribution of condolence cards or gifts containing religious messages or viewpoints and would not ban religious words in oral communications between the volunteers and veteran's families.

VA officials previously stated it was never department policy to ban those words, and that invoking the names of God or Jesus is not only allowed, but common at VA cemeteries across the country. Protesters had called for VA to fire Houston cemetery director Arleen Ocasio, but her status is not addressed in the agreement. [Source: Houston Chronicle Lindsay Wise article 22 Sep 2011 ++]

Prostate Cancer Update 13: Men who underwent prostate biopsy were more than twice as likely to be hospitalized within 30 days compared with men who did not undergo the procedure, a study of Medicare beneficiaries showed. Procedural complications, such as infection and bleeding, as well as exacerbations of comorbid conditions contributed to a hospitalization rate of 6.9% following prostate biopsy versus a 2.9% hospitalization rate for controls. Covering a 16-year period that ended in 2007, the data revealed a significant jump in the incidence of biopsy-related infection toward the end of the period, possibly a reflection of emerging multidrug-resistant organisms. Hospitalization for biopsy-related infection increased the mortality odds 12-fold, as compared with men who did not have prostate biopsies, as reported online in the *Journal of Urology*. "Prostate biopsy is an essential procedure for detecting prostate cancers," senior author Edward Schaeffer, MD, PhD, of Johns Hopkins, said in a statement. "Coupled with appropriate screening, prostate biopsies save lives. However, it is important for men to be aware of the possible risks of prostate biopsies, which are often described as simple outpatient procedures."

The results emphasize the need for careful evaluation to ensure a biopsy is necessary and to take appropriate precautions to reduce the risk of infection and other complications, he added. Medicare beneficiaries have more than one million prostate biopsies each year. The odds of a follow-up biopsy after a negative initial biopsy are 12% at one year and 38% at five years, Schaeffer, first author Stacy Loeb, MD, also of Johns Hopkins, and co-authors wrote in their introduction. Because prostate needle biopsy is performed with transrectal ultrasound guidance, the procedure may introduce rectal bacteria into the prostate, creating a potential for infection. To decrease the risk of infection, peri-procedural antibiotic prophylaxis has become routine, which has the potential to contribute to emerging antibacterial resistance in the U.S., the authors continued. Severe infection can lead to hospitalization, as can certain other potential complications of prostate biopsy, such as hematuria, hematochezia, and urinary retention. The rate of prostate biopsy-related hospitalization in the Medicare population has not been documented previously. To inform on the issue, Loeb and colleagues analyzed a 5% random sample of Medicare-linked data from the NCI's Surveillance, Epidemiology, and End Results program.

The analysis included 17,472 men who underwent prostate biopsy from 1991 to 2007 and a random-sample control group of men who did not have the procedure. The biopsy group was slightly older (median age 73 versus 72.4), healthier (by Charlson comorbidity index), and more likely to be white. The biopsies led to prostate cancer diagnoses in 2,992 men. The authors found that 1,209 men in the biopsy group were hospitalized within 30 days of the procedure and for every year of the study period, hospitalization after prostate biopsy occurred more often than in the control group. Infection was the primary diagnosis in 0.38% of the biopsy group and 0.19% of the control group. Noninfectious complications also led to hospitalization significantly more often after prostate biopsy (0.30%) than in the control group. Infectious complications leading to hospitalization rose steadily from 2000 to the end of the study period, exceeding 1% in the biopsy group by 2007.

In a multivariate analysis, prostate biopsy was associated with a 30-day hospitalization odds ratio of 2.65. The odds of hospitalization within 30 days were significantly increased for infectious (2.26) and noninfectious (8.48) complications. Exclusion of men who had prostate cancer diagnoses at or after biopsy yielded an overall odds ratio for hospitalization of 2.32, 2.99 for infectious complications, and 12.71 for noninfectious complications. "This suggests that prostate cancer treatment or treatment-related complications were not responsible for the increased risks of hospitalization and biopsy-related complications observed," the authors wrote. The hospitalization rate after prostate biopsy was higher than previously suggested, they continued. Studies are needed to confirm the findings and to examine the complication and hospitalization rates after prostate biopsy in younger men. "There is a nontrivial risk of serious complications after prostate biopsy," the authors wrote in conclusion. "These findings highlight the importance of careful patient selection and counseling regarding prostate biopsy," they added. Limitations of the study included: lack of individual data on indications for biopsy, number of core specimens taken, cultures, antimicrobial prophylaxis, and physician volume of biopsies; possibility of misattribution of complications to the procedure; absence of data on indications for hospitalization which could vary by institution and outpatient complications. [Source: MedPage Today Charles Bankhead article 22 Sep 2011 ++]

Arlington National Cemetery Update 29: Secretary of the Army John M. McHugh on 21 SEP released a report to Congress, updating improvements made at Arlington National Cemetery more than a year after he ousted the cemetery's leadership and made sweeping changes in its structure and oversight. "In just over a year, the cemetery's new management team has made major progress in reconciling decades' worth of paper records with physical graveside inspections to regain accountability," McHugh wrote in a letter to members of Congress.

"They have put in place new policies and procedures to protect against and prevent the type of errors uncovered in the Army's previous investigations," the letter says. "Equipment and training have been modernized, contracting procedures revamped, a historic partnership created with the Department of Veterans Affairs, the workforce improved and reinvigorated, and ongoing outreach and information has been provided to family members and the American public." McHugh provided the report to congressional oversight committees in response to legislation seeking the status of reforms he directed. In compiling the report, McHugh directed the Army's inspector general to again inspect the facility to determine compliance.



Arlington National Cemetery with Memorial Day Flags

An earlier inspector general report, also ordered by McHugh, found failures in management and oversight that contributed to the loss of accountability, lack of proper automation, ineffective contract compliance and a dysfunctional workforce. "Perhaps most important, the inspector general found the mismanagement that existed prior to these changes no longer exists," he told Congress 20 SEP . "And that significant progress has been made in all aspects of the cemetery's performance, accountability and modernization. "We're confident that the Army is on the right path toward repairing the cemetery's failures and restoring the confidence of Congress and the American people," he added. McHugh noted that even while making massive improvements in the cemetery's management and oversight, the pace of 27 to 30 funeral services per day -- many with full military honors -- has not abated. "Since 1864, the United States Army has been steward of this, the country's only active military shrine," he said. "I believe this report will demonstrate the Army's steadfast commitment to repairing what was broken in the past, and ensuring America's continued confidence in the operation of its most hallowed ground." [Source: Army News Service article 21 Sep 2011 ++]

Macular Degeneration Update 02: The U.S. Department of Veterans Affairs said it has stopped using Roche's Avastin to treat a sight-robbing eye disease as it looks into reports of increased risk of infection. Roche's Lucentis is specifically approved to treat wet age-related macular degeneration -- the leading cause of blindness in the elderly. But its multibillion-dollar a year cancer drug Avastin, which works in a similar manner, is increasingly being used off-label to treat the disease because it costs a fraction of Lucentis when cut into the small doses needed for the eye disease. "The Department of Veterans Affairs (VA) has ceased ophthalmologic use of Avastin pending the results of an ongoing investigation and will advise its physicians to consider alternate therapies," the VA said in a statement. "Once the investigation is

complete, VA will reassess how Avastin and similar therapies may be made available for ophthalmologic use and will issue further guidance."

Shares of Regeneron Pharmaceuticals Inc, which is awaiting U.S. approval of its new Eylea drug for the condition, rose to a new high. "The fact that the VA made this decision shows that the risk of substituting Avastin for Lucentis might be a little greater than we thought before," said Morningstar analyst Lauren Migliore. "It definitely bodes well for Lucentis and for the potential for Regeneron's eye drug Eylea," Migliore said. Roche's Genentech unit, which makes both Avastin and Lucentis, has long cautioned against splitting up Avastin doses for the eye disease since the company never tested the drug for that use. But Lucentis costs about \$2,000 for a dose, while the cancer drug costs about \$50 when used for macular degeneration, leading many ophthalmologists to go with the dose splitting option. While companies may only promote drugs for approved uses, doctors are free to prescribe them as they see fit, leading to unapproved, or off-label, use of many medicines. Both Lucentis and Regeneron's Eylea have demonstrated an ability to improve the sight of patients, not just slow progression of the disease. But there has been mounting government pressure to increase use of Avastin for macular degeneration in an effort to cut costs to Medicare and other health programs. Results from a large U.S. government-sponsored study released in April found that Avastin works just as well as Lucentis for the eye disease, but had more side effects that required hospitalization.

Roche spokesman Terence Hurley said the drugmaker believes Lucentis -- not Avastin -- is the most appropriate medicine for the eye condition. "There is a growing body of evidence that suggests injecting off-label Avastin into a person's eye may pose greater risks than Lucentis," he said, citing potential for infection and inflammation when the drug is split up. "We do not believe that cost should be the only factor considered when choosing a medicine," he added. Regeneron spokesman Peter Dworkin declined to comment on the Veterans Affairs decision, and whether it could ultimately bolster demand for its Eylea. Dworkin noted that an advisory panel to the U.S. Food and Drug Administration in June unanimously recommended approval of Eylea after reviewing its safety and effectiveness. The FDA is expected to make its decision in November. "Regeneron's Eylea stands to be well positioned in the market if it does get approved because it's dosed half as frequently and Lucentis and these are injections directly into the eye, so patients obviously appreciate less dosing," Morningstar's Migliore said. The VA treats millions of U.S. veterans in its hospitals and facilities. Regeneron shares closed up \$5.93, or 9.2 percent, at \$70.28 on Nasdaq after touching a new high of \$79.90 earlier on 21 SEP. [Source: Reuters Bill Berkrot and Ransdell Pierson article 21 Sep 2011 ++]

Credit Score Update 05: There are a lot of misconceptions about credit scores and lending practices. Here are several common credit score myths that repeatedly surface:

Myth #1: Every inquiry for credit costs 5 points.

Fact: There is no fixed set number of points that an inquiry will cost. Generally speaking, inquiries have a relatively minor contribution to the overall score.

Myth #2: Part of my credit score is calculated based on where I live.

Fact: Credit score calculations do not factor in where you live (city or zip code, for example). Effectively managing your credit, on the other hand, will result in a higher score—regardless of whether you live in Beverly Hills, Calif. or Zanesville, Ohio.

Myth #3: A bankruptcy will haunt my score forever.

Fact: While most negative information must be removed from your credit report after seven years, the Fair Credit Reporting Act allows bankruptcy to be listed on your credit report for up to ten years. It's true a bankruptcy will negatively affect your score, though the impact on your score lessens over time as the bankruptcy ages.

Myth #4: A short sale has less of an impact on a score than a foreclosure.

Fact: The presence of either a foreclosure or short sale information on a credit bureau report is considered negative by credit scores, as it is predictive of future credit risk. Generally speaking, both will have a similar impact on a score.

Myth #5: Making a lot of money results in a higher score.

Fact: Your income does not have a direct impact on credit bureau scores, as your income information is not recorded on your credit report. The score focuses on how you manage your credit—not on how you could manage your credit given your income.

Myth #6: Going to a credit counseling agency will hurt my score.

Fact: Not true. An indication that you are working with a professional credit counselor will not, in and of itself, hurt the score. However, negotiated settlements on balances owed with your creditors may affect your score if the lender reports it as such.

Myth #7: Carrying smaller balances on several credit cards is better than having a large balance on just one card.

Fact: Not always. A credit score will often consider the number of accounts or credit cards you carry that have a balance, in addition to your overall utilization of available credit. Thus, you may lose points for having a higher number of accounts with balances.

Myth #8: 850 is the perfect score.

Fact: While 850 may be the highest FICO score, it is not a “perfect” score. The “perfect score” is what a lender requires to approve you for the credit & credit terms you are seeking.

[Source: Military.com Tom Quinn article 22 Sep 2011 ++]

Medicare Reimbursement Rates 2012 Update 02: Congress has less than 90 days to stop the 29.4% Cuts in Medicare/Tricare Physician Reimbursements coming in January 2012. The 112th US Congress has totally failed to do anything about the cuts in Medicare/Tricare payments to physicians mandated by the Sustained Growth Rate (SGR) formula to be imposed in 2012. Since the Sustained Growth Rate (SGR) formula used to determine Medicare and Tricare physician reimbursements became an issue in 2002, rather than fixing the problem, the US Congress has chosen to "band aid" the problem with annual suspensions of the SGR implementation and providing patches to at least maintain reimbursements at prior year levels. The 111th Congress made the process a joke with short term extensions that caused much confusion and wasted taxpayer dollars. The 112th Congress has simply done NOTHING! Unless the Congress acts with either a band-aid fix or with a permanent fix, the SGR now mandates a 29.4% cut in physician reimbursements effective 1 JAN. Access to quality care is the #1 healthcare problem faced by members of the military community whether active duty or retired. Deployed troops shouldn't have to worry whether their doctor will refuse to see their sick spouse or child because of these large payment cuts. To urge your elected officials to sponsor legislation to replace the SGR with a more realistic computation that will at least match the Consumer Price Index or some other workable index you can use USDR's preformatted editable message at <http://capwiz.com/usdr/issues/?style=D&>. [Source: USDR Action Alert 20 Sep 2011 ++]

Medicare Update 07: A small but notably bipartisan group of lawmakers has introduced antifraud legislation that would create smartcards for Medicare enrollees and providers, a move that sponsors say could save \$30 billion a year. The proposed Medicare Common Access Card Act of 2011, introduced in the Senate (S.1551) 13 SEP by Sens. Mark Kirk (R-IL), Ron Wyden (D-OR), and Marco Rubio (R-FL) and in the House (H.R.2925) 14 SEP by Reps. Jim Gerlach (R-PA), Earl Blumenauer (D-OR), and John Shimkus (R-IL), would create a series of pilot programs to embed secure chips on Medicare identification cards. If the pilots were to prove successful after a year, the legislation would authorize distribution of smartcards to all beneficiaries of Medicare, currently about 48 million people and counting.

The program is modeled on the 20 million Common Access Cards that now identify U.S. Department of Defense personnel and other Military Health System enrollees. Current Medicare ID cards display the holder's social security number. The new cards would hide this prime target of identity thieves and give the beneficiary a PIN to verify his or her identity. Providers would receive smartcards, too, theirs containing a biometric security element. Both patient and provider would insert their cards into a reader to confirm that a transaction actually took place. "Building on the smartcards already issued to all Americans in uniform, we can offer seniors more protection for their identities while reducing fraud and waste in the strained Medicare system," Sen. Kirk said in a joint press release. "By removing a senior's social security number from the front of the card and including the security upgrades used on the cards of our troops, this secure Medicare Common Access Card will also help end Medicare's current 'pay then chase' policy that allows so much fraud and waste."

Today, the Centers for Medicare and Medicaid Services generally pays all claims submitted by registered providers, and then attempts to recoup any fraudulent reimbursements after the fact. A video released by the Secure ID Coalition, a group of four companies that produce smartcards and other identity-protection technologies--and posted on Kirk's official Senate website--said modernization of the Medicare card could trim fraud by half. The coalition said there would be a one-time cost of \$19 per person to issue the cards and distribute readers nationwide, but that small investment would save taxpayers \$675 per Medicare enrollee per year in reduced waste. "We feel like this is a real step forward," Secure ID Coalition executive director Kelli Emerick told InformationWeek Healthcare. "Smartcards were invented to prevent fraud." Emerick said that similar programs in Germany, France, and Taiwan have been successful in dramatically curtailing fraud and waste in those countries' healthcare systems. The legislation also has the support of the AARP, the nation's largest advocacy group for older Americans. Emerick said that the newly introduced House and Senate bills are under consideration for referral to the so-called "super committee," the 12-member congressional panel tasked with finding specific ways to reduce federal debt. [Source: InformationWeek Healthcare Neil Versel article 20 Sep 2011 ++]

Medal of Honor Update 09: President Barack Obama On 15 SEP draped the pale blue ribbon suspending the Medal of Honor around the neck of Marine Corps Sgt. Dakota L. Meyer, the first living Marine to receive the award for actions in Iraq or Afghanistan. "It's been said that where there is a brave man, in the thickest of the fight, there is the post of honor," the commander in chief said. "Today we pay tribute to an American who placed himself in the thick of the fight again, and again, and again." Obama said Meyer, who is now 23 and was just 21 that day in Afghanistan, is "one of the most down-to-earth guys you will ever meet." When the president's staff called the young Marine so the commander in chief could officially notify him of the medal, Obama said, Meyer was at work on his new civilian job at a construction site. "He felt he couldn't take the call right then because, he said, 'If I don't work, I don't get paid,'" Obama said. "So we arranged to make sure he got the call during his lunch break," the president added.

Obama then turned to the events of Sept. 8, 2009, the day Meyer earned the medal as a corporal serving with Marine Embedded Training Team 2-8, Regional Corps Advisory Command 3-7, in Kunar province, Afghanistan. Just before dawn, a patrol of Afghan forces and their American trainers, on foot and making their way through a narrow valley, was planning to meet with a group of village elders, the president said. "Suddenly, all over the valley, the lights go out and that's when it happens" About a mile away, Meyer and Staff Sgt. Juan Rodriguez-Chavez could hear the ambush over the radio. Gunfire poured from houses, the hillsides, and even the local school. Soon, the patrol was pinned down, taking ferocious fire from three sides. "Men were being wounded and killed, and four Americans, Dakota's friends, were surrounded," he said. After asking four times to go closer to the fight and help, and hearing each time that it was too dangerous, the two Marines got inside a nearby Humvee and headed into the fight, -Chavez at the wheel and Meyer manning the gun turret. "They were defying orders, but they were Rodriguez doing what they thought was right," the president said. On two solo trips into the ambush area, Meyer repeatedly got out of the Humvee to help Afghan troops, many wounded, inside the vehicle and back to safety. "A third time they went back, insurgents running right up to the front of the Humvee, Dakota fighting them off," Obama

said. This time, the men drove right up to the line of fire, and helped a group of wounded Americans battle their way to safety. They then headed back on the fourth trip with Meyer wounded in the arm and the vehicle riddled with bullets and shrapnel, the president said. "Dakota later confessed, 'I didn't think I was going to die, I knew I was.' But still, they pushed on, finding the wounded [and] delivering them to safety," Obama said. On the fifth trip, the two Marines drove through fire "that seemed to come from every window, every doorway, every alley," he said. Finally, the two reached the four Americans who had been surrounded. "Dakota jumped out and he ran toward them, drawing all those enemy guns toward himself; bullets kicking up the dirt all around him," Obama said. Meyer and others who had joined him picked up the fallen Marines and, "through all those bullets, all the smoke, all the chaos, carried them out one by one because as Dakota says, that's what you do for a brother," the commander in chief said.

"Dakota says he'll accept this medal in their name," the president said. "So today, we remember the husband who loved the outdoors, Lt. Michael Johnson; the husband and father they called 'Gunny J,' Gunnery Sgt. Edwin Johnson; the determined Marine who fought to get on that team, Staff Sgt. Aaron Kenefick; the medic who gave his life tending to his teammates, Hospitalman 3rd Class James Layton; and a soldier wounded in that battle who was never recovered: Sgt. 1st Class Kenneth Westbrook." Obama said while he knows Meyer has thought of himself as a failure because some of his teammates didn't come home, "as your commander in chief, and on behalf of everyone here today and all Americans, I want you to know it's quite the opposite. Because of your honor, 36 men are alive today. Because of your courage, four fallen American heroes came home, and in the words of James Layton's mom, [their families] could lay their sons to rest with dignity."

Meyer's father, Mike, grandparents, and more than a hundred friends and family members attended the ceremony. Because of Meyer's humble example, children all across America will know that "no matter who you are or where you come from, you can do great things as a citizen and a member of the American family," the president said. The commander in chief then asked Rodriguez-Chavez, now a gunnery sergeant, and all those present at the ceremony who served with Meyer, to stand "and accept the thanks of a grateful nation." Meyer joined in the applause. Just before the citation reading and medal presentation, Obama said, "Every member of our team is as important as the other - that's a lesson that we all have to remember, as citizens and as a nation, as we meet the tests of our time here at home and around the world. To our Marines, to all our men and women in uniform, to our fellow Americans, let us always be faithful."

Meyer, who has left the active Marine Corps, and is a sergeant in the Inactive Reserve, is the 298th Marine ever to have received the medal, created during the Civil War. The nation's highest military honor, the Medal of Honor is awarded for risk of life in combat beyond the call of duty. Meyer is the third living service member to receive the Medal of Honor for actions during the Iraq and Afghanistan wars, following Army Staff Sgt. Salvatore A. Giunta, who received the medal Nov. 16, 2010, and Army Sgt. 1st Class Leroy Petry, who accepted the award 12 JUL. Of ten Medal of Honor recipients for actions during the Iraq or Afghanistan wars, the only other Marine is Cpl. Jason E. Dunham, who died April 22, 2004, of wounds received when he covered a live grenade with his own body to save the lives of fellow Marines in Iraq. Dunham's parents accepted his posthumous Medal of Honor Jan. 11, 2007. [Source: AFPS Karen Parrish article 15 Sep 2011 ++]



Sgt. Dakota L. Meyer

Nevada Vet Cemetery Update 01: The Southern Nevada Veterans Memorial Cemetery can expand by 17.3 acres thanks to a \$3.4 million grant received 26 SEP from the federal Department of Veterans Affairs. With the funds, the 39-acre cemetery in Boulder City also can add an administration building, roads, a shelter and landscaping. Burial plots for 4,801 cremated remains also will be built. "This is wonderful," said Chris Naylor, superintendent of the cemetery, who noted that the entrance to the cemetery appropriately will be relocated to Veterans Memorial Drive, not the current Buchanan Avenue. Naylor said about 28,000 people are buried in the cemetery, which opened in 1990. Space remains for burials for 40 more years. On a typical day, eight people are buried in the cemetery. About 60 percent of the veterans now choose cremation, Naylor said, which creates the need for expanded burial areas for their remains. The cemetery has 40 acres available for expansion, including the 17.3 acres that will be developed with the grant. Gov. Brian Sandoval said the grant will allow Nevada to "continue to provide dignified service to Nevada veterans and their dependents."

In Nevada eligible veterans and their spouse, may be buried at either the Northern Nevada Veterans Memorial Cemetery in Fernley or the Southern Nevada Veterans Memorial Cemetery in Boulder City. There is no charge for the plot or for opening and closing of the grave site of a veteran. A \$450.00 fee is charged for the burial of a family member. Headstones are provided at no cost by the federal government. Military honors are provided by military units, however, a cemetery staff member can assist in making these arrangements Both cemeteries are located in quiet, peaceful surroundings, and provide an atmosphere of respect and dignity to those who have served. The cemeteries were established in 1990 and have become the final resting place for over 10,000 veterans and their family members. One plot is allowed for the interment of each eligible veteran and for each member of their immediate family, except where soil conditions or the number of decedents of the family require more than one plot. Specific plots may not be reserved as plots are assigned by the cemetery superintendent. Casket and cremation burials can be accommodated at both cemeteries. For more info refer to <http://www.veterans.nv.gov/cemeteries.html> or contact:

- Southern Nevada Veterans Memorial Cemetery ,1900 Buchanan Blvd. Boulder City, NV 89005
Tel: (702) 486-5920/5923F
- Northern Nevada Veterans Memorial Cemetery, P.O. Box 1919 Fernley, NV 89408 Tel (775) 575-4441/57813F

[Source: Las Vegas Review-Journal Ed Vogel article 26 Sep 2011 ++]



Southern Nevada Cemetery



Northern Nevada Cemetery

South Dakota Vet Cemetery: The U.S. Department of Veterans Affairs has awarded the Rosebud Sioux Tribe almost \$7 million to build a veterans cemetery near the tribe's capital Mission SD. Veterans Affairs Secretary Eric Shinseki announced the award on 19 SEP, saying it was the first grant for a veterans' cemetery award to a Native American government by the VA. "We are proud to begin working with these sovereign tribes to provide additional burial benefits where veterans live," Shinseki said in a news release. A change in federal law in 2006 authorized the VA to give veterans cemetery grants to tribal

governments, just as they are given to states and territories. The grant to the Rosebud Tribe will pay to develop the cemetery on about 14.4 acres on a larger 74-acre tract of reservation property. The cemetery will include a main entrance, administration building, maintenance facility, assembly area, committal service shelter, pre-placed crypts, traditional burial areas, burial areas for cremated remains and roads. Construction bids for the cemetery have been awarded to J. Scull Construction of Rapid City. It is expected to open for burials in 2012 or later.

Tribal members who are military veterans with qualifying discharge and have completed a period of active duty as required by law are eligible for burial at the cemetery. So are their spouses and eligible dependent children. The Rosebud Sioux Tribe claims more than 4,000 U.S. military veterans among its current membership. Last month Rosebud Sioux director of Veterans Affairs Orlando Morrison, Sr., a Vietnam veteran, said the cemetery will incorporate Lakota symbols in its design. Having a veteran cemetery on the reservation will alleviate the financial and travel hardships on families of deceased veterans who find it difficult to make the 3-1/2 hour trip to the nearest veterans' cemetery - the Black Hills National Cemetery near Sturgis, Morrison said. For more information, contact Morrison at 605-747-2593. Information on VA burial benefits is available from national cemetery offices, by regional VA offices at 800-827-1000 or go to <http://www.cem.va.gov>. Veterans in South Dakota currently have access to the following veteran cemeteries:

- Black Hills National Cemetery, 20901 Pleasant Valley Drive, Sturgis, SD 57785 Phone: (605) 347-3830 FAX: (605) 720-7298 <http://www.cem.va.gov/CEMs/nchp/blackhills.asp>
- Fort Meade National Cemetery, Old Stone Road, Sturgis, SD 57785 Phone: (605) 347-3830 FAX: (605) 720-7298 (Closed to new internments).
<http://www.cem.va.gov/CEM/cems/nchp/blackhills.asp>
- Hot Springs National Cemetery, VA Medical Center, Hot Springs, SD 57747 Phone: (605) 347-3830 FAX: (605) 720-7298 (Closed to new internments).
<http://www.cem.va.gov/CEM/cems/nchp/hotsprings.asp>
- South Dakota Veterans Home Cemetery, 2500 Minnekahta Avenue, Hot Springs, South Dakota 57747-1199 Randall Meyers, Director of Operations Phone: 605-745-5127 FAX: 605-745-5547
<http://files.usgwarchives.net/sd/fallriver/cemetery/sdstvet.txt>

[Source: Rapid City Journal article 20 Sep 2011 ++]

Don't Ask, Don't Tell Update 02: After 18 years of controversy and questionable results, the law that forced the removal of more than 14,000 gay troops and left untold thousands more to risk their careers to keep a perilous secret was officially repealed 20 SEP. Now, military leaders have replaced that policy with one specifically prohibiting discrimination against any servicemembers because of their sexual orientation. "Thanks to this change I believe we move closer to achieving the goal at the foundation of the values that America is all about: equality, equal opportunity and dignity for all Americans," Defense Secretary Leon Panetta told reporters. "These are men and women who put their lives on the line in defense of this country, and that's what should matter the most." Joint Chiefs Chairman Adm. Mike Mullen, who became a leading voice for repeal, said the law was "against everything we stood for as an organization, forcing people to lie to wear a uniform. We're better than that." He predicted no major disruption for military personnel — gay or straight — now that the law is gone. "Tomorrow they'll all get up, they'll all go to work, and they'll all be able to do that work honestly, and their fellow citizens will be safe from harm," Mullen said. "That's all that matters."

The repeal marks the culmination of a decades-long emotional fight by gay rights activists. Their goal appeared within reach in 1992 when President Bill Clinton pledged to change the military's anti-gay stance. But his compromise "don't ask, don't tell" law, approved by Congress after military officials balked, became reviled by opponents and proponents of the gay rights movement. Some gay troops were outed and dismissed without any public admission of their sexual orientation, and critics said the law was applied unfairly against lesbians, who were kicked out at a higher rate than their gay male counterparts. Yet troops

with more lenient commanders served openly for years without any repercussions, and gays in combat units saw their dismissal rates fall dramatically after the wars in Iraq and Afghanistan began.

At a Capitol Hill press conference celebrating the repeal, Marine Corps reservist Capt. Sarah Pezzat stood alongside lawmakers and other previously closeted servicemembers and unburdened herself of her secret. “I’m 31 years old, I’m a woman, I’m a Marine and I’m a lesbian,” she announced, smiling and tearing up at the same time. “Prior to today, if I had said that I could have expected to be discharged from the military. I love the Marine Corps, which is why I haven’t been able to leave it, even though ‘don’t ask, don’t tell’ made my life pretty miserable. She deployed to Haiti, Africa and Iraq as an active-duty servicemember before leaving service in 2007 because “I felt like I had to keep putting my family back in the closet.” She was mobilized to active duty again last February, but had kept her sexual orientation secret. “I’m grateful today to be able to serve my country with integrity and my dignity intact,” she told reporters. “I feel like today is a great day for the Marine Corps, and the Corps only gets stronger today.”

Last December, over objections from conservative lawmakers about to take control of Congress, lame-duck lawmakers voted to dump the law, pending a lengthy training and preparation period. Defense officials said more than 2.3 million U.S. troops have now been briefed on post-repeal rules and changes, emphasizing “dignity and respect” for all servicemembers. In a statement, President Barack Obama said the end of “don’t ask, don’t tell” will not only uphold America’s promise of equality for all but also make the military stronger. “As of today, patriotic Americans in uniform will no longer have to lie about who they are in order to serve the country they love,” he said. “As of today, our armed forces will no longer lose the extraordinary skills and combat experience of so many gay and lesbian service members.” Conservatives objected to the change up until the 19 SEP midnight deadline.

The Family Research Council, which publicly opposed repeal, urged Pentagon leaders to maintain the status quo until lawmakers could investigate whether military officers were unfairly pressured into supporting repeal. A pair of House lawmakers tried to block repeal last week by insisting that defense officials hadn’t yet provided them with proper paperwork. But early Tuesday morning, Pentagon leaders began distributing the new non-discrimination rules to military commands, stating that “gay and lesbian servicemembers, like all servicemembers, shall be evaluated only on individual merit, fitness and capability.” On 19 SEP, groups of gay servicemembers gathered to count down to midnight when the repeal became official. At a San Diego bar, Sean Sala, a former Navy operations specialist, addressed the gathered revelers, many of them active-duty servicemembers. “You are all heroes,” he said, according to The Associated Press. “The days of your faces being blacked out on the news — no more.” In Vermont, Navy Lt. Gary Ross and his partner of 11 years were married before a small group of family and friends. “I think it was a beautiful ceremony,” Ross told AP early Tuesday. “The emotions really hit me ... but it’s finally official.” [Source: Stars and Stripes Leo Shane article 20 Sep 2011 ++]

MCAS Futenma Okinawa Update 02: The U.S. and Japanese governments have repeatedly promised to move forward with plans to relocate a controversial U.S. Marine Corps helicopter station from a populated urban area of Okinawa to a more remote location on the island. But Okinawa’s governor took pains to remind Washington and Tokyo on 20 SEP that he’s firmly opposed to the relocation plan — and without his approval, it can’t happen. Instead, Okinawa Gov. Hirokazu Nakaima told reporters in Washington that the controversial Marine Corps Air Station Futenma should be moved off of Okinawa entirely, to some other alternative location in Japan. “There are other locations,” Nakaima said. “We should select one of these options as an alternative. In order to move this issue forward, it’s better to relocate the base to some other prefecture than Okinawa.” Nakaima did not specify where he thinks the Futenma helicopter base could be moved, but he ruled out the idea of relocating it to the huge U.S. Air Force base at Kadena. For more than 60 years, Nakaima said, residents living near Kadena have had to endure the noise and environmental degradation associated with the air base and they will not accept any additional operations there. Nearly three-quarters of all U.S. forces stationed in Japan are concentrated on Okinawa, Nakaima added, and the island already bears “an excessive burden” in the U.S.-Japan security alliance.

“There are many bases of the Marine Corps — training bases, restricted air space, firing ranges, live ammunition exercises,” Nakaima noted. “Helicopters are landing and taking off all the time.”

The governor said he was visiting Washington to attend a university conference. But his visit coincided with scheduled meetings in New York this week between Secretary of State Hillary Rodham Clinton and Japanese Foreign Minister Koichiro Genba, where the ongoing Futenma saga will be on the agenda. The two governments have been attempting to relocate the Futenma helicopter base for 15 years as part of a complex multi-stage redeployment of U.S. forces that is intended both to relocate Marine Corps operations from densely populated urban areas and reduce the overall U.S. footprint on the island. But the proposed site for the new Marine helicopter base, at Camp Schwab in Henoko on the northern end of the island, has provoked fierce opposition from residents there because of the environmental damage they predict will result to sensitive ocean ecosystems in the area. Under Japan’s laws, Nakaima must approve land reclamation and runway construction projects that are integral parts of the Camp Schwab plan, giving him an effective veto over the plan. He alluded to that power on Tuesday. “We are basically deadlocked,” Nakaima said. “The cooperation and understanding of the local government is essential. This is something the Japanese government must take into account.” [Source: Stars and Stripes Howard Witt article 20 Sep 2011 ++]

Tricare Uniform Formulary Update 37: The Beneficiary Advisory Panel (BAP) met 23 JUN to provide comments to the Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Committee’s recommendations on formulary status, prior authorizations, and the effective date for a drug’s change from formulary to non-formulary status. Moving a drug to non-formulary status means it will still be available to beneficiaries, but usually at a higher price. It may also require medication authorization. The BAP Committee members reviewed Atypical Antipsychotics (AAP), Nasal Allergy Drugs (NADs), and newly approved drugs for their placement on the Uniform Formulary, requirement for a prior authorization, and the time for implementation of any changes made to the formulary status. The BAP recommended for all drugs requiring a change in formulary status and/or prior authorizations to be done after a 60-day implementation period. The P&T committee recommended a prior authorization and step therapy criteria for certain drugs. This was done to provide guidance to health care providers on which medications beneficiaries should be given first. They cited U.S. Food and Drug Administration (FDA) guidelines, safety concerns, along with the drug’s cost as reasons for including or modifying an existing prior authorization and step therapy requirement.

All medications reviewed by the BAP were recommended to be placed or kept on formulary status with the following exceptions:

1. The BAP recommended the following drugs remain on Uniform Formulary and require a prior authorization with step therapy (use of another drug first) for recently approved drugs:
 - Dipeptidyl peptidase-4 inhibitor (DDP-4)/Biguanide fixed dose combination: saxagliptin/metformin ER (Kombiglyze XR).
 - Alphar blockers for benign prostatic hyperplasia: tamsulosin/dutasteride (Jalyn).
2. The BAP recommended the following drugs move to non-formulary status:
 - AAPs: iloperidone (Fanapt), asenapine (Saphris), and lurasidone (Latuda)
 - NADs: azelastine 0.15% (Astepro), beclomethasone (Beconase AQ), budesonide (Rhinocort Aqua), ciclesonide (Omnaris), fluticasone furoate (Veramyst), and triamcinolone (Nasacort AQ).

Other items which were discussed during the 23 JUN meeting of beneficiary interest were:

- Dabigatran (Pradaxa) was recommended that a prior authorization was NOT required at this time, but will be reviewed again by the P&T Committee when other anticoagulants are reviewed at a future meeting.

- The P&T committee recommended an adjustment to the per medication co-payment that was proposed in President Barack Obama's Fiscal Year 2012 budget. Recommendations included changes to medications purchased using the TRICARE Pharmacy Home Delivery and TRICARE network retail pharmacies.
 - a.) Recommendations for medications purchased using the TRICARE Pharmacy Home Delivery were: generic (Tier 1) \$0, formulary (Tier 2) \$9, and non-formulary (Tier 3) \$25 for a 90-day supply.
 - b.) Recommendations for medications purchased using a TRICARE network retail pharmacy were: generic (Tier 1) \$5, formulary (Tier 2) \$12, and non-formulary (Tier 3) \$25 for a 30-day supply. The current purchased cost for medications using either option is \$3, \$9, and \$22. The recommended pharmacy co-payment changes will go into effect October 1, 2011.

Go to <http://www.tricareformularysearch.org/dod/medicationcenter/default.aspx> for a complete list of formulary medications, For additional information on this or other BAP meetings, refer to www.tricare.mil/pharmacy/bap/. [Source: <http://www.tricare.mil/pharmacy/bap/>23 Jun 2011 ++]

VA Blue Water Claims Update 17: Every U.S. Navy ship is required to maintain a Deck Log. There is an entry into the Deck Log EVERY DAY even when the ship is just tied to a pier and nothing is happening other than routine activities. If you are after the information on a ship's location and what it was doing, you will find this in the Deck Log. If you are after a certain activity but are not certain of the exact date, then the best way to get this is to request the Deck Logs for a range of dates. E.G. if you know that sometime in April, 1968 an incident occurred and you want to see if it was recorded in the Deck Log, the best thing to do is to request the Log entries for the entire month of April, 1968. Some days the entries are one paragraph. Some days the entries take up one or more pages. The National Archives and Records Administration (NARA) can provide you with copies of just about every naval ship's deck logs involved in the Vietnam Conflict. These will be actual copies of the deck log pages, sometimes hard to read because of the handwriting, but none the less original. These are accepted by the VA as proof positive of a ship's activities. You need to specify the exact dates that you want copies of. Cost is less than a dollar per page dependent on page size. If a certified copy is needed an additional \$15 fee will be charged.

Navy Deck logs are maintained by two different government agencies dependent on how old they are. Navy deck logs that are more than 30 years old are in the custody of The National Archives and Records Administration (NARA). Navy deck logs from 1980 and later are still in the custody of the Navy at their Naval History and Heritage Command (NHHC). To obtain copies or additional info contact:

NARA:

- The U.S. National Archives and Records Administration, 8601 Adelphi Road, College Park, MD 20740-6001
- Email: <mailto:archives2reference@nara.gov>
- Tel: (301) 837-3510 or 1-866-272-6272 ; TDD lines: 301-837-0482; Fax: 301-837-1752
- Website: <http://www.archives.gov>

Note: The series is "Logbooks of the U.S. Navy Ships and Stations, 1941-1978? (ARC Identifier 594258/ HMS Entry Number A1 118). In your request, include the ship name as well as the month and the year of the particular log you would like to request.

NHHC

- Telephone requests will be accepted only from U.S. government offices and agencies at (202) 433-9677, DSN 288-9677.

- All other requests must be submitted in writing to: Naval Historical Center, Ships History Branch, 805 Kidder Breese SE, Washington Navy Yard, Washington, DC 20374-3643.
- Hours of Operation: Mon & Tue: 0900 - 1600, Wed Closed, Thur & Fri 0900 - 1600.
- Website: <http://www.history.navy.mil/branches/nhcorg15.htm>

[Source: <http://www.bluewaternavy.org/navdocs.htm> Sep 2011 +]



The National Archives and Records Administration Textural Research Section

Tricare User Fees Update 71: On 19 SEP, the Obama Administration unveiled its plan to cut the deficit by \$3 trillion over the next 10 years. The proposal includes \$27 billion in cuts to the military health care package and a proposal that could be expected to cut even more from the military retirement system. First, the Administration proposes establishing a \$200-per-person annual enrollment fee for TRICARE For Life beginning FY2013. The proposal would tie this to some **unspecified** health cost index so that it would increase every year after that. Second, it proposes changing TRICARE pharmacy copays to bring them more in line with federal civilian coverage:

- Retail Generic: Change copay from a flat \$5 to 10% of DoD Rx cost in FY13 and raise that to 20% of Rx cost in outyears
- Retail Brand Name: Change copay from \$12 to 15% of DoD Rx cost in FY13 and subsequently to 30% of Rx cost
- Mail-order Brand Name: Raise copay from current \$12 to \$20 in FY13 and subsequently to \$40
- Mail-order Non-formulary: Raise copay from current \$25 to \$35 in FY13 and subsequently to \$40

Finally, the Administration calls for a DoD BRAC-style commission to recommend "modernizing" the military retirement system. The commission proposal would have to get an up-or-down vote by Congress, without any amendment options.

The language in the Administration plan makes it clear that the intent of these initiatives is to generate large savings by making the military healthcare and retirement system more like civilian plans. This shows a shocking insensitivity to the radical difference between military and civilian careers and the reasons why these military programs were built. The whole purpose of the unique military retirement and healthcare package is to offset the extraordinary demands and sacrifices inherent in a service career. They were built to provide a powerful incentive for top-quality people to serve 20-30 years in uniform, despite the kind of hardships imposed on troops and families over the last 10 years of war. Why endure that if the reward is a

benefit package similar to that provided civilians who don't bear any such burden of arduous and extended sacrifice?

If the Administration and Defense Department won't make the case to protect current and future military members, families, retirees, and survivors in these tough budget times, Military Officers Association of America certainly intends to. Now is the time for all military retirees to mobilize. This isn't just about equity. It's about an attack on the core elements that sustain the quality career force that protects our national security. Any who continue to sit on the sidelines jeopardize their own interests, the military community's, and the nation's future capability to sustain a strong national defense. Retirees can start voicing their concerns by sending a MOAA-suggested message which can be accessed at <http://capwiz.com/moaa/issues/alert/?alertid=53748506> to their elected officials. [Source: MOAA Weekly Update 23 Sep 2011 ++]

Tricare User Fees Update 72: Military retirees would pay an annual fee for TRICARE-for-Life health insurance and TRICARE pharmacy co-payments would be restructured under the deficit reduction plan President Barack Obama released 19 SEP. "If we're going to meet our responsibilities, we have to do it together," Obama said during a Rose Garden speech to announce the President's Plan for Economic Growth and Deficit Reduction. The plan reduces \$4.4 trillion from the \$14.7 trillion federal deficit over 10 years through a combination of spending cuts and increased tax revenue. For the military portion, Obama said the government will save \$1.1 trillion from the drawdown of forces in Iraq and Afghanistan, which are to be complete at the end of this year and in 2014, respectively. The plan includes savings of \$6.7 billion over 10 years by establishing "modest annual fees" for members of TRICARE-for-Life, which becomes a second-payer insurance to military retirees who transition to the federal Medicare program upon turning age 65. The change would begin with a \$200 annual fee in fiscal 2013. The plan also includes savings of \$15.1 billion in mandatory funds and \$5.5 billion in discretionary funds over 10 years by restructuring co-payments for TRICARE pharmacy benefits.

To bring the TRICARE plan more in line with private and other federal plans, the president's proposed plan would eliminate co-pays for generic mail-order drugs, while shifting retail co-pays from a dollar amount to a percentage co-pay. The change would apply to military families and retirees, but not active-duty service members. These changes will ensure fiscal responsibility without compromising quality care for service members and their families, Pentagon Press Secretary George Little said in a statement released 19 SEP. Defense Secretary Leon E. Panetta "has consistently emphasized the need to keep faith with our troops and their families," Little said. "That includes maintaining the highest quality health care for them," he continued. "We will continue to maintain the highest possible health care, but during this period of fiscal belt tightening, we may see modest cost increases in TRICARE enrollment fees and co-pays to sustain the health system." The changes are necessary to help reduce the deficit and ensure the long-term strengths of the programs, a White House news release issued after Obama's speech said. The changes also would help to level "a measurable disparity" between military retirees and private sector workers, it says.

The statement notes that the administration has expanded GI Bill benefits, job training and veterans' homeless prevention programs, and proposed tax credits for employers to hire veterans. "Still, as the cost of health care rises and benefit programs across the public and private sectors are being restructured to remain solvent," the release says, "it's important that programs that serve military retirees and veterans are modernized to be able to meet the needs of the future." The plan also would create a commission to "modernize" military benefits through a process based on that of the 2005 Base Realignment and Closure Commission, the White House release said. Under the proposal, the Defense Department would make a proposal to the commission, which can alter the proposal before sending it to the president. The president may not alter the proposals, but would decide whether or not to send it to Congress. The Congress would have to approve or disapprove without modifications. "The administration believes that any major military retirement reforms should include grandfathering provisions that ensure that the country does not break faith with military personnel now serving," the statement said.

Obama said the proposal to save \$4 trillion "finishes what we started last summer" when he and the Congress agreed to \$1 trillion in cost savings. Under the plan, the deficit -- the difference between revenue and spending -- would level out in 2017 where spending is no longer adding to the nation's debt. While "we are scouring budget for every dime of waste and inefficiency," Obama said, the proposed plan also closes corporate tax loopholes, raises taxes on millionaires and makes changes to Medicaid and Medicare in an effort to help small businesses and middle class Americans, and protects spending on education, science and infrastructure such as roads and bridges. "We're asking everybody to do their part so no one has to shoulder too much burden," Obama said. The President's Plan for Economic Growth and Deficit Reduction titled "Living Within Our Means and Investing in the Future" can be read at <http://www.whitehouse.gov/sites/default/files/omb/budget/fy2012/assets/jointcommitteereport.pdf> . To send a preformatted editable message to you elected officials noting your displeasure with the plan go to <http://capwiz.com/moaa/issues/alert/?alertid=53748506&PROCESS=Take+Action>. [Source: Tricare Press Release No. 09-10-11 20 Sep 2011++]

Tricare User Fees Update 73: Tricare users would see out-of-pocket costs rise by \$27 billion over the next decade, through higher pharmacy co-payments at retail drug outlets and a first-ever Tricare for Life annual fee, under President Obama's \$3 trillion plan to address the nation's massive and growing debt. The same plan would protect current members from retirement changes but would form a powerful commission to modernize military retirement for future generations. Like base closing commissions, final recommendations would have to be wholly rejected or accepted. The president and the Congress could not make select changes. The White House debt cutting plan, delivered to the Joint Select Committee on Deficit Reduction, confirms what advocates for Tricare beneficiaries had feared: that they are expected to share in the fiscal sacrifices to be asked of millions of Americans drawing federal entitlements.

Military associations sound equally alarmed by the rhetoric in the White House recommendations suggesting that key military benefits are just too generous and must be brought nearer to what civilians receive. "We were shocked at the tone of it," said Steve Strobridge, director of government relations for Military Officers Association of America. "It talks about, basically, civilianizing the military benefits package. I mean it expresses that as a goal, which to us is absolutely anathema (i.e. intolerable). The whole point of the benefit package is to provide an offset for unique conditions of military service. You can't civilianize the package without civilianizing service conditions. If the last 10 years show us anything it's that military conditions are getting worse than when these programs were designed." Two Tricare features are targeted.

- Users of Tricare for Life (TFL), the prized supplement to Medicare for beneficiaries 65 and older, would pay an annual fee, starting at \$200 in 2013, with adjustments for inflation. The White House notes that TFL users now pay only the Medicare Part B premium, \$110 a month for most, and pharmacy co-pays. Otherwise they face no out of pocket health costs. By contrast, private sector elderly, in 2009, paid on average \$2100 a year for their "Medigap" policy. The annual TFL fee would save a \$6.7 billion over 10 years.
- Obama's (plan) would save another \$20 billion across a decade by raising pharmacy co-pays in the Tricare retail network, sparing only active duty members. Current co-pays "have lagged" behind other plans, it says. Family and retiree drug costs at retail outlets would move "closer to parity with the most popular federal employee health plan, BlueCross BlueShield Standard, and closer to the health plans that most Americans have from their employers," the White House report explains. Federal civilians now pay about \$45 to get a brand name drug at retail. Military beneficiaries pay \$9 and it rises next month to \$12. Obama also wants military drug co-pays to rise automatically with costs to the government, thus shifting from a set dollar co-pay to a percentage formula. So co-pays for generic drugs at retail would be set at 10 percent of the

Defense Department's cost for the medicine. Sometime after 2013 this would climb to 20 percent. Co-pays for brand names would start at 15 percent of cost and be raised to 30 percent over some yet unspecified period.

Even as associations like MOAA and FRA alerted members to details of Obama's plan, and urged that e-mails and letters of protest flood Congress, the outcome of this fight to protect benefits appeared more uncertain than in battles past, with the real chance changes could become law by year's end. [NOTE: Elected officials may be contacted via <http://www.usa.gov/Contact/Elected.shtml>]. The unusual structure adopted in August to reach a final debt deal -- with the president and Congress conceding to the joint or "super" committee of 12 lawmakers responsibility to shape a take-it-or-leave-it legislative package by 23 NOV -- almost certainly handcuffs the influence of lobbyists to derail whatever package of cost curbs the committee's majority embraces. "It changes the dynamic considerably," said a key congressional staff member. "The changes get rolled into a package and all of a sudden it looks like just your fair share. And we shouldn't take our fair share?" The super committee's power to cut a final deal leaves Tricare advocates automatically at a disadvantage that they didn't face defeating the Bush administration's call for hefty Tricare fee hikes starting in 2006. Those ideas had to clear familiar ground, the armed services committees. "They can influence those committees very dramatically," the staffer said.

Only two super committee members also serve on armed services, though all standing committees are invited to share views on cuts they favor and oppose. Sen. Jim Webb (D-Va.), who chairs the Senate military personnel panel, said he views lifetime health care as "part of a moral contract between our government and those who have stepped forward to serve. For this reason, I oppose the president's proposals to impose new Tricare fees on military retirees and other beneficiaries." But Arnold Punaro, a retired Marine major general, strongly supports initiatives to slow Tricare cost growth as well as retirement reforms for new entrants. He applauds the planned retirement commission, urging that a prominent military leader, like retired Gen. Colin Powell, serve as chairman. Punaro is an influential member on the Defense Business Board, which has recommended to the defense secretary broad changes in retirement and new initiatives to curb "out-of-control" health costs. "The path advocated by the Praise-the-Lord-and-Pass-the-Benefits outfits are pushing this nation either to a hollow military or to a military way too small to deal with the threats we face," Punaro said. To comment, e-mail milupdate@aol.com, write to Military Update, P.O. Box 231111, Centreville, VA, 20120-1111 or visit: <http://www.militaryupdate.com>. [Source: Stars & Stripes Tom Philpott article 22 Sep 2011 ++]

Tricare User Fees Update 74: Following is a compilation of Tricare Copay changes for FY2010 through FY2012:

Fee/copay Changes Coming

Program	FY2010	FY2011	FY2012 effective Oct. 1, 2011
TRICARE Prime Enrollment - Retirees	\$230/single	\$230/single	\$260/single
	\$460/family	\$460/family	\$520/family
TRICARE Standard Inpatient Non-network Copay – Retirees	\$535/day	\$535/day	\$700/day
TRICARE Retiree Dental Program Premium	Based on coverage level and # covered	Vary by residence zip code	Vary by residence zip code; increases approx. \$5/month for families and \$1/month singles
Continued Health Care	\$933/single	\$988/single	\$1,065/single

Benefits Program – Quarterly Premium	\$1,996/family	\$2,213/family	\$2,390/family
TRICARE Standard Inpatient Behavioral Health Copay– Retirees	\$197/day	\$202/day	High volume hosp. 25% of billed charges; low volume hosp. lesser of 25% or \$208/day
TRICARE Prime Outpatient Charges – ADFM	\$0	\$0	\$0
TRICARE Prime Outpatient Charges – Retirees	\$12/Doctor visit; \$30/ER; \$25/MH visit	No change	No change

- Only beneficiaries initiating enrollment on or after Oct. 1, 2011 will pay increased enrollment fee
- Existing enrollment form has \$460/\$230 fee requirement; form under revision
- Exemption from 2013 increases in TRICARE Prime enrollment fees
- Applies to: Survivors (spouse/dependents) of active duty sponsors and Medically retired members and their dependents
- Annual enrollment fee is frozen at current rate of \$230/single, \$460/family if enrolled in Prime prior to Oct. 1, 2011
- Those enrolled on or after Oct. 1, 2011, annual enrollment fee is frozen at rate in effect at time of death of active duty member (Surviving spouse/dependents), or on either the date of medical retirement if already enrolled in Prime, or date they elect to enroll in Prime (Medically retired and family)

Pharmacy Copay Recap

FY2010	FY2011	FY2012 effective Oct. 1, 2011
\$0/ \$0/ N/A (Generic/Formulary/Other)	\$0/ \$0/ N/A	\$0/ \$0/ N/A
\$3/ \$9/ \$22	\$3/ \$9/ \$22	\$0/ \$9/ \$25
\$3/ \$9/ \$22	\$3/ \$9/ \$22	\$5/ \$12/ \$25

[Source: TRO South 22 Sep 2011 ++]

Military Retirement System Update 07: Included in the president’s deficit reduction plan unveiled Monday are plans to re-examine the military retirement system, calling the current 20-year requirement “out of line with most other government or private retirement plans.” The document calls for the creation of a commission similar to the controversial 2005 Base Realignment and Closure commission to look at broad reforms to the retirement system. In particular, it takes aim at the idea that troops must remain in the military for 20 years to receive any retirement benefits, giving “generous benefits to the relatively few members who stay.” The move comes just weeks after officials from the Defense Business Board outlined similar plans to changing how military retirees are paid, abandoning the 20-year service target. In that proposal, the board recommended a 401(k) style plan which would allow partial payout for troops who served as little as 10 years. Officials said the move was designed both to provide a more equitable distribution of retirement funds and save money long term. But veterans groups blasted the proposal, in part because they believe changes would reduce the benefits for those currently on track to retire after 20 years or more.

The new White House plan notes that “any major military retirement reforms should include grandfathering provisions that ensure that the country does not break faith with military personnel now serving, including those serving in Afghanistan and Iraq.” No action was taken on the Defense Business Board plan, and the new White House idea must be adopted by Congress before work would begin. Under the rules laid out by President Barack Obama on Monday, both the White House and Congress would have to approve the commission’s final report without changes before it could become law. The White House did not specify how much changes in the military retirement system could save long term. Obama’s deficit reduction plan also included \$1 trillion in savings from troop withdrawals in Iraq and Afghanistan, and another \$580 billion in cuts and fees in mandatory benefit programs. That included almost \$7 billion raised through a new \$200 annual fee for veterans enrolled in the Tricare for Life program (but no new charge for active-duty troops) and more than \$20 billion in new co-payment fees in prescription drug coverage for military families and retirees. To send a preformatted editable message to you elected officials noting your displeasure with the plan go to <http://capwiz.com/moaa/issues/alert/?alertid=53748506&PROCESS=Take+Action>. [Source: Stars & Stripes Leo Shanks article 19 Sep 2011 ++]

NPRC Military Records Update 04: National Personnel Records center new address is:
National Personnel Records Center
1 Archives Drive
St Louis, MO 63138-1002 USA

The majority of staff have moved to the new location and the military personnel records are in the process of moving. The entire move should be completed by Summer 2012. The new address for the US Air Forces Air Reserve Personnel Center is:

Air Reserve Personnel Center
18420 E Silver Creek Ave Bldg 390 MS 68
Buckley AFB, CO 80011 USA

As a reminder, ALL retiree and Honorably Discharged veterans should ensure that their family knows the location of their military Separation Document (DD Form 214 from 1950 to present and WD (War Department) Form 53-55 and other variations prior to 1950). Note that registering a copy at the county court house may make that document a public record. Separation Documents issued after 1969 may contain a Social security Number which could be used for identity theft. Storing the Separation Document in a safe deposit box may make it difficult to retrieve immediately upon the death of the retiree or honorably discharged veteran. The better storage locations are:

1. Fire safe in a secure location of the house (not in the bedroom as this is where most thieves search first).
2. In a watertight food container (Glad, Tupperware, etc.) in the refrigerator. Most refrigerators are fire resistant. Additionally, a refrigerator is heavy enough to fall through the floor of a building into the cooler part of the fire in the basement and better survive. Finally, a refrigerator is large enough to be easily located in the ash and rubble of a fire or other serious incident. (As a bonus, everyone has a refrigerator, not every one has a fire resistant storage box). Be sure to inform your spouse and relatives where to locate your Separation Document - and any other important papers.

[Source: NPRC message 19 Sep 2011 ++]

Women in Combat: The Defense Department will send to the Armed Services panels in October a review of the roles women should play in the military, and of the existing combat exclusion, according to a senior Pentagon leader. There are indications the report could call for lifting some, if not all, combat exclusions, according to senior congressional aides and military officials. The review was ordered in the fiscal 2011 defense authorization bill (PL 111-383) and follows a 2011 Military Leadership Diversity

Commission report that recommended lifting all combat restrictions on women. The diversity commission was created as part of the fiscal 2009 defense authorization law (PL 110-417). The review was due in April, but the Defense Department at the time told Congress that it was conducting a deep review of all policies affecting women in the military and required more time, which created an expectation that significant changes may be proposed, senior congressional aides said. "It certainly has raised expectations," one aide said.

Ashton B. Carter, the Pentagon's top acquisitions official who has been nominated to become deputy Defense secretary, told the Senate Armed Services Committee that "as the nature of the combat environment has evolved, the roles of women in the military have expanded, and will continue to do so." In written response to questions posed by the panel, Carter said the Pentagon "believes it has sufficient flexibility under current law to make appropriate assignment policy for women. The department will continue to monitor combat needs, and if the services recommend expanding combat roles for woman, the department will notify Congress accordingly as required by statute." Further raising expectations was the recently confirmed next Chairman of the Joint Chiefs of Staff, Army Gen. Martin E. Dempsey, who told the Senate Armed Services Committee in July, "the nature of current conflict is there's no front line and back line. And so some of the rules we have in place on co-location, for example, are simply outdated and need to be revised." Dempsey added, "The DoD task force is looking . . . also at the issue of changing access to particular military occupational specialties. . . . I think we'll learn that there are additional opportunities to be made available."

A senior congressional aide who specializes in military women issues noted that should the Pentagon make policy changes, Congress would have about 30 days to stop the action. But to date, when the military has opened certain positions to women, Congress has not intervened. The Navy, for example, opened service on submarines to women, and the Marine Corps recently expanded service opportunities for women in intelligence specialties. "Any decision regarding opening additional specialties for service by women should be based on our obligation to maintain a high state of mission readiness of our all-volunteer force," Carter wrote.

The Pentagon review is being conducted by the Office of the Undersecretary of Defense for Personnel and Readiness, and is looking at the direct combat assignment policy in coordination with the military departments and the Joint Staff. "If confirmed, I would examine proposed policy changes as a result of this review and work with the Congress to implement them," Carter said. A senior congressional aide said that if changes were proposed they would have to be based on specific standards. Female candidates for combat roles probably would be required to meet all the performance requirements that men are required to meet. If changes are coming, the aide said, they probably would be phased in, keeping in mind that training would be required to sensitize the existing combat force to the coming changes. The phasing would ease concerns related to a combat force engaged in significant combat operations. There also would be a host of administrative changes in policy that could take some time to implement.

Restrictions on women in combat, called the Ground Combat Exclusion Policy, were put in place in 1994 by Defense Secretary Les Aspin. But both the Iraq and Afghanistan wars and the proliferation of women in combat support roles exposed women to significant combat, whether they were performing military policing or convoy protection in a battle zone with no clear battle lines, which effectively has changed perceptions of women in warfare. The Diversity Commission noted in its report, "While we find the promotion policies and practices of the Department of Defense and the services to be fair, we find also that there are some barriers to improving demographic representation among military leaders." As a result, a key recommendation of the report is that "DoD and the services should eliminate the combat exclusion policy for women, including the removal of barriers and inconsistencies, to create a level playing field for all qualified servicemembers." The commission recommended a time-phased approach for opening all units to women, and to take deliberate steps to open additional career fields and units involved in direct combat to "qualified women."

The commission found that women were underrepresented across the services. Restrictions on women were greater in the Army and Marine Corps, with 91 percent of career fields in the Army and 94 percent of the Marine Corps open to women compared with 99 percent of the Air Force and 94 percent of the Navy.

The Navy percentage is actually higher today since the opening of the submarine field to women. In both the Army and Marines the restricted areas all involve combat roles. But the commission did not advocate for a lowering of standards, saying that qualifications for combat roles should remain in place. The commission brushed aside arguments that the presence of women would somehow affect morale and unit cohesion in combat units. The panel noted how in other areas where women have been integrated, the same concerns were raised ahead of time, but did not materialize. Studies conducted regarding women serving in combat situations in Iraq and Afghanistan found that "a majority of focus group participants felt that women serving in combat in Iraq and Afghanistan have had a positive effect on mission accomplishment." In the end, the commission found that current combat exclusions no longer fit the modern, more fluid operational combat environment where there are no clear front lines. [Source: CQ Today Online News Frank Oliveri 16 Sep 2011 ++]

GI Bill Update 104: The Department of Veterans Affairs has eliminated the backlog of claims for the Post-9/11 GI Bill that plagued the program when it launched two years ago, officials said Thursday. At the time, the delay meant VA had to issue emergency checks to thousands of student veterans to cover tuition, books and housing. Allison Hickey, VA undersecretary for benefits, compared the process of implementing the new GI Bill to flying a plane while building it. "Now it's built, and we're flying it, and it's flying very well," Hickey said. Under the Post-9/11 GI Bill, the government pays a veteran's tuition and fees directly to the school. The veteran also receives a stipend for books and a housing allowance. To date, VA has issued \$12.98 billion in Post-9/11 GI Bill benefit payments to more than 596,000 veterans and their educational institutions. The backlog peaked in fall 2009, when VA had 65,000 pending GI Bill claims with an average processing time of 60 days. Today, there are about 23,000 pending claims with an average processing time of 10 days.

VA Education Services Director Keith Wilson attributed the improved turnaround time to additional staff, streamlining, and an electronic system that has replaced manual paperwork. VA now processes about 10,000 Post-9/11 GI Bill enrollments every day. "Remember when we started this, we did not have a process at all," Hickey said. "It was a cold start." VA finally appears to have worked out the kinks, said Navy veteran Dan Erklauer, who attends University of Houston on the Post-9/11 GI Bill. "This semester everything's been done correctly, and we got paid on time," said Erklauer, 27. Erklauer also credited UH for working through the new GI Bill's growing pains. "It took a little while and a lot of people got frustrated, but I'm confident they have it figured out," he said. "I have no complaints, only good things to say about it now."

VA's initial fumbling of the new GI Bill had threatened to ruin the agency's reputation among America's newest generation of veterans. "The first year was an unmitigated disaster," said Tom Tarantino, senior legislative associate with the nonprofit group Iraq and Afghanistan Veterans of America. "The VA had to basically give advances to people. Then the next year was better, but it was still very problematic." Recent changes to the program made claims easier to process, Tarantino said. The changes simplified tuition and fee payments for veterans attending public schools, and established nationwide maximum payments for those enrolled in private or foreign schools. Tarantino said he's cautiously optimistic. "If the VA's truly gotten rid of their backlog, it's going to allow veterans to continue their college education unencumbered by administrative problems and stress and that's exactly what the GI Bill is designed to do," he said. [Source: Houston chronicle Lindsay Wise article 15 Sep 2011 ++]

GI Bill Update 105: Eight for-profit colleges, led by the online University of Phoenix (owned by Apollo Group Inc. (APOL)), collected roughly \$1 billion in Tuition Assistance Program and VA educational benefit money during the most recent academic year, according to a report by the Senate Committee on Health, Education, Labor and Pensions (HELP), chaired by Senator Tom Harkin (D-IA). The report was released at a press conference this past Thursday, at which TREA was represented by Deputy Legislative Director Mike Saunders. Those colleges got about a quarter of all of the Post 9/11 GI

Bill money spent during the 2010-2011, according to Senator Harkin. The University of Phoenix alone received \$210 million, almost three times as much as a year earlier, he said. There is a so-called “90/10 rule” that limits the amount of federal money going to these schools to no more than 90 percent of their revenue. Veterans’ and military tuition programs are excluded from the cap, and as a result the colleges have aggressively recruited beneficiaries, according to the HELP committee report. Senator Tom Carper (D-DE) suggested at the press conference 22 SEP that the cap might be expanded to include those programs.

According to for-profit college spokespeople, limiting veteran tuition funds that can go to for-profit colleges would hurt students. Staff Sergeant Jon Elliot (USA-Ret), who received the Bronze Star for service in Operation Iraqi Freedom, said he signed up for auto mechanics classes at ATI Career Training Center, based in North Richland Hills, Texas, after a recruiter told him Post-9/11 GI Bill benefits would cover the costs. Months later, Elliot discovered the program in Garland, Texas, wasn’t approved for the benefits, and the school sent him a bill for \$9,600, he said at the news conference. According to SSG Elliot, he got a telephone call the night before the press conference from the school, saying his tuition bill had been forgiven. “Maybe it’s just coincidence,” he said. “I don’t want to speculate.” Additionally, the Department of Education issued “gainful employment” regulations this year that would cut off federal student aid to for-profit colleges whose students struggle the most to repay government loans. Many of these schools have dropout rates that sometimes exceed 50% or even 60%, while the average is much lower for more traditional schools, often around 10-15%. For-profit schools, and their lobbyists, oppose those rules and have filed a lawsuit against them. [Source: TREA News for the Enlisted 23 Sep 2011 ++]

VA Project ARCH: Project Arch is a program that has been a long time coming. The statute authorizing the demonstration was passed in 2008 but this is the first year where money was provided for the test. Project Arch, which just started 29 AUG is a three year pilot to provide healthcare for veterans in rural areas far from present VA facilities. It brings vet healthcare closer to their homes. Humana is managing 4 of the project’s 5 sites: Farmville, Virginia, Pratt Kansas, Flagstaff Arizona, and Billings Montana. The 5th site is Aroostook County Caribou Maine will have healthcare provided by Cary Medical Center.

- The Virginia project will cover Primary Care, including routine preventive care, diagnostic imaging, and laboratory services.
- The Kansas project will cover “primary care, including routine preventive care, diagnostic imaging, laboratory services as well as behavioral health screening and assessment.”
- The Arizona contract will cover: “Acute inpatient medical and surgical care, including related consultations and ancillaries as well as outpatient specialty consultations including related diagnostic imaging and laboratory services.”
- The Montana project will cover “acute inpatient medical and surgical care, including related consultations and ancillaries. . . Outpatient specialty consultation, including related diagnostic imaging and laboratory services. “
- The Maine project will cover “Acute inpatient medical and surgical care, including related consultations and ancillaries “as well as “outpatient specialty consultation, including related diagnostic imaging and laboratory services.”

What all this ultimately means is if you live in rural areas around these VISNs (Veterans Integrated Service Networks) you will be able to choose to get health care without travelling long distances to a VA hospital or clinic. If you are interested in participating you should speak to your VA Care Coordinator. You can qualify for this program if you have the following travel times:

- Live more than 60 minutes driving time from the nearest VA health care facility providing primary care services, or
- Live more than 120 minutes time distance from the nearest VA health care facility providing acute hospital care, or

- Live more than 240 minutes driving time from the nearest VA health care facility providing tertiary care.

For additional info on Project ARCH refer to <http://www.ruralhealth.va.gov/arch/index.asp>. [Source: TREA News for the Enlisted 16 Sep 2011 ++]

SCAADL: Some service members who are catastrophically wounded, injured or ill are now eligible for compensation designed to offset the economic burden primary caregivers incur when assisting them. The Special Compensation for Assistance with Activities of Daily Living (SCAADL) is designed to mitigate this financial hardship. The following is germane to the program:

- All service members who have a catastrophic injury or illness incurred or aggravated in the line of duty are eligible to apply for SCAADL
- SCAADL is not automatic. the service member or guardian must apply and a DoD or VA physician certifies eligibility. A service member should contact a member of his or her recovery team (to include the Primary Care Manager, Nurse Case Manager, Recovery Care Coordinator, Non-Medical Case Manager, or unit leadership) for the SCAADL application form and guidance.
- Applications for SCAADL require DD Form 2948 which must be completed by a licensed DoD or VA physician.
- If denied, appeals must be submitted to the Commanding Officer, Wounded Warrior Regiment. All medical reviews and opinions must be included.
- Service members who have been authorized an *Non Medical Attendant* (NMA) should not assume entitlement to SCAADL. NMAs are authorized by physicians and designated by the service member. However, there is no stringent clinical review applied to this designation as there is with SCAADL.
- As long as the service member is in outpatient status for the majority of the month (more than 15 days) he / she will still be eligible for SCAADL.
- Monthly payment amounts are based upon the U.S. Department of Labor Bureau of Labor Statistics wage rate for home health aides and are adjusted by several factors.
- Amounts are based on geographic location and care needs. Amounts may change if the service member moves or his/her care needs change. Also, SCAADL requires recertification every 180 days (or when medical or geographic conditions change) to ensure payment accuracy.
- SCAADL is paid directly to the service member, not the service member's designated caregiver. It is up to the service member to ensure the compensation flows accordingly.
- SCAADL is taxable compensation.
- A military member cannot be designated as a primary caregiver for purposes of SCAADL.
- While SCAADL is intended for service members, you may receive it up to 90 days after separation from the service.
- For more information, refer to the Wounded Warrior Regiment fact sheet at http://www.woundedwarriorregiment.org/documents/pao/SCAADL_Slick_Sheet.pdf.

[Source: NAUS Weekly Update 16 Sep 2011 ++]

DoD Benefit Cuts Update 10: The Senate Armed Services Committee held a hearing in SEP to consider the nomination of Ashton B. Carter as Deputy Defense Secretary, the number 2 civilian at

the Pentagon. During the hearing, Sen. Lindsey Graham (R-SC.), an Air Force reservist, piped in to encourage the nominee to urge the Pentagon to reform military retirement and to increase TRICARE fees and copays. "When you want to reform retirement, count me in," the South Carolina Republican said. "When you want to change TRICARE premiums for people like myself, who are going to be retired colonels one day, count me in." Graham added, "We're not going to ask more from the retired force than they can give, but change has to come." [Source: NAUS Weekly Update 16 Sep 2011 ++]

DoD Benefit Cuts Update 11: Acknowledging that changes are needed to deal with unsustainable personnel costs, the chairman of the Joint Chiefs of Staff emphasized on 21 SEP that the United States can't break faith with military members and their families. President Barack Obama recommended this week that the Joint Select Committee on Deficit Reduction form a commission to come up with a plan for a new, future retirement system, Navy Adm. Mike Mullen told midshipmen at the U.S. Naval Academy. That commission is expected to make recommendations as part of a plan to address the national debt that Mullen called the No. 1 threat to our national security. "We as a country have got to get a grip on that," he said, recognizing that the Pentagon, too, must do its part. That will require some difficult and well-thought out decisions that shape what kind of military the United States will have in the future, he said, and how large the force will be and what capabilities it will have. A big part of that equation involves people -- and how they will be compensated.

Mullen emphasized that there are no immediate plans to change the military retirement plan. Even if a change was to be made, he said, officials would press to have it 'grandfathered,' so people already serving continue to be covered by the current system. And, if the choice came down to prioritizing between retirees and those currently in uniform, Mullen said, 'my priority is for those who are serving.' "That doesn't mean that we do one and don't do the other," he told the midshipmen. "But that is my focus." The United States has a "very well-compensated force," Mullen said, telling the future naval officers it's well deserved. "We are in two wars. We are dying for our country and we need to be well compensated," he said. "But it isn't infinite." Personnel costs have soared 80 percent over the past 10 years, Mullen said. In addition, health-care costs skyrocketed from \$19 billion in 2001 to \$51 billion this year and are projected to reach \$65 billion within four years. "That is not sustainable," he said. The full compensation package needs to be examined, Mullen said, including retirement pay, housing allowances, bonuses, health care and other benefits. "There are going to have to be some changes," the chairman said. The challenge is "to do it in a balanced ... and fair way." [Source: AFPS Donna Miles article 21 Sep 2011 ++]

TSGLI Update 04: The Department of Veterans Affairs (VA) is extending retroactive traumatic injury benefits to Servicemembers who suffered qualifying injuries during the period Oct.7, 2001 to Nov. 30, 2005, regardless of the geographic location where the injuries occurred. "Now all of our nation's Servicemembers who suffered severe traumatic injuries while serving their country can receive the same traumatic injury benefits, regardless of where their injury occurred," said Secretary of Veterans Affairs Eric K. Shinseki. "We at VA appreciate the efforts of Congress and the President to improve benefits for our troops." Effective 1 OCT the Servicemembers' Group Life Insurance (SGLI) Traumatic Injury Protection benefit, known as TSGLI, will be payable for all qualifying injuries incurred during this period. This retroactive benefit is payable whether or not the Servicemember had SGLI coverage at the time of the injury.

The Veterans' Benefits Improvement Act of 2010, passed by Congress and signed by President Obama in October of 2010, removes the requirement that injuries during this period be incurred in Operations Enduring or Iraqi Freedom (OEF/OIF). This is welcome news for the many Servicemembers who suffered serious traumatic injuries while serving stateside or in other areas outside of OEF/OIF during this time period, but until now have not been eligible for TSGLI. TSGLI provides a payment ranging from \$25,000 to \$100,000 to Servicemembers sustaining certain severe traumatic injuries resulting in a range of losses, including

amputations; limb salvage; paralysis; burns; loss of sight, hearing or speech; facial reconstruction; 15-day continuous hospitalization; coma; and loss of activities of daily living due to traumatic brain injury or other traumatic injuries. National Guard and Reserve members who were injured during the retroactive period and suffered a qualifying loss are also eligible for a TSGLI payment, even if the cause was not related to military service, such as a civilian automobile accident or severe injury which occurred while working around their home.

National Guard and Reserve members make up more than 40 percent of the total force which has been deployed since 9-11. Those who are no longer in the National Guard or Reserves can also apply as long as their injury occurred while they were in service. "I am extremely pleased that these total force warriors who defend our freedoms are getting the recognition and benefits they have rightfully earned in service to our nation," added Under Secretary for Benefits Allison A. Hickey. VA is working with the Department of Defense to publicize this change in the TSGLI law. Additionally, all of the branches of service are identifying any claims previously denied because the injury was not incurred in OEF/OIF and reaching out to those individuals. Although applications are currently being accepted by branch of service TSGLI offices, benefits will not be paid until 1 OCT 2011, the effective date of the law. =20 For more information or to apply for a TSGLI payment, Servicemembers and Veterans should go to <http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm> or contact their branch of service TSGLI Office whose contact information available on that link. [Source: VA News Release 16 Sep 2011 ++]

Postal Service Update 04: The U.S. Postal Service is looking to shut down more than half of its mail

plans to study 252 of the agency's 487 plants for potential closure, in addition to 61 locations already under consideration. Downsizing to fewer than 200 facilities by 2013 would cut \$3 billion in costs, in part through terminating 35,000 positions. Because 150,000 employees are eligible for retirement agency wide, USPS officials are confident the staff reductions can be achieved through attrition. Some workers might retire, while others could be moved to new locations or job functions, but USPS aims to provide a "soft landing" for those affected, Postmaster General Patrick Donahoe told reporters. Every mail processing employee will be touched by this change," USPS Chief Operating Officer Megan Brennan said. "We will do our best to accommodate them."

According to Donahoe, the job cuts are part of USPS' overall plan to eliminate up to 220,000 positions by 2015, a move that will require changes in rules governing the use of layoffs. Without active cuts, the Postal Service expects to lose 100,000 employees in the next three years, less than half of the reductions it needs. Shuttering processing facilities would result in changes to service, officials said. First class mail, currently guaranteed within a one- to three-day window, would be processed and delivered in two to three days. Customers no longer would receive items the day after they were mailed. The public will have an opportunity to comment on the strategy in response to a Federal Register notice USPS plans to publish in the next few days. The agency will file the proposal with the Postal Regulatory Commission later this fall. USPS also is in the process of studying more than 3,600 post offices for consolidation and closure, which could affect 3,000 postmasters, along with 500 station managers and up to 1,000 clerks. According to Brennan, decisions could be made this winter.

House lawmakers in early SEP introduced legislation that would extend by 90 days the Postal Service's deadline to make a \$5.5 billion contribution to its retiree health fund. USPS officials have said the agency will not have enough cash to make the payment by Sept. 30. Lawmakers plan to sponsor additional bills that would allow the Postal Service to offer retirement incentives and adjust its retiree benefits payment schedule, for example. The Obama administration could release its own proposal as early as next week. The Postal Service already has asked Congress for legislative changes such as the flexibility to cut Saturday delivery, adjust the size of the workforce, receive a refund from its retiree accounts and end an obligation to prefund retiree health benefits. Officials in August announced they would seek flexibility to allow the agency to create its own health and retiree benefits programs. Postal workers currently are covered under the Federal Employees Health Benefits Program and the Civil Service Retirement System or Federal

Employees Retirement System. In total, proposed changes could save USPS \$20 billion by 2015. [Source: GovExec.com Emily Long article 15 Sep 2011 ++]

Apple Juice Arsenic Content: Mehmet Oz, MD, the Columbia University thoracic surgeon who gained fame first in books and more recently with his syndicated television show, has run afoul of the Food and Drug Administration with his report about levels of arsenic in popular brands of apple juice. The FDA called the report "irresponsible and misleading" and another TV doc, ABC's Richard Besser, MD, accused Oz of fear-mongering. In a recent episode of The Dr. Oz Show, Oz reported that five brands of apple juice -- Minute Maid, Apple & Eve, Mott's, Juicy Juice, and Gerber -- all contained some level of arsenic and suggested that this was a cause for concern. The show used an independent laboratory, EMSL Analytical, to test dozens of samples from three U.S. cities to compare the level of arsenic in the juices to the Environmental Protection Agency's safe standard for drinking water, less than 10 parts per billion. At least one sample for four of the five brands -- excluding Minute Maid -- came in above that threshold. The highest level measured was in Gerber apple juice, at 36 ppb.

The segment earned a stiff rebuke from representatives of government, industry, and academia for causing unnecessary alarm, even before it aired. The criticism centered primarily on Oz's testing methods, which provided a level of total arsenic in the juices. The results do not provide a breakdown of the levels of the two forms of arsenic -- organic and inorganic. In heated confrontation aired on ABC's Good Morning America, Besser not only blasted reporting of only the total arsenic numbers but also charged that relying on a single lab to test for arsenic fell far short of scientific standards. Oz, however, refused to back down and maintained that he acted responsibly. According to the FDA, arsenic is found in the environment in both forms, either as a result of natural processes or the result of contamination from human activities. In the U.S., some pesticides used up until 1970 contained arsenic. The organic form of arsenic is "essentially harmless," according to the FDA. The inorganic form can cause problems at high levels or with a long period of exposure.

In a letter sent to The Dr. Oz Show before the segment aired, Don Zink, PhD, senior science adviser in the FDA's Center for Food Safety and Applied Nutrition, wrote, "The FDA believes that it would be irresponsible and misleading for The Dr. Oz Show to suggest that apple juice contains unsafe amounts of arsenic based solely on tests for total arsenic." The FDA said it has been testing for arsenic in apple juice for several years. The juice is first screened with a test for total arsenic because it is rapid, accurate, and cost-effective, according to Zink. Only when the total level of arsenic is greater than 23 ppb does the agency employ the more complex inorganic arsenic test. "The vast majority of samples we have tested for total arsenic have less than 23 ppb," Zink noted. In a second letter to the show, Zink informed the producers that the FDA had performed its own testing on samples of apple juice from the same lot that yielded the highest level of arsenic in Dr. Oz's investigation. All of the results ranged from 2 ppb to 6 ppb. "In short," Zink wrote, "the results of the tests cited above do not indicate that apple juice contains unsafe amounts of arsenic."

In an email to ABC News and MedPage Today, Aaron Barchowsky, PhD, a professor in the department of environmental and occupational health at the University of Pittsburgh, said that he agrees with the FDA's conclusion. "It is the inorganic form of arsenic in the environment that is toxic, and measuring total arsenic is not informative," he wrote. "I support the comments by the FDA and agree that the Oz show analysis is incomplete and probably misleading." On its website, the FDA said that it has a standard for an unsafe level of arsenic in water but not in apple juice for two main reasons -- the consumption of water is much greater and most of the arsenic in water is the unsafe inorganic form, whereas in fruit juice, most of the arsenic is the organic form. Henry Miller, MD, a fellow at the Hoover Institution at Stanford University and formerly the founding director of the FDA's Office of Biotechnology, criticized Oz for failing to provide evidence that the levels of arsenic found in the apple juice were dangerous. "Unless there is evidence that a substance is present at sufficient exposures and levels to cause harm, warnings about its presence in food (or in our bodies, for that matter) is irresponsible alarmism," he wrote in an email. "This is the same sort of rubbish

peddled by radical environmental activist organizations about pesticides." [Source: MedPage Today Todd Neale article 15 Sep 2011 ++]

Tricare Pharmacy Policy Update 07: A dispute between Walgreens and a TRICARE contractor will not stop beneficiaries from getting their prescriptions filled, despite a Walgreen's ad campaign to the contrary, a TRICARE official said 16 SEP. "Don't let that advertising, letter and internet outreach campaign scare you," Navy Rear Adm. Christine Hunter, deputy director of the TRICARE Management Agency, said. "Even if contract renewal negotiations fall through and Walgreens drops out of TRICARE's retail pharmacy network on Jan. 1, beneficiaries still will have plenty of other options for getting their prescriptions filled." Hunter called the dispute between Walgreens and Express Scripts, Inc., the contractor for TRICARE's retail pharmacy and pharmacy home delivery programs "a business matter" between the two companies. A similar impasse between the two companies in 2008 ultimately was resolved by mid-November, about six weeks before the new contract was to take effect, she noted.

Walgreens is a big player in the TRICARE pharmacy network, with about 7,000 participating outlets that Hunter said have filled prescriptions for one in 10 TRICARE beneficiaries at one time or another. Concerned about a campaign that has alarmed some TRICARE beneficiaries, Hunter offered assurance that regardless of how this year's negotiations go, patients will always have access to the medications they need. "If Walgreens does drop out or fail to renew their relationship with ESI so they are not included in the network, patients will still have 56,000 other pharmacies to obtain their medications at retail," she said. "We have a very, very broad network" that, for the vast majority of beneficiaries, ensures them access to a participating pharmacy within two miles of their homes. Meanwhile, Hunter emphasized other options TRICARE beneficiaries can use to get their medications: a TRICARE military treatment facility or the increasingly popular mail-order and home-delivery plans.

Hunter is a big proponent of the mail-order and home-delivery program, helping boost participation by 9.9 percent this year alone as retail pharmacy use grew by just 1.6 percent. Delivering medications directly to the beneficiary's home assures an uninterrupted supply of medication, she said, while saving money for beneficiaries as well as the Defense Department. "I would recommend that this is a great time to consider TRICARE [Pharmacy] Home Delivery for chronic medications," Hunter said. But with more than three months left on Walgreen's current contract with ESI, she emphasized, "There is no emergency, and there is time for people to understand and consider their options." Those who elect to stay with the retail pharmacy option but are concerned that Walgreens could drop out of the TRICARE pharmacy network also have the option of moving their prescriptions to another pharmacy in the TRICARE network now. "We are not taking a position about whether patients should move their prescriptions," Hunter said. "We are allowing this issue to play itself out, but those who want to can do so, and that will absolutely be honored."

Because all prescription information is centralized, the only thing patients need to do to move their prescriptions is to take their medication bottle or tube to another pharmacy. "They don't need another prescription or visit to a doctor," Hunter said. To locate a TRICARE Retail Pharmacy refer to <http://www.expressscript.com/TRICARE/pharmacy/>. Beneficiaries also can elect to use pharmacies not included in the TRICARE network. However, Hunter offered a reminder that these users will receive only partial reimbursement for their out-of-pocket costs and could have to file their own insurance claim, where network pharmacies do that automatically. "Our focus is on ensuring patients have access to the care they need," including reliable access to their prescription medications," she said. "Our goal is to be sure people have the information they need so that they get their medications in a timely fashion." [Source: AFPS Donna Miles article 16 Sep 2011 ++]

Lack of Support

Cold War Medal Update 04: In the 112th Congress two bills are pending to authorize a Cold War Service Medal. S.402 on 17 FEB and H.R.1968 on 24 May. At present they only have 3 and 7

cosponsors respectively. Also, in the Senate version of the 2012 NDAA there is a provision is SEC. 581 that would authorize a Cold War Service Medal. Bills to authorize such an award have been submitted in previous Congress' but have failed to gain the support necessary to allow them to be enacted into law. The Department of Defense has objected to the medal. They claim duplication of awards referring to the existing Cold War Certificate available upon request to eligible veterans. However, the Cold War Certificate makes no mention of military service. In fact anyone who worked for the government is eligible for this certificate, and yet as of late 2009 only a little over 2 million had applied in the 7 years of its existence. DOD also claims that the cost factor would be \$440 million based on 35 million veterans and it would take several years to process the applications of those 35 million eligibles assuming all would apply. President Obama at least twice during his campaign stated that he thought that the Cold War Medal should be issued. Yet, to date, he has not taken action by issuing an Executive Order to create this medal.

It is time to recognize, remember and honor those millions of these brave men and women who completed the enlistments without receiving any type of medal or award. The American Cold War Veterans organization is requesting that those who feel the same way contact their legislators and encourage them to cosponsor S.402 H.R.1968 so they can be moved from their respective committee's inaction to the floors of Congress for a vote. One format for doing this can be found at <http://jerry88acwv-americancoldwarveterans.blogspot.com/> in the POPVOX window For more information about the American Cold War Veteran organization refer to <http://www.americancoldwarvets.org>. [Source: National Chairman American Cold War Veterans 13 Oct 2011 ++]

Wyoming Veterans Home Update 01: The Wyoming Veterans Commission is asking lawmakers for \$2.7 million to fund a facility that would represent a shift in how the state provides care for elderly veterans. The proposed project calls for the construction of two cottages in Sheridan that would each house and provide for long-term care for 12 veterans. The proposal would follow the "green house living concept model." That is a national movement to shift senior care to small, community-based nursing homes instead of large institutional facilities.

Larry Barttelbort, executive director of the Veterans Commission, said this is the first effort to apply the model specifically for vets in Wyoming. With state support, he said he hopes this can spur a movement to create similar facilities across the state. "What we are trying to do is provide skilled nursing care (in a smaller setting)," he said. "It is an important cultural change because it provides more of that home environment."

Barttelbort presented the idea to the Legislature's Joint Transportation, Highways and Military Affairs Interim Committee on 31 AUG. The legislators agreed to study a draft bill to authorize funding for the program during their 25 OCT meeting. At that time, they will decide whether to sponsor the legislation for the 2012 budget session. The total project would cost \$5.2 million for the construction and other start-up costs, including initial staffing. But the state would be responsible for about \$2.7 million, and the U.S. Department of Veterans Affairs would provide \$2.6 million through grants. Barttelbort said one of the benefits of the program is that the state wouldn't need to spend more money for operating costs. Instead, he said, the facility would make money. This is because the VA would provide \$91 daily for each veteran. Along with Medicare reimbursements or private payments, Barttelbort said, each 12-person facility could generate tens of thousands of dollars per month. He said the state could use this money to recoup its initial investment. But ideally the state would see the benefits of the program and expand the model to communities all over the state, he added.

If legislators approve the funding, the project would be modeled after and partnered with Green House Living for Sheridan. That non-profit organization is set to open the Village at Cloud Peak Ranch in December. That facility, which would provide care for 48 seniors, would be the first green house living facility in the state. Unlike the Veterans Commission proposal, that project is not exclusively targeted for veterans. Under the partnership, the two veterans' cottages would be built next to this facility, and Green House Living for Sheridan would help to get it off the ground and operate. Doug Osborn, former state representative and now president of Green House Living for Sheridan, said he supports the Veterans

Commission's proposal. He said his group, which began in 2007, is intended to be a pilot program for the state to encourage others to adopt the model. He said having more cottages just for veterans would advance that cause. Osborn said the need for the facilities is evident in the large community support and interest that the Village at Cloud Peak Ranch has sparked. "When people learn about the differences between our model (and traditional large institutions), there is no comparison," he said. "It is the idea that a person here is at a point in their life where they're not done living." [Source: Wyoming Tribune Eagle Trevor Brown article 14 Sep 2011 ++]

Alzheimer's Update 08: A daily spritz of nasal insulin may slow down Alzheimer's disease, preliminary research suggests. Researchers split 104 people with mild to moderate memory problems into three groups: Thirty six participants inhaled 20 milligrams of insulin twice a day for four months, 38 got 40 mg. twice a day, and 30 were given a saline solution. At the end of the study period, the group treated with 20 mg. of insulin improved in memory tests and their ability to handle day-to-day activities. They were, for example, better able to remember details of a story immediately after hearing it and a short time later, according to findings published Monday in the Archives of Neurology. People who got the higher insulin dose saw no change in memory abilities, while those in the placebo group saw a decline. Insulin, a vital hormone typically associated with diabetes, helps brain cells function; a deficiency could play a role in the progression of Alzheimer's. "As a clinician, I would not tell my patients to get their hopes up," said Jacobo Mintzer, an Alzheimer's expert at the Medical University of South Carolina, in an interview with the Los Angeles Times. "But as a scientist, I always get very encouraged when the paradigm shifts." Mintzer was not involved in the study.

Ask most folks to name their biggest fear about growing old and chances are they won't say gray hair and wrinkles, but the devastating loss of their mental capacity. Alzheimer's disease accounts for 60 to 80 percent of all dementias, striking as many as 5 million Americans., U.S. News reported in 2010. While the disease has genetic underpinnings, it's also associated with certain lifestyle factors including diet, exercise, and level of education. So what steps can you take to help prevent it? Some studies suggest that eating more fruits and vegetables and less saturated fat may be the ticket. Others point to folic acid or fish oil supplements as beneficial. Still others have found that drinking moderate amounts of alcohol confers some protection. But an expert panel convened by the National Institutes of Health says there's not enough evidence from any of these studies to warrant making lifestyle changes to lower your risk of Alzheimer's. "The primary limitation with most of these studies is the distinction between association and causality," wrote the NIH experts in their "state of the science" paper published last year in the Annals of Internal Medicine. For instance, people with a higher level of education have a lower risk of Alzheimer's, but that doesn't mean going to grad school will protect you. It could be that those individuals read more books and play more chess in their lifetime than other folks, which continually challenges their brains and has a disease-preventing effect. [Source: U.S. News & World Report Angela Haupt article 13 Sep 2011 ++]

Veterans' Court Update 11: The nationally recognized success of Buffalo's Veterans Treatment Court has spurred creation of a new committee to give even more help to veterans struggling with a variety of issues. The New York State Bar Association's new Special Committee on Veterans will "find innovative ways to expand critical legal assistance to veterans statewide," said association President Vincent E. Doyle III. Doyle, a senior partner in the Buffalo law firm Connors & Vilardo, said he has named as co-chairmen of the new panel Michael C. Lancer of Buffalo and Karen R. Hennigan of Brooklyn. They will work with a network of attorneys statewide who are familiar with veterans issues. Veterans and military personnel "should be treated fairly by the legal system, but sadly too many come home from war with myriad problems that seem insurmountable," and many hesitate to seek legal assistance even for military benefits for which their service entitles them, said Doyle. Pointing to the "unique legal needs" of military veterans, Doyle said the goals of the State Bar committee are to expand the availability of civil legal services to

veterans, develop training programs statewide for lawyers on veterans affairs and create a legal resource guide for veterans and attorneys.

Lancer, a partner in the Buffalo firm of Rupp, Baase, Pfalzgraf, Cunningham & Coppola, is a former military attorney who served in the U. S. Army Judge Advocate General's Corps. "When dealing with veterans as a group, we tend to see the same problems over and over again," Lancer told The Buffalo News. "These include drug and alcohol abuse, mental health problems, domestic violence and homelessness, and this tells me we are not doing enough on a societal level." "If we address these issues more proactively, we will see fewer veterans in court," Lancer said. Doyle said Hennigan, an assistant U. S. attorney for the Eastern District of New York, is a major in the U. S. Air Force Reserve. "The legal needs of veterans are not necessarily unique or complex, but the people are, and the military experience may affect how veterans cope and interact with others," Hennigan told The News. Doyle said the new committee is spurred by the success of the Veterans Treatment Court, which was created and has been run since 2008 by Buffalo City Judge Robert T. Russell Jr. Doyle noted that the special court was lauded by U. S. Secretary of Veterans Affairs Eric K. Shinseki last year and had inspired nearly a dozen similar treatment courts nationwide. The president of the 77,000-member legal association said creating the special panel to help veterans with similar issues fits his theme of "Justice for All" being promoted by the State Bar this year. Doyle also credited the Bar Association of Erie County, which set up its own veterans assistance committee a year ago, and said he hopes the State Bar's efforts will "increase public awareness about military culture, substance abuse, post-traumatic stress disorder and traumatic brain injury" problems of vets. [Source: Buffalo News Matt Gryta article 12 Sep 2011 ++]

WWII Vets Update 07: On a good day, Arthur "Ozzie" Osepchook can recap from beginning to end the 14 months he endured as a prisoner of war in World War II. His hands shake a little when he gets ahead of himself and misses some of the details about his 21st mission, when the B-17 "Silver Dollar" in which he was flying was shot down over Berlin. But the tears don't start falling until he remembers being rescued and holding his mother back in the U.S. after she had been told he was missing in action, or when he talks about when fellow prisoners of war were shot and killed while trying to escape the German officers. He gets especially emotional when he thinks of the eight on his 10-member crew who didn't escape the downed B-17, or when he remembers "Plutz," another World War II veteran he reunited with after both of them had been told the other was killed in action. "If I'd made 25 missions I would have gotten a distinguished flying cross, but 75 percent of the crews didn't make it because they were either a POW or they crashed. If the tail didn't come off that Silver Dollar I wouldn't have made it because I was the ball turret gunner at the bottom of the plane. It was only me and the waist gunner—we were the only two to survive," he said. "Thank God I didn't have any broken bones."

Osepchook is among more than 144,000 POWs captured during the nation's wars, according to U.S. military data. More than 81,000 remain missing in action. The third Friday of every September has been observed for decades as a day to recognize both POWs and those who are MIA. Multiple programs have been implemented to help POWs and other servicemen to both mentally and physically recover. According to the U.S. Department of Veterans Affairs, the department has sought a fiscal year 2012 budget that includes nearly \$51 billion for medical care for 6.2 million patients. That budget includes \$6.2 billion for mental health programs, with \$68 million directly for suicide prevention. The department also seeks to reach out to veterans more, according to its website. Methods to change its outreach include implementing specific services for self-help; developing and evaluating demonstration programs that reach out to veterans on college and university campuses; conducting feasibility studies; and developing content for web-based self-help programs. According to the U.S. Department of Defense, more than 400,000 veterans received compensation benefits for post-traumatic stress disorder in 2010. Nearly 70,000 of those veterans – or 19 percent – served in operations Iraqi Freedom and Enduring Freedom, according to the department.

Vietnam War veteran Charles Warren said the stigma behind seeking help in Osepchook's service years or even for Vietnam War veterans may still hinder many veterans from going for assistance. Many of the veterans feared a loss of security clearance or the end of their career if they claimed to have been mentally

impacted by their service, Warren said. "One of the worst things that happened once World War II was over and the drums and bugle stopped is that many of the veterans' lives stopped. They got dumped into civilian surroundings and felt very isolated. They couldn't talk about anything because of the fear and stigma that went with it, so they harbored it all their lives," Warren said. "You will still have older soldiers like Ozzie who won't go for VA services or to the local veterans' organizations because those services were considered a handout, or because they felt they didn't deserve it because they hadn't lost their lives or suffered a physical injury. Those with physical injuries were the ones the veterans felt needed help the most." But Warren said the support of the American people for their soldiers has changed, which also changes morale for those in the military. "Back when we came home you didn't have anybody thanking you or looking forward to your return. Today, you see the American people really rallying around their soldiers. They may not agree with what's going on, but they realize that it's politics, not the troops, responsible for whether or not we go to war. The troops do what they're told," he said.

Osepchok said he was appreciative of the greater focus placed on veterans and for the local efforts – like the Honor Flight for veterans to visit the World War II monument – that were organized by retired Ozark Mayor Bob Bunting and others to show their appreciation. Osepchok said he also has sincere respect for servicemen and women who continue to serve their country. Osepchok takes pride in the advancements of those programs that didn't exist when he returned from war. But he's chosen to simply live with his memories and enjoy the comfort of his family, versus seeking help to cope with any emotional distress he experienced as a result of his service. "When we got rescued, I came home a while, but I eventually went back in (after being discharged from the military) and joined the Air Force. I did a lot of things – I was part of the 509th (Composite) Bomb group that dropped the bombs on Hiroshima. I saved six lives one time too. I just wanted to serve my country any way I could," he said. "I know all of the Armed Forces deserve all the credit. Sometimes we (in the Air Force) stir things up and it takes the Army and the Marines and the Navy to go in. I know it was hell when I was there, but when you see someone else going through a lot worse than I did, it makes you think." Records show that 142,246 Americans were captured and interned during World War I, World War II, the Korean War, the Vietnam War, the Gulf War, the Somalia and Kosovo conflicts, and Operation Iraqi Freedom. [Source: Dothan Eagle Ebony Horton article 18 Sep 2011 ++]



Arthur Osepchok talks about being a prisoner of war during World War II.

Gulf War Syndrome Update 14: Two decades after the Persian Gulf War, some veterans continue to have blood flow abnormalities in their brains that in some cases have even gotten worse, a new study finds. These problems are part of a debilitating disorder known as Gulf War illness. Though somewhat mysterious even today, Gulf War illness is believed to be caused by exposure to neurotoxins and nerve gas. The U.S. Department of Veterans Affairs' scientific advisory committee estimates some 125,000 vets are afflicted by it. Symptoms can include memory and concentration difficulties, fatigue, neuropathic pain, balance problems and depression. Researchers had initially identified the abnormalities in blood flow in the brain's hippocampus -- the region associated with spatial navigation and the formation of long-term memories -- in 35 Gulf War vets in 1998. At the time, the scientists looked at blood flow using a

specialized type of brain scan called single photon emission computed tomography (SPECT). Similar abnormalities in hippocampal blood flow cropped up again 11 years later, according to the study.

The study is published online in the journal Radiology. "We confirmed that abnormal blood flow continued or worsened over the 11-year span since first being diagnosed, which indicates that the damage is ongoing and lasts long term," said the study's principal investigator Dr. Robert W. Haley, chief of epidemiology in the departments of internal medicine and clinical sciences at the University of Texas Southwestern Medical Center in Dallas, in a Radiology Society of North American news release. Researchers noted that their current investigation used an innovative technique known as arterial spin labeled MRI, or ASL, which "picks up brain abnormalities too subtle for regular MRI to detect." The novel technique, they said, better diagnoses and distinguishes between the three main types of Gulf War illness, each of which are characterized by somewhat different symptoms. [Source: HealthDay News | Doctor's Lounge article 13 Sep 2011 ++]

VA Fraud Waste & Abuse Update 41:

- **Wichita KS** - A disbarred Wichita attorney who embezzled about \$319,000 from military veterans was sentenced 19 SEP to 18 months in federal prison and ordered her to pay restitution to the bonding company that covered the losses for the veterans. Under federal sentencing guidelines, she could have faced 30 to 37 months in prison. The judge noted that her thefts spanned more than a decade. Janell Jenkins-Foster and her lawyer asked for probation or home detention, but U.S. District Judge Monti Belot decided that wasn't enough and told the 57-year-old woman, "part of sentencing is punishment." Prosecutors had asked for a prison sentence of 2 ½ years. Jenkins-Foster was appointed curator for 18 veterans and conservator for two estates not managed by the Veterans Administration. Prosecutors allege that over 10 years, she embezzled more than \$318,900 from 11 veterans' accounts. Jenkins-Foster recounted her emotional problems, the loss of her husband and the addiction to antique shopping she developed after his death. She admitted she started stealing money that her law firm began paying her on an hourly basis for her billed hours rather than the higher salary she had been previously drawing. She told the judge she went to a therapist and eventually disclosed what she was doing, and although she "was very much ready for it to stop," she didn't immediately confess to authorities. But in July 2008, when she was told three of her accounts would be selected for a random audit, she knew it was over and sought the help of an attorney to report her crimes, she said. [Source: Associated Press Roxana Hegeman article 19 Sep 2011 ++]
- **Houlton ME** - Joseph Skehan, 57, a 32-year employee of the U.S. Postal Service who was arrested and charged in February after he stole prescription medications that were supposed to be delivered to local residents will spend the next 30 days in jail.. He was sentenced in Aroostook County Superior Court on 21 SEP on charges of theft, unlawful possession of scheduled drugs and stealing drugs. Under a plea agreement, Justice E. Allen Hunter sentenced Skehan to 30 days in jail on the theft charge and fined him \$350. The stealing drugs charge was dismissed and disposition on the possession charge was deferred, which means if Skehan complies with the conditions of his release for one year, he can avoid having that felony charge on his record. If he succeeds, Skehan instead will be allowed in one year to plead guilty to a misdemeanor. The conditions include adhering to regulations regarding the use of alcohol and drugs and refraining from criminal conduct. Skehan originally was charged by the Houlton Police Department with five counts of stealing drugs and two counts of unlawful possession of a schedule W drug. All of the crimes took place while he was employed as a postal worker and the thefts took place at the U.S. post office on Court Street in Houlton. The packages involved were mailed by the Veterans Health

Administration to veterans in the Houlton area. The prescription medications were mailed from Togus or from a facility in Memphis, Tenn. The plea deal resulted from the fact that Skehan had no prior criminal record and immediately went and apologized to his victims after his arrest. [Source: Bangor Daily News Jen Lynds article 21 Sep 2011 ++]

- **Boston MA** - Boston Scientific Corp. (BSX)'s Guidant LLC unit will pay \$9.25 million to settle a whistleblower's claim that the company over-billed the U.S. and private hospitals for heart pacemakers and defibrillators. The U.S. Justice Department said 26 SEP that the accord ends a lawsuit filed against Guidant by a former sales agent, Robert A. Fry, in federal court in Nashville, Tennessee. He will receive more than \$2.3 million from the settlement. Guidant allegedly renegeed on credits owed to the U.S. Department of Veterans Affairs for replacement of units still under warranty and is accused of over-charging hospitals for the devices, causing them to over-bill Medicare, according to an e-mailed statement from the Justice Department. Fry worked for Guidant in Tennessee and Kentucky from 1981 to 1997 according to a revised complaint filed with the court in 2006. His lawsuit was filed under the federal False Claims Act. "Boston Scientific has denied the allegations but is pleased this settlement resolves all claims in the case," Denise Kaigler, a senior vice president and spokeswoman for the Natick, Massachusetts-based company, said in an e-mailed statement. [Source: Bloomberg Andrew Harris article 26 Sep 2011 ++]

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 (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."
- Hearing - TBD (Formerly September 20, 2011). HVAC, Subcommittee on Health will hold a hearing entitled "The Federal Recovery Coordination Program: Assessing Progress Toward Improvement." 4:00 P.M.; 334 Cannon
- Hearing - October 20, 2011. HVAC will hold a full committee hearing, topic to be determined. 10 A.M.; 334 Cannon HOB
- Hearing - November 16, 2011. HVAC will hold a full committee hearing, topic to be determined. 10:00 A.M.; 334 Cannon HOB

Vet Toxic Exposure ~TCE: As early as WWII, United States Air Force and other Military bases used and disposed of chemical degreasers and other toxic substances that were later determined to contaminate drinking water and pose multiple health risks including: Cancers, Reproductive disorders, Birth defects, and Multiple other serious difficulties. Countless military personnel, their families, and private individuals living and working in the near vicinity of the bases may have been affected by these contaminates, through drinking water, general water usage and exposure through vapor seepage. The four

most alarming contaminants are: Trichloroethylene (TCE), Tetrachloroethylene (PCE), Vinyl Chloride, and Benzene. Scientific studies show that some or all of these chemical compounds have breached the ground water supply on several of our US Military Bases and in some instances, have affected civilian properties adjacent to the bases including churches, schools and private wells. Currently, on-going research is being conducted on military bases around the country and on properties directly adjacent to these bases to identify just how wide spread this contamination may be.

Norton Air Force Base (AFB), an inactive military base, encompasses over 2,000 acres of land in San Bernardino County, California. Norton AFB is situated between the San Gabriel Mountains on the northwest and the San Bernardino mountains on the northeast, with the Santa Ana River on its southern boundary. The installation, which opened in 1942, was used as an Army and Army Air Corps supply facility and housed numerous tenant organizations. The base closed in March 1994. The facility was placed on the U.S. Environmental Protection Agency (EPA) National Priorities List (NPL) in 1987 because of contamination detected in the base groundwater and soils. Contaminants of potential concern at this site include trichloroethylene (TCE), tetrachloroethylene (PCE), 1,2-dichloroethylene (DCE), polychlorinated biphenyls (PCBs), various radionuclides, and metals, including arsenic.

Community members have expressed concern about potential health effects associated with site contaminants in groundwater and soils. In response, the Agency for Toxic Substances and Disease Registry (ATSDR) conducted an initial site visit in May 1995. At that time, no immediate public health hazards were identified; however, additional data were needed to fully evaluate groundwater and soil contamination. ATSDR revisited Norton AFB in May 1997 to confirm that no immediate hazards to public health exist and further evaluate community health concerns. ATSDR reviewed and evaluated groundwater data. TCE was detected in groundwater beneath Norton AFB and the nearby vicinity. Routine monitoring of the base drinking water wells, private wells in the area, and the nearby public water wells indicate that the water meets EPA's drinking water standards. In addition, Norton has active groundwater cleanup systems in place to treat the contaminated water. To ensure continued delivery of safe drinking water off site, Norton AFB has agreed to supply off-site drinking water should it become necessary in the future. For these reasons, ATSDR concludes that TCE groundwater contamination from Norton AFB does not pose a threat to public health.

Seemingly elevated radionuclide readings in several public supply wells and documentation of radionuclide usage and storage at Norton AFB led to a comprehensive radionuclide investigation of Norton AFB and the surrounding area. Groundwater and soil investigations were conducted at Norton AFB to identify radionuclides of potential concern and quantify background concentrations on base. No radionuclide constituents were detected in soils at levels that pose a public health hazard. All radionuclides detected in the drinking water wells on base and Riverside drinking water wells were determined to be naturally occurring. Radionuclides in base drinking water wells were not detected at levels above EPA's drinking water standard (except for one sample). Although the city of Riverside drinking water wells located downgradient from Norton AFB have naturally occurring radionuclide levels above the MCL, affected groundwater is blended with water from non-impacted wells to reduce contaminant levels and meet drinking water standards. For these reasons, ATSDR concludes that radiological contaminants detected in soils, Norton AFB drinking water wells, and Riverside drinking water wells downgradient from Norton AFB do not pose an apparent health hazard.

ATSDR also reviewed on-site soil and soil gas data. Twenty-two installation restoration program (IRP) sites and 73 areas of concern (AOCs) were targeted as suspect areas for chemical use and/or waste disposal activities on base. Contaminants in on-site soils were either detected at levels that do not pose a public health hazard; were inaccessible because of their depth below the ground's surface; or located where exposure was infrequent or unlikely. Based on the available data, ATSDR concludes that no public health hazards are associated with exposure to soil or soil gas contamination on base (see Table 1, Public Health Evaluation column). For additional info refer to <http://www.atsdr.cdc.gov/hac/pha/pha.asp?docid=57&pg=0>. [Source: <http://www.militarycontamination.com> Jul 2011 ++]

Saving Money: What do bartenders, babysitters, and prostitutes have in common? Two things: Many of them receive holiday gratuities. Holona Ochs, a political science professor and researcher at Lehigh University in Pennsylvania, studies the topic of tipping, and she takes her work seriously – she interviewed more than 425 tip-earners in 50 careers. She found that tips are generally a weak signal of quality of service. People appear to tip rather for social and emotional reasons. In other words, we tip because we care about how others perceive us.” And that’s why tipping is perhaps the most stressful way we spend small amounts of money. Think about it: Buying a house and a car are stressful because the sums are huge, but when have you ever spent more mental energy deciding how to spend \$5? Answer: When you’re deciding how much to tip the waitress at your local Chili’s. For some guidelines on how much to tip and some simple ideas that can make the process easier refer to the attachment to this Bulletin titled, “**Holiday Tipping**”. [Source: Money Talks Brandon Ballenger 7 Jul 2011 ++]

Notes of Interest:

- **Gun Safety.** A federal judge has issued a preliminary injunction that blocks implementation of a Florida law H.B. 155 that would interfere with the ability of doctors to educate patients about gun safety.
- **Ambulance chasers.** The U.S. Court of Appeals has upheld a Texas law (H.B. 148) that makes it a crime for lawyers or health professionals to solicit automobile crash victims within the first 30 days of an accident.
- **Crime Stats.** Violent crime dropped 6 percent last year, the fourth consecutive annual decline, the FBI reported today. (Robbery fell 10 percent, rape dropped 5 percent, and murder, non-negligent manslaughter and aggravated assault fell more than 4 percent each.) Property crime was down for the eighth straight year, falling 2.7 percent. But the grand totals for 2010 were still staggering-sounding: 1.2 million violent crimes and 9 million property crimes.
- **GI Bill.** Effective October 1, 2011, the Post-9/11 GI Bill pays a housing stipend to students enrolled solely in online classes. The stipend is half the national average of BAH for an E-5 with dependents – \$673.50 per month for 2011.
- **New Form.** Revised SF 2802, Application for Refund of Retirement Deductions, is available at www.opm.gov/forms/html/sf.asp. The only acceptable version of this Application for Refund of Retirement Deductions (CSRS) is dated June 2011.
- **Government Funding:** The clock is ticking for lawmakers to pass legislation that will keep the government running beyond 30 SEP. Congress failed to pass any of the required 12 annual funding bills making the action necessary before the start of the new fiscal year that begins 1 OCT.
- **TYA.** The opportunity to purchase retroactive TRICARE Young Adult (TYA) coverage expired on 30 SEP. Retroactive TYA provided coverage for young adults back to 1 JAN, or the day they became eligible if that was after 1 JAN.
- **DFAS RAS.** Beginning with your 1 NOV payment, you'll get a new Retiree Account Statement (RAS) on myPay every month!
- **\$16 Muffin.** An audit by the Justice Department this week revealed the government “spent \$4,200 on 250 muffins and \$2,880 on 300 cookies and brownies” for a legal training conference.
- **Pork.** The FDA has revised its cooking temperature recommendation for pork. It is now 145 degrees Fahrenheit vice 160 degrees internal temperature for tenderloins, chop, and roasts which gives a juicier and pinker cut of meat. Ground pork like all ground meat should be cooked at 160 degree.

- **We the People.** The White House has instituted a new petition process called "We the People." For any petition submitted, if 5000 signatures are received in 30 days, the White House staff has promised to review the issue for action. For a step-by-step walkthrough on how to initiate or sign a petition refer to <https://www.whitehouse.gov/petitions>
- **VAMC.** Twenty VA medical centers from across the nation were recognized by The Joint Commission as Top Performers on Key Quality Measures for 2010. The Joint Commission is an organization responsible for the accreditation and certifying of health care systems within the United States.
- **Disability Employment.** October is National Disability Employment Awareness Month. This is a national campaign that raises awareness about disability employment issues and celebrates the many and varied contributions of America's workers with disabilities.
- **Free Canes.** Hugo Salutes Our Veterans, a national program, will distribute 36,000 Hugo Folding Canes free of charge to veterans in need of mobility assistance to honor them for their selfless contributions to our country. The program will run Nov. 9, 10 and 11, 2011 at all Sam's Club locations while supplies last. Sam's Club Membership is not required. Proof of U.S. military service may be required to be eligible. For more information about the program, refer to <http://www.HugoSalutes.com>.

[Source: Various 16-30 Sep 2011 ++]

Medicare Fraud Update 76:



- **Atlanta GA** - Matthew Paul Brown, 30, has pleaded guilty in federal court in Atlanta to charges of health care fraud and wrongful disclosure of individually identifiable health information. Prosecutors say he carried out a health care fraud scheme in the Atlanta and Nashville, Tenn. areas from 2009 until April of this year. They say Brown approached physicians and persuaded them to bill Medicare, Medicaid, and private health insurers for allergy-related care provided by him. Prosecutors say the physicians agreed to pay Brown between 50 and 85 percent of a total of approximately \$1.2 million they received from the health care benefit programs. They say Brown has never been licensed in Georgia as a physician, physician assistant, nurse practitioner or clinical nurse specialist. Sentencing is scheduled for November 22.
- **Philadelphia PA** - The owner of a Philadelphia medical equipment company has been sentenced to 66 months in prison for paying kickbacks to medical workers in return for patient information used to submit bogus Medicare claims. Robert Saul, 38, was sentenced 13 SEP by a federal judge in the scheme that involved at least \$845,000 in fraudulent claims made by R&V Medical

Supplies for equipment like wheelchairs and braces. He pleaded guilty in June to charges including health care fraud and conspiracy.

Prosecutors say Saul not only made payments in return for patient information, he also ordered additional equipment for patients using faked documents, some of which included forged physician signatures. Five of Saul's co-defendants, including his wife Sheila, have pleaded guilty and await sentencing.

- **Newark NJ** - A Maryland-based home health services company has agreed pay a record \$150 million in civil and criminal damages to settle charges that it engaged in a nationwide scheme to defraud Medicaid and other federal programs, according to federal prosecutors. Maxim Healthcare Services is a leading provider of home health services throughout the United States, and bills federal health care programs for care it provides to patients. The criminal complaint in the case accuses Maxim of submitting more than \$61 million in fraudulent billings over a six-year period to Medicaid and the Veterans Administration for services it either did not perform, or that were not reimbursable under the programs' guidelines. The case came to the attention of authorities when Richard West, a Medicaid beneficiary in New Jersey, called the Department of Health and Human Services to complain about billing irregularities in his Medicaid statements. That one phone call helped launch the government's investigation and led to a whistleblower's complaint later filed by West, O'Donnell said. According to the settlement arrangements released by the U.S. attorney's office, Maxim has entered into a "deferred Prosecution agreement" that allows the company to avoid a health care fraud conviction if the company takes a series of steps within the next two years to reform its corporate practices and strengthen compliance monitoring. In addition, Maxim will pay out approximately \$70 million in civil damages to the federal government and another \$60 million in civil penalties that will be divided between 42 states. Maxim will also pay a \$20 million criminal penalty.

- **Las Cruces NM** - Khoren Gasparian, 28, has admitted to submitting \$270,000 in phony Medicare claims in a nationwide fraud scheme that the owner of a Brunswick medical supply business orchestrated. He pleaded guilty 16 SEP to federal conspiracy and health care fraud charges in U.S. District Court in Albuquerque in a plea bargain. Gasparian admitted working with Arthur Manasarian, 49, who owned nine businesses in Brunswick, Savannah, New Mexico and California. Manasarian's now-defunct Brunswick Medical Supply Inc. occupied a storefront on Gloucester Street a few blocks from the federal courthouse in Brunswick where Manasarian and co-defendant, Sahak Tumanyan, 44, both of Los Angeles, made similar plea bargains last month. Interpol is seeking fugitive Gegham Sargsyan, 57, who was also indicted in the scheme in which the identities of numerous doctors and Medicare patients living and dead were stolen. Gasparian admitted he created a fictitious company, Healthy Steps, in Las Cruces in APR 09 and continuing through NOV 2009. Identifying himself as its chief financial officer, Gasparian opened a bank account for the phony business and rented a mail box for it. Medicare paid \$270,460 in phony claims to its contractor, Trailblazers Health Enterprises LLC, which in turn forwarded the money to Healthy Steps. In exchange for Gasparian's plea to conspiracy and health care fraud and his continuing assistance, the government will dismiss the other charges. Gasparian faces up to 20 years in prison and up to a \$250,000 fine. Manasarian pleaded guilty 4 AUG to single counts of conspiracy to commit health care fraud and aggravated identity theft. He faces up to 12 years in prison and \$500,000 in fines. Tumanyan pleaded guilty 16 AUG to money laundering conspiracy, which is punishable by up to 20 years in prison and a \$500,000 fine. His plea spared his wife, Hasmik, from prosecution on the same charge, but she faces deportation to her native Armenia. In Albuquerque six people led by Rita Petroysan, 55, an Armenian national, are charged in connection with a bogus supplier of medical equipment called Rio Bravo Medical Supply at 1515

Eubank Blvd. NE. The company submitted \$1.3 million in Medicare claims and was paid \$578,000, according to the indictment. Also charged in the Albuquerque case are Igor Ostronin, 22, a Ukrainian national, Sergei Ivanov, 25, a Russian national, Artur Nabiyeu, 23, a Kazakh national, and Russian nationals Sergei Ivanov, 25, Yvgeny Grinev, 24, and Tatiana Bolshakova, 22.



Rita Petroysan and Khoren Gasparian

- **New Orleans LA** - Dr. Anthony Stephen Jase has been charged with conspiring to fraudulently bill Medicare for power wheelchairs and orthotic equipment for patients he never treated. A court filing 14 SEP charges him with one count of conspiracy to commit health care fraud. Federal prosecutors say Medicare paid more than \$280,000 to a medical equipment supplier based on falsified documents provided by the 41-year-old doctor. Jase faces a maximum of 10 years in prison and a \$250,000 fine if he's convicted of the charge. Jase was indicted last year in a Baton Rouge federal court on separate charges stemming from an alleged \$1 million plot to defraud the Medicare program by submitting fraudulent claims for durable medical equipment.
- **Miami FL** - A Miami businessman was sentenced to 50 years in prison on 16 SEP for masterminding a healthcare fraud scheme that sought to bilk the U.S. government out of more than \$200 million. Lawrence Duran, 49, the owner of Miami-based American Therapeutic Corp, was arrested last October on charges that he executed what prosecutors described in court documents as "one of the largest and most brazen healthcare fraud conspiracies in recent memory." His prison sentence was believed to be the harshest ever for defrauding Medicare. He also was ordered to pay \$87.5 million in restitution. American Therapeutic was one of the nation's largest chains of community mental health centers licensed by Medicare. Prosecutors said the company, operating out of the southeastern city widely viewed by law enforcement officials as the healthcare fraud capital of the United States, billed Medicare for more than \$205 million in claims over eight years for mental health services that were either unnecessary or never provided to patients.
- **Milwaukee WI** - The founder of a company that sells special shoes and inserts for diabetics was sentenced 16 SEP to a year and a day in federal prison for mail fraud related to improper Medicare reimbursements in 2006. Rickey Kanter, 62, the former owner and CEO of Dr. Comfort, was also fined \$50,000. Kanter had agreed in April to plead guilty and pay a \$27 million civil fine. Kanter founded Dr. Comfort in 2002 after Congress agreed to let Medicare reimburse some diabetics for therapeutic footwear. Dr. Comfort began selling diabetic shoe inserts that did not conform to

Medicare requirements, even though they were sold to Medicare beneficiaries and the company was reimbursed with Medicare money. Even after he was warned in 2006, Kanter continued to sell the noncomplying inserts. As part of his plea deal, Kanter cannot participate in any federal health care programs for 15 years. Two former employees who blew the whistle on the scheme shared \$4.8 million from the civil recovery under the False Claims Act. In March, Dr. Comfort announced it was being acquired by a California company, DJO Global Inc., for \$254.6 million in cash. Kanter has already launched another footwear company, and was traveling to Taiwan over the summer to meet with designers and manufacturers, according to court records. Kanter, who had no prior criminal record, has reimbursed Medicare for the \$27 million.



Lawrence S. Duran

- **Charleston WV** - Three men indicted last June for allegedly operating a Charleston-based health care fraud scheme to extract millions in false Medicare claims now face an additional charge. Sargis Tadevosyan, a native of Armenia, pleaded not guilty to a charge of aggravated identity theft charge 15 SEP. Tadevosyan, along with Igor Shevchuk and Arsen Bedzhanyan, stole the names and Social Security numbers of several people and used the identities as a front for false Medicaid claims, federal prosecutors allege. The three already faced charges of conspiracy to commit health care fraud. The new indictment alleges that Tadevosyan used the identity of a man named Klim Baykov to make bank transactions. All three suspects in the fraud scheme reportedly stole the identities of several other people not listed in the indictment. Federal authorities arrested Tadevosyan, Shevchuk and Bedzhanyan on May 6, after staking out a South Charleston bank where the three men were scheduled to make a change to an account for KB Support Group Inc. The investigators identified the men, who used fake names during the meeting with the bank workers, and later followed them to Lester Raines Honda, where they were arrested. During his arraignment, after expressing concerns through an interpreter that he might be connected to the "Russian mafia," Tadevosyan requested an interpreter who could speak his native Armenian dialect.
- **Miami FL** - Marianella Valera will spend the next 35 years in prison for taking part in a more than \$200 million Medicare fraud scam that targeted mental health centers. Prosecutors said she manipulated records in order to keep patients at a facility longer. That, in turn, would allow for higher Medicare bills. Valera and Lawrence Duran owned the American Therapeutic Corporation, which was the nation's largest community mental health care chain. The company paid owners of assisted living facilities and halfway houses to bring patients in for therapy sessions that were never held. In some cases, authorities said elderly patients were left in rooms for hours and

weren't cognizant of where they were or what was happening. Duran was sentenced to 50 years in prison 16 SEP.

- **Lakeland FL** - The former president and administrator of a physical therapy company in Lakeland was sentenced to 24 months in prison for his role in a scheme to defraud Medicare. Adrian Chalarca pleaded guilty to one count of conspiracy to commit health care fraud on 10 JUN in U.S. District Court for the Middle District of Florida. Chalarca and co-conspirators purchased Dynamic Therapy Inc. and transformed it into a fraudulent enterprise, a press statement from the U.S. Attorney for the Middle District of Florida said. The statement cited court documents that said Chalarca submitted and caused the submission of \$757,654 in bogus claims by Dynamic Therapy to the Medicare program. Chalarca also was sentenced to serve three years of supervised release following his prison term and ordered to pay \$82,765 in restitution, jointly and severally with his co-defendants.
- **Miami FL** - Ten Miami-area residents pleaded guilty today and yesterday in U.S. District Court in Miami for their participation in a \$25 million home health Medicare fraud scheme, announced the Department of Justice, the Department of Health and Human Services (HHS) and the FBI. Each defendant pleaded guilty before U.S. District Judge Joan A. Lenard to one count of conspiracy to commit health care fraud. According to plea documents, the defendants included an administrator, nurses, and patient recruiters for two related Miami home health care agencies, ABC Home Health Inc. and Florida Home Health Providers Inc. ABC and Florida Home Health purported to provide home health and therapy services to Medicare beneficiaries. However, according to court documents, the agencies only existed to defraud Medicare. The 10 defendants each admitted that between JAN 06 and MAR 09 they participated in a fraud scheme to bill the Medicare program for expensive physical therapy and home health care services that were prescribed by doctors but were medically unnecessary and never provided.
- **Tennessee** - Hill-Rom Company, Inc , one of the country's largest national suppliers of medical equipment, has agreed to pay \$41.8 million to settle accusations they bilked Medicare. This is the largest civil fraud recovery ever by the U.S. Attorney's Office for the Eastern District of Tennessee. Two whistle-blowers claimed that the company knowingly submitted numerous and repeated false claims to the Medicare program for certain specialized medical equipment - bed support surfaces for treatment of pressure ulcers or bed sores - for patients who did not qualify for this equipment. An investigation revealed that between 1999 and 2007, Hill-Rom submitted these false claims for patients for whom the equipment was not medically necessary, including claims for patients who had died or were no longer using the equipment. Hill-Rom had a practice of automatically billing for patients over long periods of time without making any reasonable effort to determine if the patients continued to meet Medicare conditions for payment. The whistleblowers, both trained nurses who served as sales representatives for Hill-Rom, are to receive jointly over \$8 million from the proceeds of the settlement for their role in filing the qui tam complaint and actively assisting with the investigation. As part of the settlement Hill-Rom did not admit liability.
- **Northbrook IL** - Gary Winner, 49, is accused of purchasing \$26 penis enlargers from an adult website, repackaging them and shipping them to patients with information claiming the devices helped bladder control, urinary flow and prostate comfort. He then charged Medicare \$284 each, claiming the pumps treated erectile dysfunction. He plans to plead guilty in Rhode Island to charges of Medicare fraud and agreed to forfeit \$2 million that he collected in the fraud, which began in 2005. In the plea agreement signed 27 SEP Winner has agreed to plead guilty to five charges including health care fraud, the introduction of an adulterated and misbranded medical device into interstate commerce and money laundering. Winner targeted Medicare beneficiaries through his medical equipment company, Planned Eldercare, based in Buffalo Grove, Ill., and

persuaded patients to provide their Medicare information by offering free medical equipment and supplies. The plot targeted arthritis and diabetes patients through telemarketing. For male diabetes patients, Winner told his staff to say an erectile pump would help with prostate problems and blood circulation. Winner is also charged with waiving copayments for Medicare patients, which the program prohibits. By doing this, Winner induced beneficiaries to accept products they had not ordered and not report the fraudulent billing to Medicare. Winner faces up to 33 years in prison and \$760,000 in fines.

[Source: Fraud News Daily 16-30 Sep 2011 ++]

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Medicad Fraud Update 48:

- **Tickerton NJ** - A wheelchair-bound Vietnam veteran with muscular dystrophy is enjoying his \$15 million whistleblower reward after he uncovered a multimillion dollar medical aid fraud. Richard West, 63, first found his Medicaid benefits were wrongly maxed out in 2004 during a visit to the dentist and spent the past seven years investigating the scam. Following the dentist visit, West returned home and examined his own records, when he found Maxim Healthcare -- the agency that provides his health aides -- had billed the government for care he never got, including visits from nurses he never met. After spending months trying to get government officials to investigate the scam, he hired a lawyer and filed a federal lawsuit. His efforts resulted in the largest financial settlement in home healthcare fraud history. West said, "From my wheelchair, on a ventilator and oxygen, I have spent the last seven years in this fight. Sometimes, the good guy wins." "The more I uncovered, the more pissed off I got that someone was making money on my disability. It's people like me that will keep these big companies honest," he added. Maxim -- which has 300 offices in 40 states across the US -- was found to have made \$61 million from phony reimbursements. The company agreed to pay \$121.5 million in reimbursements and penalties for the fake Medicaid claims and \$8.4 million to the Veterans Administration. It was also fined \$20 million. West received \$15 million for his efforts, as under federal law he was entitled to a percentage of the cash the company was ordered to pay back. He said he will spend his new millions on a new van, home improvements and donations to charities for the disabled.
- **Brookline MA** - Dr. Punyamurtula Kishore doctor pleaded not guilty to charges that he ran a large-scale criminal kickback scheme defrauding the Medicaid program. He was ordered held in lieu of \$150,000 cash bail after a hearing in Malden District Court. He was also ordered to surrender his passport. A pretrial hearing was slated for 12 OCT. Kishore, who primarily treated addiction problems, bribed sober houses into sending business his way, prosecutors said. Assistant Attorney General Nancy Maroney said the current charges against Kishore were just the tip of the iceberg. She said authorities had been investigating him since 2009. Kishore was arrested 20 SEP at his home. Prosecutors said they moved to arrest Kishore, a native of India who has been in America since 1977, because he had recently been closing offices and laying off workers from his business, Preventive Medicine Associates, which, at one point, had 30 locations across the state. Kishore received his medical degree in India, but he also has a degree from the Harvard.
- **San Angelo TX** - Dr. James Crow 67, was sentenced 21 SEP to nearly six years in prison over a \$1.6 million Medicaid fraud scam. Prosecutors say the dentist must repay Texas Medicaid and forfeit cash, a truck, several motorcycles, a boat, a residence and additional real estate in Brown County. A jury in May convicted Crow of two counts of making false statements involving a health care matter and 15 counts of health care fraud since 2004. U.S. District Judge Sam

Cummings also determined that Crow committed perjury at his trial. Investigators say the case involved Medicaid claims for services not performed or submission of documents for procedures not covered.

- **New Jersey** - Texas has recovered \$11.3 million for the State's general revenue fund. In JUL 08 Watson/Schein Pharmaceuticals Inc. of New Jersey was charged with defrauding the Medicaid program by improperly reporting drug prices. Because the defendants provided inaccurate prices for certain generic drugs, the Medicaid program over-reimbursed pharmacies for the products. Under state and federal law, drug manufacturers must file reports with the Medicaid program that disclose the prices they charge pharmacies, wholesalers and distributors for their products. The Texas Medicaid program uses manufacturer-supplied pricing information to estimate the amount Medicaid pharmacy providers should pay to acquire the drug manufacturers' products. Pharmacies bill the state-run, taxpayer-funded program for the cost of prescription drugs, plus dispensing fees. Medicaid reimburses pharmacies based on the manufacturer-reported pricing information. When manufacturers improperly report market prices for their drugs, Medicaid reimburses pharmacies at vastly inflated rates. The difference between the reimbursement amount and the actual market price is referred to as the "spread." The Attorney General's enforcement action charged the defendant drug companies with using their illegally created spreads – which date back to the early 1990s – to unlawfully induce pharmacies and other providers to purchase the defendants' products. Under an agreement, Watson Pharmaceuticals must pay \$79 million to resolve enforcement actions filed by the State of Texas and the federal government. Because Medicaid is jointly funded by the State and the federal government, the federal government is entitled to a share of the total monetary settlement. Ven-a-Care of the Florida Keys Inc., an industry whistleblower, uncovered the defendants' fraudulent conduct. Since 2003 settlements in the Ven-a-Care drug-pricing cases have recovered more than \$350 million for fraud against the Texas Medicaid program.

[Source: **Fraud News Daily 16-30 Sep 2011 ++**]

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State Veteran's Benefits: The state of New York provides several benefits to veterans as indicated below. To obtain information on these refer to the "**Veteran State Benefits OH**" 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
- Education Benefits
- Other State Veteran Benefits

[Source: <http://www.military.com/benefits/content/veteran-state-benefits/ohio-state-veterans-benefits.html> Sep 2011 ++]

Military History: World War II was a devastating conflict, especially for Europe. German forces managed to overrun and occupy most of the continent. And destruction followed wherever they went. The Allied plan to retake Europe required massive manpower and exquisite timing. And it all hinged on establishing a beachhead on the Normandy coast. This first phase was codenamed Operation Overlord. June 6, 1944, was the launch date for Operation Overlord, or D-Day. It marked a major turning point in the war. Although successful, it cost thousands of lives. Operation Overlord was a much bigger undertaking than most people realize. It required cunning, deception, and amazing logistical organization. Learn more

about everything that went into D-Day on this great Web Site. The landings were conducted in two phases: an airborne assault landing of 24,000 British, American, Canadian and Free French airborne troops shortly after midnight, and an amphibious landing of Allied infantry and armored divisions on the coast of France starting at 6:30 AM. There were also decoy operations under the codenames Operation Glimmer and Operation Taxable to distract the German forces from the real landing areas. To read more about the composition of the invading and defending forces plus the various phases of the invasion refer to this Bulletin's "**Operation Overlord**" attachment. [Source: Wikipedia, the free encyclopedia Sep 2011 ++]

Military History Anniversaries: Significant 1-14 October events in U.S. Military History are:

- Oct 01 1951 - 24th Infantry Regiment, last all-black military unit, deactivated
- Oct 01 1957 - Cold War: B-52 bombers begin full-time flying alert in case of USSR attack.
- Oct 01 1992 - U.S. aircraft carrier Saratoga cripples Turkish destroyer TCG Muavenet (DM-357) causing 27 deaths and injuries by negligently launched missiles.
- Oct 02 1835 - The Texas Revolution begins with the Battle of Gonzales: Mexican soldiers attempt to disarm the people of Gonzales, Texas, but encounter stiff resistance from a hastily assembled militia.
- Oct 02 1864 - American Civil War: Battle of Saltville - Union forces attack Saltville, Virginia, but are defeated by Confederate troops.
- Oct 02 1944 - WWII: Battle of Aachen Germany begins. Fighting for the city took place between 13–21 October.
- Oct 03 1940 - U.S. Army forms airborne (parachute) troops.
- Oct 03 1993 - Somalia Intervention: Battle of Bakhara Market, Mogadishu, Somalia
- Oct 05 1813 - War of 1812: U.S. victory at the Battle of the Thames in Ontario broke Britain's Indian allies with the death of Shawnee Chief Tecumseh and made the Detroit frontier safe.
- Oct 05 1965 - Korea: U.S. forces in Saigon receive permission to use tear gas
- Oct 05 1966 - Vietnam: Hanoi insists the United States must end its bombings before peace talks can begin.
- Oct 05 2001 - GWOT: Operation Enduring Freedom began in Afghanistan.
- Oct 06 1971 - Vietnam: Operation Jefferson Glenn ends. The last major operation in which US ground forces participated.
- Oct 07 1777 - American Revolution: Americans beat Brits in 2nd Battle of Saratoga aka. Battle of Bemis Hts.
- Oct 07 1864 - Civil War: Battle of Darbytown Road: Confederate forces' attempt to regain ground that had been lost around Richmond is thwarted.
- Oct 07 1864 - Civil War: U.S.S. Wachusett captures the C.S.S. Florida Confederate raider ship while in port in Bahia, Brazil.
- Oct 07 1940 - WW II: the McCollum memo proposes bringing the United States into the war in Europe by provoking the Japanese to attack the United States.
- Oct 07 2001 - GWOT: The U.S. invasion of Afghanistan starts with an air assault and covert operations on the ground.
- Oct 08 1918 - WW I: In the Argonne Forest in France, U.S. Corporal Alvin C. York leads an attack that kills 25 German soldiers and captures 132.
- Oct 08 1950 - Korea: Chinese Communist Forces begin to infiltrate the North Korean Army.
- Oct 08 1862 - Civil War: The Union is victorious at the Battle of Perryville, the largest Civil War combat to take place in Kentucky.

- Oct 08 1968 - Vietnam: U.S. forces in launch Operation Sealord, an attack on North Vietnamese supply lines and base areas in the Mekong Delta.
- Oct 09 1950 - Korea: The invasion of North Korea begins when U.N. forces led by the 1st Cav Div cross the 38th parallel and begin attacking northward towards the capital of Pyongyang.
- Oct 10 1812 - War of 1812: In a naval engagement on Lake Erie, American forces capture two British ships: HMS Detroit and HMS Caledonia.
- Oct 10 1845 - The U.S. Naval Academy is founded at Annapolis MD.
- Oct 10 1861 - Civil War: Battle of Santa Rosa Island - Union troops repel a Confederate attempt to capture Fort Pickens.
- Oct 10 1864 - Civil War: Battle of Tom's Brook - Union cavalrymen in the Shenandoah Valley defeat Confederate forces at Tom's Brook, Virginia.
- Oct 10 1941 - WWII: German U-boat torpedoes U.S. destroyer Kearney.
- Oct 10 1944 - WWII: U.S. takes Okinawa
- Oct 10 1966 - Vietnam: U.S. Forces launch Operation Robin in Hoa Province south of Saigon to provide road security between villages.
- Oct 11 1776 - American Revolution: Benedict Arnold's Lake Champlain fleet defeated by the British.
- Oct 12 1861 - Civil War: Confederate ironclad Manassas attacks Union's Richmond.
- Oct 12 1942 - WWII: In the Battle of Cape Esperance near the Solomon Islands (Guadalcanal) U.S. cruisers and destroyers decisively defeat a Japanese task force in a night surface encounter.
- Oct 12 1943 - WWII: The U.S. Fifth Army begins an assault crossing of the Volturno River in Italy.
- Oct 12 2000 - Bombing of the USS Cole killing 17 crew members and wounding at least 39 by Al-Qaeda terrorists.
- Oct 13 1775 - American Revolution: The US Navy was established when the Continental Congress authorizes construction of two warships.
- Oct 13 1812 - War of 1812: At the Battle of Queenston Heights a Canadian and British army defeats the Americans who have tried to invade Canada.
- Oct 13 1942 - WWII: In the first of four attacks two Japanese battleships sail down the slot and shell Henderson field on Guadalcanal in an unsuccessful effort to destroy the American Cactus Air Force.
- Oct 14 1773 - American Revolution: The United Kingdom's East India Company tea ships' cargo are burned at Annapolis, Maryland.
- Oct 14 1863 - Civil War: Battle of Bristoe Station - Confederate General Robert E. Lee forces fail to drive the Union Army out of Virginia.
- Oct 14 1943 - WWII: U.S. 8th Air Force loses 60 B-17 Flying Fortresses during an assault on Schweinfurt.
- Oct 14 1952 - Korea: Battle of Hill 598 (Sniper Ridge).
- Oct 14 1962 - Cuban Missile Crisis begins: A U-2 flight over Cuba takes photos of Soviet nuclear weapons being installed.

[Source: Various Sep 2011 ++]

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Military Trivia Update 36: See if you can answer the following related to WWII:

1. On 1 November 1942, while serving as a leader of a machine gun squad on Guadalcanal, Cpl Anthony J. Casamento's US Marines came under heavy enemy fire near the Matanikau River. During the ensuing

battle, all members of the unit were either killed or severely wounded. Despite his own multiple wounds, Cpl Casamento continued to provide supporting fire and heroically held the enemy at bay, thereby protecting the flanks of adjoining companies until he was physically unable to continue. As a result, the president of the United States presented him with the Medal of Honor on which of the following dates?

December 25, 1942 - November 1, 1947 - September 9, 1945 - September 1, 1980

2. During the war, the dashing British actor, David Niven, served as an officer and rose to the rank of Lt. Colonel. Which of the following served as his batman (enlisted orderly)?

Michael Caine - Peter Ustinov - Alec Guinness - Trevor Howard

3. Adolf Hitler had two personal railroad trains. One was named Brandenburg. What was the name of the other one?

Amerika - Bismarck - Hindenburg - Ludendorff

4. Simon Christopher Joseph Fraser, the 15th Lord Lovat, was known during the war as which of the following?

- a) An outspoken critic of the war as he thought Great Britain should align itself with Germany.
- b) The infamous Lord Haw-Haw who made propaganda radio broadcasts for Germany.
- c) The only member of parliament to vote against declaring war on Germany in September, 1939.
- d) A daring Commando officer who won numerous awards for valor.

5. Anderson Shelter was which of the following?

- a) An America fighter ace serving with the Eagle Squadron before the US entered the war.
- b) A British general captured by the Germans in North Africa.
- c) A British air raid shelter named after Sir John Anderson.
- d) A spy for Germany who was tried and hanged after being caught giving secrets to a British double agent.

6. Bella Russa was which of the following?

- a) A female spy for Germany who was tried and hanged after being caught giving secrets to a Soviet double agent.
- b) A Soviet ship that was accidentally sunk by an American submarine in May, 1943.
- c) A female officer in the Soviet Army who rose to the rank of full colonel.
- d) A female Soviet fighter ace who scored 73 kills.

7. It is common knowledge that many lives were lost during the First World War as the result of mustard gas use. What is not commonly known is that it took many lives during World War II in one incident. How did this occur?

- a) When the German Luftwaffe blew up an American supply ship which had the gas on board at Bari, Italy in December, 1943.
- b) When the German Luftwaffe dropped gas bombs on Stalingrad in January, 1943.
- c) When the Japanese used it against American marines in a last-ditch defense of Okinawa in April, 1945.
- d) When the Germans fired it in artillery shells at Warsaw, Poland, in September, 1939.

8. What was Allied "V-2"?

- a) A nickname given by the press to U.S.O. singer Dinah Shore.
- b) A long-range rocket under development by the Germans for use against Washington, D.C.
- c) A rocket jointly developed by the British and Americans that was never used as the war ended.

- d) A code name for Princess Elizabeth of England.
9. What was the Alliance of Animals?
- A clandestine organization in France that gathered information about German forces prior to the Normandy invasion.
 - The official Anglo-American intelligence bureau codename assigned to Hitler, Mussolini and Tojo.
 - The nickname President Roosevelt and Prime Minister Churchill gave to Hitler, Mussolini and Tojo.
 - The codename given to a pack of rabid dogs released by Soviet forces in Berlin in May, 1945.
10. What connection, if any, did American cosmetic manufacturer Elizabeth Arden have with World War II?
- She donated all of the profits of her company for the year of 1944 to the war effort.
 - She produced black face cream for use as camouflage for night missions.
 - She personally paid for the construction of a B-29 bomber which then nicknamed for her.
 - No connection that I know of.

Answers

- September 1, 1980.** In 1964, it was learned that two eyewitnesses to Cpl Casamento's heroism were still alive. That set in motion a chain of events that would ultimately result in his receiving the Medal of Honor from President Carter in 1980.
- Peter Ustinov.** Peter's father (Baron von Ustinov) served as a lieutenant in the German Air Force in WWI.
- Amerika.** It was named this before the US entered the war.
- A daring Commando officer who won numerous awards for valor.** He was played by Peter Lawford in the film, The Longest Day. Bill Millin, the piper who accompanies Lord Lovat to Normandy with his bagpipes, played himself in the film and he used the same set of bagpipes he played on D-Day.
- A British air raid shelter named after Sir John Anderson.** Sir John was in charge of British home security. These simple shelters were distributed free to lower income British households and for a nominal fee to others. Distribution actually began in 1938, before Britain was at war. After the war they had to be returned to the government or purchased.
- A Soviet ship that was accidentally sunk by an American submarine in May, 1943.** The captain of the submarine thought it was the Florida Maru, a Japanese ship.
- When the German Luftwaffe blew up an American supply ship which had the gas on board at Bari, Italy in December, 1943.** The US had it there for defensive purposes as it had intelligence that the Germans intended to use it in Italy. This was kept such a secret that the local population was not notified of what was affecting them and this caused the loss of many lives that could have been saved.
- A nickname given by the press to U.S.O. singer Dinah Shore.** Dinah - whose name was actually Frances Rose Shore - was a major US singing star during the war years. She later began starring in films. She had her own TV show for many years beginning in 1951.
- A clandestine organization in France that gathered information about German forces prior to the Normandy invasion.** They were called this as their individual code names were animal names. They communicated with London via radio and carrier pigeons.
- She produced black face cream for use as camouflage for night missions.** Her real name was Florence Nightingale Graham. She died in 1966 but the cosmetics company bearing her name continues to trade today and is listed on the NASDAQ (RDEN). The current 'face' of Elizabeth Arden is Catherine Zeta Jones.

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

Tax Burden for Georgia 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 Georgia:

Sales Taxes

State Sales Tax: 4% (food, prescription drugs exempt), local taxes may add an additional 3%.

Gasoline Tax: 20.9 cents/gallon

Diesel Fuel Tax: 20.6 cents/gallon

Cigarette Tax: 37 cents/pack of 20

Personal Income Taxes

Tax Rate Range: Low - 1.0%; High - 6%

Income Brackets: Six. Lowest - \$750; Highest - \$7,000

Personal Exemptions: Single - \$2,700; Married - \$5,400; Dependents - \$3,000

Standard Deduction: Single - \$2,300; Married filing joint return - \$3,000; Taxpayer over 65 - \$1,300 additional.

Medical/Dental Deduction: Same as Federal taxes

Federal Income Tax Deduction: None

Retirement Income Taxes: Social Security is exempt. Taxpayers who are 62 years of age or older, or permanently and totally disabled regardless of age, may be eligible for a retirement income adjustment on their Georgia tax return. Retirement income includes income from pensions and annuities, interest income, dividend income, net income from rental property, capital gains income, and income from royalties. For married couples filing joint returns with both members receiving retirement income, the maximum adjustment for the applicable year may be up to twice the individual exclusion amount. Retirement income exceeding the maximum adjustable amount will be taxed at the normal rate. The retirement income exclusion for the tax year is \$40,000. For more income tax information, refer to

https://etax.dor.ga.gov/IndTax_TSD.aspx.

Retired Military Pay: Same as above.

Military Disability Retired Pay: Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.

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

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

Property Taxes

A homeowner may pay a combination of county, city, school or state taxes depending on location.

Property tax relief measures are included in the state's comprehensive property tax credit law that can be viewed on their web site. Homeowners 62 and older who earn \$10,000 or less, will find that up to \$10,000 of their property's assessed value is exempt from school taxes. Persons 62 or older whose family income does not exceed \$30,000 may qualify for an exemption from state and county property taxes equal to the amount by which the assessed value of the homestead exceeds the assessed value for the preceding tax year. For those 65 and older who earn \$10,000 or less, \$4,000 of their property's value is exempt from state and county taxes as well. Call 404-968-0778 for details. To view additional information about property taxes, refer to https://etax.dor.ga.gov/IndTax_PropTax.aspx.

The state offers homestead exemptions to persons that own and occupy their home as a primary residence. Many counties offer homestead exemptions that are more beneficial to the taxpayer than the exemptions offered by the state. Homestead exemptions are filed with the county tax commissioner or the county tax

assessor's office. The homestead exemption is deducted from the assessed value (40% of the fair market value) of the home. Then the millage rate is applied to arrive at the amount of ad valorem tax due. Individuals age 65 and older get additional deductions. For more information on homestead exemptions refer to <https://etax.dor.ga.gov/ptd/adm/taxguide/exempt/homestead.aspx>.

Inheritance and Estate Taxes

There is no inheritance tax or gift tax and only a limited estate tax which is an amount equal to the amount allowable as a credit for state death taxes under Section 2011 of the Internal Revenue Code. In effect, the estate taxes paid to Georgia may be used to reduce the estate taxes due the IRS. For details on the estate tax refer to <https://etax.dor.ga.gov/inctax/estatetax/index.aspx>.

For further information, visit the Georgia Department of Revenue site <https://etax.dor.ga.gov>. [Source: www.retirementliving.com Sep 2011 ++]

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Veteran Legislation Status 27 SEP 2011: Both chambers of Congress have returned from recess. For a listing of Congressional bills of interest to the veteran community introduced in the 112th Congress refer to the Bulletin's "**House & Senate Veteran Legislation**" attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

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

Have You Heard? Schwarzkopf on 9/11

In a recent interview, General Norman Schwarzkopf was asked if he thought there was room for forgiveness toward the people who have harbored and abetted the terrorists who perpetrated the 9/11 attacks on America .

His answer was classic Schwarzkopf.

The General said, "I believe that forgiving them is God's function Our job is to arrange the meeting."

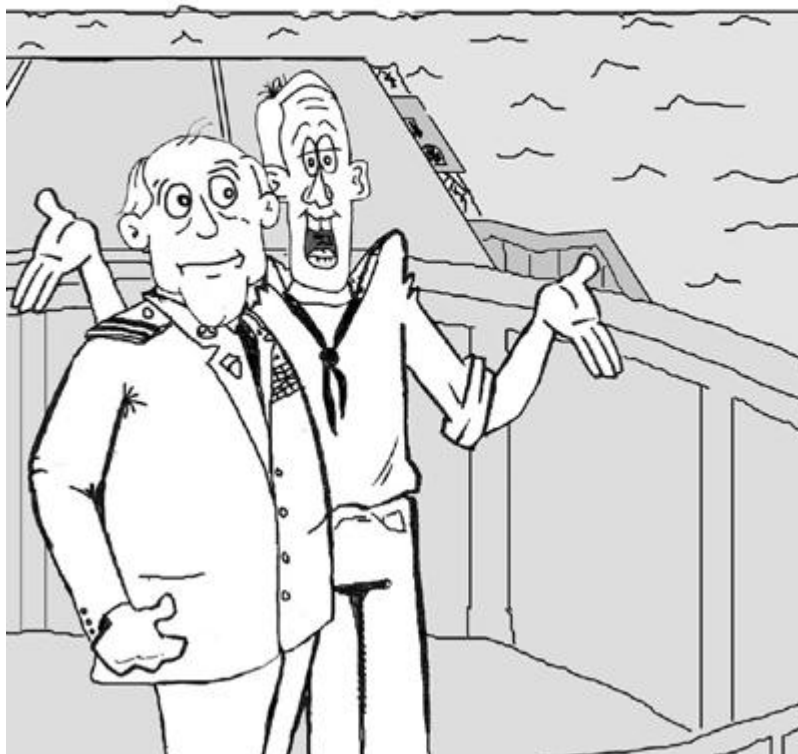


A friend is one who has the same enemies as you have.

-- **Abraham Lincoln** (16th President of the United States | 1809 – 1865)

Doin' It the Navy Way By **BRC**

It's Simple sir! To keep the Officers from being contaminated by AO, they will drink water from port...and the men from starboard!





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