

RAO BULLETIN

1 December 2011

PDF Edition

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Veterans Medical Care: American health care is remarkably diverse. In terms of how care is paid for and delivered, many of us effectively live in Canada, some live in Switzerland, some live in Britain, and some live in the unregulated market of conservative dreams. One result of this diversity is that we have plenty of home-grown evidence about what works and what doesn't. Naturally, then, politicians — Republicans in particular — are determined to scrap what works and promote what doesn't. And that brings this writer to Mitt Romney's latest really bad idea, unveiled on Veterans Day: to partially privatize the Veterans Health Administration (VHA). What Mr. Romney and everyone else should know is that the VHA is a huge policy success story, which offers important lessons for future health reform. Many people still have an image of veterans' health care based on the terrible state of the system two decades ago. Under the Clinton administration, however, the VHA was overhauled, and achieved a remarkable combination of rising quality and successful cost control. Multiple surveys have found the VHA providing better care than most Americans receive, even as the agency has held cost increases well below those facing Medicare and private insurers. Furthermore, the VHA has led the way in cost-saving innovation, especially the use of electronic medical records.

What's behind this success? Crucially, the VHA is an integrated system, which provides health care as well as paying for it. So it's free from the perverse incentives created when doctors and hospitals profit from expensive tests and procedures, whether or not those procedures actually make medical sense. And because VHA patients are in it for the long term, the agency has a stronger incentive to invest in prevention than private insurers, many of whose customers move on after a few years. And yes, this is "socialized medicine" — although some private systems, like Kaiser Permanente, share many of the VHA's virtues. But it works — and suggests what it will take to solve the troubles of U.S. health care more broadly. Yet Mr. Romney believes that giving veterans vouchers to spend on private insurance would somehow yield better results. Why? Well, Republicans have a thing about vouchers. Earlier this year Representative Paul Ryan famously introduced a plan to convert Medicare into a voucher system; Mr. Romney's Medicare proposal follows similar lines. The claim, always, is the one Mr. Romney made last week, that "private sector competition" would lower costs.

But we have a lot of evidence about how private-sector competition in health insurance works, and it's not favorable. The individual insurance market, which comes closest to the conservative ideal of free competition, has huge administrative costs and has no demonstrated ability to reduce other costs. Medicare Advantage, which allows Medicare beneficiaries to buy private insurance instead of having Medicare pay bills directly, has consistently had higher costs than the traditional program. And the international evidence accords with U.S. experience. The most efficient health care systems are integrated systems like the VHA.; next best are single-payer systems like Medicare; the more privatized the system, the worse it performs. To be fair to Mr. Romney, he takes a somewhat softer line than others in his party, suggesting that the existing VHA system would remain available and that traditional Medicare would remain an option. In practice, however, partial privatization would almost surely undermine the public side of these programs. For example, one problem with the VHA is that its hospitals are spread too thinly across the nation; this problem would become worse if a substantial number of veterans were encouraged to opt out of the system.

So what lies behind the Republican obsession with privatization and voucherization? Ideology, of course. It's literally a fundamental article of faith in the G.O.P. that the private sector is always better than the government, and no amount of evidence can shake that credo. In fact, it's hard to avoid the sense that Republicans are especially eager to dismantle government programs that act as living demonstrations that their ideology is wrong. Bloated military budgets don't bother them much — Mr. Romney has pledged to reverse President Obama's defense cuts, despite the fact that no such cuts have actually taken place. But successful programs like veterans' health, Social Security and Medicare are in the crosshairs. Which brings this columnist to a final thought: maybe all this amounts to a case for Rick Perry. Any Republican would, if elected president, set out to undermine precisely those government programs that work best. But Mr. Perry might not remember which programs he was supposed to

destroy. **Note:** Readers who wish to comment on this article can do so at <http://community.nytimes.com/comments/www.nytimes.com/2011/11/14/opinion/krugman-vouchers-for-veterans-and-other-bad-ideas.html>. [Source: New York Times The Opinion Page Paul Krugman article 13 Nov 2011 ++]

Tricare Overseas Fraud/Abuse Update 03: Tricare acknowledges that the Philippines system is one of its most dysfunctional and troubled — so much so that the agency decided in September to scrap the program and start over, according to interviews with beneficiaries, a Department of Defense investigation and Tricare’s own assessments. Most of the current problems are rooted in fraud that began to surface more than a decade ago when 11 beneficiaries and providers were convicted of bilking Tricare and U.S. taxpayers out of \$1.2 million. Then, in 2008, a Philippine hospital was shut down after cashing in more than \$100 million in fake Tricare claims. Today, the Philippines remains the top focus of Tricare’s fraud department, which has seen billed health care services balloon from \$15 million in 1999 to \$59 million in 2009, even as the number of beneficiaries remained the same, according to the agency.

The system is also hampered by out-of-date provider lists, access issues and repeated Tricare rejection of routine claims, including emergency care, according to some among the 8,000 retirees and dependents who are covered. Michael O’Bar, deputy chief of Tricare policy and operations, said the Philippines has been particularly challenging because it has one of the largest overseas retiree populations spread across remote areas and a wide array of health care providers that are difficult to monitor. “We have had an ongoing, large volume of communication with beneficiaries in the Philippines,” he said. Tricare views the experimental system “as a significant means for us to address a number of those concerns.” In the coming months, Tricare will hire a contractor to create the network of hospitals that will charge the standard 25 percent co-pay to retirees and bill the agency for the remaining 75 percent of Tricare-covered medical care. Retirees will be required to use those facilities before claiming benefits, although O’Bar said the agency would offer waivers in some cases, including emergency care and treatment that began before the network’s creation. At present TRICARE demands upfront payment by the beneficiary for all care received as part of its attempt to crack down on rampant fraud. This has led to a dangerous burden for veteran retirees who do not have the funds to expend for 100% of their care and at the same time maintain their families and households while waiting for their claims to be processed.

O’Bar said the network should be up and running by next spring. It will remain in place for a three-year trial period and then be reviewed by Tricare. It is unclear which hospitals will be included and which areas of the Philippines will have providers, according to O’Bar, and that concerns some retirees. Chad Clark, a retired 1st class petty officer who lives in Jaen, said retirees are concerned that remote areas such as Cebu, Davao and Mindanao could be too far outside a closed network to access providers. Clark lives about 60 miles north of Manila. He said he also worries the new system will not provide a practical way to get covered treatment for his insulin-dependent diabetic wife, who is a Tricare dependent. “I need something relatively close that I can use,” Clark said. “If they go to this closed system, I think it is going to be the biggest mistake they will ever make.”

Tricare has tried to crack down on fraud but the effort has often fallen short or come at the expense of retirees. Around the former U.S. Navy base at Subic Bay, scammers often attempt to recruit dependents or widowed spouses to file fraudulent Tricare claims, and clinics offer retirees free health care in return for filing inflated claims, said Jerry Minor, a retired Navy corpsman and volunteer administrator at a small clinic that serves some veterans. “They are trying to fight the fraud and I understand that. I see it day after day,” he said. Retirees “don’t know who to trust or where to go.” The Philippines is the only place in the world where Tricare requires all doctors to be certified through an on-site visit and anti-fraud background check before paying out claims, according to the agency. But its overseas contractor, International SOS, failed to conduct proper checks on Filipino doctors — medical credentials

were overlooked and physical addresses not confirmed — in nearly 45 percent of examined cases, according to a September report by the Department of Defense Inspector General. “As a result ... they do not have adequate assurance that ‘certified’ medical providers actually exist or that beneficiaries always receive medical care from licensed medical professionals at accredited facilities,” the report found.

Tricare said it modified its contract with ISOS in FEB 2011 to improve the certification process and now requires proof that doctors are educated on Tricare policy and anti-fraud measures. The agency “has also established regular site visits to the contractor’s office to conduct performance reviews of the certification files,” it said in a written statement to Stars and Stripes. The agency’s list of certified providers posted online is outdated, inaccurate and lacks telephone numbers and, in some cases, medical specialties, said Ken Fournier, a retired chief petty officer with 20 years of Navy service who lives in Palawan. “We get a lot of claims denied because the provider is not certified,” said Fournier, who worked as a private investigator before retiring and has since helped other retirees with Tricare claims. “We were working off an outdated provider list at all times.” Jim Houtsma, a retired Army 1st sergeant in Naga City, spent 41 years working in military health care management and now helps fellow retirees works through a private online support group to help fellow retirees struggling to get Tricare benefits. He said the certified provider list and other attempts by Tricare to eliminate fraud created a separate and unequal system of military health coverage in the Philippines.

Even when retirees use certified doctors, they are routinely required to provide multiple proofs of payment for medical bills — well beyond what is normally required of Tricare beneficiaries elsewhere, Houtsma said. “We are the only beneficiaries that are required to provide not only receipts to show we paid for the care but also that we had enough money to pay for the care by showing we withdrew the money from a bank, or proof we borrowed the money,” he said. The doctor certification requirement has also caused Tricare to reject claims made by retirees for emergency care in the Philippines — an unstated practice that appears to conflict with the agency’s global policy on emergency medical treatment, according to Houtsma. “We have addressed the issue of emergency care in the Philippines [with Tricare], pointing out that normal restrictions on providers are waived in the rest of the world, including the U.S. and overseas, and should apply here as well,” Houtsma said. “The best we have gotten from them is they will take our recommendation under advisement, but that was some time ago and probably intended to put us off with the hope we would forget it.”



Walter Graue recovers following his emergency heart operation in PI

Walter Graue, who retired from the Air Force after 21 years of service, said he never saw the Filipino emergency room doctor working to save his life at Our Lady of Mount Carmel Medical Center near his home in the Angeles City. Graue, 73, was rushed to the hospital in an ambulance with a blocked artery in DEC 09 and was unconscious when he was wheeled into the ER. It was only later, following his recovery, that he discovered Tricare refused to reimburse the emergency room doctor’s fee. Medical documents provided by Graue show the agency’s Wisconsin-based contractor, which reviews all beneficiary claims, rejected the claim a year after the hospital visit because the

doctor had not been certified. “It was an emergency — I was near death,” Graue said. When questioned about the denial of emergency claims in the Philippines, Tricare said emergency care “never requires preauthorization” and “waivers for emergency care rendered by non-approved providers or facilities” will be considered after the fact.

Retired Master Chief Bruce Wright said the health coverage he was supposed to get with his Navy retirement has not materialized. In 2010, before his gallbladder condition, he broke a collarbone and fought with Tricare over \$1,000 in medical expenses, which he said has never been reimbursed. “You’re frustrated, disgusted,” Wright said. “Now, not only do I have to pay for [medical care], I can’t get back my fair share.” Wright began having severe stomach pains in September. After two trips to a Philippine hospital near his home in Angeles City, doctors gave him a troubling diagnosis. His gallbladder had grown polyps and could become cancerous. Filipino doctors wanted to remove it the next day. Wright, 50, said he signed a waiver and refused to have the operation because he could not afford to pay the upfront surgery costs — a practice Tricare requires only in the Philippines — despite having earned medical coverage after 26 years in the Navy. “I live month to month. It’s the reason I’m over here; I can live month to month,” he said. “I have to put that [operation] off until I can collect enough money.” Jim Tyler, director of the Subic Bay Retired Activities Office in Olongapo which supports local veterans says, “A lot of guys know they’re sick but they won’t go to the hospital because their money is slated for other things. They won’t find out what’s wrong and they die.” Meanwhile, the many difficulties with Tricare have left retirees in the Philippines disillusioned and uncertain about future fixes. [Source: Stars & Stripes Travis T. Tritten article 28 Nov 2011 ++]

Holiday Mail for Heroes Program: The holiday season is just around the corner and it’s time again to start thinking about being part of the 2011 American Red Cross Holiday Mail for Heroes. For a fifth year, American Red Cross and Pitney Bowes are partnering to ensure all Americans have an opportunity to send a touch of home this holiday season to members of our U.S. military, veterans and their families, many of whom will be far away from home this holiday season. Starting this fall and throughout the holiday season, the Red Cross is working with Pitney Bowes, a mail stream technology company, to collect and distribute holiday cards to American service members, veterans and their families in the United States and around the world. The process is very simple and takes no time at all - All you need is a pen and piece of paper to share your appreciation for the sacrifices members of the U.S. Armed Forces make to protect our freedoms. **DO NOT SEND THEM** to Walter Reed Hospital nor any Military medical facility. They do not want them, and postal service will return them. This decision was made by then Deputy Undersecretary of Defense for Transportation Policy in 2001. This decision was made to ensure the safety and well being of patients and staff at medical centers throughout the Department of Defense.

The Holiday Mail for Heroes mail box is open and ready to receive for your cards. Please send all mail to: Holiday Mail For Heroes, P.O. Box 5456, Capitol Heights, MD 20791-5456. Sending a “touch of home” to American men and women who serve our country is the perfect way to express your appreciation and support during the holiday season. Every card received will be screened for hazardous materials by Pitney Bowes and then reviewed by Red Cross volunteers working around the country. Please observe the following guidelines to ensure a quick reviewing process:

- All cards being sent in for 2011 Holiday Mail For Heroes program should be postmarked no later than Friday, December 9, 2011.
- Ensure that all cards are signed.
- Use generic salutations such as “Dear Service Member.” Cards addressed to specific individuals cannot be delivered through this program.
- Only cards are being accepted. Do not send letters.
- Do not include email or home addresses on the cards, as the program is not meant to foster pen pal relationships.

- Do not include inserts of any kind, including photos, as these items will be removed during the reviewing process.

Participants are encouraged to mail as many cards as they are comfortable sending. If you are mailing a large quantity, bundle the cards and place them in large mailing envelopes or use a flat rate box from the post office. Each card does not need its own envelope, as cards will be removed from all envelopes before distribution. Refrain from sending holiday cards with glitter. Many of these cards will be delivered to military and veterans medical facilities and the glitter could interfere with a patient's recovery [Source: <http://www.redcross.org/holidaymail> Nov 2011 ++]

VA Million Veteran Project Update 01: VA is not just a place to receive health care and benefits like the GI Bill. It's also houses a unique research institution where medical advancements have continuously been made since 1925, like the first liver transplant and the development of the nicotine patch. Now, VA's research department is rolling with arguably its most ambitious project yet. The Million Veteran Program (MVP) was launched with a goal to build a database with a million blood samples and medical histories. The database hopes to lead to answers about how genes affect health and illness. In fact, screening, diagnosis, and treatment for some illnesses—such as some forms of cancer—have already been improved through knowledge about the effects of certain genes. A large research database may resolve issues that have baffled physicians for years; why treatments work for some and not for others, why some patients are at greater risk, and how to prevent certain illnesses before they spread.

MVP takes great strides to protect the privacy of every volunteer in the program. All personally identifiable data, like names and Social Security numbers, are stripped from the samples and medical history submissions. Simply put, no one can trace a Veteran back to their sample—there is no need to worry about impacts on care or benefits. MVP eclipsed 10,000 volunteers, but it needs a larger pool of data to really make strides. Active involvement in this program includes:

- Filling out surveys about health and health-related behaviors;
- Providing a blood sample (containing DNA and other substances) that will be stored for future research;
- Completing an optional health assessment;
- Allowing secure access to VA and VA-linked medical and health information, including past and future health records; and
- Allowing future contact

VA Medical Centers that are currently open for enrollment of volunteers include: Albany, Albuquerque, Atlanta, Baltimore, Bay Pines, Birmingham, Boston, Buffalo, Charleston, Cleveland, Columbia, Durham, Gainesville, Houston, Indianapolis, Kansas City, Leavenworth, Little Rock, Long Beach, Miami, Manhattan, Milwaukee, Minneapolis, Palo Alto, Phoenix, Pittsburgh, Portland, Salisbury, Salt Lake City, San Antonio, San Diego, Seattle, Shreveport, Tuscaloosa, Central Texas, Washington DC, and West Haven. This list will expand with time. If you'd like to help your fellow Vets by being a part of the research solution, check out <http://www.research.va.gov/mvp/> or call (866) 441-6075 for more information on how to contribute your own sample. [Source: Vantage Point Alex Horton article 15 Nov 2011 ++]

Military Benefit Upgrades Update 03: The dismal failure by the congressional "super committee" to deal with the nation's debt crisis leaves the Department of Defense facing automatic \$55-billion-a-year spending cuts from 2013 through 2021. This is in addition to defense cuts of near-equal size already planned

across the same decade. President Obama promised before Thanksgiving to veto any attempt to block the automatic cuts unless Republicans agree to replace them with a "balanced" debt reduction package, one that includes tax increases on the wealthy and closing of corporate loopholes as well as Democrat concessions to curb popular federal entitlement programs. With most Republicans having pledged to a powerful lobbyist, Grover Norquist and his Americans for Tax Reform group, not to allow tax increases of any kind, military associations fear pay and benefits are in the crosshairs of both parties, particularly the TRICARE health program for military retirees. It is against this backdrop of threats to current benefits that gays and lesbians in uniform have begun to press for benefit equality.

Advocates are lobbying the department for regulation changes, filing challenges in federal court and pressing Congress to repeal the 1996 Defense of Marriage Act which prohibits extension of federal benefits, including military allowances, travel costs and health care, to spouses in same-sex marriages. Military gays and lesbians have been able to serve openly since 20 SEP when repeal of the "Don't Ask, Don't Tell" law took effect. A social research center at UCLA, the Miller Institute, estimates that 66,000 homosexuals serve on active duty and the National Guard and Reserve. Defense officials recently released a list of 14 military benefit programs that allow service members to designate "beneficiaries of their choosing, regardless of sexual orientation." These include: Service Members Group Life Insurance; Veterans' Group Life Insurance; Post Vietnam-era Veterans Education Assistance Program (VEAP); the All-volunteer Force Educational Assistance Program (active duty death benefit); military death gratuity; final settlement of accounts; wounded warrior designated caregiver; thrift savings plan; casualty notification; escort for dependents of deceased or missing; designation as "person having interest in status of a missing member; persons eligible to receive effects of deceased persons; and travel allowance to attend Yellow Ribbon Reintegration events. And, under the military's Survivor Benefits Plan, members can designate anyone to be a beneficiary under an "insurable interest" category of SBP. For such coverage, retirees pay a monthly premium equal to 10 percent of covered retired pay versus 6.5 percent for spousal coverage. Same sex partners, even if armed with a marriage license from a state that recognizes homosexual unions, remain ineligible for spousal SBP.

Zeke Stokes, communications director for Servicemembers Legal Defense Network, a gay and lesbian advocacy group, said the list is a helpful resource. But every program listed was available to gay members before repeal of Don't Ask, Don't Tell, even if many hesitated to list same-sex partners for these programs or notifications for fear of revealing too much while DADT was in effect. Eileen Lainez, a Defense Department spokeswoman, said officials continue "a careful and deliberate review" of programs with an eye toward revising eligibility for additional benefits "if legally permitted." The day before the list was released, the Servicemembers Legal Defense Network filed a lawsuit in federal court in Boston on behalf of six married homosexual couples on active duty and two who are retired seeking full military benefits. The lawsuit challenges the constitutionality of the Defense of Marriage Act and other statutes that prohibit same-sex married couples from getting all benefits and family support that straight couples get. Benefits illegally denied, the suit contends, include housing, health care, full survivor benefits, identification cards, and access to base stores as well as other morale, welfare and recreation programs. "If one of our plaintiffs deployed and died in combat, the same level of survivor benefits that accrue naturally to a spouse would not accrue to their spouse because they are not recognized by the federal government," said Stokes.

Alexander Nicholson, executive director of Servicemembers United, the largest organization of gay and lesbian troops and veterans, said DoD doesn't have to wait for courts or Congress to extend more benefits to gay and lesbian members. For example, the law allows base shopping and ID cards for military "dependents." DoD through regulation simply could broaden the definition of dependent to include same-sex spouses. Defense officials said these issues are, in fact, being studied. The services are getting a lot of questions from gay members on benefits, particularly access to health care and base facilities such as commissaries, exchanges, housing and education services. Members are encouraged to direct these questions to their personnel office. A DoD website with general information is: http://www.defense.gov/dadt_repeal. Support groups are strengthening. One Nicholson helped to launch is American Military Partners Association at: <http://www.militarypartners.org>.

Believing the Defense of Marriage Act (DOMA) to be unconstitutional, President Obama's Justice Department announced in February that the department no longer would defend the law in federal court. That has left opponents of gay marriage, including the Family Research Council (<http://www.frc.org>) looking toward the Republican-led House of Representatives to provide attorneys to defend DOMA against the new lawsuit. Nicholson said that, besides the benefits disparity, gay service members have reported very few problems so far with repeal of DADT. "We haven't heard many complaints at all," he said. Gay members who have revealed their status to peers, subordinates or commanders "are really expressing a lot of surprise at how well they are received," Nicholson said. "Certainly not everybody is coming out. People are making judgments based on their environment and surroundings. It's an individual judgment call, but it's just like any other conservative workplace," he said. [Source: Military.com Tom Philpott article 24 Nov 2011 ++]

Tricare Young Adult Program Update 07: The health care premiums for young adult dependents of service members and retirees enrolled in TRICARE will decrease slightly in 2012. Monthly premiums for TRICARE dependents younger than 26 will be \$10 to \$12 less next year than they are now, according to a Defense Department notice published in the 23 NOV Federal Register. The rate for young adults under TRICARE Standard will be \$176 per month in 2012, down from the 2011 rate of \$186. The monthly premiums for TRICARE Prime will be \$201 next year, down from the current cost of \$213. The new rates take effect in January 2012. The fiscal 2011 Defense Authorization Act extended TRICARE coverage for unmarried dependents of service members and retirees until age 26. Previously, children were eligible for TRICARE until age 21, or 23 if they were full-time students. The program allows those who are eligible and don't have their own employer-based insurance the option of buying month-to-month coverage until age 26.

TRICARE adjusts the young adult premiums annually based on actual TRICARE costs. According to Defense, until the young adult claims are of an actuarially appropriate size, TRICARE young adult premiums will continue to be calculated on actual costs of similarly aged TRICARE eligible dependents. Costs were less for that group, so the 2012 rates are lower than the current ones. The lower premium rates for young adults will be welcome news to TRICARE enrollees who are concerned about changes to the military's popular health care system. Military retirees who enrolled in TRICARE in fiscal 2012 saw their annual fees jump slightly Oct. 1. New beneficiaries in TRICARE Prime now pay an additional \$2.50 per month for individual members and \$5 per month for family enrollment -- bringing the total annual fee to \$260 and \$520, respectively. Costs for retirees already in the program, as well as survivors of active-duty service members and medically retired participants, remain at \$230 per year for individuals and \$460 per year for families.

Increasing health care premiums for military retirees has long been a politically sensitive subject, with lawmakers and military advocates wary of appearing ungrateful for the sacrifices of service members. Participant fees under TRICARE were set in 1995 and have remained at \$460 per year for the basic family plan. The cost for comparable coverage for federal workers is between \$5,000 and \$6,000 annually. [Source: GovExec.com Kellie Lunney article 28 Nov 2011 ++]

Holiday Scams Update 01: Avoiding holiday scams isn't hard. Bottom line? Ninety-nine percent of scams happen when we're too gullible, too greedy, in too much of a hurry, or when we're feeling especially charitable. Be generous...but be vigilant. Watch out for the following:

- **Fake holiday help.** Getting a seasonal job can be a great idea. But there are people out there preying on those who need work. Common scams to look out for include all manner of work-from-home jobs. If the so-called employer asks for money up front or your Social Security number, you might be on the verge of becoming a victim rather than an employee.
- **Fake charities.** Don't ever, ever, ever give money to any charity – even spare change – without checking them out first. And that's something you can't do if someone's on your porch, at an intersection, or on the sidewalk asking for money. Read [4 Tips to Find the Right Charity](#) at <http://www.moneytalksnews.com/2011/11/16/4-tips-to-find-the-right-charity/>, then visit the FTC's website for a charity checklist at <http://www.ftc.gov/bcp/edu/pubs/consumer/alerts/alt114.shtm>.
- **Fake check scams.** Buyers want what you're selling on sites like eBay or Craigslist. Their next step is to offer you a cashier's check for more than your asking price, on the condition that you return the difference. Weeks later, you are informed by your bank that the check was a phony, and you're now out your money and your goods. The American Bankers Association has some tips to avoid being a victim at <http://www.aba.com/abaef/cashierscheckfraud.htm>, but in short, avoid cashier's checks in situations like this and never return any difference in cash.
- **Counterfeit merchandise.** In New York and other major cities, it is common to see street vendors selling fake watches and purses that appear to be high-end, name-brand goods. The modern version of these scams is to sell the merchandise online where the buyer has even less opportunity to inspect it. Beware of items that are priced well below their competitors, and be sure to buy from an authorized retailer.
- **Fake vacation rentals.** This growing scam involves people who advertise a property they don't even own! Sometimes the scammer goes to the effort of hijacking the real owner's email, like in this case http://www.washingtonpost.com/lifestyle/travel/the-navigator-vacation-rental-scams-are-a-growing-problem/2011/10/28/gIQAJzAOgM_story.html recently reported in The Washington Post. Other times, the scammers merely show pictures of a place they pretend to represent. You send them money and show up to find you've got no place to stay. Solution? Take every possible step to ensure you're dealing with the true owner of the property, and always pay by credit card, not wire transfer.
- **Nondelivery of stuff bought online.** Whether it's an online store, eBay, or Craigslist, this scam is avoided by knowing who you're buying from. Be suspicious of deals that seem too good to be true. Fortunately, eBay protects buyers from this scam, and credit card users can request a chargeback if goods are not delivered. Also, keep in mind that Craigslist always recommends conducting transactions in person so that you know exactly what you are receiving.
- **Email scams.** Many scams start with email, so be especially skeptical of anything that shows up in your inbox. Some messages involve references to recent events, such as a natural disaster or the death of a public figure. Others purport to award lottery winnings or the transfer of wealth from a foreign country. Don't ever respond to unsolicited email.
- **Phishing scams.** An email from a legitimate company, like your bank, insists you log in to their website. You're then directed to a copycat site that steals your username and password. If you ever doubt any email, don't reply. Instead, call the company or open up a new browser window and go directly to their website. Check out these anti-phishing tips from the Securities and Exchange Commission at <http://www.sec.gov/investor/pubs/phishing.htm>.
- **Watch for the "items-off-of-a-truck" scam.** Roving gangs of scammers masquerading as delivery men. pull a truck up in a parking lot, then say that they can sell you something cheap, speakers or electronics, implying that it's stolen. At best, the goods will be low-quality knockoffs. At worst, you could be receiving stolen goods.
- **Limited quantities.** An unscrupulous online merchant advertises a fantastic product, often cameras or electronics, at an unbeatable price. But when you place your order, you're told they have limited quantities of this particular item. If the seller demands additional purchases to get the deal, or can't produce a tracking number within 48 hours of any sale, cancel your order through your credit card company and move on.

- **Bait and switch.** This might be the oldest trick in the book, but it still happens. A seller advertises a popular product at a great price. When you attempt to buy it, either online or in person, you're told the product is sold out, or not as good as a similar model at a higher price. Before you know it, you're paying more than you intended for something you weren't planning on buying.
- **Layaway plans.** Retailers are bringing back layaway plans, but with a catch. You have to pay fees up front and make regular payments. Fail to make the payments, and you could end up losing the up-front fee and paying a "restocking" charge. To avoid feeling scammed by a layaway plan, be sure to closely examine the terms and conditions. And if you can, avoid these plans entirely by saving all year, then paying cash.

[Source: MoneyTalksNews Jason Steele article 25 Nov 2011 ++]

Evacuation Day: For all the good he did, when President Lincoln declared Thanksgiving a national holiday in 1863, he inadvertently displaced a commemoration of which most Americans have never heard: Evacuation Day—the remembrance of the withdrawal of British authority from New York City and Great Britain's final eviction from the U.S. For decades, this was an important day to remember American sacrifice. The fall of 1776 saw a number of Continental defeats, among them the retreat of General George Washington from present day New York. The British would hold that territory for the remainder of the war and establish New York City as the nerve center for military and political activity in the colonies. Two fires devastated the city throughout the occupation, and colonists lived in squalor as British forces, officials, and Loyalists commandeered the undamaged buildings for their own use. As the war progressed, Continental soldiers, sailors, and private citizens captured by the British were held captive in prison ships anchored off the shore of Brooklyn—many detained for refusing an oath of allegiance to the crown. The conditions aboard the ships were deplorable; disease, famine, and dehydration plagued the ships, and the dead were either tossed overboard or buried in shallow mass graves on shore. By the war's end, over 11,500 Continentals died on the ships—more than the total number killed in all the battles of the war combined. These brave patriots represented all thirteen colonies and at least thirteen different nationalities.



In 1783, the final shot of the American Revolution would echo across the waters where so many patriots lost their lives. The British surrendered at Yorktown in 1781, but the Treaty of Paris wasn't signed for two more years. Ahead of the deal to surrender North American territory, British officials were ordered to evacuate the city in August 1783. On November 25, 1783, the battered remains of British authority set sail for London. A gunner fired a final shot at a crowd on Staten Island, but the shot fell short. In a final moment of defiance, the Redcoats greased a flagpole that flew a Union Jack in a park. A Veteran of the war, John Van Arsdale, climbed the pole, tore the British colors away and flew the Stars & Stripes over New York City for the first time. George Washington led a victory march down Broadway to mark the occasion. For many, this was the true end of the war.

Aside from a **monument** in Brooklyn that honors the prison ship dead, Evacuation Day has faded from the national conscious, thanks to our special relationship with England and the shadow of the Thanksgiving holiday. But the day is perhaps one of the most important in our history, as it saw the last remains of British influence leave American shores, so that our great experiment could begin. In 1808 the remains of the prison ship martyrs were buried in a tomb on Jackson Street (now Hudson Avenue), near the Brooklyn Navy Yard. Subsequently, they were moved to what is now called Fort Greene Park in 1873 and placed into a 25 by 11 foot brick vault. Twenty-two boxes, containing a mere fraction of total volume of remains, were interred in the vault. Towards the end of the 19th century, a diverse group of interests including the federal government, municipal and state governments, private societies, and donors, began a campaign for a permanent monument to the prison ship martyrs. In 1905 the renowned architectural firm of McKim, Mead and White was hired to design a new entrance to the crypt and a wide granite stairway leading to a plaza on top of the hill. From its center rose a freestanding Doric column crowned by a bronze lantern. President-elect William Howard Taft attended the monument's dedication in 1908. [Source: Vantage Point 2011 by Alex Horton article 25 Nov 2011 ++]



Prison Ship Martyrs Monument

Camp Pendleton Memorial Cross: To honor the memory of four Marine comrades killed in Iraq and to show respect for all military personnel sent to foreign lands, a small but determined group trudged up a steep hill at Camp Pendleton on 111 NOV as the nation observed Veterans Day. At precisely the date and time when World War I officially ended, giving rise to Armistice Day -- the forerunner to Veterans Day -- the group erected a 13-foot cross. The cross replaced one put on the hill in 2003 by the Marines before they deployed to Iraq. It was destroyed by a brush fire. The four Marines were part of the 2nd Battalion, 1st Marine Regiment. The 2/1 was a lead element in the battle of Fallouja in early 2004.

“We wanted them all to know that they’ll always be in our hearts, that they’ll never be forgotten,” said Staff Sgt. Justin Rettenberger. He was also with the 2/1 and will deploy soon for his second tour to Afghanistan with a different battalion. He was wounded in Iraq and Afghanistan but insisted on reenlisting. The cross, Rettenberger said, is dedicated to the memory of Maj. Douglas Zembiec, Maj. Ray Mendoza, Lance Cpl. Aaron Austin and Lance Cpl. Robert Zurheide. “All great warriors,” Rettenberger said. Austin and Zurheide were killed in Fallouja in 2004; Mendoza was killed in 2005 while leading Marines into combat near the Syrian border; Zembiec was killed in 2007

while leading a raid on insurgents in Baghdad. The new cross, made of fire-retardant material, was taken to the top of the hill Thursday. Radetski made sure the cross was carried rather than brought by a vehicle. The trip took two hours. Carrying the cross, he said, makes the symbolism to Marines at Camp Pendleton more profound: The fallen are never forgotten, the mission never falters. "We wanted it to be very moto," said Radetski, using Marine slang for "motivational."



Honoring the fallen

The cross is now under fire by an atheist group who says the sanctioning of the religious symbol reinforces the idea that Christianity has a privileged place in the American military. Pendleton officials are investigating the legality of the 13-foot cross, and issued a statement pointing out that the cross was put up by "private individuals acting solely in their personal capacities. As such, they were not acting in any official position or capacity that may be construed as an endorsement of a specific religious denomination by the Department of Defense or the U.S. Marine Corps," a Pendleton spokesman said in a press statement. Jason Torpy, a West Point graduate, Iraq veteran and now head of the Military Association of Atheists and Freethinkers (MAAF), said he understands why the Pendleton Marines want to honor their fellow Marines, but that a cross on the base is not appropriate. "In a lot of ways this is commendable – they're honoring friends who were probably Christian," he told Military.com. "I think the memorial is appropriate for the individuals who put it up and the friends they're honoring, but you just can't walk onto federal land and do it."

Torpy said MAAF does not usually get involved in these kinds of issues, but that he has several members who are Marines serving at Pendleton and has been contacted by them to respond. He also said the Pendleton cross is just the latest in a string of such memorials placed on federal lands. "My response, my 'dirty duty' here is to say I appreciate you want to honor your friends in the manner of your religion ... but this is a Christian monument and it's on federal land. And that privileges one religion over another," he said. Torpy said the problem is that Pendleton officials did not prohibit the cross being put up. "I hate to be a bad guy on this, but I should not have to be the one standing up," he said. To learn more about MAAF refer to <http://militaryatheists.org>. [Camp Pendleton} should have known better." [Source: Los Angeles Times & Military.com articles 11 & 18 Nov 2011 ++]

Vet Free Health Care: Time and time again, Stars and Stripes has heard from readers who say they were promised free medical care for life when they joined the military. The topic usually comes up when there is talk of raising Tricare fees for military retirees. "I do mind paying more than \$460.00 per year," one reader

commented on such a story in January. "I was promised FREE medical and DENTAL for me and my family, for life. So to me any increase is a continuation of the break of a promise that was already broken." Clearly, these folks feel betrayed, so Jeff Schogol, the paper's 'Rumor Doctor' set out to see if there is any truth to this belief that troops and veterans are entitled to free health care for life. "The short answer is no," said Peter Graves, a spokesman for the assistant defense secretary for health affairs. "Health care benefits for military members, retirees, and their families are, and have always been, as provided by law, and the law has never promised free health care for life." The law provides free medical care for servicemembers on active duty and their families, Graves said in an email.

Congressional Research Service, which provides analysis for Congress, issued a 2003 report that found veterans were not entitled to free medical care for life, even though they may have been promised exactly that by their recruiters. It is available at http://www.law.umaryland.edu/marshall/crsreports/crsdocuments/98-1006_F.pdf. Since 1956, veterans and their families can be treated at military medical facilities "subject to the availability of space and facilities and the capabilities of the medical and dental staff," the report found. "They have no right to military health care and the military services have total discretion in when and under what circumstances retirees and their dependents will get care in military treatment facilities," the report said. Several veterans have taken their claims to court, alleging that recruiters promised them free medical care, but one court ruled that such promises did not constitute a contract, the report said.

Moreover, since recruiters do not have the authority to make such promises, there is no way to enforce them, the U.S. Court of Appeals for the Federal Circuit ruled in 2002. The Supreme Court later refused to hear the case, ending the matter. "The courts, and other analysts, have noted that allowing these claims to create such an obligation would thwart the Constitutional role of Congress (i.e., prevent the Congress from determining the compensation and benefits of the armed forces) and create a situation wherein military personnel/retirees (and potentially all other federal employees) could create or expand their own benefits with popular myth or rumor and without review," the CRS report found. **THE RUMOR DOCTOR'S DIAGNOSIS:** The rumor of free medical care for life is false, even though some veterans were promised it by recruiters, who were in no position to make such a promise. As the CRS report makes clear, "Unauthorized promises based on mistakes, fraud, etc. do not constitute a contractual obligation on the part of the government/taxpayer." Readers who would like to comment on The Rumor Doctors diagnosis can do so via email to <mailto:schogolj@stripes.osd.mil>. [Source: Stars & Stripes Jeff Schogol article 23 Nov 2011 ++]



Medicare Reimbursement Rates 2012 Update 03: Now that the "Super Committee" has been declared a failure, and the Christmas break, the 1st Session 212th US Congress has less than two weeks to stop the 29.4% cuts in Medicare/Tricare payments to physicians mandated by the Sustained Growth Rate (SGR) formula to be imposed as of January 1, 2012. The SGR is a flawed formula that continues to reduce physicians payments that the Congress has provided temporary suspensions to restore the reduction and sometimes provide a slight increase. But the situation is becoming more critical as doctors are now refusing to take new Medicare/Tricare patients, others simply have not renewed their Medicare practice, they basically require payment in advance for services. The 14 OCT Medicare Payment Advisory Commission (MedPac) letter to the Senate Finance, House Ways and Means, House Energy & Commerce Committees, recommends a "doc fix" to Medicare program but it does not correct the

problem. The “doc fix”, which requires Congressional approval, calls for a 10 year freeze on Medicare payments to primary care physicians. Specialist would experience a 5.9% annual cut for 3 years and then a freeze for the next 7 years.

This situation impacts almost everyone because providers will simply increase their fees and those not on Medicare will pay more, insurance rates will increase to cover these additional costs. It really will impact military retirees over age 65 because their Tricare For Life (TFL) requires their participation in Medicare Part B. Thus the Broken Promise of “free life time health care” now typically requires annual payments in excess of \$1000, per participant. The current administration has proposed further cuts in Medicare/Tricare. The MedPac “doc fix” is not a solution. Unless the Congress acts with either a band-aid fix or with a permanent fix, the SGR again mandates a 29.4% cut in physician reimbursements effective 1 JAN 2012. 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.

Members of the military community are urged to contact their elected officials and urge them to sponsor legislation to replace the SGR with a more realistic computation that will at least match the Consumer Price Index as used for Social Security cost of living increases or some other workable index. One way to do this is to send your legislators the editable message provided by the National Association of Uniformed Services' (NAUS) Action Alert available at <http://capwiz.com/usdr/issues/alert/?alertid=57348501>. [Source: NAUS Action alert 23 Nov 2011 ++]

VA Compensation Rates 2012: President Obama has signed the VA 3/6% COLA bill for 2012. The COLA for compensation and DIC will be effective 1 DEC 2011. Charts reflecting the increased VA compensation, DIC, clothing allowance, and Medal of Honor pension plus the historical and current burial, plot, and headstone/marker benefits, spina bifida benefits, and benefits for children of women Vietnam Veterans with certain birth defects are included in the attachment to this Bulletin titled “**VA Compensation Rates 2012**”. [Source: DVA Director, Compensation Service ltr dtd 18 Dec 2011 ++]

VA Lawsuit ~ Stanley Laskowski: To the U.S. Marines, former Sgt. Stanley Laskowski was a highly regarded soldier, an effective leader who had “limitless potential.” A veteran of the war in Iraq in 2003, Laskowski earned several medals and proved himself to be an invaluable asset during several major battles in the initial invasion of Baghdad, his superiors said. But just six months after he was honorably discharged from the Marines in 2007, the decorated veteran found himself in a jail cell, charged with breaking into a pharmacy to steal drugs. Was it an act of a good soldier gone bad, who knowingly broke the law to feed his addiction to the painkiller, Vicodin? Or was it a plea for help from a veteran tormented by memories of war, who acted in desperation after his attempts to obtain mental health counseling were ignored? That’s the question a federal judge must answer as he considers a \$10 million medical malpractice lawsuit Laskowski and his wife, Marisol, filed against the Department of Veterans Affairs relating to his treatment at its medical center in Plains Township.

The lawsuit, filed last year, alleges medical professionals botched the mental health treatment provided to Laskowski after he was diagnosed in April 2007 with post-traumatic stress disorder, a psychological condition that results from experiencing a severe traumatic event. The most common symptoms include fear of crowds, nightmares, flashbacks and mood swings. The suit is the latest in a growing number of actions nationwide that have been filed against the Department of Veterans Affairs for allegedly providing substandard care to veterans suffering PTSD. In 2009 the VA agreed to pay \$350,000 to settle a lawsuit filed by the family of Jeffrey Lucey of

Massachusetts, who committed suicide after he became increasingly despondent over failed efforts to treat him for his mental health problems. Attorney Cristobal Bonifaz of Conway, Mass., who represented Lucey's family, said his case paved the way for other suits because it defined the legal basis upon which a family or soldier could seek to recover damages. Under federal law, the U.S. government is immune from lawsuits relating to injuries a soldier suffered during combat, Bonifaz said. "The focus of the case was not what happened in Iraq, but what happened here," Bonifaz said. "I was not claiming damages for the PTSD itself. That was caused by the war. I was saying he had PTSD and the VA had a duty to treat him and they didn't." That's the key issue in Laskowski's case.

Laskowski, 33, of Carbondale, has been declared 100 percent disabled as a result of his PTSD, which resulted from his experiences during a tour of duty in Iraq in 2003. Laskowski was seen at the VA's medical center in Plains Township from APR to AUG 07, when he was arrested. In that entire time he was given only medications and never provided any counseling, according to the lawsuit filed by attorney Dan Brier of Myers, Brier and Kelly in Scranton. The lawsuit contends the lack of proper care caused Laskowski's PTSD to progress unabated. That led him to self medicate with alcohol and drugs. His break-in at an Olyphant pharmacy was a desperate attempt to obtain drugs he believed would relieve his symptoms. The key legal issue in the case, which will be heard in a non-jury trial, is whether the VA's alleged negligence was a direct and proximate cause of the injuries Laskowski claims to have suffered, which include mental anguish, past and future lost earnings and medical expenses. A psychological expert for the VA has acknowledged the care provided to Laskowski fell below expected medical standards, according to court documents filed in the case. Vince Riccardo, spokesman for the VA, declined comment on the suit, citing the hospital's policy not to discuss pending litigation.

In court records, the VA has denied liability, arguing there was no way medical staff there could foresee that Laskowski would commit a crime. The VA also contends Laskowski initially downplayed the severity of his symptoms to medical staff. In a pre-trial memorandum, Assistant U.S. Attorney Michael Thiel said Laskowski admitted he first experienced PTSD symptoms shortly after he returned from Iraq, but didn't seek treatment until 2007 out of fear the stigma could impact his military career. There's also a legal dispute over whether Laskowski is barred from seeking damages because his alleged injuries were caused by his own action in burglarizing the pharmacy. Brier said the VA has placed too much emphasis on the burglary. The issue, he said, is not so much the crime Laskowski committed, but what caused him to commit the crime. "The incident at the pharmacy was a dramatic manifestation of his mistreated PTSD," Brier said. "If he had received the care he was entitled to from the VA, he would not be 100 percent disabled today and he would not have resorted to painkillers to avoid the emotional horrors of his combat-related PTSD." [Source The Times Leader Terrie Morgan-Besecker article 20 Nov 2011 ++]

Military Divorce & Separation Update 02: Operation Firing for Effect (OFFE) is a veteran's advocacy group whose mission among other things, is to draw public awareness and media attention to serious problems facing our former military personnel and their families. One of these is how our veterans are treated in divorce courts. These days you no longer need a real reason to file for divorce; you merely have to file and the divorce will be granted. In most states, it's about that easy. In today's world marriages which last a lifetime are extremely rare while failed marriages and divorce are common place. OFFE's monitoring of cases involving veterans has led them to the conclusion that a veteran's military service can and will be used against them in a divorce. The information provided in this article is nothing new. The tactics described are used successfully every day in every state in the U.S.

Divorce attorneys and Department of Family and Children Service professionals make their living on broken families and failed marriages. Divorce and child custody law is a multibillion dollar business. Attorneys and DFAC

professionals thrive on those going through a divorce. The more divorces there are, the more money these individuals make. If no one got a divorce, they would be out of business. In addition, divorce attorneys will not hesitate to use every trick in the book to get their client the largest award possible. To many attorneys it is all about money and nothing else. One particular group of individuals is more vulnerable to civil court abuse than most others. Sadly, our military personnel and disabled veterans (men and women) have been singled out as very likely to be discredited and disqualified as parents for several different reasons. These men and women routinely have their military service used against them in divorce court. From their mandatory extended deployments, to Post Traumatic Stress Disorder (PTSD), to the inclusion of VA disability compensation as 'income' when calculating alimony, it often seems that everything possible is used against the veteran. Divorce attorneys have a wide range of tactics and strategies they use to portray our veterans as irresponsible, unpredictable, mentally and emotionally unstable, and many as capable of domestic violence.

In May of 2010, a delegation from OFFE traveled to Key West, Florida to attend Earnest Pridemore's divorce hearing. Mr. Pridemore represented himself, and attorney David L. Manz of Marathon, Florida represented Mrs. Pridemore. At one point in the hearing, in support of a restraining order against Mr. Pridemore, Manz implied that all military veterans were high risks for spousal abuse and domestic violence by virtue of their military training, which aggressively teaches them to kill and destroy. Civil Court Judge Mark Jones did not strike Manz's statement and it was allowed into the hearing transcript. This anti-military statement by attorney Manz is a perfect example of how low some attorneys will go to discredit an honorable military veteran. Earnest Pridemore was ordered to surrender his antique firearm collection to sheriff's deputies. OFFE has received dozens of similar complaints from active duty personnel and veterans. Every day in courtrooms across the nation military veterans and active duty personnel are having their service in the United States Armed Forces used against them.

Veterans and active military personnel are losing custody, parental rights, and even visitation based on PTSD ratings and overseas deployments. The twisted logic behind these unjust court rulings is: a PTSD diagnosis implies emotional instability and unpredictable behavior; and an extended tour of duty overseas indicates a lack of contact and involvement in the development of one's child or children. In fact, in some cases where a parent 'voluntarily' and 'willingly' joined the military after the birth of a child, they are being accused of intentional abandonment. Unfortunately, all of these factors (& others) are being used against our veterans and military personnel who are going through a divorce and seeking custody of, or just visitation with, their child or children. Another tactic being used by attorneys is convincing court judges to award alimony and child support based solely on a totally disabled veteran's disability compensation. This practice goes against established federal law which protects disability compensation from attachment in any legal process whatsoever. The disabled veteran is forced to give their VA disability compensation to their ex-spouse, or go to jail for contempt. Some civil court judges claim that they do not have to honor federal law in state divorce court.

Attorneys have even gone as far as to include wording in divorce settlements covering the possibility that a veteran might become disabled and might receive disability compensation in the future. If that occurs, those funds will then be used to increase their ex-spouse's alimony award. In other words, before a disabled veteran even receives a disability rating or compensation, their ex-spouse has already been awarded a significant portion of this money. Divorce attorneys routinely paint a distorted picture of our military personnel and disabled veterans. OFFE has documented multiple cases where:

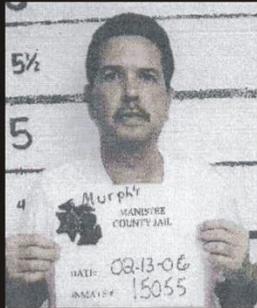
- Disabled veterans have unconscionably had their hunting guns taken away during a divorce for no reason other than that the veteran had a PTSD rating. This action automatically depicts the veteran as dangerous, which is the opposing attorney's objective.
- Retired military personnel losing as much as half of their retirement to an ex-spouse to whom they were not married during their military service. Although the ex-spouse contributed nothing to the veteran's military career, they will receive military retirement moneys.

- The reason given for the divorce is because the veteran is disabled and the spouse does not wish to contribute to their care any longer. Then, adding insult to injury, the ex-spouse is awarded a large portion of the veteran's disability compensation. Compensation the veteran receives for the same disabilities their former spouse used as an excuse for the divorce.

Some of our nation's most deserving (our disabled veterans) are suffering great hardship at the hands of civil court judges who couldn't care less how many Purple Hearts they have, or how many limbs they have left. Too often, the primary objective of divorce attorneys is to shake loose the federal money our veterans receive as compensation for their disabilities – so their client can pay them for their legal representation. Everyone in the court room has a vested interest in the veteran's disability compensation. Realizing every case is different; ask yourself a very simple question. Take the word "veteran" out of the divorce equation. Two individuals get a no-fault divorced. One is able bodied and capable of working, and one is severely disabled and unable to work. Which one do you think should receive alimony?

OFFE has devoted 10 years of research to these problems and is currently monitoring 150 separate cases of veteran abuse in divorce courts nationwide.. To date, 9 of OFFE's disabled veterans have been jailed for refusing to use their VA disability compensation to pay alimony and/or support. OFFE is convinced that there is a direct link between divorce, homelessness and suicide among our veteran and active duty military population. Creating a situation where a parent is homeless or takes their own life is not in the best interest of any child. As a nation, we ask our young men and women to serve in our military, and if necessary kill and destroy for our protection. Then, we stand quietly by as aspects of our legal system use their military service against them. For more information on OFFE's advocacy refer to <http://www.offe.org>. [Source: Veterans today Jere Beery article 21 Nov 2011 ++]

GUILTY?



Vietnam combat disabled veteran
CALVIN MURPHY
refused to use his earned
disability benefits to pay
spousal support and was jailed

OPERATION FIRING FOR EFFECT
CAMPAIGN 2008
[WWW.OperationFiringForEffect.org](http://www.OperationFiringForEffect.org)

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Flu Prevention Update 04: Flu season is just around the corner, and it is better to get immunized sooner rather than later. While flu shots can be expensive, there are several ways to get your shot free or at a reduced cost. For instance, did you know that US Military Veterans can get free flu shots at local VA hospitals and clinics? This is a free service provided by VA clinics and hospitals to all US military veterans, regardless of when they served. To receive your free flu shot from a VA clinic or hospital, you have to be in the VA's medical system. If you are not already in their system, you will need to provide a copy of your DD Form 214 to prove your military service. After you are in their system, they will require you to fill out a standard health questionnaire and then you can get your shot. It's that easy. For more information about getting a free flu shot from the VA, or to find the nearest VA medical facility, contact your local VA facility.

If you have family members how do not qualify for the free flu shots, try these tips for free or inexpensive flu shots:

- Local hospitals and clinics – some charge as little as \$10-20 per shot. Check in your local community for more information.
- Insurance company – TRICARE plus many other insurance companies provide free or reduced immunizations. Check your policy to see if you are eligible.
- Grocery stores, drug stores, and retailers – Many stores that see a lot of foot traffic offer customers a way to get inexpensive flu shots. This is a great way for them to increase their traffic, and the stores' management know that when people come for a flu shot, they are also likely to spend money shopping.
- Employer – Many companies and employers provide free or discounted flu shots because the cost is much less expensive than the lost productivity of people missing several days for the flu.
- Airports – Some airports now offer flu shots as a way to reach the travelers.

[Source: The Military Wallet Ryan Guina article 22 Nov 2011 ++]

Awards Replacement Update 03: The military recognizes that military medals are often a cherished part of family history and makes replacement medals, decorations, and awards available to veterans or their next of kin if the veteran is no longer living or able to make the request on his or her own behalf. Requests for replacement medals, decorations, and awards should be made to the veteran's respective branch of service, with the exception of Army and Air Force (including Army Air Corps) veterans; requests should be sent to the National Personnel Records Center (NPRC) in St. Louis where the records will be reviewed and verified. The NPRC will then forward the requests to the respective service where the medal, decoration, or award will be issued after verification of entitlement from the veterans records. The military won't issue replacement medals or awards to just anyone. You typically need to be the veteran or next of kin to receive a replacement medal or decoration. When it comes to military records requests, there are three categories of people who can make a request. They include the veteran, Next-of-Kin (NOK), and the general public. It is important to note that Next-of-Kin doesn't include all familial relationships. According to the National Personnel Records Center (NPRC), NOK includes:

- For the Air Force, Navy, Marine Corps & Coast Guard, the NOK is defined as: the un-remarried widow or widower, son, daughter, father, mother, brother or sister.
- For the Army, the NOK is defined as: the surviving spouse, eldest child, father or mother, eldest sibling or eldest grandchild.
- If you do not meet the definition of NOK, you are considered a member of the general public.

Replacement medals, decorations and awards should be requested on SF 180, Request Pertaining To Military Records. This form can be downloaded from <http://www.va.gov/vaforms>. Each request should be filled out neatly, and should include the veteran's branch of service, social security number, dates of service, and it should be signed by the veteran or the next of kin if the veteran is incapacitated or deceased. Where to forward it to is indicated by an address code on the back of the SF 180. Supporting documentation such as discharge paperwork or the veteran's DD Form 214 can help speed the process. Additional information on where to send the form and who is eligible to make the request can be found at the NPRC website. In general, requests made by the veteran are fulfilled at no cost. This includes requests made by family members who have the signed authorization of the veteran. There may be an associated fee for requests made by next of kin, especially if the request involves archival records (records are considered archival records 62 years after the veteran's date of separation from military service). Members of the general public may be able to request a copy of the servicemember's military records, but are not able to receive a medal issued by the service. However, they would be able to purchase these from commercial sources. [Source: The Military Wallet Ryan Guina article 22 Nov 2011 ++]



Flathead National Park Memorial: A statue of Jesus Christ in Montana's Flathead National Park has stood with outstretched arms atop Big Mountain for almost 60 years, but it remains uncertain how much longer it might watch over the valley. A recent decision by the U.S. Forest Service put the statue in jeopardy for remaining on Big Mountain. In late OCT, they chose to withdraw that decision to formally seek public comment on the proposed action for reissuing the permit. The Forest Service's withdrawal of the earlier decision to deny the permit came on the heels of public outcry over the threat to remove the statue. The statue, which sits near the top of Chair 2, is on a 25-by-25 foot parcel of land leased from the Forest Service since 1953. The painted statue of Jesus Christ is a memorial to local World War II veterans. The Flathead Forest Service learned from the Montana State Historical Preservation Office that the site might be eligible for listing on the National Register of Historic Places.

The permit for the statue expired last year. Montana Congressman Denny Rehberg, who sent multiple letters to the Forest Service about the statue, applauded the temporary protection. "This decision to give us more time to find a more permanent solution is great news, but it's only the first step," Rehberg said a prepared release. "Now we've got to make sure this historic World War II monument is protected for generations to come. All of the credit for this temporary reprieve belongs to the thousands of folks from all over the country who refuse to let this injustice stand." The "Save Jesus Whitefish Montana" Facebook page had more than 600 likes and a petition called "US Forest Service: Permit the Statue of Jesus to remain on top of Big Mountain in Montana" on <http://www.change.org/> had about 550 signers. Congressman Rehberg formally introduced legislation 21 NOV to save the Jesus statue. House Veterans Affairs Chair Jeff Miller (R-FL) is cosponsoring the bill. Rehberg also has launched a website to gather public comments on the issue at www.veteransjesus.com.



The Knights of Columbus, whose members installed the statue, applied for renewal, but were denied after concerns that the statue violates the Establishment Clause of the U.S. Constitution for promoting any religious doctrine. The Knights of Columbus appealed the decision. Phil Sammon, media coordinator for the Forest Service's Northern Region, said the decision was made based on case law. "Our people live in the community and we appreciate the historical significance of the statue," he said. "We really understand the importance of the statue and we're doing our best to work with the Knights to find a solution." A Wisconsin-based atheist group, Freedom From Religion Foundation, last week was claiming credit for persuading the Forest Service to deny the permit. "The Knights of Columbus and its backers claim the Jesus statue memorializes World War II veterans - specifically Catholic members at Kalispell's St. Matthew's parish. This is a sham designation that insults and excludes the many 'atheists in foxholes' and non-Christian veterans who defended our country," said Annie Laurie Gaylor, co-president of the group, in a prepared release.

The Knights of Columbus No. 1328 have maintained the statue and note that moving it will likely damage it. "This statue represents all the World War II vets that came home to Montana, and we erected it with the support of the Mountain division of the military," said Bill Glidden, Grand Knight of the Kalispell Council. "It's been up there for 60 years and I've never heard someone in this area complain about it." Members of the Knights of Columbus at Kalispell's St. Mathew's parish, some of whom were World War II veterans, installed the statue. The religious statues they came across in the mountains in Europe during the war inspired them and they wanted to create something similar at home. Many of the World War II veterans, including those who were part of the 10th Mountain Division, returned home to help build the modern ski industry. [Source: Whitefish Pilot Heidi Desch article 21 Oct 2011 ++]

POW/MIA Update 07: The Department of Defense POW/Missing Personnel Office (DPMO) announced 2 NOV that the remains of a U.S. serviceman, missing in action from the Korean War, have been identified and will be returned to his family for burial with full military honors. American Indian Army Cpl. Eugene M. Morelli, 21, of Santa Ysabel, Calif., was buried on 5 NOV, in Ramona, Calif. In February 1951, Morelli and elements of the U.S. 2nd Infantry Division of the United Nations Forces, were forced to withdraw during the Battle for Hoengsong, in South Korea. Morelli was captured by Communist Forces and held in a POW camp in Suan County, North Korea. In 1953, after the conclusion of the war, and the exchange of Prisoners of War known as "Operation Big Switch," a returned U.S. soldier reported that Morelli had died in captivity due to malnutrition.

Between 1991 and 1994, North Korea gave the United States 208 boxes of remains believed to contain the remains of 200-400 U.S. servicemen. North Korean documents, turned over with some of the boxes, indicated that some of the human remains were recovered near where Morelli was held as a POW. Among forensic identification tools and circumstantial evidence, scientists from the Armed Forces DNA Identification Laboratory and the Joint POW/MIA Accounting Command used dental records, and mitochondrial DNA from a cheek swab provided by his niece Rosemarie Southcott Johnson in the identification. [Source: Run For the Wall article 2 Nov 2011 http://rftw.org/forum/forum_posts.asp?TID=2134&PID=27330 ++]



Eugene (Mackie) Morelli at age 17

Wyoming Veteran Homes Update 02: Wyoming, one of two states without a state-funded nursing home, had a veteran population of 55,510 as of 30 SEP, according to the U.S. Department of Veterans Affairs. Of that number, 39 percent are older than 65, and that percentage is expected to climb in the next couple of decades. The 117-bed Veterans Home of Wyoming in Buffalo only offers assisted-living or domiciliary care. Veterans currently can use VA facilities in Sheridan or Cheyenne, the Wyoming Retirement Center in Basin or private providers if they need skilled nursing care. The report states that because of the rising population and their different needs, for current or past veterans, "simply relying on the (VA) to provide long-term care and other specializes services may not be an adequate approach for the future." Larry Barttelbort, director of the Wyoming Veterans Commission, said the audit report reinforces his belief that there is a gap in providing this type of care for veterans. "Finding long-term care for veterans is very important," he said. "I don't think we are in trouble. This is just a matter of seeing what our needs are and looking carefully to see if we can fill those needs."

Among the options the audit suggests: expanding the Veterans Home of Wyoming or building a new centrally located nursing home. In October, the Joint Transportation, Highways and Military Affairs Interim Committee voted to recommend a bill to spend \$1.65 million to help construct a facility in the state using the green house living concept model. The Wyoming Veterans Commission initially proposed the plan, which would follow a national movement to shift senior care to small, community-based nursing homes instead of large institutional facilities. The project would create two "cottages" that would each house and provide long-term care for 12 veterans. But there are questions about whether the state could get access to the land in Sheridan, where the project was originally proposed to be located. In addition, the audit report says it could be more cost-effective to build a new facility, which could potentially still use the green house living concept model, at the Veterans Home of Wyoming.

Rep. Michael Madden — R-Buffalo, vice chairman of the Legislature's Management Audit Committee, which approved the report — said there are many factors to consider in the audit's recommendations, and he does not yet know which way the Legislature will go. The audit does not reflect any glaring gaps or problems that need to be addressed immediately, he said. Instead, the report brings up important policy questions that warrant further study and debate by legislators and other stakeholders, including veterans, Madden said. "We have to look at our capacity, our strengths and what we might not be offering," he said. [Source: Associated Press article 19 Nov 2011 ++]

Credit Card Offers Update 01: If you or your dependents are heading off to college, you're probably looking at credit cards for college students. Despite popular belief, credit cards are not evil incarnate. In fact, building up a credit history while you're still in college can serve you well when you fill out a rental application, take out an auto loan, or get car insurance. But issuers know that you're probably inexperienced in choosing a credit card, so be on the lookout for gimmicks, tricks and slick marketing.

1. **No co-signer required.** Many college student credit cards advertise that they don't require a co-signer. Actually, they're just like every other credit card. If you have an income of your own (usually, you don't earn enough as a full-time student to qualify), you don't need a co-signer on any credit card. On the other hand, if you don't have an income, you'll need a co-signer no matter what. Per the Credit CARD Act of 2009, your credit card application will be considered based on the income of the people liable for the debt. If you don't have any cash, sorry, you'll need a parent on the card with you, no matter what.

2. **Good GPA discounts.** Some rewards cards will give extra points if you have good grades. Mind you, extra rewards are extra rewards, but the marketing is still a bit misleading. For example, one credit card promises up to 2,000 points twice a year for getting good grades. However, you get the full 2,000 points only if you have a 4.0. If you're mortal, like the rest of us, the most you can get is 750 points with a GPA between 3.5 and 3.99. The card advertises \$20 in rewards, but if you've got a 3.9, you'll only get \$7.50.

3. **Shiny rewards programs.** Credit card companies want you to get rewards credit cards. Really. Even though it looks like they're giving away money, they'd actually much prefer that you go with a rewards card over one with a low APR. That's because they know that even though you know you shouldn't carry a balance on a rewards card, you probably will. Don't be taken in. If you figure that you'll have credit card debt, go with a low interest credit card. Although they're not as enticing as pretty rewards programs, you'll save more in the long run.

4. **Prepaid debit cards.** Many credit card issuers also offer prepaid debit cards as an alternative to lines of credit. They'll bill these as a great way for college students to learn financial responsibility and money management, since you can't spend more than what's on the card. What they don't tell you, however, is that prepaid debit cards often come laden with hidden fees and charges. These can range from monthly maintenance fees to a charge every time you make a transaction, make an ATM withdrawal or check your balance. If you're going prepaid, read the fee schedule carefully. Generally, though, you're better off with a regular old checking account with no fees.

If you're considering a credit card be very careful. Read the terms and conditions, especially the information on the rewards programs. You may see limits on the number of rewards you can earn a year, or high rewards rates that only kick in after you've spent a certain amount. Know your spending habits. Will you carry a balance? Then choose a low APR card. Can you handle credit at all? Be honest with yourself: if your parent or spouse is co-signing the card, any missed payments on your part will drag their credit score down as well. Like most parts of college, credit

cards represent newfound freedom but also significant responsibility. [Source: BBB Newsletter Tim Chen article Sep 2011 ++]

Better Business Bureau: The Better Business Bureau (BBB) cautions the holidays have a way of bringing out the scammers - unethical people and companies who target veterans - especially older vets. The Bureau has a Military Line with free consumer protection and financial literacy services and online resources with information on the latest scams, schemes, and ID theft tactics. Since 2004, the Military Line has been available to our military communities providing financial literacy and consumer protection through the efforts of 116 BBBs across the U.S. The five main components of the program are:

1. **Education** - Many Local BBBs on and around military installations teach financial readiness classes to service members.
2. **Outreach** - BBB attends and supports community fairs, conferences and other events, speaking with service members and distributing information.
3. **Information** - The BBB website provides a one stop shop for articles, links and consumer alerts for each branch of service. It contains a resources page at <http://www.bbb.org/us/Military/resources/> for free consumer guides written just for military members and can be found on Facebook and Twitter. BBB also offers a monthly e-newsletter "The Trusted Scout" which helps readers be better consumers and avoid scams designed to part military members from their hard-earned money. Sign up can be accomplished at <http://www.bbb.org/us/Military/Newsletter/>.
4. **Data Collection** - BBB analyses data to help identify the threats and needs of the military community in the marketplace.
5. **Complaint and Dispute Resolution** - Filing a complaint online at <https://www.bbb.org/consumer-complaints/file-a-complaint/get-started> with BBB helps military consumers resolve disputes and alerts BBB to issues affecting the military community at large.

The top seven scams the BBB Military Line said Veterans and military families should watch out for:

1. Someone posing as the Veterans Administration and contacting vets to say they need to update their credit card, bank or other financial records with the VA.
2. Charging veterans for services, such as military records, they could get for free or less expensively elsewhere.
3. Fraudulent investment schemes that convince veterans to transfer their assets into an irrevocable trust.
4. Offering "instant approval" military loans ("no credit check," "all ranks approved") that can have high interest rates and hidden fees.
5. Advertising housing online with military discounts and incentives, and then bilking service personnel out of the security deposit.
6. Trying to sell things like security systems to spouses of deployed military personnel by saying the service member ordered it to protect his or her family.
7. Selling stolen vehicles at low prices by claiming to be soldiers who need to sell fast because they've been deployed.

The BBB also warns that the holiday season is a time to watch out for questionable charity appeals that say they are raise money on behalf of military organizations. Before you donate, you can check out the organization with the BBB to verify that the charity meets BBB charity standards at <http://www.bbb.org/us/bbb-accredited-businesses/>. [Source: Off The Base Bobbie O'Brian article 21 Nov 2011 ++]

VAMC Miami Update 01: A survey by Sherwood Ross, an Air Force veteran who formerly reported for major dailies and wire services and now writes on military and political topics, found that veterans treated at the Miami VA hospital rate their care as outstanding. Although the sampling was small, when asked to grade the hospital on a scale of one to ten, the combined ranking was 9.2. In fact, only one veteran rated the care as low as 6. And nearly half the respondents gave the hospital a perfect 10. The survey was made on the hospital grounds over the 16-17 NOV period just as the VA replaced hospital head Mary Berrocal with Cheri Szabo, the medical director of the West Palm Beach VA facility. Berrocal was transferred in the wake of revelations that 3,000 vets in 2009 underwent colonoscopy procedures with instruments that had been washed but not sterilized. Of the 3,000 veterans exposed, the Associated Press reported, five later tested positive for HIV, eight for hepatitis C and one for hepatitis B. None of those interviewed in the survey sampling volunteered they had been in the colonoscopy group.



The veterans praised the professionalism and the attitude of the doctors and nurses and universally expressed satisfaction with their treatment. The main complaint was voiced by the Coast Guard vet who said, “if they could only pick up the schedule” and by the Navy Purple Heart recipient who said, “the service can be a little slow.” Generally speaking, though, the veterans made allowances for “overcrowding.” Miami VA treats some 56,000 patients annually, says Shane Suzuki, public affairs officer of the Miami VA Health Care System, adding, “We have taken huge steps to dramatically reduce our waiting time over the past two years.” Those surveyed had the following to say about the facility and services:

- “Sometimes you got to wait two or two and a half hours” to be seen, said Jose Negron-Perez, 67, an Army veteran. But once treatment begins, he has no qualms: “I’m in dialysis three times a week and they do a very good job.”
- “I’m very happy with the doctors and staff,” said Army vet Donald Moore, 49, of Miami, whose assignment was to guard U.S. bombers in Germany. “I can go on and on about how well I’m treated.” One vet who declined to be quoted by name added, “They have a really good spinal chord unit here.”
- “The doctors and staff seem to go out of their way to help me,” added Roy Lawrence, 65, a former Army radio operator. And a 48-year-old former Army airborne veteran said, “They’ve never let me down and the food is great.”
- One Navy veteran, now 53, with heart and kidney problems, said, “They saved my life. You don’t get this treatment anywhere else. And the people are so friendly!”
- Edward Gray, of Miami, a Coast Guard veteran who gave the hospital a 99.9 per cent rating, said, “I was a slave to crack. It was costing me \$700 a month. I was treated here and I’ve been clean for 12 years.”
- Several veterans stressed their relief that the VA picked up the bills for their care. Praising the doctors as “wonderful,” Viet Nam era veteran Charles Barnett estimated his bill for surgeries in a private hospital would have cost him \$60,000.

- John Smith, 65, a Navy veteran who served during the Viet Nam war, said, “I wouldn’t be living without the pacemaker they put in me two years ago. The operation would have cost \$8,000. They saved my life right here.”

Appraised of the findings of this survey, Suzuki said, “I think it’s a reflection of the dedication of everyone at the VA and I’m proud that our patients think so highly of us.” [Source: OpEdNews.com Sherwood Ross article 19 Nov 2011 ++]

VA Caregiver Program Update 11: The Department of Veterans Affairs is implementing a telephone support program to help the spouses of returning Iraq and Afghanistan Veterans, after a pilot telephone support program showed significant reduction in stress for spouses. Typical issues spouses and Veterans face after deployment which the program focuses on include communication difficulties, the need to renegotiate family roles and responsibilities and the added stress of combat related injury. Spouses of returning vets have reported feeling overwhelmed, depressed, anxious and frustrated. . “Providing support to family caregivers is the right thing for VA to do,” said Dr. Robert Petzel, VA’s under secretary for health. “A simple series of phone calls can do so much good. Certainly, those who fought for our nation and the spouses who allowed them to make that sacrifice deserve this support.” Spouses participate in 12 telephone support groups over six months

Secretary of Veterans Affairs Eric K. Shinseki in a VA press release said, “Returning to civilian life after living in constant combat readiness can be a shocking transition, and it is the immediate family, the spouses and children, who bear that brunt of that transition with those who served ... The more support we can provide to the family, the better the outcome will be for our Veterans.” The spouse telephone support program is part of VA’s Caregiver Support Program which can be reached at 1-855-260-3274. The program is based on research by VA researchers Dr. Linda Nichols and Dr. Jennifer Martindale-Adams, of the Memphis VA Medical Center and the University of Tennessee Health Science Center. You can find general information about the spouse telephone support program at <http://www.caregiver.va.gov> Both researchers developed and studied interventions for family members of Veterans and military personnel. Their work with spouses of post-deployed and deployed military personnel is funded through the Defense Health Program, managed by the U.S. Army Medical Research and Materiel Command. [Source: Off The Base blog Bobbie O'Brien article 18 Nov 2011 ++]



VA Home Loan Update 36: President Barack Obama has signed H.R.2112, the Consolidated and Further Continuing Appropriations Act of 2012 into law renewing the expired higher loan limits for Federal Housing Administration (FHA) and U.S. Department of Veterans Affairs (VA) loans for an additional two years, through 31 DRC 2013. The higher loan limits expired on 1OCT 2011 , when the size of a mortgage that the FHA could buy or guarantee was reduced to \$625,500, down from \$729,750. In addition, the formula for establishing limits for high-cost areas also fell from 125 percent to 115 percent of an area’s median home price. Prior to President Obama's signature, H.R.2112 was approved by a 298-121 vote in the U.S. House of Representatives, and was faced with opposition by 101 House Republicans, many of whom opposed the measure due to the loan limit increase. "Restoring the higher FHA loan limits will help to stabilize home values, provide constancy while private investors re-enter the market, and enable millions of creditworthy consumers to get home loans with the best mortgage rates and lowest fees and down payment requirements," said National Association of Home Builders (NAHB) Chairman Bob Nielsen. H.R.2112 will provide a total of \$128 billion in discretionary appropriations to provide funding for three fiscal year 2012 appropriations bills: Agriculture, Commerce-Justice-Science, and Transportation-Housing and Urban Development. The Consolidated and Further Continuing Appropriations Act of 2012 will provide approximately \$1.3 billion for management and administration of the U.S. Department of Housing & Urban Development (HUD), an increase of \$16 million or one percent over 2011 and a reduction of \$18 million from the president’s request. [Source: Mortgage Professional Magazine article 18 Nov 2011 ++]



Valor Flight Program: More than 100 Korean War veterans from Alabama traveled to Washington D.C. on Veterans Day weekend to visit the Korean War Memorial in the first trip of its kind. The nonprofit organization Valor Flight sponsored the trip to grant the veterans’ wishes to visit the memorial. This was the first trip that the organization has sponsored. During the day of honor and remembrance, the veterans toured the Korean War Memorial, the Tomb of the Unknown Soldier at Arlington National Cemetery, the Iwo Jima Memorial and other famous sites. At the Iwo Jima Memorial, Navy Cmdr. John O’Brien, member of the Department of Defense 60th Anniversary of the Korean War Commemoration Committee, awarded each of the veterans with a certificate of appreciation signed by Defense Secretary Leon E. Panetta in honor of their service during the Korean War. “Your country has not forgotten your sacrifice. Your utter selflessness has made possible the freedom and prosperity we enjoy today,” O’Brien said.

The non-profit Valor Flight organization program is modeled on the Honor Flight program that takes World War II veterans on day-long trips to the nation's capital. The initial trip cost roughly \$100 thousand dollars and the organization hopes to raise another \$100,000 for a another mission in Spring 2012. Valor Flight President Steve Celuch said, “For our Korean War veterans, the men and women who served, it is critical that their sacrifices are not forgotten. This flight is one small way for us to say ‘thank you’ for their enormous contribution,” Celuch said. The organization, which is based in Madison, Ala., seeks to recognize Korean War veterans for their service to the nation. Valor Flight is a Tennessee Valley program. The flight, tour, and meals are provided at no cost to the veteran. Flights depart Huntsville about 6:30 a.m. and land in Washington D.C. around 10:00 a.m. Veterans tour the

memorials, eat, and return to Huntsville by about 8:30 p.m. The following is applicable to those who submit an online application for the next trip:

- Selections are first-apply, first-served; exceptions are made for the very ill and veterans over 80 years old.
- No family members may travel with you. You will be assigned a Guardian to help take care of you.
- You will never be asked for money from Valor Flight. You have already paid your debt with your service.
- All Valor Flight personnel, including the Officers and Committee Directors, are volunteers.
- If you have already visited your Memorial, you are not eligible for Valor Flight.

For more information about Valor Flight and access to the online application refer to <http://valorflight.com>. [Source AFPS Amanda Burke article 14 Nov 2011 ++]



Korean War Memorial - Veterans observe the changing of the guard at the Tomb of the Unknown Soldier

DoD Sexual Abuse: A female Sailor who worked in a support role for a Virginia Beach-based SEAL team is one of 28 plaintiffs who allege in a federal lawsuit file 6 SEP 2011 [Case 1:11-cv-00151-LO -TCB] that they were raped or sexually assaulted with virtual impunity while on military duty. The plaintiffs -- 25 women and three men from all of the services -- accuse two former defense secretaries, Donald Rumsfeld and Robert Gates, of allowing the perpetuation of a military culture in which sexual abusers go unpunished and are even promoted, while their victims are discouraged from seeking justice and subjected to harassment and retaliation when they do. Petty Officer 1st Class Amy Lockhart alleges she was raped by a member of a Beach-based SEAL team while she was blacked out after a night of drinking with Sailors during a pre-deployment training trip to California in February 2010. She also says her senior enlisted leader failed to take her accusations seriously, dismissing them with degrading, sexually charged language, including calling her a "slut." When Lockhart pressed ahead with the rape allegation, it was investigated by the Navy and the charge was dismissed after a preliminary hearing on grounds of insufficient evidence. After a separate investigation, her senior enlisted leader, a command master chief petty officer, was stripped of his position and reassigned.

Navy SEALs -- highly trained, secretive, sea-air-land commandos -- are still an all-male enclave, but an increasing number of their support personnel are women. Of the 20 women in Lockhart's SEAL support unit interviewed during the Navy's investigation of her case, half said they had experienced sexual discrimination or harassment. Nevertheless, "there is no systematic or organizational bias against female personnel" in the unit, the investigators wrote in their report. "Unfortunately there was a clear failure of leadership in this instance." On the investigators' recommendation, the commanding officer of Naval Special Warfare Group 2 ordered commandwide training on sexual harassment and discrimination. The master chief's treatment of Lockhart was deemed "an isolated lapse in judgment." Unsatisfied with the Navy's handling of her case, Lockhart is now pressing her allegations in a broader forum. In September, she was added as a plaintiff in the civil lawsuit, originally filed in February in U.S.

District Court in Alexandria, accusing America's top military leaders of letting sexual abuse continue unchecked in the services.

The suit was filed by Susan Burke, a Washington attorney, with assistance from the Service Women's Action Network, a national support group. Government lawyers have moved to have the case dismissed, arguing that the courts shouldn't interfere with military command and discipline and that Rumsfeld and Gates had no personal involvement in any violation of the plaintiffs' rights. The case is playing out against the backdrop of a Government Accountability Office study finding that sexual harassment still occurs frequently in the military despite long-standing efforts to root it out. Alleged victims of harassment almost never formally report it, the study found, in part because they believe their complaints would not be taken seriously. [Source: The Virginian-Pilot Bill Sizemore article 14 Nov 2011 ++]

DoD Sexual Abuse Update 01: In the face of a rising tide of criticism over the military's handling of reported sexual assaults, a Pentagon spokesman said Defense Secretary Leon Panetta is preparing orders that make ending this "silent epidemic" a top department priority. "He believes it is no longer acceptable that we say that we can just do better on this, [but] that we need to take action," Pentagon Press Secretary George Little said '8 NOV. "In the coming months, you will see him issue very direct guidance to the department on this very important issue and problem." According to the Pentagon's estimate, the 3,158 sexual assault incidents reported in 2010 represented just more than 10 percent of those that actually occurred. The Defense Department has long been passive about the problems of underreporting as well as of botched rape investigations, victims and their advocates say. Panetta and his staff are studying a range of aggressive actions to end the long-standing problems, Little said, but he declined to name specifics. The decision, Little said, was spurred both by urging from senior DOD staff and by recent congressional and court actions.

Rep. Jackie Speier, a northern California Democrat, this week introduced legislation that would change the way alleged sex assaults in the military are investigated. Instead of remaining in the normal chain of command, the bill would require the investigations be handled by a new Sexual Assault Oversight and Response Office. "We owe our brave women and men in the military a justice system that protects them, not punishes them when they become victims of sexual assaults and rape committed by other service members," Speier said in a statement on her website. A federal class action lawsuit filed early this year accuses the DOD under former secretaries Robert Gates and Donald Rumsfeld of failing to take steps to prevent assaults, and not taking seriously the need to investigate sexual assault allegations. The lawsuit now includes dozens of men and women, some of whom say they were repeatedly raped and harassed while department leaders failed to take action. Little said there would be no inaction with Panetta in charge. "He is getting out ahead of this issue," he said. "He's taking this on as a major priority." [Source: Stars & Stripes Chris Carroll article 18 Nov 2011 ++]



Secretary of Defense Leon E. Panetta

VA Diabetes Mellitus Care Update 08: November is American Diabetes Month, a nationwide campaign to encourage all Americans to know their risk for diabetes, and to take action steps to decrease their risk of developing diabetes. The Veterans Administration estimates that nearly 25% of veterans being treated at the VA have diabetes. The high rate among veterans is attributable, in part, to the older average age of veterans being treated by the VA. The Centers for Disease Control and Prevention estimate that nearly 26 million people, or about 8 percent of the US population, have diabetes. That includes about 11 million persons 65 and older, or about 27% of seniors. In the United States, about one-in-four persons with diabetes are not aware that they have the condition. While exact numbers are not available, it is likely that the number is lower for Veterans receiving regular VA primary care. However, many Veterans of all ages are at risk for diabetes because of the high rate of obesity and those who are overweight receiving VA care.

An individual does not have to achieve drastic weight loss. Losing about five percent of one's weight will help. In recent studies, a weight loss and exercise program was more effective than medication in both younger and older individuals. The medication was not effective in persons older than 60. The VA offers a weight management program called MOVE! to all Veterans who are overweight or obese and for whom weight management is appropriate. It supports Veterans in developing plans that work for them to lose or maintain weight through balanced diet, physical activity, and behavior change approaches. For the program to be tailored to the individual's needs, the Veteran can complete a 23 item questionnaire. MOVE! is available in multiple convenient formats including group sessions, telephone-based care, and a new home messaging program called TeleMOVE! which uses the telephone line, provides daily support, and is interfaced with a scale for weekly home weigh-ins. Additional information on this program can be found at <http://www.move.VA.gov>. Talk with your Primary Care Team about MOVE!.



Although the focus of American Diabetes Month is to identify individuals at higher risk for developing diabetes, it is important to remind persons who already have diabetes of the importance of weight loss and physical activity in managing diabetes. Additionally, persons with diabetes or at risk for diabetes should manage other conditions, such as hypertension or high lipid levels, appropriately, and if they have diabetes, they should be screened at regular intervals for early signs of kidney, foot or eye conditions. Some other risk factors associated with diabetes are:

- Family history of diabetes
- Pre-diabetes (high fasting blood glucose — ask your doctor)
- Hypertension (high blood pressure)
- Low “good cholesterol” (HDL) and high triglycerides
- Presence of heart or other vascular disease

- Very low physical activity

Refer to <http://www.va.gov/health/NewsFeatures/20111115a.asp> for additional information on VA's diabetes care program. [Source: Off the Base Bobbie O'Brien article 16 Nov 2011 ++]

Vet Jobs Update 43: The House overwhelmingly passed legislation 16 NOV offering a host of new job training programs for veterans and offering employers up to \$9,600 for hiring them. But it could take months before veterans see any benefits. Following the 422-0 House vote, House Veterans Committee Chairman Jeff Miller, (R-FL), who authored much of the legislation, called the measure “a major victory for veterans that will help hundreds of thousands of veterans who are currently unemployed.” The Senate has already adopted the measure (by a 94-1 vote), and President Barack Obama is expected to sign it into law in the coming days. In a statement, he praised tax credits for employers hiring vets, a proposal he championed, as a way to create new jobs and get veterans back to work. Those go into effect the day the measure becomes law. Businesses can collect up to \$5,600 in tax credits for hiring an unemployed veteran, and up to \$9,600 for hiring a wounded veteran. In August, White House officials estimated that move alone could help create more than 25,000 jobs for veterans in the next few years.

Most of the bill's provisions will take months to implement. But House and Senate staffers said that's because the items are addressing the root of the unemployment issues, looking for long-term solutions to keep veterans working. These include:

- A provision that offers pre-9/11 veterans an opportunity to qualify for as much as \$17,600 for education and training. That amounts to more than \$1,300 a month for classes, certification and living expenses. This benefit can be used for finishing up a college degree, certification, vocational training, on the job training and more. To qualify, veterans must be 35 -60 years old, unemployed, and not currently enrolled (or within the past 6 months) in a State or federal job training program. This new benefit could help about 60 percent of the current 850,000 unemployed veterans. Complete details will be worked out by the VA after President Obama signs the bill, as he is expected do shortly after he returns from his current overseas trip.
- Disabled veterans who have exhausted their unemployment benefits will also be eligible to receive another year of vocational rehabilitation and employment benefits, but that also won't start until next summer. But that retraining program will only be open to 45,000 veterans next year, and won't start until July at the earliest. The program is open to veterans of all ages, and Department of Veterans Affairs officials are expected to start taking applications soon.
- In an effort to help troops avoid that gap in employment between their military service and their new civilian life, the measure also calls for the Defense Department to overhaul the transition assistance program, and make it mandatory for all departing servicemembers. But that overhaul won't be complete until November 2012.

Department of Labor officials will immediately begin work on finding ways to better translate military skills to civilian sector jobs, and establishing a model for more uniform certification and licensing credentials. Getting that certification has been a major complaint from veterans groups, who note that military medics can face years of classes to work as civilian emergency medical technicians when they return home because of state licensing rules. But the Labor Department report on possible fixes to those problems also won't be completed until fall 2012, though officials there have already started discussing ways to implement those findings more quickly. Even with the delays, lawmakers and veterans groups hailed the jobs bill passage — the only major jobs measure approved by Congress in recent months — as a significant step forward. VA Secretary Eric Shinseki said in a statement that the legislation “sends a message that a grateful nation honors their service and sacrifice and wants to welcome them all the way home.” According to Bureau of Labor Statistics data, last month more than 850,000 veterans nationwide were

looking for work, and nearly 30 percent of them were veterans from the post-9/11 era. [Source: Stars and Stripes Leo Shane article 17 Nov 2011 ++]

Vet Jobs Update 44: VA for Vets, a new program to help Veterans find appropriate careers at the Department of Veterans Affairs, officially launched on Veterans Day. VA for Vets is a new program that takes a high-tech and high-touch approach to recruiting, hiring, retaining, and reintegrating Veterans into the VA workforce. As part of its high-tech solution, the program offers state of the art online tools for Veterans as they seek employment or look to further career development opportunities. The online Career Center includes: a military skills translator that translates military skills into civilian language; a resume builder that tailors Veterans' resumes so they can more easily compete for open positions in VA; and avatar-based technology that connects deployed service members back to VA during their operational missions. The high-touch solution comes in the form of career and reintegration coaches who are readily available to help Veterans and service members take full advantage of opportunities offered through the career center or to ensure a seamless transition into the VA workforce. VA Secretary Eric K. Shinseki said, "... The VA for Vets program represents a commitment to transforming the way we hire and retain our Veterans. This program requires the personal commitment of all VA employees so we can uphold our sacred trust and moral obligation to care for those who have borne the battle." To learn more about this program refer to <http://vaforvets.va.gov/Pages/default.aspx>. [Source: <http://www.veteranprograms.com/id1708.html> 17 Nov 2011 ++]

Vet Jobs Update 45: Veterans returning from the wars in Iraq and Afghanistan may find expanded job opportunities in border control, according to Congressional testimony by the Department of Homeland Security. At a meeting of the House Homeland Security Committee's Subcommittee on Border and Maritime Security on 16 NOV DHS shared their plans on adapting military systems for domestic use in such areas as curbing illegal immigration, drug smuggling and other criminal activity along southern U.S. border. Homeland Security leaders expressed a willingness to accept the Pentagon's extra inventory when the military starts drawing down its equipment in Iraq and Afghanistan. However, they cautioned that some systems will require additional engineering and staffing to fit within DHS' existing operations. Systems such as blimp-like aerostats, which provide prolonged air surveillance, do not currently have trained crews to operate them. Representative Jeff Duncan (R-SC) proposed a seemingly workable solution to this problem, however. According to Nextgov, Congressman Duncan said, "We've got a huge number of personnel coming out of the military as we wind down in theater in Iraq. There's an opportunity there to hire already trained DoD personnel to run these systems." The DHS leaders testifying said that they would need allocation of funds to pay their salaries as well as some kind of expedited authorities to hire them, but that was something they'd be willing to consider. [Source: TREA News for the Enlisted 18 Nov 2011 ++]

Military Funeral Disorderly Conduct Update 25: Organizations or people who want to protest any funeral would face greater limitations and potential criminal penalties under a bill considered by a Florida House panel 15NOV. The legislation creates a new law requiring that protesters stay 500 feet away from the property where a funeral is being held and prohibits them from protesting one hour before or after the funeral. Breaking the new law would be a first-degree misdemeanor. It was inspired by the protests of Kansas-based Westboro Baptist Church, which celebrates soldiers' deaths as punishment for homosexuality in society. All members of the House Criminal Justice Subcommittee agreed that protesting military funerals was "deplorable," but

some Democrats took issue with the fact it applied to all funerals. The bill passed 11-3 with three South Florida Democrats opposed. "The same rule would now apply to neighborhood drug dealers or other criminals," said one of them, Rep. Dwight Bullard, D-Miami. "The death of that person may be celebrated by the community." Death should never be celebrated, argued Jacksonville Republican Charles McBurney, who voted for the bill. "To think that persons would be celebrating death would be morally outrageous conduct, in this legislator's opinion," McBurney said. He said that his family had a funeral for his father, a World War II veteran, just last week. "I could not imagine having to deal with what I consider morally outrageous conduct that this bill seeks to put limitations on," he said.

The bill was originally targeted at military funerals but was amended to include all funerals in anticipation of a legal challenge. "The heart of the matter is whether the government is regulating speech it disagrees with," said Elliot Smith, a committee intern who has been researching the issue. "By applying it to all funerals ... we are protecting the bill from content-based attacks." In 2006, the state passed a law making it a first-degree misdemeanor to interrupt a military-type ceremony to honor a dead soldier. These events can include the presence of two uniformed members of the military, the folding of the United States flag and the playing of taps. Even members who supported the proposed expanded law said they needed to be careful of the First Amendment implications. "I do think we need to be extra careful with this bill because it does come so close to restricting speech," said state Rep. Jose Diaz, R-Miami. The bill has two more committee stops. [Source: The St. Augustine Record Matt Dixon article 16 Nov 2011 ++]

NDAA 2012 Update 04: The Obama administration threatened on 17 NOV to veto a major defense authorization bill because of language mandating that terror suspects be put under military custody, a sharp escalation of its battle with Congress over the future course of the war on terror. The Senate's version of the bill (S.1867) includes language effectively requiring that al-Qaeda suspects captured overseas -- and potentially at home -- be transferred from civilian custody to the military. The Pentagon opposes the provision, and many Democrats believe it would slow ongoing terror probes and remove skilled FBI interrogators from their work battling domestic threats. "Broadly speaking, the detention provisions in this bill micromanage the work of our experienced counter-terrorism professionals, including our military commanders, intelligence professionals, seasoned counter-terrorism prosecutors, or other operatives in the field," the White House said in a letter to the Senate Armed Services Committee. "Any bill that challenges or constrains the president's critical authorities to collect intelligence, incapacitate dangerous terrorists, and protect the nation would prompt the president's senior advisers to recommend a veto." To date there are at least 270 amendments that are filed and pending.

- One of these was introduced by Sen. Jack Reed (D-RI) to extend protections under the Military Lending Act to prevent predatory loan products from bringing financial devastation to many of our Soldiers, Sailors, Airmen and Marines. This amendment would ensure that lenders cannot evade the original purpose of the Act by simply placing a different label on the same exorbitantly high interest payday loans the Act aimed to prohibit.
- Sen. Barbara Boxer's (D-CA) amendment urging the Pentagon to provide servicemembers access to flexible spending accounts to pay out-of-pocket health and dependent care expenses with pre-tax dollars, just as federal civilians and all corporate employees can.
- Sen. Carl Levin's (D-MI) amendment to authorize early retirement and other authorities to ease inequities during the coming force drawdown.
- Sen. Frank Lautenberg's (D-NJ) amendment to acknowledge in law that career military people pre-pay extraordinary premiums for their healthcare through decades of service and sacrifice
- Sen. Harry Reid amendment would provide concurrent receipt to medically retired (Chapter 61) service members (SA.1131).

- Sen. Bill Nelson (D-FL) amendment would repeal the SBP/DIC offset (SA.1209).
- Sen. John McCain amendment to allow the Pentagon to increase future TRICARE Prime fees by “medical inflation” instead of limiting increases to the lower cost-of-living (COLA) index (SA.1230).
- Sen. Harry Reid amendment to provide full concurrent receipt to those military retirees rated 40 percent disabled and lower (SA.1230).

While there will be many more amendment to surface over the coming days, there is no indication so far of any that would halt the Pentagon’s 13 percent increase in TRICARE Prime fees or change the scheduled increase in future fees by the same percentage increase in the annual cost-of-living calculation. [Source: GovExec.com National Journal Yochi J. Dreazen article 17 Nov 2011 ++]

VA Lawsuit ~ Lack of Care Update 14: On 1 NOV, the Ninth Circuit Court of Appeals announced it will hear oral arguments before an 11-judge panel next month in a landmark case [i.e Veterans For Common Sense et al. v. Peake, Case No. C 07 3758, U.S.D.C. (N.D. Cal. 2007)] filed by Veterans for Common Sense (VCS) and Veterans United for Truth (VUFT) against VA in July 2007. VCS and VUFT sued VA because of long delays veterans faced obtaining VA disability compensation benefits and VA healthcare, especially treatment for post traumatic stress disorder. In a huge victory for our veterans, last May a three judge Court of Appeals panel ruled in favor of VCS and VUFT, saying the long delays violated veterans’ constitutional due process rights. Every day 18 veterans complete suicide, the Court of Appeals found. According to recent VA reports, more than 850,000 veterans are now waiting, on average, five months for a VA claim decision. An additional 250,000 veterans are waiting four more years for VA to decide their appealed claim. “With our expert legal team from Morrison & Foerster and Disability Rights Advocates, VCS will continue the fight to win this very important case, so that our nation’s veterans receive the prompt and high-quality medical care and benefits they have earned and need for their future.” said VCS Executive Director Patrick Bellon. VA delays will worsen as troops come home and leave the service unless something is done. Reform is the only option. On October 21, 2011, President Barack Obama announced end the Iraq War by the end of 2011 and bring our troops home, foreshadowing a surge of hundreds of thousands of additional, new veteran patients flooding into VA medical facilities and filing disability claims. [Source: Veteran News Now article 17 Nov 2011 ++]

VA Clothing Allowance Update 02: Secretary of Veterans Affairs Eric K. Shinseki announced 16 NOV the publication of a final regulation in the Federal Register on clothing allowance that expands the eligibility criteria for Veterans with multiple prosthetic and orthopedic devices or skin conditions caused by prescribed medications. “Veterans whose service-connected disabilities require prosthetic appliances and skin medications deserve financial assistance for the extra clothing they have to purchase,” said Shinseki. “A federal appeals court has ruled that Veterans may be entitled to more than one clothing allowance, and we are adjusting our regulations to make sure Veterans get the benefit of that decision.” The new regulation provides the criteria for more than one annual clothing allowance in situations where distinct garments are affected, and ensures Veterans are adequately compensated for any damage to clothing.

Veterans, who because of a service-connected disability, wear or use a prosthetic or orthopedic appliance that tends to wear out or tear clothing, are eligible for payment of an annual clothing allowance. Examples of appliances include an artificial limb, rigid extremity brace, rigid spinal or cervical brace, wheelchair, crutches or other devices prescribed for the Veteran’s service-connected disability. Veterans, who because of a service-connected skin condition use a medication that caused irreparable damage or stains to outer garments, are also eligible for payment

of annual clothing allowance. The change makes VA's clothing allowance regulations consistent with the U.S. Court of Appeals for the Federal Circuit's holding in the case of Sursely v. Peake.

The application period for an annual clothing allowance is 1AUG through 31 JUL of each calendar year. Payment of more than one clothing allowance to qualifying Veterans will occur in calendar year 2012. VA is in the process of revising VA Form 10-8678, Application For Annual Clothing Allowance, to accommodate application for more than one annual clothing allowance. Currently, the single annual clothing allowance is \$716. In the meantime, if a Veteran wishes to claim more than one allowance, the Veteran may continue to download and complete the current forms at <http://www.va.gov/vaforms/medical/pdf/10-8678-fill%204-08.pdf> and <http://www.vba.va.gov/pubs/forms/VBA-21-4138-ARE.pdf>, to indicate that he or she desires consideration for more than one annual clothing allowance. Veterans are also encouraged to visit VA's web portal eBenefits - Compensation for information on the clothing allowance and other VA benefits. Veterans can also contact their nearest VA regional office at 1-800-827-1000 for more information about applying for more than one clothing allowance. [Source: VA News Release 16 Nov 2011 ++]

VA Claims Backlog Update 55: (Note: Military Times Copyrighted material - Not authorized for reproduction on any publicly accessible website or website accessed newsletter . Forwarding via email in personal communications is authorized.)

A key lawmaker says the Veterans Affairs Department may be unnecessarily delaying disability claims by heaping needlessly complex requirements onto the physicians who screen veterans. When a veteran has multiple health problems and multiple symptoms, doctors are required to determine what portion of a symptom is caused by which disability — a practice that “may not be medically supported and may be unnecessarily delaying the processing of some claims,” Sen. Patty Murray,(D-WA), the Senate Veterans' Affairs Committee chairwoman, wrote in a 16 NOV letter to VA. VA spokesman Josh Taylor had no comment on the specifics in Murray's letter. “The department received the letter today and is reviewing it and will provide a formal response,” he said. The agency currently has more than 868,000 pending claims, 61 percent of which are more than 125 days old.

Unnecessary requirements — such as pro-rating symptoms by disability for veterans with multiple issues — could be part of the reason for delays, Murray said. “I have heard time and time again from veterans who are frustrated with having to wait months, years and even decades for resolution of their claims and appeals,” she said. Murray became aware of the requirement to apportion symptoms to specific disabilities after a VA inspector general review of the department's Seattle regional office — cited as a location with many claims errors. “Medical providers are being asked whether they can differentiate what portion of the symptom is caused by each diagnosis and to provide an opinion as to which overlapping symptom is attributable to each disability,” Murray said. “In cases where a medical provider fails to address this question, regional offices are required to return examinations to the provider, delaying a final decision on the claim.”

The inspector general report disclosed delays when physicians failed to apportion claims in their initial examination, requiring the reports to be returned for further work. Murray said VA could be asking the impossible. “Based on staff discussions with VA physicians, it appears that a medical provider cannot scientifically, with a high degree of certainty, attribute an overlapping symptom to one disability or another,” she said. “If a provider cannot say with a level of certainty greater than 50 percent that a particular symptom is due to only one of the overlapping symptoms, it calls into question the practice of asking a medical professional to answer this question.” In her letter to VA Secretary Eric Shinseki, Murray said if the procedure is not necessary to resolve the claim, maybe it should be dropped. “Returning an examination for failure to address a question that is not supported by medical science

delays the final resolution of a claim and unnecessarily contributes to the claims backlog," she said. [Source: AirForceTimes Rick Maze article 16 Nov 2011 ++]

Army Commemorative Coins Update 01: The Army Historical Foundation (AHF) is reminding soldiers, Army veterans and their families that the U.S. Mint will terminate the production and sale of the 2011 Army Commemorative Coins on 16 DEC. "These commemoratives are the only U.S. coins ever authorized by Congress to honor American soldiers, present and past. They have extraordinary symbolic value and won't ever be available again, so we don't want folks who've put off ordering them, or may not have even heard about them, to miss out and be disappointed once mintage and sales cease," says retired Brig. Gen. Creighton W. Abrams Jr., executive director of AHF. The \$5 gold coin, silver dollar and clad half dollar can be ordered from the U.S. Mint's website (www.usmint.gov/catalog) or by calling 800-USA-MINT (872-6468). The pricing of the coins includes a surcharge – \$35 for each gold coin, \$10 for each silver coin and \$5 for each clad coin – which is authorized to be paid to help AHF build the National Museum of the United States Army at Fort Belvoir, VA. [Source: American Legion Online Update 15 Nov 2011 ++]



2011 United States Army Commemorative Coins.

Military Retirement System Update 11: One of the rationales given by top defense officials and others who have called for changes in the military retirement system is the need to be "fairer to people who leave before completing 20 years of service." Vesting is common in the private sector to allow an increasingly transient workforce to build retirement equity, they say, and the military system should be changed to do that for the 83 percent of servicemembers who leave short of serving a career. That is Bullhockey. There's no comparison between military and civilian careers, and the last thing the military needs is a retirement system based on civilian norms. Unlike corporate America, the services can't go out and hire an infantryman, submariner, or fighter pilot with 10 years of experience, much less a senior commander. They have to grow their own mid-level supervisors and top leaders, and they need powerful incentives to induce large numbers of high-quality people to compete for those positions, despite conditions of service most Americans won't tolerate for even one term.

There are good reasons why 83 percent of entrants aren't willing to stay for a military career, and the last thing the services need is to create another one. Make no mistake, that's what vesting would do: give servicemembers we need to stay for a career one more reason to leave. Over the past 10 years, there's one big reason why many mid-career servicemembers stayed to face a third or fourth combat deployment — the powerful pull of the 20-year retirement system. Without it, the past decade of wartime hardship would have broken the career force. Most who make the “vesting fairness” argument know it's a red herring to serve their real goal of civilianizing the military retirement system. And they'd fund the new exit payment by dramatically cutting retirement benefits for people who serve a multi-decade career. Anyone who cuts benefits for those who serve and sacrifice longest to fund new payments to people who leave forfeits any claim to care about fairness. They also embrace a perverse incentive that can only undermine long-term retention and readiness.

There's only one argument on this issue that makes any sense. That's the concern raised by Rep. Austin Scott (R-GA.) during the military retirement hearing last October — that the coming force drawdown will cause the services to separate many long-serving people who have experienced multiple deployments. Scott is right that we owe more to those who would have pursued a career but will be denied that opportunity for budgetary reasons that are no fault of their own. But the fix isn't to change the retirement system to permanently undermine career retention incentives. During the drawdown of the 1990s, Congress authorized early retirement for people in excess skills who had 15 to 19 years' service. Career servicemembers with less than 15 years were offered substantial voluntary-separation incentives. So why isn't Congress considering those things now? Because they cost extra money, and Congress doesn't want to spend more money — on military people or anybody else. If the concern is to provide fair treatment to overstressed career servicemembers who have to be forced out in a drawdown, MOAA is fully on board. But it's Congress' job to pony up extra money to do that. [Source: MOAA News Exchange Steve Strobridge editorial 10 ov 2011 ++]

VA Rural Access Update 11: November 17th was National Rural Health Day. Currently, there are approximately 22 million Veterans living with about 6.1 million living in rural areas. About 3.3 million of these rural Veterans are enrolled in the VA system which represents about 41 percent of all enrolled Veterans. VHA's Office of Rural Health (ORH) exists to improve access and quality of care for enrolled rural Veterans by developing evidence-based policies and innovative practices to support the unique needs of enrolled Veterans residing in geographically remote areas. Since its inception in 2007, the OHR has supported more than 500 projects/programs, bringing care closer to home through telemedicine, new clinical facilities, transportation programs, expansion of home-based primary care into rural areas, training of rural CBOC providers, rural outreach and health literacy programs, new models of health care delivery and expansion of mental health programs into rural areas.

ORH's Enhanced RANGE (E-RANGE) program is designed to offer outreach services to homeless Veterans in rural areas as well as intensive case management service for Veterans with serious mental illness (SMI) – Veterans who are at especially high risk for homelessness. The program represents an enhanced version of the Rural Access Network for Growth Enhancement (RANGE) Program which was implemented in 2007 for the purpose of providing intensive case management services to Veterans with serious mental illness living in rural areas. E-RANGE initiative developed by the VA Office of Mental Health Services and funded by the ORH expanded specialized community-based mental health and homeless outreach services by locating a set of new programs at VA facilities in rural areas. The programs were provided with funding to support trained staff (3 FTEE per site), vehicles and electronic equipment that allow them to expand the reach of intensive service provision and homeless outreach services in 16 rural communities.

Initial data from the national evaluation of E-RANGE showed that the program has been fully implemented at all sites and is providing effective community-based services to over 600 SMI and homeless veterans from rural communities in roughly equal proportions (48% were initially contacted through homeless outreach, 52% were referred for treatment of SMI). The E-RANGE program reached both underserved VA patients as well as those where were not previously served by the VA at all. Approximately 15% of Veterans in the program had not received any VA mental health services in the 90 days prior to enrollment in the program, reflecting the success of outreach efforts. Veterans who had received mental health services in the 90 days prior to enrollment, had received an average of 13 visits during that time but received 21 visits after enrollment (a 62% increase).

In light of the documented symptom severity and high level of need of this population, it is clear from the evaluation data that their needs for intensive services have been met by the E-RANGE staff. For Veterans who were hospitalized in the six months or a year prior to enrollment, their hospital use declined by 79% on average. E-RANGE Veterans also reported 15% reduction in severity of symptoms and 4.7% improvement in their quality of life from entry to follow-up. For the latest information on VA's rural health initiatives refer to the VHA Office of Rural Health at www.ruralhealth.va.gov. [Source: http://www.ruralhealth.va.gov/highlight/rural_homeless.asp Nov 2011 ++]

VA NVDA Program: Recognizing the need for companionship, a program called "No Veteran Dies Alone" (NVDA) has been implemented across the nation. The goal of this program is to assure no Veteran dies alone. At the VAMC Fresno hospital David Welch was diagnosed with terminal brain cancer two years ago. He underwent surgery and chemotherapy, and the cancer went into remission. He has outlived his doctor's prognosis by more than 18 months, but the cancer has returned. While he lied dying at the Veterans Affairs hospital in Fresno, his loved ones couldn't be with him as often as they would have liked. Distance, work and other obligations keep them from his bedside. Fortunately, at this hospital, volunteers make sure veterans have someone by their sides in their final days. On this day, Sonya Flores and Sarah Koser, two of the volunteers in the hospital's No Veterans Die Alone program, visited with Welch. As Welch, 65, drifted in and out of sleep in his hospital bed, the two women gently touched his arms, held his hands and spoke cheerful words of comfort. Welch spoke in a barely audible whisper, but looked them in the eye and reached for their hands. "Happy birthday," Flores said. "You're looking dapper today." "You have some new plants in here," Koser said. Welch had his room decorated with several silk trees, potted plants, pictures, colorful pillows and quilts, and a birthday bouquet. "We'll come back later, OK?" Flores said as Welch fell back asleep.



Cynthia Latour, left, and Sonya Flores give comfort to David Welch

The volunteers spend time with terminal or seriously ill patients who either have no family or whose families are unable to visit often because of distance or work constraints. The idea for No Veteran Dies Alone, which has served about 47 veterans at this facility since it began in April, came from similar programs at other hospitals, said program coordinator Jenny Chalifoux. Most of the 60 volunteers work at the hospital – Flores, 41, is a human resources assistant, and Koser, 24, is an environmental engineer. Flores, who served in the U.S. Army Reserve for 14 years, was immediately attracted to the program. "There's such a need," she said. "If this was any of my family, I'd appreciate it if someone could be with them if I couldn't." Koser said she and other volunteers also benefit from getting to know the veterans. "They want to pass along their wisdom before it's too late," she said. "They love giving me advice." Volunteers talk to patients, read to them or watch television together. But they also simply sit quietly beside them, said volunteer Greg Wike, 59, patient safety manager at the VA hospital. As a former intensive-care nurse, Wike said, he was "surrounded by death" and isn't put off by visiting the dying. "I can understand the situation and know when not to say anything," he said.

The patients in the program have been World War II veterans in their 90s, Korean War veterans in their 80s and Vietnam veterans, most in their mid-60s, said Doretta Annis, coordinator of the hospital's palliative care program for seriously ill patients. There have been two veterans of Desert Storm and a few female veterans. About one-third of the patients live far from family or are estranged. And some family members simply cannot watch their loved ones die, Annis said. "Our volunteers become their family." Being with someone at the moment of death is a humbling experience, Chalifoux said. "I'm the last person they see, the last voice they hear." To volunteer for the No Veteran Dies Alone program at the Fresno Veterans Affairs hospital, call (559) 225-6100. Ask for voluntary services.

The VA Black Hills Health Care System in Hot Springs South Dakota is initiating a volunteer NVDA hospice program aimed at ensuring that Veteran hospice residents are provided comforting companionship during their final days and hours. The program is modeled after the national No One Dies Alone program that was developed in 1988. NVDA provides the reassuring presence of a volunteer companion to patients in their final hours who would otherwise be alone. Companion volunteers assist in providing patients with a dignified and comforted death. They must be willing to hold the hand of the patient, play music, read to the patient, and provide other comfort care measures. They may choose to provide regularly scheduled hospice coverage as well as being on call. Program volunteers do not provide nursing care, and only assist as trained compassionate companions. All NVDA companions must first be processed in as volunteers including fingerprinting, PPD (TB) testing, as well as attend hospice education. Persons interested in becoming a volunteer in the NVDA program should contact Cheryl Rieniets at the VA Black Hills Volunteer Service Program Office at 605-347-7206. [Source: The Fresno Bee Paula Lloyd article 10 Nov 2011 ++]

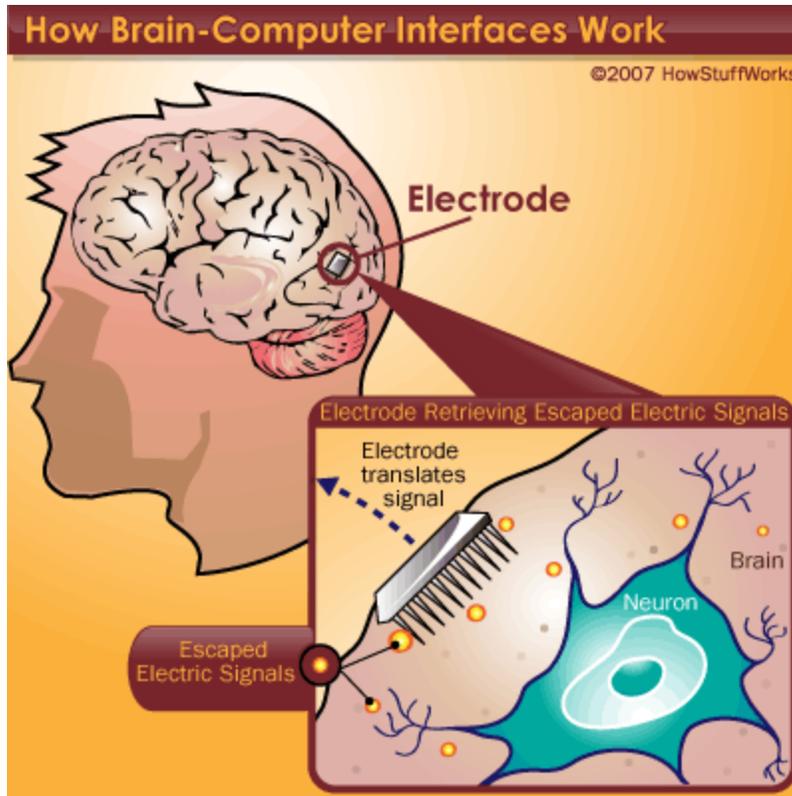
Make the Connection: Many of our nation's veterans return not only with physical wounds but also mental health issues they may not recognize. Whether you left the military decades ago or just recently transitioned to civilian life, all veterans share a common bond of duty, honor, and service. Some served in combat overseas, others did not. Some responded to events or disasters within or outside the United States. No matter when, where, or how you served, and what you've experienced in civilian life, you may be dealing with issues that affect your well-being or get in the way of your relationships, work, or daily activities. Make the Connection is a public awareness campaign by the U.S. Department of Veterans Affairs that provides personal testimonials from other veterans and resources to help veterans discover ways to improve their lives. The campaign encourages veterans and their families to "make the connection" with information and resources, with the strength and resilience of veterans like themselves, with other people, and with available sources of support including mental health treatments. Central to this campaign is <http://maketheconnection.net/>, a one-stop online resource where veterans, their families, and friends

can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions. This site provides:

- A wide variety of information about available resources and support, both inside the VA and out.
- Powerful personal stories and testimonials illustrating how our fellow veterans face and overcome mental health issues and life's challenges. These stories and testimonials come from veterans of all service eras, genders, and backgrounds and each of them provides a resounding and compelling example of the positive outcomes for treatment, recovery, and the many paths that lead to more fulfilling lives.
- Warning signs and symptoms. These are discussed in detail, offering some basic self-help options and referral information for those who need professional assistance. Some of the issues deal with veterans who feel constantly on edge (hypervigilance) or those who suffer from stress or anxiety on a regular basis. These are also great tools for friends and family members who are dealing with the veteran as he or she faces these issues, and might not otherwise know where to turn.
- Resources for clinicians who are working with veterans, regardless of whether they are affiliated with the VA or not. This information is provided in order to ensure that the VA's knowledge base in behavioral health can reach the broadest possible audience. VA encourages all behavioral healthcare providers who work with veterans to utilize those resources.
- Topical information for veterans of all walks of life. It provides insight into many life experiences, such as transitioning from the military into civilian life, concerns about employment, dealing with the death of a friend or family member, financial problems, relationship issues, and more.

[Source: Stacey R. Hopwood, Marine veteran and Montgomery County Veterans Service officer article 14 Nov 2011 ++]

VA Prosthetics Update 07: VA researchers have a prosthetic arm that patients can control just by thinking about it. It's called brain-computer interface, according to Dr. Joel Kupersmith, VA's chief research and development officer. "We have a woman who – just by her thoughts – can grab a ball swinging on a string and move it around. The thoughts are recorded with electrodes on the skull, and [patients] can drive prosthetic arms or wheelchairs." That "proof of concept" limb is just one of the 2,100 projects being developed by VA researchers, who on 15 NOV gave media a quick overview of their long-term goals and short-term successes. The department's researchers have an impressive history in American medicine. VA doctors performed the first liver transplant and invented the first pacemaker. CT scans and multi-site research projects owe their start to past VA investments. In recent years, Kupersmith said, department officials have focused on catching up with modern technology, projects like GPS units and iPhone applications for blind veterans. Researchers have also expanded their scope, assembling a million-veteran database of DNA and genetic data for research and illness tracking. Effects of the recent wars have also become a focal point. The VA has several investigations into women's health issues and at least five post-traumatic stress disorder and traumatic brain injury studies. Many of the projects won't show dividends for years, but other projects – like clinical trials on advanced prosthetic arms – could help veterans much sooner. That doesn't mean the brain-powered limb is just around the corner. Kupersmith notes that another patient using the technology has successfully sent emails using only thoughts, but the technology is still years from becoming a practical applications. [Source: Stars & Stripes Leo Shane article 15 Nov 2011 ++]



<http://computer.howstuffworks.com/brain-computer-interface.htm>

Commissary Food Stamp Use: Food stamp purchases at military commissaries have nearly tripled during the last four years, according to Defense Commissary Agency figures. The agency reports that nearly \$88 million worth of food stamps were used at commissaries nationwide in 2011, up from \$31 million in 2008. There is little information about who is using the food stamps, officially called the Supplemental Nutrition Assistance Program by the Department of Agriculture, because DeCA and the Defense Department do not keep data on individuals who purchase items at commissaries. But Joyce Raezer, the executive director of the National Military Family Association, suspects that the majority of food stamp users are veterans who separated before retirement and members of the National Guard or reserve forces. “I suspect that we are talking about more recently [separated],” she said, “who have gotten out of the military and found out that it’s not so easy to find a job in the civilian sector.” Nearly 860,000 veterans filed for unemployment benefits in OCT, of whom more than one-quarter are young veterans, according to the Bureau of Labor Statistics.



Raezer said she has also heard that members of the reserve forces and the National Guard are increasingly seeking help from organizations that provide emergency assistance to military families. "I would be willing to suspect they have been demobilized, they are off active duty, but their civilian job isn't there anymore," she said. Raezer, who has been following the issue of food stamp usage at commissaries for more than a decade, said that very few active-duty servicemembers qualify for food stamps "because military pay has improved so much" over the last decade. A 2003 Department of Defense study, the most recent available, found that 2,100 active-duty members received food stamps in 2002. That number was much lower than the 19,400 receiving food stamps in 1991. "We are working with the Department of Agriculture on an updated study now," said DOD spokeswoman Eileen M. Lainez in an email.

The 2003 study showed that the majority of active-duty servicemembers who qualified for food stamp assistance lived in base housing. Housing is not calculated as part of servicemembers' income, and many would not have qualified for the program had the cost of housing been included, the study found. "The fact that some enlisted members and even a few officers received (food stamps) was more a result of larger household sizes and living in government quarters than an indicator of inadequate military compensation," said Lainez. The military, however, started its own food assistance program, the Family Subsistence Supplemental Allowance, or FSSA, in 2001 to remove military families from the food stamp program. The program provides servicemembers with families up to \$1,100 monthly, depending on household income and family size. All servicemembers can apply, but the majority who receive the allowance are junior enlisted servicemembers who enter the military with large families, said Lainez. In 2010, 510 servicemembers qualified for the program, receiving more than \$1.3 million in aid. That figure was a jump from 2009, when 245 servicemembers qualified for the program and received about \$737,000. Still, it's a tiny group, considering that there are now more than 1.4 million servicemembers, Lainez said: "This represents .000375 (.0375%) or less than four-one hundredths of one percent of the active duty population."

The steep economic downturn began in the fall of 2008, and the sharpest year-to-year growth in food stamp usage at commissaries was from 2008 to 2009, increasing nearly 70 percent to \$53 million. Bases overseas do not accept food stamps. During this time, civilian use of food stamps also increased significantly, from about \$35 billion to more than \$50 billion. In 2010, the Dept. of Agriculture reported there were \$65 billion worth of food stamp purchases nationwide. The commissaries sell items at cost, with a 5 percent surcharge. According to the DeCA website, this model saves patrons an average of 30 percent when contrasted with commercial prices. John Smith, a spokesman for Operation Homefront, a non-profit organization that provides emergency assistance to military families, said his organization has seen the amount of food assistance it provides to military families double since 2008. The nature of military service, in which servicemembers are constantly moving to new assignments, often has unintended consequences on the income of military families, he said. "All of a sudden your spouse can't work anymore, he said. "And there is a potential crisis right there." [Source: Stars & Stripes Seth Robbins article 15 Nov 2011 ++]

JCSDR Update 10: A week before budget-cutting deadlines, nervous veterans advocates offered lawmakers their proposed changes to federal programs in an effort to save millions without severely impacting medical care or support services. However, even while supporting more efficient spending, the veterans groups and lawmakers lobbied to have any found savings channeled back into the Department of Veterans Affairs, insisting that the needs of returning and retired war heroes still outweigh the funding available to the agency. "Funding for major and minor construction has gone down, not up, in recent years, and funding for maintenance and equipment purchases are being cut," said Joe Violante, national legislative director for the Disabled American Veterans. "We believe if Congress is able to find true savings, the first obligation must be to use them to help fund the needs of the

VA health care system.” The 15 NOV hearing was the latest effort by interest groups to protect their portion of the federal budget from looming cuts by the so-called supercommittee charged with finding \$1.2 trillion in savings.

That panel has been meeting for three months, but has offered few hints about their recommendations. If Congress doesn’t adopt that plan – or if the bipartisan committee fails to agree on a plan – federal spending would be slashed by \$1.2 trillion over the next decade, with few agencies exempt. Defense spending would absorb at least half of those cuts, but officials from the Office of Budget and Management have not ruled whether veterans medical care and support programs will be protected. House Veterans Affairs Committee Chairman Jeff Miller said he hopes that won’t be an issue, and that VA funding will emerge unscathed from the sequester cuts or the supercommittee recommendations. But, he noted, that won’t help the agency escape from lawmakers’ larger push for efficiency in federal spending. “Needless to say, the next 10 years will look vastly different than the last 10 in terms of spending,” he said. “No agency should ever be exempt from a constant effort to become more efficient in its operations, or root out waste, fraud and other questionable spending.”

Veterans groups offered a host of short-term funding fixes for the department, including changing the way state veterans homes are inspected and assigning fewer personnel to document-shredding work. The 15 NOV hearing also focused on a new inspector general report released the day before that found up to 80 percent of VA performance and retention bonuses were not justified, due to a lack of documentation or a lack of need. Last month, House lawmakers passed legislation capping those bonuses, a move that would save about \$5 million over the next four years. The veterans groups also called for a review into the rapid hiring of VA bureaucrats in recent years, and the regular use of authorized overtime to compensate VA employees. The groups did not identify how much fixes in those areas could save, but said that they focus directly on the issues of efficiency. VA officials defended those expenditures and noted that they have already begun the process of reigning in employee bonuses. They also highlighted changes in debt management and electronic payments that have saved millions in recent years, but acknowledged that more can be done.

Veterans groups at the hearing also lamented that lawmakers again failed to pass a new VA budget for 2012 before the start of the fiscal year, which started 1 OCT. The department is currently being funded through a short-term budget extension, a process that the groups have criticized for handcuffing the department’s long-term program programming goals. That short-term extension was scheduled to run out in NOV but Congress is expected to pass another extension through mid-December. [Source: Stars & Stripes Leo Shane article 15 Nov 2011 ++]

Failure

JCSDR Update 11: With no concrete proposals and reports of deadlocks within the committee, the Super Committee seemingly had a long way to go in the few remaining days before their report was due. On 14 NOV, continuing his efforts to fight any additional cuts in Defense spending, Secretary Panetta warned about the potentially disastrous cuts in programs and personnel that might occur if the “Super Committee” fails and sequestration takes place. The Defense Secretary warned, “Absent Congressional approval, current law does not provide flexibility. It dictates that sequester cuts must be applied in equal percentages to each "program, project, and activity." That means equal percentage cuts in every weapons program, research project, and military construction project.

- A 23 percent cut in ship and military construction projects would render them un-executable - you cannot buy three quarters of a ship or a building.
- A 23 percent cut in weapons program would drive up unit costs and lead to reductions in quantity of one third or more.

A sequester would lower the caps on defense spending by about \$100 billion a year in FY 2013 through 2021 - roughly double the effects of cuts under the basic provisions of the BCA. These reductions in defense spending would have devastating effects. A cut of this magnitude would represent a reduction of nearly 20 percent in DoD funding over the next 10 years. This assumes that, over the long run, military personnel could not be exempted from these large reductions. Such reductions would:

- Undermine our ability to meet our national security objectives and require a significant revision to our defense strategy.
- Generate significant operational risks: delays response time to crises, conflicts, and disasters; severely limits our ability to be forward deployed and engaged around the world; and assumes unacceptable risk in future combat operations.
- Severely reduce force training -threatens overall operational readiness.

Reductions at this level would lead to:

- The smallest ground force since 1940.
- A fleet of fewer than 230 ships, the smallest level since 1915.
- The smallest tactical fighter force in the history of the Air Force.

Secretary Panetta also indicated many projects such as helicopter replacements, the missile shield, new ship development and many others would face either severe cuts or total elimination.

When the debt reduction committee on 21 NOV announced its failure to develop a plan to find \$1.2 trillion in federal spending trims or new revenues, it triggered the sequestration mechanism designed to be in place over the next decade. The funding cut was designed to be so politically unpalatable as to force the committee to reach a compromise. Instead, it has become the basis for the next budget fight, with Republican leaders vowing to find ways to undo the automatic cuts and Democratic leaders — including President Barack Obama — saying they'll block any efforts to shift the debt-reduction burden solely onto other federal programs. [Source: NAUS Weekly Update 18 Nov 2011 ++]

DoD Budget 2013: As lawmakers squabble over whether to allow \$600 billion in mandated defense funding cuts move ahead, Pentagon planners are left with the unenviable task of figuring out how to piece together a fiscal 2013 budget with little idea how much money they'll have. Defense officials are already compiling the fiscal 2013 budget, due to be unveiled publicly in February. Prior to the debt committee's failure, Pentagon planners were already tasked with trimming anticipated defense spending by roughly \$450 billion over the next 10 years, part of earlier cost-cutting agreements by Congress. The new triggered cuts would push that total to more than \$1 trillion in the same span. The difference between the two funding targets would be a fiscal 2013 defense budget of around \$525 billion — just a few billion less than the department spent this year — versus a budget of around \$470 billion. Outside experts said they expect that Pentagon leaders can hold off on integrating any of those sequestration cuts for months, hoping that Congress will find alternatives. Officials had the following to say about the situation:

- Defense Secretary Leon Panetta on 21 NOV called that level of cuts dangerous to national security. “The [cuts] would lead to a hollow force incapable of sustaining the missions it is assigned,” he said. “If implemented, [they] would also jeopardize our ability to provide our troops and their families with the benefits and the support they have been promised. Our troops deserve better, and our nation demands better.”
- Pentagon spokesman Capt. John Kirby said 22 NOV that for now, Pentagon officials are still planning as if the sequestration will not happen. “The work is going forward on the 2013 budget, and it will be reflective of — and only reflective of — that \$450 billion number.”

- Todd Harrison of the Center for Strategic and Budgetary Assessments said, “It sets itself up as a kind of game of chicken ... Not planning for the smaller defense budget could force lawmakers to reach a new compromise, or jeopardize the entire military budget. Of course, that doesn’t necessarily make it the right approach Defense officials should be preparing an alternate budget on a separate track that fits under the spending cap ... It’s better to make the cuts yourself so you can target low-priority areas and protect important areas.”
- Mieke Eoyang, national security director for the centrist think tank Third Way, warned that military budgeters can’t wait too long to make those decisions. “The longer they wait, the more dramatic the cuts can become in the out years,” she said. “You need to be building on savings from year to year. You don’t want to just be slicing programs at the end.” But Eoyang said there may be a more practical reason to wait on those sequestered cuts: The Pentagon might not have its other plans in place yet. “Until you see what that \$450 billion [in cuts] will look like, you don’t know how close to the bone they are,” she said. “I would hope the Pentagon would work from there, and not panic if they need to go further.”
- Defense budget expert Gordon Adams, an American University professor who served in the Office of Management and Budget for the Clinton administration, said he expects Congress and the White House to avoid the issue and find alternative cuts, even if it’s after the November elections.
- Both Republicans and Democrats on the congressional armed services committees vowed on 22 NOV to do just that. Sen. John McCain (R-AZ) and Rep. Buck McKeon (R-CA) said separately they’ll introduce legislation in coming weeks to get around the defense cuts.
- Rep. Adam Smith (D-WA), called the debt committee’s failure “very concerning” but “not the end of the road. “The now pending cuts will not be implemented until fiscal 2013, but that still does not give us much time,” he said in a statement. “Even the specter of sequestration will be extremely disruptive and could lead to cut backs in defense spending well before January 2013.”

[Source: Stars & Stripes Leo Shane and Chris Carroll article 22 Nov 2011 ++]

DoD Budget 2013 Update 01: While most of the conversation surrounding the super committee’s deficit plan failure has focused on whether the Pentagon can handle another \$600 billion in defense cuts, veterans groups worry that programs for separated military personnel could absorb a significant and unexpected hit as well. For months, budget officials and veterans advocates have assumed that veterans retirement benefits and programs would be exempt from cuts, like Social Security and Railroad Retirement plans. But two weeks ago, officials from the Department of Veterans Affairs told lawmakers that federal budgeting officials haven’t specifically exempted the veterans programs, and they’re still waiting for clarification on what that could mean for their spending in coming years. Under the terms Congress approved last in August, \$1.2 trillion in automatic spending cuts will go into effect for the fiscal 2013 federal budget, unless Congress find alternative solutions in coming months. About \$600 billion of that will come from security spending – accounts that are assumed to be Pentagon funds but could include VA monies – and the other \$600 billion from non-security spending. The latter cut could affect veterans programs. VA officials and House lawmakers said they expect the Office of Management and Budget to announce in coming weeks that veterans programs are exempt. But neither could promise that would happen, and House Veterans Affairs Committee Chairman Jeff Miller, R-Fla., admitted the lack of a definitive answer has left him concerned. Initial plans for the Department of Veterans Affairs fiscal 2013 budget are expected to be released in early February. [Source: Stars & Stripes Leo Shane article 28 Nov 2011 ++]

Disabled Vet Free Passes: Western State College of Colorado (WSC) is granting free entry to disabled veterans for all on-campus events. “Western is grateful to all veterans for their service to our country,”

remarked Deanne Groom, Western's veterans affairs certification officer. "This is our way of honoring those veterans who have made great sacrifices during their service." Veterans who are more than 50 percent disabled are eligible for honorary passes for athletic, cultural and other events at the college. Permanent and individual event passes are available. Passes can be requested from Groom by contacting her at dgroom@western.edu or (970) 943-7007. For veterans who have not yet obtained a permanent pass, temporary passes will be available at individual events for veterans who state they have a greater than 50 percent disability. To qualify for an honorary permanent pass, veterans will submit copies of two documents: a copy of their DD-214, which states that the person is a veteran and was honorably discharged; and a copy of their letter from the Veterans Affairs stating the percentage of disability. "We welcome veteran community members, students, parents and other visitors to our sporting and cultural events at Western. We are honored to offer an opportunity for disabled veterans to join us at events free given their service to our country," stated WSC President Jay Helman.

Western State College, located in Gunnison, Colorado competes in the Rocky Mountain Athletic Conference at the NCAA Division II level, and competes in 11 sports with football, volleyball, men's cross country, women's cross country, men's basketball, women's basketball, wrestling, men's indoor track and field, women's indoor track and field, men's outdoor track and field and women's outdoor track and field. The programs have combined for 14 national championships and 89 RMAC championships since 1911. The Mountaineers have had 88 individuals win national championships between skiing, swimming, track and field, cross country and wrestling. Facilities include Mountaineer Bowl (elevation 7,769 feet) and Paul Wright Gym (elevation 7,723), which are both the highest collegiate facilities in the world. [Source: <http://www.western.edu/news/free-event-entry-to-disabled-veterans> 3 Nov 2011 ++]

SBP DIC Offset Update 31: On January 5, 2011, Representative Joe Wilson of South Carolina introduced H.R. 178, the Military Surviving Spouses Equity Act. It was followed on February 2, 2011, by companion legislation in the Senate, S. 260, introduced by Senator Bill Nelson of Florida. These bills would repeal the requirement for reduction of survivor annuities under the Survivor Benefit Plan to offset the receipt of survivors dependency and indemnity compensation. These bills are in accordance with a longstanding DAV resolution, passed each year by the delegates to their National Convention. H.R. 178 has 157 cosponsors in the House and S. 260 has 49 cosponsors in the Senate. H.R. 178 was referred to the House Armed Services Subcommittee on Military Personnel on 4 FEB 2011. S. 260 was referred to the Committee on Armed Services on the day it was introduced, 2 FEB 2011. They remain in committee despite the large number of cosponsors indicating the legislation has the support of Congressional members. The bills should be brought to the floor for a vote. Members of the military community who are concerned over this issue are urged to contact their legislators and request it be voted on. An easy way to do this is to use the DAV prepared e-mail at <http://capwiz.com/dav/issues/alert/?alertid=56534511> to contact your Representative and Senators. [Source: DAV Action Alert Nov 2011 ++]

Arizona Vet Home Update 01: Aging and disabled Tucson-area veterans who require skilled nursing care now have a brand-new facility to address those needs. State officials, including Gov. Jan Brewer and Secretary of State Ken Bennett, dedicated the 130,000-square-foot Arizona State Veterans Home in Tucson on 11 NOV. The new home located at 550 East Ajo Way, Tucson means the state will now be able to fill a hole in its services network by providing high-level care to those in need, officials said. The home includes 120 live-in beds and will provide a range of medical aid, including respiratory rehabilitation and speech, occupational and physical therapy. There are more than 600,000 veterans in Arizona, and more than 102,000 of them live in the Tucson area, officials said. "We didn't really have these services here," said state Rep. Terri Proud, R-Tucson, and vice

chairwoman of the House Military Affairs and Public Safety Committee. "This is going to be a way to address that issue." The new veterans home cost \$27 million to build and is a joint venture between the Arizona Department of Veterans Services and the U.S. Department of Veterans Affairs.

State veterans officials call the new home "state of the art," noting that each individual who stays there will have a private room. The 200-bed Arizona State Veterans Home in Phoenix, which opened in 1995, has shared rooms. The state has already received applications from more than 140 veterans who wish to live in the facility, said Dave Hampton, public information officer for the state Department of Veterans Services. Spouses of veterans or parents of veterans who lost all of their children during active-duty service are also eligible to apply, though they cannot make up more than 25 percent of the overall patient population. It's anticipated that Medicare and Medicaid will pick up most of the costs for those living and receiving treatment at the home, Hampton said. It's not clear when the first residents will move in. Applicants are being accepted on a first-come, first-served basis. Everyone else will be putting on a waiting list, pending availability. Brewer, in prepared remarks, said during the Veterans Day ceremony that she hopes the home will serve the state's veteran population for decades to come and serve as an indication of how much residents value the sacrifices they made. "It is my earnest prayer that 100 years (from now) this place will continue to be a home for our veterans, a monument to how much we care for them (and) how lasting our affection is," she said. For additional info refer to http://www.azdvs.gov/services/tucson_veteran_home/Default.aspx.

[Source: The Arizona Republic Ginger Rough article 12 Nov 2011 ++]



California Vet Home Update 11: The new Redding and Fresno homes nearing completion are the state's first with all private rooms. The 150 rooms, bigger and nicer than in many hotels, boast flat-screen TVs and roll-in bathrooms. Instead of a name tag next to each door, there's a memory box where residents can display medals, photos and other mementos. The 160,000-square-foot collection of low-slung beige buildings sits on 26 acres in south Redding, across the road from a public golf course and near the local airport. There are five interconnected "neighborhoods" of 30 residents each. Two of the neighborhoods will provide skilled nursing care,

including one for those with Alzheimer's disease and other dementia. The other three will be for those who can mostly care for themselves. Each neighborhood will have its own living room with a cool-to-the-touch electric fireplace. Each will have a courtyard with trees, gazebos and nice views, including of Mount Lassen. In the main entrance hall, there will be a post office, grocery, bank, barbershop and a hall of heroes. Nearby, there will be a chapel with stained glass windows and a dining hall with table service. Out back, there's an outdoor recreation area with bocce ball, shuffleboard and a playground for the grandkids. [Source: The Sacramento Bee Foon Rhee article 13 Nov 2011 ++]

California Vet Home Update 12: State officials and construction managers are bursting with pride over a new \$88 million veterans home nearing completion in Redding. It's energy efficient, embraces the latest thinking in elderly care, will win design awards and will become a national model. There's only one snag. While construction is nearly 90 percent done and on track to be finished in JAN 2012, there's no money yet to hire staff. The same delay is slowing a 300-bed, \$159 million veterans home in Fresno scheduled to be finished in APR 2012. As the brand-new homes sit empty, a handful of workers will turn on the lights, flush the toilets and do other basic maintenance so the buildings don't fall into disrepair. The price tag: about \$280,000 a month for the two homes combined. Even by state government standards, this seems just crazy. The Veterans of Foreign Wars Post 1934 in downtown Redding full of disappointment, tinged with anger, at what's happening with the veterans home. Post Commander Rudy Castaneda, 62, says area vets badly need the home. Local vets and their supporters, who have been pushing for the home for more than two decades, also waited decades for the nearby Northern California Veterans Cemetery, which finally opened in 2005. "It's been a long, hard fight," Palmer Spurlin, 78, who served in Korea. "I think I'll use the cemetery first."

Vets are caught in a budget standoff. The veterans homes are supposed to offer affordable and dignified havens for vets who are 55 or older, disabled or homeless – sometimes all three. The fees are based on income, with maximums ranging from \$4,500 a month for residential care to \$5,600 for skilled nursing care. To keep up with the need, the state has been on a building binge. Since late 2009, it has opened three homes in Southern California. Now, it's the turn for Northern California and the Central Valley. The two groundbreaking the same week in May 2010 were cause for celebration. Nearly 1,000 people showed up in Redding, where then-Gov. Arnold Schwarzenegger declared that he was keeping his promise to "honor and give back to the men and women who sacrificed so much for us." The VA, which pays 65 percent of the construction costs, officially approved \$142 million in grants last month. The state pays the rest and is also responsible for operating and maintaining the homes. It has already invested more than \$103 million in the two homes. When they're fully up and running, the net operating costs will be in the neighborhood of \$12 million a year for Fresno and \$6 million for Redding.

Once they open, they will eventually provide about 250 permanent jobs in Redding and about 440 in Fresno. The homes, however, have fallen victim to the budget crisis, and become enmeshed in the partisan fight in Sacramento. Last session, legislators from the Redding and Fresno areas unsuccessfully sought to transfer \$8.1 million in unused prison construction money to open the homes in 2012. Assemblyman Jim Nielsen, a Republican who represents Redding, says there was an agreement during the budget negotiations to delay the homes' opening by only three months, but that provision disappeared by the time majority Democrats finished putting together the budget. Democrats blame Republicans for steadfastly opposing any tax hikes to avoid painful cuts in state programs like veterans homes. They also point out that the homes were authorized during better budget times and that they are expensive to operate for the benefit of relatively few people.

Assembly Speaker John A. Pérez toured the Fresno home in July and declared that he was "fully committed" to the project. Robin Swanson, a spokeswoman for Perez, says he supports opening both homes and also expanding

other housing for veterans, such as emergency shelters for the homeless, but it all depends on the revenues that are available – and that depends on Republican votes. And that puts the veterans homes in the crossfire, to the dismay of advocates. "Veterans are not partisan," says Linda Hartman, a Shasta County supervisor who is chairwoman of the Redding home's support committee. "There's a tremendous need for a home in the north state." The budget crunch isn't just cramping the new homes. The state Department of Veterans Affairs has limited admissions to its six existing homes because of staffing shortages. While the department says more than 96 percent of the 1,750 "budgeted" beds were occupied as of October, that doesn't count about 950 spaces that are licensed and could be made available if there were enough staff. At the same time, there were 446 vets on the state's official waiting list.

At a statewide conference hosted by the department last month, William Manes, California legislative chairman for the Veterans of Foreign Wars, complained that there are too many beds sitting empty. Robin Umberg, the state's new undersecretary for veterans homes, responded by saying she feels terrible telling veterans there are no available beds, but that's the budget reality. At the conference with veterans group leaders, Umberg said that officials are "hoping" to open the Redding and Fresno homes in January 2013. Veterans can't even apply yet to live in the new homes. The state is only accepting a "statement of intent to apply." After construction, the home has to be equipped, staff hired and trained, and state licenses obtained. The usual time lag is about four to six months, state officials say. For the Redding home, that means it would open next summer. Even if that happens, with the normal phased move-in of eight veterans a month, the home wouldn't be fully occupied until mid-2014. Depending on the budget, there could be further delays. [Source: The Sacramento Bee Foon Rhee article 13 Nov 2011 ++]



Rudy Castaneda and Palmer Spurlin are two members of the Veterans of Foreign Wars post in Redding unhappy with a delay in the opening of a new veterans home.

West Virginia Veterans Memorial: Begun as a privately funded undertaking, the Veterans Memorial Commission spearheaded these efforts as it undertook compiling the names to be honored on the Memorial. The Memorial is a two-story oval shaped monument honoring more than 10,000 West Virginians who made the ultimate sacrifice in defending the nation in twentieth century conflicts. It is impossible to determine the number of West Virginians who served in the American Revolution, War of 1812, and Mexican War because West Virginia was still part of Virginia. The U.S. Veterans Affairs Office has defined the periods of active duty and the U.S. Dept. of Defense has compiled estimated service numbers for 20th-century wars.

- Civil War (12 April 1861 - 26 May 1865): Estimated 40,000 to 46,000 (20,000-36,000 Union; 10,000-20,000 Confederate)
- Spanish-American War (21 April 1898 - 4 July 1902): 3,004

- World War I (6 April 1917 - 11 November 1918, extended to 1 April 1920 for those who served in Russia): 58,053
- World War II (7 December 1941 - 31 December 1946, extended to 25 July 1947 in some cases): 233,985
- Korean Conflict (25 June 1950 - 31 January 1955): 112,000
- Vietnam Era (5 August 1964 - 7 May 1975): 36,578
- Gulf War (1 August 1990 - cessation of hostilities on 11 April 1991): 12,000 bonuses paid



After the official groundbreaking ceremony on June 22, 1990, the foundation was completed the year after and the monolith cores in 1992. The 1994 legislature provided for lottery revenues to supplement fund-raising efforts, moving the project to a more rapid completion. With installation of the final sculpture in 1999, the cost of the Memorial and data on the inscribed names approached four million dollars. The project continues through the work of the Veterans Memorial Archives, which compiles additional background information on each veteran honored on the Memorial, to be placed in a database and accessible to the public through the West Virginia State Archives. The Veterans Memorial Archives Database can be accessed at <http://www.wvculture.org/history/wvmemory/wvvetmem.html>



World War I statue Army doughboy



World War II Navy sailor statue



Korean Conflict Air Force aviator statue



Vietnam Marine Corps marine statue

Composed of four limestone monoliths surrounded by a reflecting pool, the interior walls are faced in polished black granite etched with the names of West Virginia men and women who made the ultimate sacrifice..The Memorial was designed by P. Joseph Mullins, who also sculpted the four figures representing the four major twentieth century conflicts and the four major branches of military service. Dedication of the Memorial, with the World War II sailor sculpture, took place on Veterans Day 1995, ten years after the appointment of the original West Virginia Vietnam Veterans Memorial Commission. In Veterans Day ceremonies in 1997 - 99, the bronze sculptures of a World War I dough boy, a Korean aviator, and a Vietnam Marine, respectively, were dedicated. Each figure is in full gear, authentic to the period and rank represented, as meticulously researched by the sculptor. The West Virginia Veterans Memorial is part of the State Capitol Complex in Charleston. To visit the Memorial, take Exit 99 (State Capitol/Greenbrier St.) of Interstate 64/77. Pre-pay parking (bring quarters!) is available on the Capitol Complex. Additional visitor parking is available at Laidley Field on Elizabeth St. with shuttle service to the complex. [Source: <http://www.wvculture.org/history/wvvets.html> Nov 2011 ++]

WV Female Veteran Memorial: It was a long time coming, but state officials finally dedicated the West Virginia Female Veteran Memorial Statue on 11 NOV. The Statue was unveiled about eight months ago. Now four plaques sit underneath the soldier. It shows in vivid detail how the role of female soldiers has progressed from World War II through present day combat. Officials including U.S. Sen. Joe Manchin, (D-WV) and Gov.-elect Earl Ray Tomblin unveiled the statue during a Veterans Day ceremony on the state Capitol Complex in Charleston before about 50 people. Lawmakers first approved a statue to remember the state's female veterans in 1998. The statue itself has been completed for some time, but installing it dragged on for more than 10 years as state and local officials bickered over its location and the depiction of the soldier. Members of some veterans' groups, including many women, objected to the design of the statue, which depicts a soldier in a T-shirt and military fatigues. Some veterans thought the woman should be depicted in dress attire.



Sculptor Joe Mullins, who also created the figures for the state's World War I, World War II, Korean and Vietnam war memorials, said the statue is meant to depict a post-Persian Gulf War veteran, symbolizing the increased role of women in the modern military since that 1991 conflict. "That was the impetus for her," Mullins said before Friday's dedication. "She was supposed to be treated the same way as the guys were. That's the reason she's got fatigues on." The statue was finally installed on the Capitol grounds about a year ago, but decorative plaques to adorn the base were only recently finished, and the controversy over the statue's long journey was largely

forgotten at Friday's ceremony. Tomblin said West Virginia has contributed more than 11,000 female veterans, who deserve recognition for their service. "With each new conflict, women take on more and more tasks," Tomblin said. "We have more veterans per capita than any other state in the nation. We understand what it is like to be a soldier, or to love one."

Adjutant Gen. James Hoyer, commander of the West Virginia National Guard, pointed out that women have served as soldiers since Revolutionary War times, sometimes disguised as men. It has only been in the past few decades that more battlefield roles have opened for women. "I think women should be in the military," said former Pfc. Miriam McCaw, who served as a dental technician during World War II. McCaw said she snuck off to join the U.S. Army after the Japanese attack on Pearl Harbor in December 1941, hoping her younger brothers wouldn't have to go to war. "I think there are jobs for [women] in the military," she said. "I think women can lead as well as men. It depends on what they're proficient in." Warrant Officer Siobhan O'Flaherty said she came to West Virginia from the in 1999 to attend West Virginia University. She said she joined the West Virginia National Guard to pay for college. Once enlisted, though, O'Flaherty said she found a home and a military family. She served in Kuwait in 2002 in support of Operation Enduring Freedom. "I may be an Irish Catholic girl from the Bronx, but because of the West Virginia National Guard, this is my home," she said. "West Virginia is my home." [Source: Charleston Gazette Rusty Marks article 12 Nov 2011 ++]

Vet Jobs Update 42: A New York state senator representing Niagara Falls unveiled plans on 11 NOV to introduce a bill aimed at helping veterans get back to work. During a Veterans Day press conference in Buffalo, state Sen. Mark Grisanti, R-Niagara Falls, announced plans for a new bill that would provide any state employer that hires a veteran who works at least 35 hours and remains on the job for more than one year to receive a \$3,000 tax credit. The tax incentive would increase to \$4,000 in instances where the veteran in question was wounded in service. "I have talked with many veterans here locally and throughout the state, and what I am hearing from them is that they are returning home from serving our country to a struggling job market and no jobs," Grisanti said in a release. "I plan to fix this, there has been enough grandstanding around the issue. This legislation provides relief to employers and opportunities for hard working Veterans to return home with a job." In Western New York, Grisanti's office said an estimated 900 Veterans under the age of 30 are unemployed. "With the future passage of this legislation, this will ensure that veterans who risk their lives for our freedom will have a real economic opportunity when they come back into the workforce," Grisanti said.

He was joined in making the announcement by veteran David Bellavia who enlisted in the U.S. Army in July 1999 and served for six years and earned the rank of staff sergeant. Bellavia, who twice ran for congress in New York's 26th congressional district, was awarded the Silver Star for his actions during the Second Battle of Fallujah as well as the Bronze Star and the New York State Conspicuous Service Cross. "While so many in Washington and Albany play hamlet with veterans issues, Senator Grisanti's "get it done" approach is urgently needed," said Bellavia. "These men and women have bled for us on the battlefield. We owe them the opportunity to exchange their helmets for hard hats. Senator Mark Grisanti is doing just that." The announcement by Grisanti, a member of the Veterans, Military Affairs and Homeland Security Committee, follows President Obama's announcement that all troops will be out of Iraq by December. Grisanti noted that the U.S. has already withdrawn more than 100,000 troops from Iraq and Obama expects at least 40,000 more to be leaving by the end of the year. "In light of the president's announcement and given the problem that already exists with unemployed veterans in our community, we must be proactive with legislation to ensure our veterans have an opportunity gain employment. Putting people back to work is one of my top in the upcoming legislative session." [Source: Niagara Gazette article 11 Nov 2011 ++]

Vet Benefits ~ Seniors: Caring for aging loved ones can be difficult, but challenges can multiply when dealing with veterans. According to the National Alliance for Caregivers, caregivers of veterans are twice as likely to remain a caregiver for 10 years or longer, and are often unable to retain a job while providing adequate care for their veteran. With stress and pressure stacking up, these caregivers—often the adult children or even grandchildren—may wonder where to turn for assistance, and may be unaware of resources that are available for veterans. In Georgia alone, there are more than half-a-million veterans and most aren't utilizing the resources provided to them by the government. According to the U.S. Department of Veterans Affairs, only 36 percent of eligible veterans are currently receiving VA benefits. There are several options for seniors. Here are three important benefits you or the veteran in your life may be missing out on.

- **VA Aid and Attendance:** For caregivers who are no longer able to provide the amount and quality of care their loved ones need, the Aid and Attendance benefit can be a huge help. This benefit, provided by the U.S. Department of Veterans Affairs, helps to offset the cost of rent in assisted living communities for veterans and their spouses. Veterans may qualify for up to \$1,632 monthly and surviving spouses may qualify for \$1,055 monthly. For a couple (married veteran and spouse), the maximum benefit is \$1,949. For more information, visit this Web site for a step by step guide to applying.
- **Veterans Non-Service Connected Improved Pension Benefit Program:** One of the most significant benefit programs for veterans is the Veterans Non-Service Connected Improved Pension Benefit Program, which was formed to provide aid to veterans and their surviving family members. The program gives financial assistance to veterans over the age of 65 who have served for at least 90 days and whose income is below a set amount by Congress. Retired veterans often meet these requirements and can receive substantial government aid. To learn more visit this Web site.
- **Driving evaluations:** With many of our residents, their driving skills decrease as they age. Through the VA healthcare system, veterans are eligible for an extensive driving evaluation. Veterans can receive benefits like an in-depth personal driving evaluation, patient and family education on the issue, and behind-the-wheel instruction. In addition, veterans can benefit from lessons on defensive driving techniques and vehicle and equipment evaluation by certified professionals.

[Source: Georgia's CummingPatch Susan Tidwell article 13 Nov 2011 ++]

Health Care Reform Update 45: The Supreme Court said 14 NOV that it would consider several challenges to last year's health care reform law, setting up a major ruling on the Obama administration's signature legislative achievement just months before the 2012 election. The case will probably be heard in March, making a final decision likely by the end of the Court's term in June. Opponents and supporters of the health care law were equally delighted that the matter may be settled. In apparent recognition of the complex issues presented by the cases, the Court allotted an unusual five and a half hours for arguments. Usually, cases get an hour of oral arguments. The justices asked lawyers to answer four legal questions about the law in their briefs, signaling that they will rule on each. They are:

- **The individual mandate.** The law's requirement that virtually every individual buy health insurance is at the heart of the many challenges to the law. The challengers contend that such a requirement is unconstitutional because the commerce clause should not be used to compel individuals to purchase a product they do not want. So far, two Appellate courts have rejected this argument, ruling that the mandate is acceptable. One court has sided with the challengers, saying the mandate should be overturned.

- **Severability.** When the law was passed, members of Congress said that the mandate was essential to make other insurance reforms in the law work. If the justices strike down the mandate, they will have to decide whether that means the law can stand without it, or the whole law must fall. The one court to overturn the mandate, the 11th Circuit Court of Appeals in Atlanta, found that it can be separated from the rest of the law, and it ruled the rest of the law should be preserved.
- **Medicaid expansion.** The health care law expands eligibility for Medicaid programs by threatening to withhold all federal Medicaid funds if states don't cover anyone earning up to 133 percent of the federal poverty limit. Critics say that placing such significant financial conditions on a state's behavior is "coercive" and exceeds Congress's spending power. The issue has only come up so far in the 11th Circuit cases, but neither the trial court nor the Appellate Court agreed with this argument.
- **Jurisdiction.** Judges in two Appellate courts have argued that the time is not right for the courts to even consider whether the law is constitutional. They cite an 18th-century law that prevents individuals from challenging their taxes until after they've been assessed and paid. The justices will have to decide whether the law's penalty for not buying insurance functions enough like a tax that these rules should apply. If they agree with the argument, lawsuits will be barred until after the mandate goes into effect.

The Court had its choice of a combined five cases from three federal Appellate courts for its consideration. The cases it has agreed to hear all come from the 11th Circuit, which ruled in August against the law. It has not decided to hear cases from the 6th Circuit or 4th Circuit and probably will not, since they raise similar legal issues. A fourth case, from the D.C. Circuit Court of Appeals, was decided recently but has not yet reached the high court. "The Florida case presents every single question that they would want to decide, so once you decide that you would grant in those cases, there's no real reason to grant in the others," said Bradley Joondeph, a constitutional-law professor at Santa Clara University, who has been maintaining a blog on the challenges to the health care law. The cases it took are *NFIB v. Sebelius* and *Florida v. HHS* on severability; *HHS v. Florida* on the mandate and jurisdiction; and *Florida v. HHS* on the Medicaid expansion.

- *HHS v. Florida*, *Florida v. HHS*, and *NFIB v. Sebelius* were originally the same case. They involved a challenge to the law from 26 states, led by Florida, the National Federation of Independent Business, and two individuals. Because the challengers won on some issues and lost on others in the circuit court, both sides have appealed.
- *HHS v. Florida* is the government's appeal of the 11th Circuit's decision to strike down the individual mandate as unconstitutional. The appeals court did not agree with the challengers on their objection to the Medicaid expansion or their contention that various aspects of the law could not be considered separately. The *NFIB* also separately appealed the 11th Circuit's decision on severability.

Parties on both sides welcomed the Supreme Court's embrace of the controversial case. The White House issued a statement expressing confidence about the outcome. "We know the Affordable Care Act is constitutional and are confident the Supreme Court will agree," said spokesman Dan Pfeiffer. The Obama administration surprised many observers by asking the Supreme Court to weigh in on the law. Health and Human Services Secretary Kathleen Sebelius said, "We're very pleased that they have indeed decided to take the case ... We're confident that the law is constitutional, will be upheld as constitutional." Republicans who have been howling for repeal of the law were equally pleased with the High Court's decision.

- "In both public surveys and at the ballot box, Americans have rejected the law's mandate that they must buy government-approved health insurance, and I hope the Supreme Court will do the same," Senate Minority Leader Mitch McConnell (R-KY) said in a statement.
- Sen. Orrin Hatch, R-Utah, ranking member of the Senate Finance Committee agreed. "The Supreme Court's decision to consider the unconstitutional health law is a big step towards restoring liberty and limits on government under the U.S. constitution," Hatch said.

- Republican presidential candidate Rep. Michele Bachmann, R-Minn, called on the administration to give up. "Furthermore, I call on President Obama and Congress to cease enforcement of the remaining provisions of Obamacare immediately until the Supreme Court rules on its constitutionality," she said.

Karen Harned, executive director of the small-business legal center for the NFIB, sounded an equally optimistic note. "Our nation's job-creators depend on a decision being reached before the harmful effects of this new law become irreversible," she said in a statement. Health insurers, doctors, and the U.S. Chamber of Commerce have been among the many other groups asking the Court not just for a particular ruling but simply to take a case and clear up uncertainties about whether health care reform will proceed. [Source: GovExec.com National Journal Margot Sanger-Katz article 14 Nov 2011 ++]

Veterans Medical Care: American health care is remarkably diverse. In terms of how care is paid for and delivered, many of us effectively live in Canada, some live in Switzerland, some live in Britain, and some live in the unregulated market of conservative dreams. One result of this diversity is that we have plenty of home-grown evidence about what works and what doesn't. Naturally, then, politicians — Republicans in particular — are determined to scrap what works and promote what doesn't. And that brings this writer to Mitt Romney's latest really bad idea, unveiled on Veterans Day: to partially privatize the Veterans Health Administration (VHA). What Mr. Romney and everyone else should know is that the VHA is a huge policy success story, which offers important lessons for future health reform. Many people still have an image of veterans' health care based on the terrible state of the system two decades ago. Under the Clinton administration, however, the VHA was overhauled, and achieved a remarkable combination of rising quality and successful cost control. Multiple surveys have found the VHA providing better care than most Americans receive, even as the agency has held cost increases well below those facing Medicare and private insurers. Furthermore, the VHA has led the way in cost-saving innovation, especially the use of electronic medical records.

What's behind this success? Crucially, the VHA is an integrated system, which provides health care as well as paying for it. So it's free from the perverse incentives created when doctors and hospitals profit from expensive tests and procedures, whether or not those procedures actually make medical sense. And because VHA patients are in it for the long term, the agency has a stronger incentive to invest in prevention than private insurers, many of whose customers move on after a few years. And yes, this is "socialized medicine" — although some private systems, like Kaiser Permanente, share many of the VHA's virtues. But it works — and suggests what it will take to solve the troubles of U.S. health care more broadly. Yet Mr. Romney believes that giving veterans vouchers to spend on private insurance would somehow yield better results. Why? Well, Republicans have a thing about vouchers. Earlier this year Representative Paul Ryan famously introduced a plan to convert Medicare into a voucher system; Mr. Romney's Medicare proposal follows similar lines. The claim, always, is the one Mr. Romney made last week, that "private sector competition" would lower costs.

But we have a lot of evidence about how private-sector competition in health insurance works, and it's not favorable. The individual insurance market, which comes closest to the conservative ideal of free competition, has huge administrative costs and has no demonstrated ability to reduce other costs. Medicare Advantage, which allows Medicare beneficiaries to buy private insurance instead of having Medicare pay bills directly, has consistently had higher costs than the traditional program. And the international evidence accords with U.S. experience. The most efficient health care systems are integrated systems like the VHA.; next best are single-payer systems like Medicare; the more privatized the system, the worse it performs. To be fair to Mr. Romney, he takes a somewhat softer line than others in his party, suggesting that the existing VHA system would remain available and that traditional Medicare would remain an option. In practice, however, partial privatization would almost surely undermine the

public side of these programs. For example, one problem with the VHA is that its hospitals are spread too thinly across the nation; this problem would become worse if a substantial number of veterans were encouraged to opt out of the system.

So what lies behind the Republican obsession with privatization and voucherization? Ideology, of course. It's literally a fundamental article of faith in the G.O.P. that the private sector is always better than the government, and no amount of evidence can shake that credo. In fact, it's hard to avoid the sense that Republicans are especially eager to dismantle government programs that act as living demonstrations that their ideology is wrong. Bloated military budgets don't bother them much — Mr. Romney has pledged to reverse President Obama's defense cuts, despite the fact that no such cuts have actually taken place. But successful programs like veterans' health, Social Security and Medicare are in the crosshairs. Which brings this columnist to a final thought: maybe all this amounts to a case for Rick Perry. Any Republican would, if elected president, set out to undermine precisely those government programs that work best. But Mr. Perry might not remember which programs he was supposed to destroy. **Note:** Readers who wish to comment on this article can do so at <http://community.nytimes.com/comments/www.nytimes.com/2011/11/14/opinion/krugman-vouchers-for-veterans-and-other-bad-ideas.html>. [Source: New York Times The Opinion Page Paul Krugman article 13 Nov 2011 ++]

Tricare User Fees Update 75: Military families are worried about changes to their health insurance, and those concerns are prompting them to sock away more money for such costs during retirement, according to a new survey. Thirty-one percent of middle-class military families who responded to a survey from First Command Financial Behaviors Index are nervous about potentially higher health care costs under the military's TRICARE program; as a result, 52 percent of respondents said they were increasing the amount of money they are saving for such expenses during retirement. Sixteen percent of survey participants said they planned to investigate different retirement options. "Almost nine out of 10 respondents say that TRICARE is an extremely or very important part of their military retirement benefits," said Scott Spiker, chief executive officer of First Command Financial Services Inc. "Faced with the possibility of an erosion of this benefit, active-duty families are dedicated to learning more today and saving more for tomorrow."

Increasing health care premiums for military retirees has long been a politically sensitive subject, with lawmakers and military advocates wary of appearing ungrateful for the sacrifices of service members. Participant fees under TRICARE were set in 1995 and have remained at \$460 per year for the basic family plan. The cost for comparable coverage for federal workers is between \$5,000 and \$6,000 annually. The Pentagon has pushed for fee increases -- originally proposing a 13 percent boost in 2012 -- and continues to weigh changes to the program as part of overall deficit reduction. Costs for new enrollees rose slightly as of 1 OCT, and other increases could be coming. Beneficiaries who joined TRICARE Prime in fiscal 2012 will pay an additional \$2.50 per month for individual members and \$5 per month for family enrollment -- bringing the total annual fee to \$260 and \$520, respectively. Costs for retirees already in the program, as well as survivors of active-duty service members and medically retired participants, remain at \$230 per year for individuals and \$460 per year for families.

There also is support on Capitol Hill for changes in the TRICARE fee structure. Sens. Carl Levin (D-MI) and John McCain (R-AZ) last month submitted recommendations to the deficit reduction super committee in support of the Obama administration's cost-saving proposal released in September. The plan would mandate annual fees under TRICARE for Life, which pays beneficiaries' out-of-pocket Medicare costs. Fees would start at \$200 in 2012 and increase annually to align with those paid by all TRICARE enrollees. The proposal also would eliminate pharmacy co-payments for generic mail-order drugs while shifting retail co-pays from a dollar figure to a percentage. The change would affect military families and retirees but would not apply to active-duty service members. The

administration also recommended the creation of a panel to look at reforming military retirement benefits. According to the latest First Command survey, military families typically save less for retirement health care costs than the general population does -- about \$30 per month compared to \$100 per month. Spiker said one of the positive repercussions of proposed TRICARE hikes is "an increased focus on saving for retirement needs, which would bring active-duty families more in line with the general population." [Source: GovExec.com Kellie Lunney article 14 Nov 2011 ++]

Veteran Support Organizations: A new organization has been formed to provide military families with a forum by which they can act to protect their commissary and exchange benefits. The Coalition to Save our Military Shopping Benefits is a non-profit organization established to:

- Bring together a like minded group of individuals and entities which support the continued funding and operation of commissaries and exchanges and other important military resale programs;
- Serve as a focal point for information involving the effective and efficient operation of the military resale system;
- Serve as a focal point for addressing threats against the military resale system; and
- Improve the business conditions of the military resale system

Commissary and exchange benefits are rated by the military as the second largest one, following medical. Today, military families and retirees save an average of 31% by shopping in the commissary and an average of over 20% by shopping in the exchanges. These savings to military families in 2010 amounted to \$5.6 billion. The exchanges generate \$300 million in dividends which are used to support quality of life programs on base (i.e, the child care center, the golf course, the bowling alleys, and more). This benefit supports military readiness by taking care of the families. It also supports the Cost of Living Allowances (COLA). Many retirees with fixed incomes rely very heavily on this benefit. Additionally, over 40 % of the employees in the Commissary system are military dependents. Losing this benefit puts military families out of work. Combined DeCA and exchange systems receive \$1.5 billion annually from the government. By supporting these two systems it generates almost \$4 billion in savings for the taxpayer. Defunding the commissaries and consolidating them with the exchanges would be devastating to the military resale system and to the military families who benefit from it.

Senator Richard Burr (R-NC) introduced S.277 last FEB which is a bill which would require the elimination of the subsidy for the Defense Commissary Agency. It would also require that DeCA and the exchanges to be consolidated into one agency, which would be funded through increased prices on all products sold. Additionally, Sen. Tom Coburn (R-OK) included this same proposal in his Back in Black deficit reduction package. The potential impact of this cut-and-consolidate proposal is the loss of the benefit and the loss of the \$5.6 billion in annual savings military families currently enjoy by shopping in the commissaries and exchanges. To counter these proposals the veteran community need to inform their legislators through email and letters of the adverse effects of them. Having a voice in shaping the policies that impact our nation's ability to keep the promise of a resale shopping benefit is essential to retaining it. Veterans can keep informed by registering at http://www.saveourbenefit.org/Keep_Informed.html to receive news flashes on proposals or actions being taken that could have a detrimental impact on the value of this benefit. For additional info on this organization refer to <http://www.saveourbenefit.org>. [Source: <http://www.saveourbenefit.org> Nov 2011 ++]

Veteran Hearing/Mark-up Schedule: Following is the schedule as of 29 NOV 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>:

- **Hearing - November 30, 2011.** HVAC, Subcommittees on Oversight and Investigations, and Economic Opportunity will hold a joint hearing on the SDVSOB certification process. 334 Cannon HOB
- **Hearing (formerly 11/10) – November 30, 2011.** SVAC will hold a hearing entitled “VA Mental Health Care: Addressing Wait Times and Access to Care.” 10:00 A.M.; 418 Russell
- **Hearing - December 2, 2011.** HVAC, Subcommittee on Health will hold a hearing entitled “Understanding and Preventing Veteran Suicide.” 10:00 A.M.; 334 Cannon

Vet Toxic Exposure ~ Lejeune Update 25: Federal scientists at the Agency for Toxic

Substances and Disease Registry confirmed last week that 184 male Marine Corps veterans with a history of breast cancer have been identified in Department of Veterans Affairs records. More research is under way to see how many of those men have ties to the base, where drinking water was contaminated with carcinogens for 30 years ending in 1987. But Lejeune is one of the Corps' two largest bases. And some members of a panel advising ATSDR on Lejeune believe as many as half of those 184 may have served at the base. "How many men do you have to find with breast cancer to accept that the water poisoned us?" asked Partain, a Tallahassee insurance investigator who also serves on the advisory panel. "How many bodies do you have to stack up? People should be enraged by this."

Researchers are not done combing VA records — about 38 percent of the veterans on a VA cancer registry must still be checked. So that tally of 184 male breast cancer cases could substantially increase. In addition, VA records would not reflect civilians, such as the family members of Marines who lived at Camp Lejeune. In fact, about a dozen of the 73 people on Partain's list never served in the Corps. ATSDR's deputy director, Dr. Tom Sinks, said the agency is assessing if a case control study should be launched to see if these breast cancer numbers are abnormally high. Partain is certain they are, noting just one in 100,000 men is diagnosed with breast cancer. The Marine Corps, however, maintains that no link has been established between the base's polluted water and any disease. "The question of whether a connection exists has been raised, and it is important to try to answer it," said Capt. Kendra Hardesty, a Corps spokeswoman. "We realize that some of our Marine family members have been diagnosed with severe diseases," she said. "Our hearts go out to them. ... We continue to support ATSDR's ongoing" work.

Richard Clapp, an epidemiologist and member of ATSDR's advisory panel, said 40 percent or more was a plausible estimate as to how many of the 184 Marines might have ties to Lejeune. "The case control study needs to be done," he said. "Then we'll have a better picture. Then we'll know." ATSDR officials won't comment on the significance of the latest findings, saying more research is needed. In 2012, for example, the agency plans to release a mortality study that may show if Lejeune residents have died of a list of diseases, including breast cancer, at a higher rate than a control group at Camp Pendleton in California. One thing ATSDR hopes to review is what other risk factors these veterans might have shared. Partain, the son of a Marine officer, said he is disappointed that what he considers the largest male breast cancer cluster ever identified isn't getting more attention, especially in Congress. But the Corps said these cases have not yet been verified as a cluster by scientists. "We are not aware there is an actual cancer cluster," said Hardesty, the Corps spokeswoman. Partain remains certain. "At nine cases, this was incredible," he said. "At 29, it became an eyebrow-raiser. At 40, that was confirmation. Now it's 70 approaching 100

or more. To me, the public needs to take notice." [Source: St. Petersburg Times William R. Levesque article 28 Nov 2011 ++]



Mike Partain holds an April 2007 X-ray showing a breast tumor. In utero and as a newborn, he was exposed to the Lejeune water, which for 30 years contained carcinogens.

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

The Otis Air National Guard Base/Camp Edwards site covers approximately 22,000 acres and is more commonly known as the Massachusetts Military Reservation (MMR). Although the occupants and property boundaries have changed several times since MMR was established in 1935, the primary mission has always been to provide training and housing to Air Force and/or Army units. A review of past and present operations and waste disposal practices identified numerous potentially contaminated areas, including several areas located on the southern portion of MMR. These contaminated areas are the result of historic chemical/fuel spills, fire training activities, landfills, and drainage structures. Additionally, effluent from the former sewage treatment plant was historically discharged into sand beds where it seeped into the groundwater. In 1984, the U.S. Geological Survey detected contaminants in monitoring wells downgradient of this former plant. In 1983 and 1984, the Air Force detected volatile organic compounds (VOCs) in on-site monitoring wells near the Base Landfill and a Fire Training Area. Monitoring had

also detected VOCs in several hundred private wells (all of which are now on municipal water) and in one town well (which is shut down). The EPA has designated the Sagamore Lens underlying MMR as a sole source aquifer under the Safe Drinking Water Act.

Numerous remediation projects addressing both the soil and groundwater contamination at MMR have been implemented since the mid to late 1990's. Approximately 100,000 tons of soil have been treated at MMR, while to date, there are numerous treatment plants in place which treat approximately 18 million gallons a day of contaminated groundwater. All treated groundwater is returned to the aquifer or discharged to surface water. For more information on this project, see <http://www.epa.gov/ne/mmr>

There is also another investigation and cleanup program at MMR which is under the authority of Safe Drinking Water Act Administrative Orders. The Army is the lead agency in conducting this program which is know as the Impact Area Groundwater Study Program. This work is separate from the ongoing Superfund work, however it is coordinated within the EPA, Massachusetts Department of Environmental Protection, and the MMR. For more information, see <http://groundwatersprogram.army.mil>.

The groundwater is contaminated with VOCs, including trichloroethene, tetrachloroethylene, ethylene dibromide (EDB), carbon tetrachloride, and dichloroethylene. Ethylene dibromide has been found to be upwelling in two separate locations, outside the MMR property boundaries, within cranberry bogs in Mashpee and Falmouth. People could be at risk if they accidentally drink or come into direct contact with contaminated groundwater. Contaminated groundwater could also pose a threat to the environment within several ponds and streams used for recreational purposes. Soil contaminated with heavy metals, polycyclic aromatic hydrocarbons (PAHs), pesticides, PCBs, and petroleum hydrocarbons has been removed in cleanup actions in 2001-2002. Other principle threats such as contaminants in drainage structures and underground storage tanks have been removed thus eliminating potential future sources of groundwater contamination. To read more about this article go to http://yosemite.epa.gov/r1/npl_pad.nsf/f52fa5c31fa8f5c885256adc0050b631/EFABE4BC615B22288525692D0061823F?OpenDocument. [Source: <http://www.militarycontamination.com> Oct2011 ++]

Saving Money: From monthly payments to gas, insurance and repairs, the annual tab for owning and operating a vehicle totals about 59 cents per mile — or nearly \$9,000 a year — according to AAA. While many of these costs are fixed, one key way to save is to perform proper, routine maintenance. Small investments in time and money can save you big financial headaches down the road and keep your car safely on the road for a much longer time. Consider the following:

- **Oil.** Experts say it's important to follow the instructions included in your car owner's manual, as opposed to what you hear is the best way to maintain your vehicle. One popular myth is that you should change your car's oil every 3,000 miles, but with advancements in oil and vehicle technology, oil change intervals have also improved, according to Jay Rosenthal, a Jiffy Lube owner and operator in Mercer County, New Jersey. "Some cars can go as long as 5,000 miles, even 7,500 miles between oil changes, but you have to consult your owner's manual," says Rosenthal. Keep in mind: How you drive is also a key consideration before deciding when to change your car's oil. If you're a stop-and-go city driver, your vehicle may require what's called "severe service" and a more frequent oil change.
- **Gasoline.** Choose the gasoline that gives you the most miles per dollar, according to Mike Allen, senior automotive editor at Popular Mechanics. "Almost any car made since 1996 will in fact run just fine on regular," says Allen. "If your car does, in fact, call for the use of 91 octane premium in the owner's manual,

it might very well do pretty good on 89 or 87 [octane], which is a lot less expensive." If after several months of pumping regular gas, you notice your fuel efficiency dropping, this could mean your engine needs a cleaning. Allen then advises running a tank of high octane, top-tier graded gasoline for your tank once or twice a year, which provides extra cleaners for the fuel injectors.

- **Check Engine Light.** Keep a close eye on your check engine light, which usually turns on when a gas cap is loose, so, if you notice the light coming on about three miles after a fill-up, check that part of the car first. Then, make sure you hear three clicks when you're tightening the cap back up. Otherwise, the check engine light could signal a problem with your emissions system. The key is to act fast. What could be a \$50 fix can help you avoid an engine breakdown, which could cost thousands of dollars to repair. Allen suggests investing in a code reader device, which detects what your car's computer thinks is wrong when the check engine light turns on. The device ranges in price, but they can be as low as \$30 and are usually no more than \$100. Some common manufacturers of code readers include Actron, AutoXray and Equus. You can find the devices at general stores, like Walmart, or auto stores. The readers can help inform you of the potential problem before arriving at the mechanic or dealership, and "they will be less able to take advantage of you," Allen says. He also adds that instead of buying one, some mechanics will let you borrow the reader while you're at the repair shop.



- **Cleaning.** Wash beyond the surface. Salt deposits from the road can eventually rust the car from underneath, so it's really important to clean thoroughly.

[Source: <http://financiallyfit.yahoo.com/finance> Farnoosh Torabi article 25 Jul 2011 ++]

Notes of Interest:

- **Tomb of the Unknown.** No laughing. Check out <http://www.allproudamericans.com/No-Laughing-at-the-Tomb-of-the-Unknown-Soldier.html>
- **Texas Property Tax.** Texas voters approved a constitutional amendment that allows the surviving spouses of all disabled veterans to continue claiming an exemption from state property tax after the veteran dies. Until now, a widow or widower had to resume paying the property tax after the disabled spouse died.
- **Blood Pressure.** According to the Society of Vascular Surgery, petting a dog reduces both blood pressure and heart rate. People who own dogs also tend to get more exercise, a key factor in keeping blood pressure at healthy levels.
- **Tricare RP Demo Project.** Official modifications to the TRICARE Overseas Program (TOP) Contract and TRICARE Operations Manual (TOM) are currently underway. The Government, in conjunction with International SOS, will develop and implement a communication plan to inform and educate eligible beneficiaries at least 60 days before the demonstration commences, once an effective implementation date has been determined.
- **Child Poverty.** The number of children in the United States considered poor rose by 1 million in 2010, the U.S. Census said 17 NOV, with more than one in five of the youngest Americans now living in poverty.

- **Under Age Drinking.** Women in the U.S. who were legally allowed to consume alcohol before age 21 had a higher risk for death by suicide or homicide, according to a quasi-experimental, population-based study.
- **Balanced Budget.** The GOP-controlled House failed by 23 votes on 18 NOV to muster the required two-thirds majority to pass a balanced-budget amendment to the Constitution. This legislative exercise was agreed upon by both parties this summer in the deal that raised the nation's debt ceiling and created the deficit super committee.
- **Vet Jobs.** On 21 NOV Obama signed the VOW to Hire Heroes Act which offers a host of new job training programs for veterans and offers employers up to \$9,600 for hiring them.
- **TRICARE Prime.** The newly combined TRICARE Prime & Prime Remote handbook is available for download at <http://www.tricare.mil/tricaresmart/product.aspx?id=836&CID=71&RID=3>. The handbook discusses regional contractors; DEERS; providers; enrollment and disenrollment; access standards; emergency, urgent, specialty, and routine care; referral and prior authorization requirements; health (including behavioral), pharmacy, and dental benefits; filing claims; other health insurance; third-party liability, explanation of benefits; life events; appeals; grievances; and reporting fraud and abuse. Stateside and overseas contact information is also included.
- **Scams.** FDA's Office of Regulatory Affairs (ORA) has launched a Health Fraud Scams Web site designed to educate the public and regulated industry about health-fraud scams. <http://www.fda.gov/healthfraud> The site includes newly developed videos, a brochure in English and Spanish, information on compliance actions, press releases, and how to report a problem with an FDA regulated product.
- **PHSA.** The Pearl Harbor Survivors Association will be that's shutting down at the end of this year, due to a diminishing surviving membership.
- **DOC Fix.** Congress also will be pressed to make time in the next four weeks for its annual fight over the rate at which doctors are paid for treating Medicare patients — the “doc fix.” Curbing those reimbursement rates was one of the big budget disciplines Congress imposed in the 1990s — and has been backing away from almost every since. The patch created last year added \$19 billion to the deficit, and lasted only one year. Absent another paper-over, rates are expected to be cut by 27 percent in January. On top of all that, more than \$800 billion in one-year spending decisions are in limbo, and the current stopgap spending authority lapses in three weeks.

[Source: Various 15-30 Nov 2011 ++]

Medicare Fraud Update 80:



- **Houston TX** - A federal judge in Houston on 14 NOV sentenced 42-year-old Armando Chavez, who did procedures to repair varicose veins. He owned Chavez Medical Group, which prosecutors say improperly

billed Medicare and Medicaid between 2005 and 2007. Prosecutors say Chavez was charged in April and later pleaded guilty to one count of conspiracy and three counts of mail fraud. He received a five-year prison term for conspiracy and 70 months behind bars for each mail fraud charge, all to be served concurrently. No date has been set for Chavez to report to prison.

- **Rutherford NJ** - Saqib Ali, 57, who fled to Pakistan more than 10 years ago to avoid prosecution for Medicare fraud was sentenced 14 NOV to nearly two years in prison for defrauding Medicare of around \$126,000, federal officials said. Ali pleaded guilty in July to filing false claims to Medicare from as early as July 1997, and then cashing the checks at a Jersey City check-cashing store. He was the owner of Medtechnology Inc. in Rutherford, which purportedly provided clinical laboratory services to doctors. Ali was released on \$100,000 bail when he first appeared in court on the charges back in March 1998, but he fled to Pakistan and had been living as a fugitive before he agreed last March to return. In addition to the 21-month prison term, Ali was sentenced to three years of probation and ordered to pay \$126,871 in restitution.
- **Miami FL** - The U.S. and Dominican Republic have signed an agreement to share millions of dollars in forfeited assets from a major Medicare fraud scheme. Attorney General Eric Holder said 14 NOV the two countries will share \$7.5 million initially and could divide up to \$30 million more in seized assets. The assets in the Dominican Republic include 20 real estate properties such as a water park, motel complexes and waterfront condominiums. The fraud case in Miami involves brothers Carlos, Luis and Jose Benitez. They are accused of conspiring to defraud Medicare out of \$80 million. The brothers were declared fugitives in 2008 and are believed by prosecutors to be in Cuba. Holder is also visiting Trinidad and Tobago and Barbados in the Caribbean this week.
- **Washington DC** - Pounding away with executive actions, the White House is laying out new steps to cut fraud in Medicare and Medicaid, keeping up its campaign of acting without Congress as President Barack Obama tends to diplomacy — and relaxation — far from Washington. Many of the moves that support Obama's "we can't wait" mantra are modest and bureaucratic, including the newest measures being announced 15 NOV, but are nevertheless intended to show a president in action while he largely faces gridlock over jobs with Republicans in Congress. The White House is launching pilot programs intended to further cut waste and fraud in the giant Medicare and Medicaid entitlement programs. The Health and Human Services Department will oversee the changes, such as testing changes to outdated hospital billing systems to prevent overbilling, administration officials said ahead of a formal announcement. To show that its broad campaign to cut government waste is working, the White House says the administration cut improper payments by nearly \$18 billion in 2011, largely in such programs as Medicare, Medicaid, Pell Grants and food stamps.
- **Dayton TX** - Marion Beverly Metoyer, 57, of was sentenced 17 NOV to 21 months in prison. Metoyer was convicted by a jury on May 2011, of one count of conspiracy to commit health care fraud, three counts of health care fraud, one count of conspiracy to defraud the United States and to receive health care kickbacks and two counts of receiving kickbacks. Three co-conspirators were also sentenced: Johnny Lee Andrews, 59, of Houston; Monica Renee Perry, 44, of Abbeville, La.; and Melvin Barnes, 61, of Humble, Texas. Andrews and Perry were each sentenced to 15 months in prison and Barnes was sentenced to one year of probation. Andrews, Perry and Barnes pleaded guilty in SEP 2010, to one count of conspiracy to commit health care fraud. Metoyer, Andrews, Perry and Barnes visited the homes of beneficiaries in whose names claims were submitted to Medicare, and offered the beneficiaries free power wheelchairs in exchange for their Medicare information. The power wheelchairs were often billed to Medicare at more than \$6,000 per chair under a special code that designated the power wheelchairs as replacements for wheelchairs lost during hurricanes that hit the Houston area in fall 2008. In fact, the hurricanes did not damage the

wheelchairs. Certain beneficiaries did not even have a power wheelchair before receiving the ones As a result Medicare was fraudulently billed approximately \$3 million.

- **Baton Rouge LA** - Four Louisiana physicians wrote hundreds of bogus prescriptions that powered multimillion-dollar health-care frauds in the Baton Rouge area, according to evidence amassed by the nearly two-year-old local Medicare Fraud Strike Force. Yet all four physicians remain licensed to practice medicine, including two who pleaded guilty and a third convicted at a jury trial in August. The fourth doctor, who had previous probations of his license, is fighting the charges in his indictment. In a similar case that dates from before creation of the Strike Force, a Louisiana physician in 2009 retained his medical license even though he was convicted of health care fraud. Officials of the Louisiana State Board of Medical Examiners declined to comment on the targeted physicians — three of whom had their licenses suspended or placed on probation for questionable prescription practices before being charged in the Medicare fraud cases. Doctors can continue practicing medicine while their licenses are on probation, but cannot during a suspension.

- **Miami FL** - Operators of South Florida assisted-living facilities and halfway houses charged in one of the nation's biggest Medicare fraud cases are rushing to plead guilty rather than face risky trials and long prison sentences. Six defendants are now looking at shorter federal sentences because of their plea agreements. And a seventh defendant, Joseph B. Williams, 41, who ran an assisted-living facility in Pompano Beach, plans to plead guilty next week to defrauding the taxpayer-funded Medicare program, court records show. Those seven are among 10 residential operators and recruiters charged in September with supplying patients to Miami-based American Therapeutic Corp., whose owners pleaded guilty earlier this year. Lawrence Duran and Marianella Valera, are serving 50-year and 35-year prison sentences for running a racket to rip off \$200 million from Medicare for purported therapy at their chain of seven mental health clinics in South Florida and Orlando

- **Clarkston MI** - Dr. Richard Alan Behnan, D.P.M., 55, pleaded guilty to a federal indictment charging him with Conspiracy to Commit Health Care Fraud. Behnan was a traveling podiatrist who provided services at various senior centers and assisted living facilities in Bay City, Flint, Detroit, and Lansing, Michigan. Behnan and his co-defendant, Kelly Morel ,49, provided routine foot care to patients consisting primarily of toenail trimming. The two routinely billed these services to health insurance companies, including Medicare and Blue Cross Blue Shield of Michigan (BCBSM), as a surgical procedure. Specifically, Behnan and Morel trimmed toenails and billed the service as a nail avulsion. A nail avulsion is a surgical procedure used to treat ingrown toenails wherein the nail, or portion of the nail, is removed or torn from the nail bed below. The investigation revealed that patients never received nail avulsion procedures from Behnan or Morel as they claimed. Further, investigators determined that Behnan and Morel billed Medicare for surgical procedures performed while Behnan traveled outside the United States. As a result of all nail avulsion claims submitted from SEP 00 to DEC 2010 Behnan and Morel received \$1,624,089.66 from Medicare and BCBSM.

[Source: Fraud News Daily 15-30 Nov 2011 ++]

Medicad Fraud Update 52:

- **Monrow NC** - Dr. Millicent Francis-Lane has agreed to pay \$950,000 to the North Carolina Medicaid Program to resolve False Claims Act allegations. She owns Union County Women's Care, which has offices in Monroe, N.C. The settlement was reached following a multi-year investigation by state agents

and investigators into the Union County gynecologist's billing practices. They found that she knowingly billed Medicaid for more extensive services than she actually provided, a practice known as "upcoding." By upcoding, she was reimbursed for significantly more than she would otherwise have received for her services. She also regularly billed Medicaid for unnecessary tests. The billings at issue were submitted over a period from 2003-2009. As a condition of the civil settlement, Dr. Francis-Lane is required to reimburse the government for the amount she wrongfully received from Medicaid and also pay substantial penalties back to the program. She also required to hire, at her own expense, a government-approved auditor who will monitor her billing practices for a five-year period, to ensure that neither she nor her clinic commit similar offenses against government health programs in the future. Under the False Claims Acts, physicians and other health care providers who submit false claims for reimbursement to the government are liable for up to three times the damages caused, in addition to penalties of up to \$11,000 per violation.

- **Staten Island N.Y** - Maksim Shelikhov, 27, was nabbed 14 NOV , on returning to New York from Canada after officials there denied him entry due to an outstanding arrest warrant in the U.S. Meanwhile, his mother, Irina Shelikhova, 49, also from the borough, remains at large. The pair were among 12 defendants charged in a superseding indictment unsealed Monday, Brooklyn federal prosecutors announced yesterday. The defendants worked at Brooklyn medical clinics headed by another Islander, Dr. Gustave Drivas. Dr. Drivas, charged in the case last year, is also named in the indictment. Between March 2005 and July 2010, the suspects paid patients to take bogus medical treatments or billed Medicare for services never administered, alleged Loretta E. Lynch, United States attorney for the Eastern District of New York. The bribes were caught on hidden cameras and microphones, according to prosecutors. Dr. Drivas was the owner and president of Bay Medical Care, the owner of SZS Medical Care and a managing employee of SVS Wellcare Medical, court papers said. He also was a treating physician at the clinics. The businesses operated out of three offices in the Bensonhurst section. The clinics purported to provide physical therapy, nerve-conduction tests and allergy services to Medicare beneficiaries. Shelikhov and Ms. Shelikhova conspired to direct the clinics' money-laundering operations and recruited money launderers. They paid kickbacks with the cash generated from the laundered money and also diverted money for their personal use. Bay Medical, SVS and SZS billed Medicare about \$71 million and were paid almost \$47 million. The defendants were charged with health care fraud, health care fraud conspiracy, health care kickbacks conspiracy, money laundering conspiracy and money laundering. In addition, the government seeks forfeiture of more than \$4.9 million allegedly seized from various business and personal bank accounts, including \$232,000 from Ms. Shelikhova's account. Another \$41,000 was recovered from one of the medical offices.

- **Elizabeth NJ** - Dr. Yousuf Masood who paid people as little as \$10 an hour to pose as physicians is going to prison for bilking Medicaid and Medicare out of nearly \$2 million. A federal judge on Wednesday sentenced him on 16 NOV to 43 months behind bars and ordered him to pay more than \$1.8 million in restitution. His wife, who ran their office in Elizabeth, was sentenced to five years' probation. The couple had pleaded guilty to conspiracy to commit health care fraud. Prosecutors said patients at Masood's office often were treated by three employees who pretended to be doctors. Prosecutors said Medicaid was billed for the services as if Masood had performed them, even when he was out of the country.

[Source: Fraud News Daily 15-30 Nov 2011 ++]

State Veteran's Benefits: The state of Rhode Island provides several benefits to veterans. To obtain information on these refer to the “**Veteran State Benefits RI**” attachment to this Bulletin for an overview of those benefits. Benefits are available to veterans who are residents of the state in the following areas:

- Veteran's Home
- Veteran's Cemetery
- Veteran's Benefit Counseling
- Other
- Laws Pertaining to Veterans

[Source: <http://www.military.com/benefits/content/veteran-state-benefits/rhode-island-state-veterans-benefits.html> & http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/Veterans/laws_veterans_2011.pdf Nov 2011 ++]

Military History: Operation Queen was an American operation during World War II at the Western Front of the German Siegfried Line. The operation was aimed against the Rur River, as a staging point for a subsequent thrust over the river to the Rhine into Germany. It was conducted by the 1st and 9th U.S. Army. The offensive commenced on 16 November 1944 with one of the heaviest Allied tactical bombings of the war. However, Allied advance was unexpectedly slow, against heavy German resistance, especially in the Hürtgen Forest through which the main thrust of the offensive was carried out. By mid-December the Allies finally reached the Rur and tried to capture its important dams, when the Germans launched their own offensive dubbed Wacht am Rhein. The ensuing Battle of the Bulge led to the immediate cessation of the Allied offensive efforts into Germany until February 1945. To learn about the he planning and offensive details of this operation refer to this Bulletin's attachment titled, "WWII Operation Queen". [Source: http://en.wikipedia.org/wiki/Operation_Queen Nov 2011 ++]

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

- Dec 01 1918 - WWI: An American army of occupation enters Germany
- Dec 01 1964 - Vietnam: U.S. President Lyndon B. Johnson and his top-ranking advisers meet to discuss plans to bomb North Vietnam.
- Dec 01 1969 - Vietnam: America's first draft lottery since 1942 is held.
- Dec 02 1944 - WWII: General George S. Patton's troops enter the Saar Valley and break through the Siegfried line.
- Dec 03 1775 - The USS Alfred became the first vessel to fly the Grand Union Flag (the precursor to the Stars and Stripes); the flag is hoisted by John Paul Jones.
- Dec 03 1950 - Korea: The Chinese close in on Pyongyang, Korea, and UN forces withdraw southward. Pyongyang falls 2 days later.
- Dec 03 1942 - WWII: U.S. planes make the first raids on Naples, Italy.
- Dec 06 1941 - WWII: President Franklin D. Roosevelt issues a personal appeal to Emperor Hirohito to use his influence to avoid war.
- Dec 07 1917 - WWI: The United States declares war on Austria-Hungary with only one dissenting vote in Congress.
- Dec 07 1941 - WWII: Japanese attack Pearl Harbor without a declaration of war and land forces in Northern Borneo.
- Dec 07 1942 - WWII: The U.S. Navy launches USS New Jersey, the largest battleship ever built.
- Dec 08 1861 - Civil War: CSS Sumter captures the whaler Eben Dodge in the Atlantic. The American Civil War is now affecting the Northern whaling industry.
- Dec 08 1941 - WWII: Roosevelt declares war on Japan noting the previous day's events mark it as a date that will live in infamy.

- Dec 08 1943 - WWII: U.S. carrier-based planes sink two cruisers and down 72 planes in the Marshall Islands.
- Dec 08 1944 - WWII: The United States conducts the longest, most effective air raid on the Pacific island of Iwo Jima.
- Dec 09 1950 - Cold War: Harry Gold gets 30 years imprisonment for passing atomic bomb secrets to the Soviet Union during World War II.
- Dec 09 1992 - Operation Restore Hope: U.S. Marines land in Somalia to ensure food and medicine reaches the deprived areas of that country.
- Dec 10 1898 - Spanish American War: The U.S. and Spain sign the Treaty of Paris, ending the war and ceding Spanish possessions, including the Philippines, to the United States.
- Dec 10 1941 - WWII: Japanese troops invade the Philippine island of Luzon.
- Dec 11 1862 - Civil War: Union General Ambrose Burnside occupies Fredericksburg and prepares to attack the Confederates under Robert E. Lee. The battle ends two days later with the bloody slaughter of onrushing Union troops at Marye's Heights.
- Dec 11 1941 - WWII: Germany and fascist Italy declare war on America. The U.S. reciprocates.
- Dec 12 1863 - Civil War: Orders are given in Richmond, Virginia, that no more supplies from the Union should be received by Federal prisoners
- Dec 13 1775 - The Continental Congress authorizes the building of 13 frigates.
- Dec 13 1774 - Mass militiamen successfully attacked arsenal of Ft. William and Mary

[Source: Various Nov 2011 ++]

Military Trivia Update 40: Even though the Spanish-American War is usually not seen as a major war in U.S. history it was a milestone on America's rise to superpower status. See if you can answer the following related to this War:

- 1) What year did the Spanish-American War commence? 1897 | 1900 | 1899 | 1898
- 2) What year did the war end? 1901 | 1899 | 1898 | 1900
- 3) Who was the first civilian Governor General of the Philippines?
Theodore Roosevelt | William Taft | Grover Cleveland | George Dewey
- 4) Who was the admiral that defeated the entire Spanish fleet in the Pacific?
George Dewey | Walter Reed | Theodore Roosevelt | John Hay
- 5) Who led the ill-equipped Rough Riders to victory at the Battle of San Juan Hill?
John Hay | Theodore Roosevelt | William Taft | Walter Reed
- 6) Near which Cuban city did the Battle of San Juan Hill take place?
Camaguey | Havana | Santiago | Cienfuegos
- 7) Which territory did the U.S. NOT acquire from the treaty that ended the war?
Guam | Cuba | The Philippines | Puerto Rico
- 8) What was the main cause, the 'last straw,' that led to the eruption of war?
 - McKinley sent a war message so he could be elected for another term.

- Cuban rebels destroyed the sugarcane crop.
 - Explosion of the USS Maine.
 - Spain attacked the Florida Keys from Cuba.
- 9) Which amendment/treaty granted Cuban independence and recognition from both the U.S. and Spain?
Platt Amendment | Teller Amendment | Treaty of Paris | Hay-Bunau-Varilla Treaty
- 10) Who described the Spanish-American War as a "splendid little war"?
John Hay | William Hearst | Joseph Pulitzer | Jose Marti

Answers

1. **1898** - After many attempts to avoid war, McKinley, because of jingoism (sense of national pride), public and political pressure, finally gave in to the majority, and on April 11, 1898 sent a war message to Congress.
2. **1898** - Surprisingly enough, the war lasted a mere 4 months, from April to July! Because of this short war, the Spanish-American War became known as "a splendid little war."
3. **William Taft** - McKinley declared that rebels in the Philippines were on edge with one other and that the Filipino people were "unfit for self-government." He placed Taft there to maintain stability in the island nation. Taft became a president later in his career.
4. **George Dewey** - On February 25, while his boss was absent, Assistant Secretary of the Navy Theodore Roosevelt sent cables to the Pacific to prepare for military action with Spain. When McKinley found this out, he countermanded all the cables except Dewey's, who was told to attack the Spanish fleet in the Philippines if war broke out with Spain. On May 1, Admiral Dewey launched a surprise attack on Spanish ships anchored in Manila Bay, destroying Spain's entire Pacific fleet in about 5-7 hours.
5. **Theodore Roosevelt** - Theodore Roosevelt, future president of the U.S., organized a group of expert cavalrymen, from cowboys to polo players, to attack the Spanish. Unfortunately, when the battle took place, their horses never arrived, so they fought as infantrymen, along with the under-appreciated "buffalo soldiers," whom were all African-Americans.
6. **Santiago** - The Battle of San Juan Hill in July 1898 took place just outside of the southern and eastern city of Santiago. On July 3, in a desperate attempt to flee the harbor, the Americans sank every single Spanish ship, giving cause to celebrate Independence Day back in the States with an extra sense of jubilation.
7. **Cuba** - In the treaty between American and Spain that ended their war, Spain gave the U.S. the Guam Islands, the Philippine Islands, and Puerto Rico for \$20 million. Cuba was granted independence, yet remained heavily influenced by American government and business. Guam and Puerto Rico are still territories of the U.S., while the Philippines were granted independence in 1946.
8. **Explosion of the USS Maine** - In early February, McKinley ordered the Maine into Havana Harbor to protect American lives and property. On February 15, an explosion aboard the ship killed in excess of 250 American soldiers. Americans pressured the president into war after this happened, due to their belief that the Spanish had bombed the ship purposely. More recently, it is believed that there was a fire, and the potent ammunition stored aboard the ship caused the explosion.
9. **Teller Amendment** - The Teller Amendment was attached to Congress' 1898 war resolution against Spain promised Cubans their independence. The U.S. pressured the Cubans to attach the Platt Amendment to their constitution, which declared that the Cuban government could not enter any foreign agreements, must allow the U.S. to establish two American naval bases on the island, and must give the U.S. the right to intervene whenever necessary. The Platt Amendment remained in force until 1934, save the establishment of the U.S.'s Guantanamo Bay Naval Base on the eastern end of the island nation. The Treaty of Paris

officially ended the Spanish-American War, while the Hay-Bunau-Varilla Treaty involved the establishment of the Panama Canal.

10. **John Hay** - In a letter to his friend Theodore Roosevelt, John Hay (future secretary of state) captured the public mood when he wrote that the Spanish conflict had been "a splendid little war." Pulitzer and Hearst used "yellow journalism" to popularize their newspapers during the war, creating jingoism. Jose Marti was a Cuban journalist who led their rebellion against Spain.

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

Tax Burden for Indiana 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 Indiana:

Sales Taxes

State Sales Tax: 7% (food and prescription drugs exempt)

Gasoline Tax: 34.0 cents/gallon

Diesel Fuel Tax: 43.8 cents/gallon (includes local county taxes)

Cigarette Tax: 99.5 cents/pack of 20

Personal Income Taxes

Tax Rate Range: Flat rate of 3.4% of federal adjusted gross income. Refer to <http://www.in.gov/dor/3810.htm> .

Counties also have the authority for a local option income tax whose goal is to provide income for the counties instead of raising property taxes. Carroll, Clark, Clay, Madison and Wabash counties have adopted new county option income rates. For details go to http://www.in.gov/dlgf/files/Local_Option_Income_Tax_Fact_Sheet.pdf .

Personal Exemptions: Single - \$1,000; Married - \$2,000; Dependents - \$1,000; \$1,000 for taxpayer and/or spouse if age 65 or over; \$1,000 for taxpayer and/or spouse if blind; \$500 additional exemption for each individual age 65 or over if federal adjusted gross income is less than \$40,000.

Standard Deduction: None

Medical/Dental Deduction: None

Federal Income Tax Deduction: None

Retirement Income Taxes: Social Security is exempt. Taxpayers 60 and older may exclude \$2,000 from military pensions minus the amount of Social Security and Railroad Benefits received. Taxpayers age 62 and older may deduct from their adjusted gross income \$2,000 from a federal civil service annuity. Out-of-state pensions are fully taxed. Homeowners can deduct up to \$2,500 from their income taxes for property taxes on their residence. To view information for seniors go to <http://www.in.gov/dor/3810.htm>.

Retired Military Pay: Military retirees who are age 60 are entitled to deduct up to \$2,000 of military or survivor benefits.

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

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

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

Property Taxes

Property taxes in Indiana are administered at the local level with oversight by the Indiana Department of Local Government Finance. They are imposed on both real and personal property. Property, which is assessed at 100% of its true value, is subject to taxation by a variety of taxing units (schools, counties, townships, cities and towns, libraries, etc.) making the total tax rate the sum of the tax rates imposed by all of the taxing units in which the property is located. Homeowners are eligible for a credit against the property taxes that they pay on their homestead. The amount of credit to which the individual is entitled equals 10% of the individual's property tax liability, which is attributable to the homestead during the calendar year. A taxpayer entitled to receive a homestead credit is also entitled to a standard deduction from the assessed value of the homestead. The deduction is the lesser of one-half of the assessed value of the real property or \$35,000. Homeowners 65 and older who earn \$25,000 or less are eligible to receive a tax reduction on property with an assessed value of \$182,430 or less and the individual received no other property tax deductions except for mortgage, standard, and fertilizer storage deductions. A surviving spouse is entitled to the deduction if they are at least 60 years old. The amount of the deduction is the lesser of one-half of the assessed value of the real property or \$12,480. Call 317-232-3777 for details or go to <http://www.in.gov/dlgf/4988.htm>.

A circuit breaker program is aimed at helping residents by ensuring they don't pay more than 2% of their property value in taxes. The goal is to provide predictability in tax bills and equity among Hoosier taxpayers. It became mandatory statewide for residential property in 2007 and expanded to include all property types in 2009. Refer to <http://www.in.gov/dlgf/8225.htm>.

Inheritance and Estate Taxes

The inheritance tax (Class A) ranges from 1% to 10% based on fair market value of property transferred at death. The estate tax is the amount by which federal credit exceeds inheritance taxes paid to all states. For details refer to <http://www.in.gov/dor/3807.htm>

For further information, visit the Indiana Department of Revenue site at <http://www.in.gov/dor/>.

Veteran Legislation Status 27 NOV 2011: 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? Reflections on Andy Rooney's Death

After Andy Rooney died, Pat Mastors, who worked for more than two decades as a journalist in Rhode Island, wrote the following column in his style...

I died last week, just a month after I said goodbye to you all from this very desk. I had a long and happy life - well, as happy as a cranky old guy could ever be. 92. Not bad. And gotta say, seeing my Margie, and Walter, and all my old friends again is great.

But then I read what killed me: "serious complications following minor surgery."

Now what the heck is that?

Nobody gets run over by a "serious complication." You don't hear about a guy getting shot in the chest with a "serious complication." Sure, I didn't expect to live forever (well, maybe only a little bit), but I was sorta going for passing out some Saturday night into my flank steak at that great restaurant on Broadway. Maybe nodding off in my favorite chair, dreaming of reeling in a 40-pound striper. You know, not waking up. This whole death- by-complication thing is just so, I don't know...vague and annoying.

Here's something else that bothers me. This note I got a few days ago from a lady who says she's a fan. She talked to a reporter at a national newspaper the other day. Asked the reporter, basically, what kind of complication did me in? The reporter said "No idea what killed him. Unless someone dies unusually young, we don't deal with the cause of death."

Now, I know reporters have lots to do. I was one myself before they started paying me to just say what I think. But I guess what this reporter means is, if I was 29 instead of 92, they mighta thought it was worth asking why I went in for minor surgery and died of "serious complications."

Remember a guy named John Murtha? A Congressman. Democrat from Pennsylvania. He made it to 77, a real spring chicken next to me. We were talking about this the other day, and guess what he told me? He went in the hospital last year to get his gallbladder taken out. A tiny incision, they said. Laparoscopic surgery. Only he died, too. The reason? You guessed it: "complications of surgery." The docs looked really sad about it, but they wouldn't give out any details. They said they couldn't, because of family privacy and federal privacy laws. But you know, people talk. Someone on the inside came out with it: "they hit his intestines."

<http://www.rawstory.com/rs/2010/02/09/source-murtha-medical-error/>

John figures it's better that people know what happened. Maybe it'll help docs figure out a way not to hit intestines when they do that surgery next time. Now what's wrong with that?

I know what you're thinking. "That Andy Rooney. Something's always bugging him." Well, I guess it's like my mom told me a zillion years ago, when she asked me at dinner if I knew anything about how the window in the garage got broken. I said no because I didn't want to admit I'd been throwing a baseball with Tommy McNamara, and I guess my aim was really off. She looked at me with that look moms have...the one that makes you squirm and try to change the subject and finally offer to do the dishes if only she'll stop looking at you like that.

She said, "Andy, just tell the truth."

So, do me a favor. Something killed me. And it would be good to know what. You don't have to squirm, or do the dishes.

Just tell folks what happened.

— Pat Mastors



Beware when the great God lets loose a thinker on this planet.

--- Ralph Waldo Emerson (1803 - 1882)



ABLE TO KICK THE CAN DOWN THE ROAD IN A SINGLE BOUND.



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