

# RAO BULLETIN

## 15 January 2012

### PDF Edition

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Attachment - Best Veteran Employers JAN 2012

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**Congressional/Benefits Update 06:** Approval ratings for Congress are at a historic low, and our members often ask us what sort of benefits legislators enjoy. The following information isn't presented to defend Congressional perks, but only to dispel some myths that perpetually float around the internet. If we're to have credibility defending military programs, we need to have our facts right.

**Fact or Fiction:**

**1) Members of Congress get full pensions for life after serving just one term.**

**Mostly Fiction.** The Congressional retirement system is very similar to that of federal civilians. It's true that a member of Congress can become eligible for retirement benefits after a minimum of 5 years of service if they're age 62 or older, but only for a partial pension. To qualify for a pension a member of Congress must meet one of the following service and age requirements:

- 5 years of service and age 62
- 20 years of service and age 50
- 25 years of service at any age

Like the military retirement system, Congressional retirement pay is calculated on a combination of their average high-three years of salary and a multiplier based on their length of service. It's also worth pointing out that members of Congress contribute to their own retirement and pay Social Security taxes. Once retired their Cost of Living Adjustments (COLA) are sometimes held artificially below the Consumer Price Index (CPI) which measures inflation. Since the Congressional retirement system was overhauled in 1984 (to be less generous) the average annual pension is roughly \$40,000.

**2) Members of Congress don't pay for their healthcare.**

**Fiction.** Members of Congress and their staffs are eligible for the same health insurance as federal civilians, and they pay the same premiums. They can enroll in any insurance program offered under the Federal Employee Health Benefits Program (FEHBP). One of the most popular plans under FEHBP (the Blue Cross Blue Shield Standard plan) costs beneficiaries \$430 a month for a family, and \$185 a month for individual coverage. Starting in 2014, members of Congress and their staffs will be required to participate in the health care exchanges created under national health care reform.

**3) Legislators receive free health care at military facilities such as Walter Reed.**

**Fiction.** Members of Congress can receive care at the new Walter Reed National Military Medical Center, but the cost of such care is billed to their federal insurance.

**4) Congress votes themselves pay increases every year.**

**Mostly Fiction.** The law authorizes Congress a raise every year unless legislators vote to stop it. Congress voted to forgo a pay raise in 2010, 2011, and 2012. Congressional pay increases are capped lower than the military raise. While military raises are tied to the average American's (the Employment Cost Index), congressional raises are capped one-half percentage point below that. In 2012 members of Congress will collect a salary of \$174,000 (Congressional leaders receive more).

[Source: MOAA Leg Up 13 Jan 2012 ++]

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**Congress ~ 112th Update 03:** Here is an estimated timeline of when important actions will occur in the second session of the 112th Congress:

- Mid February: The President will submit his annual budget proposals to Congress. On or before this date we'll find out exactly what the Pentagon and Administration will propose in order to cut \$450 billion in

defense spending over the next decade. Pay freezes, manpower cuts, TRICARE fee increases, retirement changes, and more could be included in the proposal.

- Late March: Six weeks after the President delivers his budget to Congress, congressional committees are required to submit their "views and estimates" of spending and revenues within their respective jurisdictions to the House and Senate Budget Committees.
- April: House and Senate Budget Committees draft and mark up concurrent resolution on the budget, which sets spending limits for the year. April 15 is the deadline for completion of action on the budget resolution (though partisan and fiscal differences have precluded approval of a formal budget resolution in recent years, and that may prove true again in 2012.)
- May: The House and Senate Armed Services Committees will likely begin work on the FY2013 Defense Authorization Bill, including any changes that may be imposed by budget resolution spending limits.
- May-July: Full House and Senate pass their respective versions of the defense bill.
- July-October: House and Senate negotiators resolve differences between their respective versions.
- October-December: Final Defense Authorization Bill passed by House and Senate and becomes law.
- November 6: Presidential and Congressional elections.
- December 31: Deadline to pass an alternative debt reduction plan in order to avoid the sequestration process that will cut another \$600 billion from defense spending over the next decade.

[Source: MOAA Leg Up 13 Jan 2012 ++]

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**VA Emergency Care Update 06:** The VA announced 12 JAN a change in regulations regarding payments for emergency care provided to eligible veterans in non-VA facilities. "This provision helps ensure eligible veterans continue to get the emergency care they need when VA facilities are not available," said Secretary of Veterans Affairs Eric K. Shinseki. The new regulation extends VA's authority to pay for emergency care provided to eligible veterans at non-VA facilities until the veterans can be safely transferred to a VA medical facility. More than 100,000 veterans could be affected by the new rules, at a cost of about \$44 million annually. VA operates 121 emergency departments across the country, which provide resuscitative therapy and stabilization in life-threatening situations. They operate 24 hours a day, seven days a week. VA also has 46 urgent care units, which provide care for patients without scheduled appointments who need immediate medical or psychiatric attention. For more information about emergency care in non-VA facilities refer to <http://www.nonvacare.va.gov>.

[Source: VA Press Release 12 Jan 2012 ++]

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**Child Tax Credit Update 01:** When Congress returns to start the Second Session of the 112th Congress, talks will resume on finding ways to pay for the payroll tax holiday. House majority members are proposing to find billions in savings by reforming the child tax credit paid to individuals who lack a Social Security number that proves they are legal to work in the U.S. Leading the charge is Rep. Sam Johnson (R-TX), a POW for seven years in Hanoi during the Vietnam War. Armed with a Treasury report from this summer, the 81-year-old Air Force veteran has exposed a real problem in using the tax code as an anti-poverty program. The past decade has seen a genuine explosion in the cost of refunds paid out by the government under the child tax credit. Treasury data shows that 21 million tax filers in 2011 claimed the refundable credits, which averaged about \$676 per child and totaled \$26.1 billion. That increase represents a five-fold increase since 2002, when the cost was closer to \$5 billion.

The report indicates that every year a greater amount of these dollars are headed to undocumented workers who use Individual Taxpayer Identification Numbers issued by the Internal revenue Service rather than using a Social Security Number. As much as \$4.2 billion or 15 percent of the cash payments went to tax filers without a SSN. The U.S. Treasury Inspector General for Tax Administration said, "The payment of federal funds through this tax benefit appears to provide an additional incentive for aliens to enter, reside and work in the United States without authorization, which contradicts federal law and policy to remove such incentives." "Last year, illegal immigrants

bilked \$4.2 billion from U.S. taxpayers due to a loophole with the refundable child tax credit,” Rep. Johnson said. “With the dire need to cut government spending, I hope this simple fix gets a serious look to stamp out waste, fraud and abuse.” [Source: NAUS Weekly Update 13 Jan 2012 ++]

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**Tricare Data Breach (SAIC) Update 07:** TRICARE contractor Science Applications International Corp. was recently served with a second class action lawsuit filed in a California state court seeking unspecified monetary damages related to the theft of computer tapes containing the records of 4.9 million health care beneficiaries. The latest suit seeks certification as a class action for all TRICARE beneficiaries in California whose personal identity and health care information were compromised by the theft of the tapes, which occurred in September 2011 in San Antonio. The suit was filed in December on behalf of retired Marine Col. Mark Losack in the Superior Court of California in San Diego. The complaint says that while it is difficult to estimate the number of TRICARE beneficiaries in California whose personal information was stored on the stolen tapes, "the proposed class contains hundreds of thousands of members." SAIC originally was sued over the data theft in a Texas state court last October in a class action suit, which sought \$4.9 billion in damages on the behalf of one plaintiff. Richard Coffman, the Beaumont, Texas, attorney who filed that suit said he amended the complaint Dec. 13 to include an additional 13 plaintiffs from around the country. [Source: NAUS Weekly Update 13 Jan 2012 ++]

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**Florida Vet Legislation Update 03 :** Florida lawmakers are considering about 70 different bills that affect the state’s 1.6 million veterans. Some of the bills are “feel good” or advocacy legislation like the one that establishes August 7th as Purple Heart Day (SB276) and a few bills are aimed at directly helping student veterans. Florida Department of Veterans Affairs executive director Mike Prendergast is tracking two key omnibus bills: Senate Bill 922, sponsored by Sen. Mike Bennett, and House Bill 977, sponsored by Rep. Bryan Nelson. “The senate bill will give student veterans an advantage already extended to student athletes and the legislation would allow for early course registration,” Prendergast said. “The reason for that is the GI Bill, the modern GI Bill, has a time certain specified. They only have 36 months benefits.” Another student veterans’ bill, SB164, sponsored by Sen. Mike Fasano, waives residency requirements giving all student veterans “in-state” tuition rates. Prendergast said estimates show that would cost state colleges and universities more than \$11 million. “We’ve got to look for opportunities to take care of veterans appropriately but not do it in such a way that it’s going to cost the taxpayers considerably more at a time when we just don’t have the money to go around,” Prendergast said.

The tuition waiver was wrapped into one of the omnibus bills, but it could be amended or eliminated. Several student veterans’ organizations in Florida are lobbying to get the waiver. But, Prendergast said active-duty service members assigned to Florida already can get an in-state tuition rate and have the opportunity to apply for residency status by getting a Florida drivers’ license, registering to vote and establishing their residency through their military personnel office. Senate Bill 138 which is aimed at helping military veterans in the criminal justice system has been included in the SB.922 omnibus bill. “It allows counties to establish programs to divert a veteran who is charged with a criminal offense into an appropriate treatment program if they suffer from post-traumatic stress disorder or traumatic brain injury or substance abuse disorders,” Prendergast said. At this time, his department is neutral on the bill because Prendergast said the House and Senate versions differ and some judges have concerns. [Source: Off The Base Bobbie O'Brien article 12 Jan 2012 ++]

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**Mobilized Reserve 10 JAN 2012:** The Department of Defense announced the current number of reservists on active duty as of 10 JAN 2012. The net collective result is 1549 fewer reservists mobilized than last reported in the 1 JAN 2012 RAO Bulletin. At any given time, services may activate some units and individuals while deactivating others, making it possible for these figures to either increase or decrease. The total number currently on active duty from the Army National Guard and Army Reserve is 65,388; Navy Reserve 4663; Air National Guard and Air Force Reserve 9946; Marine Corps Reserve 5224; and the Coast Guard Reserve 755. This brings the total National Guard and Reserve personnel who have been activated to 85,976 including both units and

individual augmentees. A cumulative roster of all National Guard and Reserve personnel who are currently activated may be found online at <http://www.defense.gov/news/d20120110ngr.pdf>. Reservists deactivated since 9/11 total 750,583. [Source: DoD News Release No. 019-12 dtd 11 Jan 2012 ++]

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**Veterans Wheelchair Games:** Registration is open for the 32nd National Veterans Wheelchair Games, the largest annual wheelchair sports event in the world. More than 500 Veterans from across the United States, Puerto Rico and Great Britain are expected to compete in the Games, taking place June 25-30, 2012, in Richmond, Va. – the site of the very first National Veterans Wheelchair Games held in 1981. “The National Veterans Wheelchair Games are an outstanding event that showcases the abilities and determination of Veterans,” said Secretary of Veterans Affairs Eric K. Shinseki. “VA is committed to providing world class care to our wounded heroes.” The Games, presented by the Department of Veterans Affairs and Paralyzed Veterans of America, are open to all U.S. military Veterans who use wheelchairs for sports competition due to spinal cord injuries, neurological conditions, amputations or other mobility impairments. The 32nd Games will be co-hosted by the Hunter Holmes McGuire VA Medical Center and the Virginia Mid-Atlantic Chapter of Paralyzed Veterans of America.

“We’re thrilled to see the National Veterans Wheelchair Games return to Richmond after 31 years,” said Bill Lawson, national president of Paralyzed Veterans of America. “Adaptive sports play a crucial role in getting people back into life after serious injury, and the Wheelchair Games are often a life-changing experience for our athletes, representing a unique combination of competition, rehabilitation and fun.” The Games are made possible through the generous support of national host sponsors, Altria Group, Invacare and UPS. Competitive events will take place at the Greater Richmond Convention Center, Hanover Lanes Bowling Center, The Conservation Club of Virginia, Inc., in Charles City, Sports Backers Stadium, Mary Munford Elementary School and Byrd Park.

The 32nd Games will include competitions in 17 different events such as swimming, basketball, table tennis, archery, and wheelchair slalom, which is a timed obstacle course. The athletes compete in all events against others with similar athletic ability, competitive experience or age. In addition to the competitions and the opening and closing ceremonies, the Games will include a “Kids Day at the Games” on Friday, June 29, at Sports Backers Stadium. Local children with disabilities will have the opportunity to interact with the athletes, participate in sporting events, and watch Veterans compete. Veterans interested in competing may download the registration packet from the Games’ website at <http://www.wheelchairgames.va.gov> or contact Marlene Pratt at (804) 675-5000, ext. 3969, or Kristin Windon at (804) 675-5002. The deadline for interested athletes to complete their registration is April 15. The public is invited to attend any of the sports competitions throughout the week of the Games, and admission is free. [Source: VA News Release 10 Jan 2012 ++]



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**Vet Driving Issues:** Does climbing behind the wheel of the family SUV make you nearly as nervous as you were behind the wheel of a military vehicle in Afghanistan or Iraq? Do you get anxious at intersections or stopped in heavy traffic, jittery when you pass garbage strewn across the road? Erratic driving by combat veterans is



increasingly a problem on American roadways, The New York Times reported on 11 JAN, citing a report by USAA, a leading insurer of active-duty troops. The study found that accidents in which the servicemembers were at fault went up by 13 percent after deployments. The riskiest period appeared to be the six months returning from a deployment. The Pentagon and the Department of Veterans Affairs are aware of the problem and have launched studies into the link between wartime service and either overly aggressive or overly defensive driving, the story noted. Army statistics show that 48 soldiers died in auto accidents last year while off duty, the highest number in the three years.

“I can’t talk with somebody who is a returned servicemember without them telling me about driving issues,” Erica Stern, an associate professor of occupational therapy at the University of Minnesota, told the Times. Stern is conducting a national study of driving problems in people with brain injuries or post-traumatic stress disorder for the Pentagon. Experts say the problem isn’t limited to those suffering PTSD or other combat-related ailments. It can manifest itself in otherwise healthy veterans exhibiting reflexive driving instincts adopted in combat zones. Problems tend to decrease with more time at home, but do not always disappear entirely. “There is no accepted treatment for this,” Dr. Steven H. Woodward, a clinical psychologist with the Veterans Affairs Palo Alto Health Care System, told the Times. “It’s a new phenomenon.” [Source: Stars & Stripes Derek Turner article 11 Jan 2012 ++]

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**Don’t Ask, Don’t Tell Update 04:** Gay troops have been allowed to serve openly in the military for fewer than four months so far, but one Oklahoma state lawmaker said that has already been long enough. Republican Rep. Mike Reynolds has introduced legislation to reinstate the “don’t ask, don’t tell” policy for Oklahoma Guard members, a move he said was prompted by requests from current Guard members unhappy with the change. The Tulsa World newspaper has been covering the story. A similar effort in Virginia failed last year. Even though military leaders have opposed efforts to return to the old policy, several Republican presidential candidates have also said they’d like to bring “don’t ask, don’t tell” back. Texas Gov. Rick Perry, former House Speaker Newt Gingrich and former Pennsylvania Sen. Rick Santorum have all they would work to reinstate the policy. Former Massachusetts Gov. Mitt Romney has said he would not have changed “don’t ask, don’t tell” while U.S. troops remain in war zones overseas. On the other side, Texas Rep. Ron Paul voted to end the ban on openly gay troops and has said the “don’t ask, don’t tell” policy should not be brought back. [Source: Stars & Stripes Leo Shane article 10 Jan 2012 ++]

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**VGLI Update 02:** Under a new law some veterans covered under the Veterans Group Life Insurance program (VGLI) now have the opportunity to increase their coverage to the current maximum coverage under the Servicemembers’ Group Life Insurance (SGLI) program. “Currently, 70 percent of the Veterans covered under VGLI are under age 60, have less than \$400,000 of coverage, and will greatly benefit from this law change,” said Allison A. Hickey, Department of Veterans Affairs under secretary for benefits. Under the Veterans’ Benefits Act of 2010, enacted on Oct. 13, 2010, Veterans can increase their coverage by \$25,000 at each five-year anniversary date of their policy to the current legislated maximum SGLI coverage, presently, \$400,000. To date, approximately 21 percent of eligible Veterans have taken advantage of this opportunity, resulting in nearly \$113 million of new coverage being issued.

The VGLI program allows newly discharged Veterans to convert their SGLI coverage they had while in the service to a civilian program. Before enactment of this law, Veterans could not have more VGLI than the amount of SGLI they had at the time of separation from service. For example, those who got out of the service prior to Sept. 1, 2005, when the maximum SGLI coverage was \$250,000, were limited to \$250,000 in VGLI coverage. Now on their first five-year anniversary, these Veterans can elect to increase their coverage to \$275,000. On their next five-year anniversary, they can increase the coverage to \$300,000, and so forth. The additional coverage can be issued regardless of the Veteran’s health. To be eligible to purchase this additional coverage, the Veteran must:

- Have active VGLI coverage,
- Have less than the current legislated maximum coverage of \$400,000,

- Request the additional coverage during the 120-day period prior to each five-year anniversary date, and
- Be less than 60 years of age on the five-year anniversary date of his or her coverage.

Eligible Veterans are notified of this opportunity a week before the start of the 120-day period prior to their anniversary date, and twice more before the actual anniversary date. This could be a good opportunity for those veterans who need and use the VA as their life insurance provider. Keep in mind though that VGLI is term insurance, and premiums increase dramatically as we age. Many veterans determine that they can't keep their life insurance in force later in life because the premiums are too expensive. Take a look at the chart of VGLI premiums from the VA before you decide whether to increase your VGLI coverage. The link to the premium tables for VGLI: <http://insurance.va.gov/sglisite/vgli/VGLI%20rates.htm> . Those are the monthly rates. Download the chart for a good view, broken down by monthly, quarterly, semi-annual and annual rates, of how much this insurance costs. Take a look at the costs at age 70 and beyond. Will you be able to pay those rates in later life? Obviously, you'll need more than VGLI to complete your financial planning. With all life insurance, it pays to shop around and do your homework. For more information about VA's Insurance Program or other VA benefits, go to <http://www.va.gov> or call 1-800-827-1000. Veterans are also encouraged to visit VA's web portal eBenefits - Insurance. [Source: VA News Release 10 Jan 2012 ++]

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**Lessons Of History:** Here we go again. The President made the same decision 5 JAN in announcing his new military strategy that virtually all of his predecessors have made since the end of World War II. He said: "Moreover, we have to remember the lessons of history. We cannot afford to repeat the mistakes of the past - after World War II, after Vietnam - when our military was left ill-prepared for the future. As commander in chief, I will not let that happen again. Not on my watch." Unfortunately, his plan does exactly that. It forgets the lessons of history. Some facts:

- Harry Truman seeking to never repeat the costs of World War II reduced the Army from 8 million soldiers to fewer than half a million. Without the intervention of Congress, he would have eliminated the Marine Corps entirely. The result was the evisceration of both land services in Korea, a war Truman never intended to fight.
- With Dwight Eisenhower came the "New Look" strategy that sought to reduce the Army and Marine Corps again to allow the creation of a nuclear delivery force built around the Strategic Air Command. Along came Vietnam, a war that Eisenhower, John Kennedy and Lyndon Johnson never wanted to fight. But by 1970 our professional Army broke apart and was replaced by a body of amateurs. The result was defeat and 58,000 dead.
- After Vietnam, the Nixon administration broke the Army again. The writer of this article, a former Army major general and commandant of the U.S. Army War College who retired after 34 years in service, says he knows this to be true. He was there to see the drug addiction, murders in the barracks and chronic indiscipline, caused mainly by a dispirited noncommissioned corps that voted with its feet and left.
- Then came Jimmy Carter's unique form of neglect that led to the "hollow Army" of the late '70s, an Army that failed so miserably in its attempt to rescue the American hostages in Iran.
- The only exception to this very sad story was the Reagan years, when the land services received enough funding to equip and train themselves to fight so well in Operation Desert Storm. Then tragedy again as the Clinton administration reduced the ground services, intending to rely on "transformation," a program that paid for more ships and planes by reducing the Army from 16 divisions to 10.
- In the George W. Bush administration, Donald Rumsfeld continued a policy that sought to exploit information technology to replace the human component in war. Had it not been for the Sept. 11, 2001, attacks, the Army would have gone down to fewer than eight divisions.

The present administration will reduce its long-service, professional land force to pay for something called "Air Sea Battle," a strategy that seeks to buy more ships and planes in order to confront China with technology rather than people. This strategy shows a degree of ahistoricism that exceeds that of any post-World War II administration. So much for remembering "the lessons of the past." Here's what the lessons of the past 70 years really teach us: We cannot pick our enemies; our enemies will pick us. They will, as they have always done in the past, cede to us



dominance in the air, on sea and in space because they do not have the ability to fight us there. Our enemies have observed us closely in Iraq and Afghanistan, and they have learned the lessons taught by Mao Zedong, Ho Chi Minh and Saddam Hussein: America's greatest vulnerability is dead Americans. So our future enemy will seek to fight us on the ground, where we have traditionally been poorly prepared. His objective will be to win by not losing, to kill as an end rather than as a means to an end. And we will enter the next war again tragically short of the precious resource that we have neglected for six administrations: our soldiers and Marines. [Source: Washington Post Robert H. Scales article 6 Jan 2011 ++]

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**Tricare Uniform Formulary Update 38:** The Beneficiary Advisory Panel (BAP) met to provide comments to the Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Committee's recommendations on formulary status, prior authorizations, and the effective date for a drug's change from formulary to non-formulary status. Moving a drug to non-formulary status means it will still be available to beneficiaries, but usually at a higher price. It may also require medication authorization. The BAP Committee members reviewed: Oral non-steroidal anti-inflammatory drugs (NSAID); Contraceptive agents; and newly approved drugs for their placement on the Uniform Formulary, requirement for a prior authorization, and the time for implementation of any changes made to the formulary status. Due to ongoing contract negotiations, the P&T Committee decided Phosphodiesterase-5 inhibitor (PDE-5) for erectile dysfunction would be reviewed at another meeting. BAP & P&T recommendations were:

- BAP recommended all drugs, except for Montelukast (Singulair), for a change in formulary status and/or prior authorizations were to be done after a 60-day implementation period. Singulair was recommended after a 90-day implementation period.
- The P&T Committee recommended a prior authorization and step or non-step therapy criteria would now be required for certain drugs. This was done to provide guidance to health care providers on which medications beneficiaries should be given first. They cited U.S. Food and Drug Administration (FDA) guidelines, safety concerns, along with the drug's cost as reasons for including or modifying an existing prior authorization and step therapy requirement.
- BAP recommended contraceptive agents: Seasonale (Jolesa branded generic) and ulipristal (Ella) should be added to the Uniform Formulary.
- BAP recommended Buprenorphine transdermal system (Butrans) and Montelukast (Singulair) should remain on Uniform Formulary and require a prior authorization.
- BAP recommended Azilsartan (Edarbi), Amlodipine/HCTZ (Amturide), and Bromocriptine mesylate (Cycloset) be moved to non-formulary status:
- BAP recommended the following drugs should remain on Uniform Formulary and require a prior authorization with non-step preferred step therapy (use of another drug first) for recently approved drugs:
  - ✓ NSAIDs: Zipsor, Cambia, naproxen Naprelan, and Ponstel
  - ✓ Oral contraceptives: Lo Loestrin with iron, LoSeasonique, Beyaz, Safyral, Lybrel, Loestrin 24 with iron, Ovcon-35, Femcon with iron, Zeosa, Ovcon-50, Seasonique, Estrostep with iron, and Natazia, Seasonale (Introvale and Quasense generics)

All other medications reviewed by the BAP were recommended to be placed or kept on formulary status. Go to <http://www.tricareformularysearch.org/dod/medicationcenter/default.aspx> for a complete list of formulary medications. For additional information on this or other BAP meetings, refer to [www.tricare.mil/pharmacy/bap/](http://www.tricare.mil/pharmacy/bap/). [Source: <http://www.tricare.mil/pharmacy/bap/BAP%20Minutes%20and%20EXSUM.pdf> 22 Sep 2011 ++]

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**Tricare Uniform Formulary Update 39:** (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.) Pfizer's little blue pill for erectile dysfunction could get a whole lot cheaper for military men and retirees in the Pentagon's health system. On 5 JAN, Tricare's Uniform Formulary Beneficiary Advisory Panel will consider a proposal to drop Bayer's Levitra and Staxyn, currently the

only erectile dysfunction pills in Tricare's formulary, and add Viagra. The recommendation, made by the Defense Department's Pharmacy and Therapeutics Committee, is based on cost-effectiveness as well as clinical considerations, according to information provided to the advisory panel. The committee said the Pentagon and Veterans Affairs Department issued a joint solicitation for erectile dysfunction medications and Viagra was the contract winner. If the panel approves the recommendation, the changes would take place "the first Wednesday after the start of a 60-day implementation period," according to the committee. Those affected by the change would be notified by mail, according to the Pentagon.

The approval would end a six-year hiatus for Viagra in the Tricare formulary. It was stocked by military pharmacies and offered for low cost shares to military beneficiaries until October 2005, when it was dropped as part of an effort to "provide the highest quality medications to beneficiaries while reducing overall costs," a senior defense official said. Viagra would be available to those who have a valid prescription and are over age 40, according to information provided to the panel. Other eligible users would include patients under 40 being treated with medication that causes dysfunction, patients who have had their prostate removed and are suffering from erectile dysfunction, and other conditions. About 18 million American men suffer from erectile dysfunction, according to a study published in the American Journal of Medicine. Physical causes include heart disease, high blood pressure and diabetes as well as tobacco and heavy alcohol use; psychological causes include depression, anxiety, stress and fatigue. If Viagra enters the formulary, users would pay \$9 for a 90-day supply through Tricare's mail order pharmacy and \$12 at retail pharmacies for a 30-day supply. The drug would be dispensed free at military pharmacies. Cialis and Levitra, which would become non-formulary, would cost \$25 both at retail pharmacies and through the mail. [Source: MilitaryTimes Patricia Kime article 10 Jan 2011 ++]

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**VA Lawsuit ~ Whistleblower:** (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.)

After Wilmington, Del., VA Medical Center therapist Michelle Washington decided to testify before Congress last November about treatment delays at her facility, she said she received her first-ever negative performance review and was demoted. Six civil lawsuits filed by a D.C.-based law firm against the Veterans Affairs Department show that Washington isn't alone. The Employment Law Group has filed claims on behalf of VA whistle-blowers who allege they were fired or harassed for speaking out about problems affecting patient care. The suits allege that from Northport, N.Y., to Houston, employees were pressured to cover up mistakes, rush patients through care or practice in dangerous working conditions.

In Northport, a doctor was fired for filing a complaint that the VA Medical Center was running an unauthorized nuclear medical facility. A medical technologist employed as a supervisor for 25 years at VA Medical Center Northport, N.Y., was exposed to high doses of radiation after she was ordered to use equipment she was not trained on — one of several problems uncovered during a federal investigation into the facility's nuclear medicine program. The U.S. Office of Special Counsel announced in November that Northport ran an unauthorized nuclear medical program for three years, training physicians and technologists after it relinquished its accreditation in 2007. The problems came to light only after whistle-blower Dr. Colin Clarke filed a complaint with the office. The Office of Special Counsel said 4,000 patients received care in Northport's unauthorized department but there was "no indication any patient was harmed." The investigation is one of several into VA nuclear medicine programs, which are subject to regulation and inspection by the Nuclear Regulatory Commission. In late November, the U.S. Office of Special Counsel substantiated the allegations, but Dr. Colin Clarke still isn't back on the job. "The special counsel herself went out of her way to praise [Clarke's] courage in a press release," Employment Law Group attorney David Scher said. The grievances filed through Scher's firm date to 2008:

- In Martinsburg, W.Va., pathologist Dr. Ning Shen said she received negative performance reports and was fired because of a personal dispute with her supervisor — a work environment in which the supervisor refused to read Shen's malignant biopsy reports, forcing them to be sent elsewhere for further review.
- In Houston, nuclear medicine specialist Dr. Shanker Raja alleged he received poor performance evaluations after refusing to provide case summations and imagery for a supervisor's private website. He also raised concerns that patients received incorrect doses of radiation for imagery tests conducted by that supervisor.

- At VA Medical Center North Texas, emergency room physician Dr. Carolyn Gaston was suspended after she began practicing triage in an understaffed emergency room, seeing critical patients first and making those with nonthreatening illnesses wait. Gaston's suspension has been overturned.

Scher said such management problems are rampant throughout VA. "Supervisors either don't know the rules, they don't follow the rules or they don't care," he said. While none of the cases has been proved harmful to patient care, signed affidavits point to questionable practices that delayed treatment or negatively affected patients. In Shen's case, delays with lab results slowed cancer treatment. In Houston, a patient was notified of accidentally receiving a two-day dose of radiation even though only a one-day test was necessary. "Does it affect patient care? Absolutely," said Washington, who is not involved in any of the current lawsuits. "If you are under stress, you might be distracted and you might miss something." VA spokesman Josh Taylor said the department could not comment on ongoing litigation. During a November hearing on management problems at the Miami VA, House Veterans' Affairs Committee chairman Jeff Miller (R-FL) urged VA to monitor its facilities and enforce its regulations "More than once, VA has come to us and said problems at its facilities are fixed and all is well," Miller said. "More than once, that has been shown not to be the case." [Source: NavyTimes Patricia Kime article 11 Jan 2012 ++]

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**VA Fraud Waste & Abuse Update 44:** **Boise ID** - Paul Richard McLeod, 57, has admitted he stole nearly \$36,000 in government payments that were deposited into his dead mother's bank account. He pleaded guilty 9 JAN in U.S. District Court in Boise. Federal prosecutors say from July 2008 through July 2010, the U.S. Department of Veterans Affairs paid monthly dependent compensation payments to McLeod's mother, the legal and sole beneficiary of the funds. During that time period, the payments were deposited into a joint account shared by McLeod and his mother. On June 4, 2008, McLeod's mother passed away. VA records show that for the next two years the agency continued to make monthly payments into McLeod mom's bank account. According to the plea agreement, McLeod admitted that following his mother's death, he converted 26 dependent compensation payments for his own personal use. As part of his plea, McLeod agree to pay restitution to the VA in the amount of \$35,782. The charge is punishable by up to 10 years in prison, a maximum fine of \$250,000, and up to three years supervised release. Sentencing is set for April 2, 2012. [Source: NWCN.com News article 9 Jan 2012 ++]

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**PTSD Update 84:** According to the Department of Veterans Affairs, 11 to 20 percent of the veterans of the Iraq and Afghanistan wars suffer from post-traumatic stress disorder, a severe anxiety condition that can develop after exposure to an event that results in psychological trauma. That compares to 10 percent of the nation's Gulf War Veterans and about 30 percent of those who served in Vietnam. Military personnel who have been on missions that exposed them to horrible and life-threatening experiences can succumb to PTSD. Veterans for Common Sense, an advocacy group, claims that after a decade of war in Afghanistan and nearly nine years in Iraq, between 100,000 and 300,000 service members are estimated to have fallen victim to PTSD. Rep. Ann Marie Buerkle (R-NY), chairwoman of the Subcommittee on Health of the House Committee on Veterans Affairs, said the statistics on mental health problems, like PTSD, among current and former military personnel are sobering.

"Eighteen veterans commit suicide each day with almost a third receiving care from the Department of Veterans Affairs at the time of their death," Buerkle said. "Each month there are 950 veterans being treated by VA who attempt suicide. What's more, data from the Department of Defense indicate service members took their lives at an approximate rate of one every 36 hours from 2005 to 2010." Veterans account for 20 percent of America's suicides. The Veterans Health Administration reported a 34 percent increase in the number of veterans using VA mental health services, rising from 897,129 in FY 2006 to 1,203,530 in FY 2010. The system is strained trying to keep up with the demand. Recently, the VA surveyed its front-line mental health professionals to determine if they have sufficient resources to get veterans into treatment. The results showed that almost 40 percent maintain they cannot schedule an appointment for a veteran in need of assistance within the 14 days mandated by the agency. Seventy percent answered that they don't have adequate staff or space to meet the mental health care needs of the veterans they serve. And 46 percent said the lack of off-hour appointments prevented veterans from accessing care.

The U.S. Ninth Circuit Court of Appeals in San Francisco is taking a long look to determine whether the VA is living up to its responsibilities. In 2007, Veterans for Common Sense and Veterans United for Truth sued to address long delays veterans face obtaining VA disability compensation benefits and VA health care, especially treatment for post-traumatic stress disorder. The claim noted that 85,000 veterans languished on a list for mental health care at the time the suit was filed despite a law requiring the administration to conduct a mental health assessment within 30 days of a patient's request. Such delays, they claimed, violate veterans' constitutional right to due process. According to recent VA reports, more than 850,000 veterans are 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. Last May, a three-judge panel agreed that the long delays violated the constitutional rights of veterans with mental health issues and ordered the VA to change the way it handles claims, asserting in strong language that they are too often "mooted by death." But the court vacated that decision and held a second hearing before the full panel last month. A decision is pending.

Sen. Patty Murray (D-WA), chairman of the Senate Veterans Affairs Committee, said she is aware of at least 13 instances in which veterans committed suicide or died from drug overdoses while awaiting help from the VA. "We do not need the courts to tell us that much more can and should be done to relieve the invisible wounds of war," Murray said. "Although some steps have been taken, the stigma against mental health issues continues within the military, and VA care is still often too difficult to access. This has had a tragic impact." On 6 DEC Murray and Sen. Richard Burr (R-NC), ranking member of the Senate Veterans Affairs Committee, sent a letter to George J. Opfer, inspector general in the Department of Veterans Affairs, asking him to launch an investigation into the mental health care wait times. "Especially at a time when we are seeing record suicides among our veterans, we need to meet the veteran's desire for care with the immediate assurance that it will be provided and provided quickly," Murray said. "We cannot afford to leave them discouraged that they can't find an appointment. We cannot leave them frustrated. We cannot let them down. We need to fix this now."

The Veterans Health Administration (VHA), a unit within the U.S. Department of Veterans Affairs, is the agency primarily responsible for meeting the health care needs of vulnerable patients. The VHA in recent years has made improving mental health care for veterans an institutional priority, implementing a five-year Mental Health Strategic Plan in 2004 to expand and improve mental health care. The agency increased mental health funding by \$1.4 billion annually between FY 2005 and FY 2008. A comprehensive study released last year by the Rand Corp., sponsored by the U.S. Department of Veterans Affairs, assessed whether the VHA was maximizing its efforts to treat veterans with mental health and substance abuse disorders, concluded that services provided were "generally as good or better than care delivered by private plans" and that most veterans surveyed expressed satisfaction with the VA's care. The team determined that the VA maintained a higher level of performance in addressing mental health issues than private providers in seven out of nine major indicators. The VA's performance, for instance, exceeded private-plan performance in treatments utilizing medications and laboratory testing. The only areas in which the VA trailed private plans involved substance use disorder treatment initiation and treatment engagement.

That doesn't mean all is well. According to the Rand report, the agency doesn't meet its own performance guidelines. In particular, the number of veterans receiving and benefiting from evidence-based practices — generally the application of scientific research findings to the treatment of individual patients — was below the capacity of VA facilities to deliver such care. Regardless, most veterans expressed satisfaction with VA services. Using a 10-point scale on which zero represented the least satisfaction and 10 represented the greatest, 42 percent of veterans rated VA mental health care at 9 or 10. About three-quarters of veterans reported being helped by counseling or treatment received in the previous 12 months. Yet, despite the favorable impression of care, only 32 percent of veterans perceived improvement in their problems or symptoms. Paul Sullivan, Executive Director of Veterans for Common Sense, insisted the VA must do more to monitor negative post-deployment outcomes, such as homelessness, suicides, divorce and crime. [Source: Evansville Courier & Press Bill Straub article 7 JAN 2012 ++]

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**Tax Changes 2011:** Tax season is here again! While the filing deadline might be a couple of months away, this month (JAN) you will receive all required third-party reporting documents: W2s, 1099s for interest and dividends, 1099s for nonemployee compensation if you are an independent contractor, 1099-Bs from your broker reporting proceeds from the sale of stocks and bonds, 1098s from your mortgage holder, K-1s from partnerships, S

Corps, estates, and trusts. Hopefully, you've set up a file to store all these documents to make data gathering for tax preparation a snap. If not, now's the time to create one. The following is Germaine to filing your 2011 Tax forms:

- The due date for filing this year is April 17. If a tax due date falls on a weekend or a holiday, the next business day becomes the due date. This year April 15 is a Sunday and Monday, April 16 is a federal holiday so the due date falls on Tuesday, April 17. If you are unable to file by the deadline, you may obtain an extension to Oct. 15. Bear in mind that the extension is for filing, not paying. All taxes must be paid by April 17 otherwise you may suffer penalties and interest.
- If you pay estimated tax payments throughout the year, the due date for your next quarterly installment for prepayment of 2011 income taxes is Tuesday, Jan. 17. Estimated tax payments for 2012 will be due on April 17, June 15, Sept. 17 and Jan. 15, 2013.
- Beginning in 2011, brokerage firms are required to report to the IRS not only proceeds from sales of stocks and mutual funds, but also the cost basis of the investments that are sold. The IRS has designed a new Form 8949 for reporting capital gains and losses. A summary of the information listed on this form is carried over Schedule D. A couple of new columns are added to Form 8949 reporting – one for adjustments to basis (in case your broker has an incorrect figure) and one for coding the transaction to identify the type of sale.
- Business mileage rates for 2011 were changed mid-year, so when calculating your mileage for 2011 use the rate of 51 cents per mile for miles driven up to June 30, 2011 and 55 ½ cents per mile from July 1 to Dec. 31.
- Mileage rates for 2012 are as follows: 55 ½ cents per mile for business, 23 cents per mile for moving and medical, and 14 cents per mile for charitable purposes.
- The temporary payroll tax cut has been extended to Feb. 29; employees will enjoy a continued savings of 2% of wages withheld for Social Security – from 6.2% to 4.2%. The Social Security wage base for 2012 is \$110,100 up from \$106,800 in 2011. Once your wages exceed this amount, Social Security will not be withheld but Medicare will continue to be withheld.
- The self-employment health insurance deduction no longer offsets the self-employment tax. In 2010 only, self-employed workers were able to reduce the amount subject to self-employment tax on Schedule SE by the amounts paid for health insurance premiums. You can still take the deduction on Form 1040 as an adjustment to income.
- Foreign financial assets are reported on a new Form 8938. The foreign asset disclosure form is separate and different from the foreign bank account report. Taxpayers with foreign assets may need to file both documents.
- The first-time home buyer's credit is now only available to members of the military or Foreign Service. If you are repaying the first-time home buyer's credit, you may not need to complete and attach Form 5405.
- Also gone for 2011 is the Making Work Pay Credit. For the past few years we enjoyed \$400 per year single and \$800 married filing joint credit against our tax liabilities.

[Source: Bonnie Lee | Fox Business 6 Jan 2012 ++]

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**Medical Information:** At <http://www.nlm.nih.gov/medlineplus/tutorial.html> can be found interactive health tutorials from the Patient Education Institute. There you can learn about the symptoms, diagnosis and treatment for a variety of diseases and conditions. Also about surgeries, prevention and wellness. Each tutorial includes animated graphics, audio and easy-to-read language. There is a search engine for obtaining information on conditions not listed in the main menu . [Source: NCPOA Don Haribine message 7 Jan 2011 ++]

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**Testicular Cancer Update 01:** Testicular cancer forms in a man's testicles, the two egg-shaped glands that produce sperm and testosterone. Testicular cancer mainly affects young men between the ages of 20 and 39. It is also more common in men who have had abnormal testicle development, have had an undescended testicle, or have a family history of the cancer. Symptoms include pain, swelling or lumps in your testicles or groin area. A testicle lump is swelling or a growth (mass) in one or both testicles. A lump that does not hurt may be a sign of



cancer. Most cases of testicular cancer occur in men ages 15 - 40, although it can also occur at older or younger ages. Possible causes vary depending on whether or not the lump is painful:

- **Painful** - A cyst-like lump in the scrotum that contains fluid and dead sperm cells (spermatocele), Epididymitis, Infection of the scrotal sac, Injury or trauma, Mumps, Orchitis (testicular infection), Testicular torsion, Testicular cancer, and Varicocele
- **Not painful** - Hydrocele, Loop of bowel from a hernia, Spermatocele, Testicular cancer, and Varicocele.

Call your health care provider right away if you notice any unexplained lumps or any other changes in your testicles. Your health care provider will perform a physical examination, which may include inspecting and feeling (palpating) the testicles and scrotum. The health care provider may ask questions about the lump, such as:

- When did you notice the lump?
- Have you had any previous lumps?
- Do you have any pain?
- Does the lump change in size?
- Is only one testicle involved?
- Exactly where on the testicle is the lump?
- Have you had any recent injuries or infections?
- What other symptoms do you have?
- Is there scrotal swelling?
- Do you have abdominal pain?
- Do you have any lumps or swelling anywhere else?
- Have you ever had surgery on your testicles or in the area?
- Were you born with both testicles in the scrotum?

Tests and treatments depend on the results of the physical examination. Your physician may want to do a testicular biopsy. This is surgery to remove a piece of tissue from the testicles for examination under a microscope. The biopsy can be performed in many ways. The method used depends on the reason for the biopsy and the patient's and doctor's wishes. Open biopsy may be done in the health care provider's office, a surgical center, or at a hospital. The skin over the testicle is cleaned with a germ-killing (antiseptic) medicine. The area around it is covered with a sterile towel. A local anesthetic is given to numb the area. A small surgical cut is made through the skin, and a small piece of the testicle tissue is removed. A stitch is used to close the opening in the testicle. Another stitch closes the cut in the skin. If necessary, the procedure is repeated for the other testicle. Needle biopsy is usually done in the health care provider's office. The area is cleaned and local anesthesia is used, just as in the open biopsy. A sample of the testicle is taken using a special needle that does not require a cut in the skin. Depending on the reason for the test, a needle biopsy may not be possible or recommended by the physician.

Most cases can be treated, especially if it is found early. Treatment options include surgery, radiation and/or chemotherapy. Regular exams after treatment are important. Treatments may also cause infertility. If you may want children later on, you should consider sperm banking before treatment. [Source:

<http://www.nlm.nih.gov/medlineplus/testicularcancer.html> Jan 2011 ++]





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**Bataan Death March Update 02:** Identical bills have been filed in the US Congress bestowing the Congressional Gold Medal, the highest civilian honor, on American and Filipino troops who defended the Philippines' Bataan Peninsula during the Second World War. Sen. Tom Udall (D-New Mexico) introduced S.2004 on 15 DEC, and Rep. Martin Heinrich (D-NM) sponsored H.R.3712 on 16 DEC seeking belated albeit fitting recognition to thousands of soldiers whose heroic stand delayed the advance of the Japanese invaders and bought time for the United States and Allied forces to regroup and eventually defeat the Japanese Imperial Army. "By maintaining their position and engaging the enemy for as long as they did, the troops at Bataan were able to redefine the momentum of the war, delaying the Japanese timetable to take control of the southeast Pacific for needed war materials," the proponents noted. "Because of the Bataan defenders' heroic actions, United States and Allied forces throughout the Pacific had time to regroup and prepare for the successful liberation of the Pacific and the Philippines."

Supporters of the initiative have started an online signature drive to muster the required two-thirds signature of senators and congressmen to move the bills forward in the legislative process. [<http://www.change.org/petitions/us-senate-house-of-representative-members-co-sponsor-the-congressional-gold-medal-bills-for-the-defenders-of-bataan>]. Since the honor's inception in 1776, Congress has bestowed about 300 gold medals for heroism and distinguished achievement. The award first honored military leaders, but its scope was later broadened to include civilian achievers, like legendary actor Bob Hope, Walt Disney, Charles Lindbergh, Robert Frost and Marian Anderson. Just before Christmas, the award was bestowed on the 3,000 victims of the 9/11 terror attacks following the unanimous passage of the Fallen Heroes of 9/11 Act by Congress which was signed into law by President Barack Obama on 23 DEC. Other multiple or group honorees include the Navajo Code Talkers, who transmitted secret communications on WWII battlefields and the Tuskegee Airmen, the country's first black military airmen.

Today, only a few thousand of the defenders of Bataan are still alive. They represent, the bills note, "the best of the United States and the Philippines... [And] the people of the US and the Philippines are forever indebted to them." Maria Embry, a volunteer lobbyist of Antioch CA said, "Thousands of Filipinos died side-by-side with their American comrades defending democracy and freedom in Bataan ... it is only fitting and proper that their sacrifices and heroism be recognized." According to the bills, more casualties and sufferings were endured by the joint American and Filipinos forces even after the Fall of Bataan on April 9, 1942. Sick, starving and exhausted, the troops were taken prisoner and forced by the Japanese to march 65 miles without food and water in what came to be known as the infamous "Bataan Death March." During this forced march, thousands of soldiers died, either from starvation, lack of medical care, sheer exhaustion, or abuse by their captors. Those who made it to the Camp O'Donnell in Capas, Tarlac, had to contend with appalling prison conditions, leading to increased disease and malnutrition among the prisoners, the bills said. "The prisoners at Camp O'Donnell would die at a rate of nearly 400 per day because of its poor conditions... Nearly 26,000 of the 50,000 Filipino Prisoners of War died at Camp O'Donnell, and survivors were gradually paroled from September through December 1942," the bill said.

If passed and signed into law, the bill will memorialize the defenders of Bataan in a gold medal to be minted by the Department of Treasury in honor of the American and Filipino troops as tangible recognition for their sacrifices and service during the war. Embry acknowledged that getting at least 290 sponsors in the House and 66 in the Senate, the two-thirds majority needed to move gold medal bills, is the real challenge. Still another hurdle is the fact that the House has passed a rule limiting Congressional Gold Medals to two a year, in line with the limit for commemorative coins. Asked about the chances of the bill being passed by the current 112th Congress, Embry said she and other supporters of the initiative are optimistic because, first, it meritorious; and second, it won't require a big budget other than the projected \$30,000 the engravers of US Mint would cost to design and make the appropriate

medal. H.R.5315, a bill introduced on 2/27/2008 by Rep Tom Udall when he was a member of the House of Representatives from New Mexico only contained 38 cosponsors and did not become a law. The Bataan bill originated when a group of senior New Mexico military officers began working with then-Rep. Udall to produce legislation honoring the Bataan Death March.



Timeline of Events:

**Dec. 7, 1941:** Japan attacks Pearl Harbor. United States enters World War II.

**Dec. 8, 1941:** Japan attacks the Philippines. 200th Coast Artillery Regiment is first to fire on attacking Japanese soldiers.

**Dec. 14, 1941:** General MacArthur puts War Plan Orange 3 into effect calling for the U.S. to delay the Japanese advance as the greater U.S. force withdrew into Bataan.

**Dec. 1941 - April 1942:** U.S. and Philippine troops defend Bataan while cut off from supply lines and reinforcements. Left behind, they delay the Japanese invasion of the Philippines, stalling Japan's timetable in the southeast Pacific and providing U.S. and allied forces with much-needed time to regroup in the Pacific theatre of war.

**April 3, 1941:** Japan's final attack on Bataan.

**April 9, 1941:** Suffering from malnutrition, malaria and starvation, and with no resources left to continue and no reinforcements able to arrive, approximately 12,000 American soldiers and 63,000 Filipinos are ordered to surrender to the Japanese forces in the Philippines.

**April 10, 1941:** The American and Philippine troops were then taken prisoner and forced to march 65 miles without any food, water, or medical care in what became known as the "Bataan Death March." During the march, thousands of soldiers died from starvation, lack of medical care, sheer exhaustion, and abuse by their captors. Within the first 40 days of reaching camp, 1,600 more American prisoners died from conditions like disease and malnutrition.

[Source: FILAM Star Jun Medina article 6 Jan 2011 ++]

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**VA Prostate Cancer Program Update 11:** Prostate cancer screening with prostate-specific antigen (PSA) afforded no obvious prostate cancer mortality benefit during 13 years of follow-up in a large randomized trial. In fact, screened patients had a slightly higher prostate cancer mortality: 3.7 per 10,000 person-years, versus 3.4 for unscreened men. The results emphasize the need to find some means to identify patients who are most likely to benefit from PSA screening, said the first author of a report in the January issue of the Journal of the National Cancer Institute. "Routine mass screening of the population, purely on the basis of a man's age, is not going to be an effective way of reducing his chance of dying of prostate cancer," Gerald Andriole, MD, of Washington University in St. Louis, told MedPage Today. "Having said that, that's not to say that no man should get PSA testing," he continued. "There are subsets of men in the population at large who do seem to stand a good chance of benefiting from PSA testing. "Those are men who are young, with no comorbidities, and generally very healthy. These are men with the longest life expectancy overall. They are men who, even if they harbor a nonaggressive, slow-growing cancer, are nonetheless expected to live long enough to die of prostate cancer in the absence of it being identified and treated." Screening also is reasonable for men who have an above-average risk of prostate cancer, such as African Americans and men with a strong family history of the disease, Andriole added.

The data offered nothing to change the conclusions of an earlier analysis of data from the same study, the National Institutes of Health-sponsored Prostate, Lung, Colorectal, and Ovarian (PLCO) screening program. After a median follow-up of seven years (up to as long as 10 years) the screened and unscreened groups had a similar prostate cancer mortality. The prostate cancer portion of PLCO involved 76,685 men who were ages 55 to 74 and cancer-free at enrollment. Study participants were randomized to annual PSA screening for six years or to usual care, which sometimes included "opportunistic" PSA screening. The initial report from the study showed a prostate cancer rate of 116 per 10,000 in the screened group compared with 95 per 10,000 in the control group. Prostate cancer mortality was 2 per 10,000 with screening and 1.7 per 10,000 in the control group. The current report showed that after a median follow-up of 13 years, cancer incidence was 108.4 and 97.1 per 10,000 in the screened and unscreened groups, respectively. The difference represented a statistically significant 12% increase in cancer incidence in the screened group (RR 1.12, 95% CI 1.07 to 1.17). Mortality was 3.7 and 3.4 per 10,000 with and without screening, respectively, a nonsignificant difference. "This article updates with more person-years of follow-up our previously reported finding of no reduction in mortality from prostate cancer in the intervention arm compared with the control arm to 10 years, with no indication of a reduction in prostate cancer mortality to 13 years," the authors wrote of their findings.

Responding to the study, Otis W. Brawley, MD, chief medical officer of the American Cancer Society, acknowledged that the results are consistent with other studies that have pointed to a potential harm from overscreening and unnecessary treatment of indolent prostate cancer. "This trial does suggest that if there is truly an advantage to mass [PSA] screening it is small," Brawley said in a statement. Even so, the results do not rule out the possibility of a benefit in some high-risk men or the value of PSA screening in men who want the test, he added. "I truly believe that a man who is concerned about prostate cancer and understands that experts are not certain that screening saves lives, but it definitely causes anxiety and needless treatment, can reasonably choose to be screened," said Brawley. "A man who is more concerned with unnecessary diagnosis and treatment might reasonably choose not to be screened. It is an area that needs to be left to an informed patient." [Source: MedPage Today Charles Bankhead article 6 Jan 2011 ++]

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**VA Special Benefit Allowances:** VA pays the following Special Benefit Allowances (SBA) which periodically change as mandated by Public Law. The latest rates of these allowances are:

- Automobile Allowance \$18,900 once 10-01-2011 per PL 111-275.
- Clothing Allowance \$741 per year 12-01-2011 per PL 112-53. The clothing allowance increase, while effective the date of the law, is not payable until the following August 1st. (Example: PL 97-306 effective October 1, 1982, increased the clothing allowance to \$327.00. This rate was payable August 1, 1983.)
- Medal of Honor Pension \$1237 per month 12-01-2011 per 3.6% COLA.

For information about our Special Benefit Allowances refer to <http://www.vba.va.gov/bln/21/Benefits/index.htm>.

[Source: <http://www.vba.va.gov/bln/21/Rates/special1.htm> Jan 2012 ++]

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**Prescription Drug Disposal Update 02:** The below guidelines offer safe disposal methods that protect water quality and human health. If you are instructed by your doctor or pharmacist to finish your medication, do so. If you do end up with unused medications, follow the disposal steps below. Make sure you scratch out or blackened-out any personal information on the label to protect privacy, but ensure the drug name is visible. The containers are chemically compatible and the caps are typically child-proof.

#### **Capsules and Tablets in Containers**

- Add a small amount of water to at least partially dissolve them.
- Secure the cap on the bottle
- Fully seal the cap with duct tape to prevent breakage or leakage.
- Double wrap the sealed containers in opaque plastic bags, or put in another container with the lid closed and wrapped in tape before putting it in the trash.

#### **Blister-Packaged Capsules and Tablets**

- Wrap package with several layers of duct tape, allowing visibility of the product name. This will prevent blister pack from breakage.
- Double bag the sealed pack in opaque plastic bag, or put it in another container with the lid closed and wrapped in tape to prevent leakage before placing it in the trash.

#### **Ampules, Vials and Needles**

- Do not open or alter the original contents if possible.
- Wrap in duct tape or other opaque tape to minimize breakage.
- Place in an opaque plastic container such as empty yogurt or margarine tub. Ensure that the lid is closed and wrapped in tape before putting it in the trash.
- For needle disposal, see Nursing Service for issuance of sharp container.

#### **Liquid PPCPs**

- Add enough table salt, flour, charcoal or nontoxic pungent powdered spice, such as nutmeg or mustard, or a bitter tasting additive, producing an unsightly mixture that discourages anyone from eating it. Kitty litter, sawdust or an absorbing agents can also be added to the liquid to repel animals.
- Double bag the sealed packs in opaque plastic bags, or put in another container with the lid closed and wrapped in tape to prevent leakage before placing it in the trash.

Some helpful tips to care for your VA issued medicine are:

- Keep your medicine in their container.
- Keep your medicine away from direct sunlight and avoid exposure to heat.
- Do not remove label for proper identification of the medicine.
- Routinely check expiration date of your medicine.
- Do not share your medication with others since this was prescribed for your use.
- Do not flush drugs down sink drains or toilets because:
  - 1) Wastewater treatment facilities are not equipped to filter these chemicals out, so many drugs and other compounds end up being discharged into our surface and ground water.
  - 2) The effects of most of these products are unknown, antibiotics and other medications in a septic system can destroy beneficial bacteria necessary for the system to operate. Increased concentrations of antibiotics have produced “super bugs”; bacteria that are resistant to antibiotics.
  - 3) The risks of long -term exposure of these substances to humans, animals ecosystems are unknown.
  - 4) Previous information campaigns encourage consumers to “flush” excess pharmaceuticals, but these substances end up in our drinking water.
  - 5) There is currently no national guidance for the proper disposal of PPCPs.

To find out more about disposal of PPCPs and water quality issues refer to <http://www.ewashtenaw.org>, <http://www.epa.gov/ppcp>, and <http://www.mi-marr.org>. [Source: VA Manila OPC Prescription Drug and Personal Care Product Disposal Brochure Jan 2012 ++]

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**POW/MIA Update 11:** The following MIA/POW’s have been identified. For additional information on the Defense Department’s mission to account for missing Americans, visit the Department of Defense POW/Missing Personnel Office (DPMO) web site at <http://www.dtic.mil/dpmo> or call (703) 699-1420 :

**Korea.** DPMO announced 4 JAN that the remains of Sgt. Joseph A. Bowen, 19, of Augusta, Ga., missing in action from the Korean War, have been identified and were returned to his family for burial with full military honors. He was scheduled for burial 7 JAN in Hephzibah, Ga., near his hometown. On Nov. 30, 1950, he was assigned to the 31st Regimental Combat Team (RCT) in North Korea. Elements of the 31st RCT were attacked and encircled by Chinese People’s Volunteer Forces along the east side of the Chosin Reservoir. The team, also known as Task Force Faith, regrouped and worked southward to more defensible positions near Hagaru-ri, while enemy forces continued to amass in the area. Bowen, killed by enemy fire on a base camp within the Sinhung Perimeter, was among more than 1,000 soldiers reported as killed, missing or captured during the course of the battle. In the days that followed, the 31st RCT and other friendly forces set out to withdraw from the Chosin Reservoir to the port of Hungnam, where they were evacuated by the U.S. Navy. In 2001, joint U.S. and Democratic People’s Republic of Korea teams, led by the Joint POW/MIA Accounting Command (JPAC), conducted two excavations of a mass grave near the Chosin Reservoir. The site correlated closely with defensive positions held by the 31st RCT at the time of the Chinese attacks. The teams recovered remains believed to be those of 11 U.S. servicemen. Among forensic identification tools and circumstantial evidence, scientists from the Joint POW/MIA Accounting Command and the Armed Forces DNA Identification Laboratory also used dental comparisons and mitochondrial DNA – which matched that of Bowen’s sisters—in the identification of the remains.

**WWII.** DPMO announced 9 JAN that the remains of Army Air Forces 2nd Lt. Hilding R. Johnson, 20, from World War II have been identified and are being returned to the family in Sacramento CA. with full military honors. He will be honored in a private memorial ceremony this summer. 1944, Johnson was flying a bombing mission near St. Vith, Belgium, when his P-47D Thunderbolt aircraft crashed after being struck by German anti-aircraft fire. The pilot of an additional U.S. aircraft flying in the mission reported that no parachute was observed when Johnson’s aircraft went down. After the war, an investigation conducted by U.S. Army Graves Registration personnel was not

able to locate the crash site. In August 2006, a group of German citizens located the crash site on the edge of a forest near Setz, Belgium. The group notified Johnson's niece, and together they excavated the site and recovered human remains in 2008. The remains were turned over to the Joint Personnel Accounting Command (JPAC) for further analysis and DNA testing. In 2011, a JPAC team completed the excavation of the crash site and recovered additional human remains, aircraft wreckage, and military equipment. The serial number on a .50-caliber machine gun found at the site correlated with a weapon on Johnson's aircraft. Among forensic identification tools and circumstantial evidence, scientists from JPAC used mitochondrial DNA — which matched that of Johnson's niece and grandniece — in the identification of his remains.

**Korea.** DPMO announced 11 JAN that the remains of Cpl. Robert J. Tucker, 27, of Princeton, IN missing in action from the Korean War, have been identified and will be returned to his family for burial with full military honors. He will be buried 15 JAN in Patoka IN. On Nov. 25, 1950, Tucker and the 2nd Battalion, 24th Infantry Regiment, 25th Division, were attacked by the Chinese People's Volunteer Forces near Kujan, North Korea. The Americans had been deployed in a defensive line that ran east-west across the center of North Korea. Tucker was listed as missing in action the day after the attack. In 1954, after the war, surviving POWs said Tucker died of a gunshot wound on Nov. 27, 1950. In 2001, a joint U.S./Democratic People's Republic of Korea team interviewed a local witness who told them of a burial site of three Americans. The team investigated and then conducted an excavation of the site in Kujan County, North Korea. The site correlated to the location of the 24th Infantry Regiment on Nov. 27, 1950. The team recovered human remains, military uniforms, and other evidence. In 2009, the remains were submitted for DNA testing. Among forensic identification tools and circumstantial evidence, scientists from the Joint POW/MIA Accounting Command and the Armed Forces DNA Identification Laboratory used dental comparisons and mitochondrial DNA — which matched that of Tucker's sister and niece — in the identification of the remains.

**Korea.** DPMO announced 12 JAN that the remains of Army Sgt. 1st Class Charles A. Roy, 42, of Henderson, Ky, missing in action from the Korean War, have been identified and will be returned on 17 JAN to his family with full military honors for a memorial ceremony in Blue Springs, Mo. On Nov. 5, 1950, Roy was reported missing in action after his unit, Battery A, 61st Field Artillery Battalion, was overrun by Chinese forces near Pakchon, North Korea. In August 1953, several returned U.S. prisoners of war reported Roy had been captured by Chinese forces, and died in April 1951 from malnutrition and lack of medical care while in the prisoner of war camp known as "Camp 5," near the Chinese/North Korean border. In 1954, communist forces returned the remains of more than 3,000 U.S. servicemen who had died in POW camps, and on the battle field, in what was called "Operation Glory." Given the technology of the times, Roy, and many other men, were not able to be identified, and their remains were buried as "unknown" in the National Memorial Cemetery of the Pacific in Honolulu. In 2009, the Joint POW/MIA Accounting Command (JPAC) re-examined Roy's records and concluded that because of advances in identification technology, the remains could be exhumed and identified. Along with forensic identification tools and circumstantial evidence, scientists from JPAC used radiograph records in the identification of the remains.

[Source: [http://www.dtic.mil/dpmo/news/news\\_releases/](http://www.dtic.mil/dpmo/news/news_releases/) 4 - 12 Jan 2011 ++]

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**Burial in a National Cemetery Update 01:** Every month at the Florida Bay Pines National Cemetery, the roar of motorcycles fills the air as bikers from the Patriot Guard Riders, the American Legion and other organizations stream in to honor veterans buried without any family looking on. It's been that way since September 2009, when the American Legion Post 273 Honor Guard in Madeira Beach decided to make sure there were no unattended services for veterans. The idea spread nationwide. Now veterans across the country who die without any family, or with family unable to attend their funerals, are honored by flag-waving bikers. But as of 1 JAN, at the place where it all began, there are no more monthly ceremonies. U.S. Department of Veterans Affairs officials at Bay Pines National Cemetery in Pinellas County, in conjunction with VA officials at Florida National Cemetery near Bushnell, decided last year to hold the ceremonies quarterly, instead of monthly. The move angered members of the Patriot Guard Riders, who say they are proud to ride to the cemetery for services honoring veterans they have never met. "These veterans have been forgotten," said Randall McNabb, a member of the Madeira Beach



Honor Guard and a Patriot Guard Rider captain who helped organize the first unattended-funeral ceremony. "To postpone the honor service for them makes them even more forgotten."

The change was made to bring Bay Pines in line with the practices at Florida National Cemetery, which holds quarterly ceremonies, said Kurt Rotar, director of Florida National Cemetery. The goal was to reduce the impact on the cemetery, Rotar said. "Typically, during a burial, we cease operations," said Rotar. That means normal cemetery work like edging plots, setting stones and digging graves stops. Cemetery officials also wanted to ensure maximum participation by those attending the ceremonies, Rotar said. "There are usually only between five and 20 names on a monthly basis of veterans who have no families or whose families do not want to attend or can't," Rotar said. The VA's Sarasota National Cemetery holds ceremonies for individual veterans as they are buried, according to director James Taft. The Patriot Guard Riders were not consulted in the decision to move from monthly to quarterly services.

McNabb, who served three years in the Army Military Police Corps, and now owns a hurricane shutter company, said he was upset by the move and flabbergasted by the reasoning behind it. "We have absolutely no problem getting volunteers to come out," he said. "We have never had less than 15 riders and have had as many as 45 or 50." Rotar said he wasn't aware the move to quarterly ceremonies had upset some people until reached by a reporter. He said he is open to reverting back to monthly services. "I am willing to work with them," Rotar said. "If they want to do it monthly and they can commit to supporting it, that is fine with us." McNabb welcomed the news but remains chagrined. "I am glad they are willing to change it," he said. "But I am still bothered that government agencies, in their ultimate wisdom, do things on a whim." [Source: The Tampa Tribune Howard Altman article 6 Jan 2012 ++]



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**Atomic Vets Update 07:** Atomic Era veterans with “presumptive” cancer due to radiation exposure as a result of military service are eligible for disability compensation from the Department of Veterans Affairs (VA). These same veterans may be eligible for a separate disability compensation program administered by the Department of Justice (DOJ). Under federal law, An Atomic Era Veteran is defined as a veteran who participated in above ground nuclear test from 1945 to 1962; was part of the US military occupation forces in or around Hiroshima and Nagasaki before 1946; or, in certain cases, was held as a POW in or near Hiroshima or Nagasaki. If you think you are an Atomic Era veteran you can call 1-800-827-1000 for more information and to contact your local VA Medical Center for a registry examination. You can also download an information brochure from the VA at

<http://www.publichealth.va.gov/docs/radiation/atomic-veteran-brochure.pdf> , call the DOJ for more information on its compensation program at 1-800-729-7327, or go to <http://www.justice.gov/civil/common/reca.html>. [Source: NAUS Weekly Update 6 Jan 2012 ++]



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**Federal Student Aid Update 03:** The federal government offers several Financial Student Aid (FSA) Programs. These programs offer you extremely low interest loans and grants (free money). Unlike the GI Bill, these programs are paid by the Dept. of Education through the school; however, like the GI Bill, Federal Student Aid is designed to assist you in meeting the cost of tuition, books, fees, and living expenses while you go to school. That means that once the school has taken its share, the remaining loan or grant balance goes to you. It doesn't matter whether you are active duty, reserve, veteran, retiree, on GI Bill, or not -- you should be taking advantage of these programs. There are numerous examples of even senior active duty members receiving federal loans and large grants. Remember: Grants are gifts that you don't repay! Eligibility for most federal student aid is based on financial need and on several other factors. The most basic eligibility requirements to receive federal student aid are as follows:

- You must be a U.S. citizen or an eligible noncitizen,
- You must have a valid Social Security number,
- You must register (if you haven't already) with the Selective Service, if you're a male between the ages of 18 and 25,
- You must maintain satisfactory academic progress in college or career school, and
- You must show you're qualified to obtain a postsecondary education by:
  1. Having a high school diploma or General Educational Development (GED) certificate;
  2. Passing an approved ability-to-benefit test (if you don't have a diploma or GED certificate, a school can administer a test to determine whether you can benefit from the education offered at that school);
  3. Completing six credit hours or equivalent course work toward a degree or certificate;
  4. Meeting other federally approved standards your state establishes; or
  5. Completing a high school education in a home school setting approved under state law.

**Readmission Requirements:** Was your college enrollment interrupted when you were called to active duty? For information on returning to the college you previously attended, see the Dept. of Education Q & A website <http://www2.ed.gov/policy/highered/guid/readmission.html> for guidance on approaching your school when you're ready to reenroll.

Applying for federal student aid is quicker and easier than ever. You can complete the Free Application for Federal Student Aid (FAFSA) at <https://fafsa.ed.gov>. Note that there are some websites that offer to complete the FAFSA for you, for around \$50. The FAFSA form only takes a relatively short time to complete. It is worth your time to complete it yourself. Every accredited school that is recognized by the Education Department will be eligible for some form of FSA. But the search for the right school and program can be time-consuming. At Military.com you can get free information on schools that fit your needs by filling out one simple form on their website <http://schools.military.com/schoolfinder/search-for-schools.do>. The school's you select will send you information on how to get the funding you need to reach your education goals. [Source: Mil.com Education Insider 5 Jan 2012 ++]

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**Federal Student Aid Update 04:** The below Table gives you a quick breakdown on some of the types of loans and grants, applications, current interest rates and monetary limits available under the FSA program::

Loan/Grant Program	Application Process & Forms	Loan Fees?	Interest Rates		Monetary Limits		Loan Source
			Under Grad	Post Grad	Under Grad	Post Grad	
Direct Loans Stafford (Unsubsidized*)	FAFSA	Yes	Variable up to 6.8%	Variable up to 6.8%	\$3,500 - \$5,500 @ Year	N/A	Federal Govt.
Direct Loans Stafford (Subsidized**)	FAFSA	Yes	Variable up to 3.4%	Variable up to 6.8%	\$5,500 - \$20,500 @ Year	\$5,500 - \$20,500 @ Year	Federal Govt.
Perkins Loan	FAFSA	No	Fixed 5%	Fixed 5%	Up to \$5,500 @ Year	Up to \$8,000 @ Year	Schools
PELL Grant	FAFSA	No	N/A		Up to \$5,500 @ Year	N/A	Federal Govt.
Federal Student Education Opportunity Grant (FSEOG)	FAFSA	No	N/A		\$100 - \$4,000 @ Year	N/A	Federal Govt.

If you qualify under the Service Members Civil Relief Act, the interest rate on loans you obtained before entering military service may be capped at 6% during your military service. You must contact your loan servicer to request this benefit. Terms used in this table are further defined as follows:

- **Loans** - FSA Loans are Financial Aid that is either funded or backed by the federal government, and paid directly through the school. Each type of loan has different fees (a percentage charged up front), interest rates and payment deferment plans.

- **Direct (Stafford) Loans** - There are two different types of Direct Loans, Unsubsidized and Subsidized. These loans are identical in most ways, except how and when you begin to be charged interest.
  - 1) **Unsubsidized** - You are not required to demonstrate financial need to receive a Direct Unsubsidized Loan. Like subsidized loans, your school will determine the amount you can borrow. Interest accrues (accumulates) on an unsubsidized loan from the time it's first paid out. You can pay the interest while you are in school and during grace periods and deferment or forbearance periods, or you can allow it to accrue and be capitalized (that is, added to the principal amount of your loan). If you choose not to pay the interest as it accrues, this will increase the total amount you have to repay because you will be charged interest on a higher principal amount.
  - 2) **Subsidized** - Direct Subsidized Loans are for students with financial need. Your school will review the results of your Free Application for Federal Student Aid (FAFSAM) and determine the amount you can borrow. You are not charged interest while you're in school at least half-time and during grace periods and deferment periods.
- **Perkins Loans** - This is a low-interest (5 percent) loan for both undergraduate and graduate students with exceptional financial need. Federal Perkins Loans are made through a school's financial aid office. Your school is your lender, and the loan is made with government funds. All of the billing and payment arrangements are made directly through the school's business office. Your school will either pay you directly (usually by check) or apply your loan to your school charges. You'll receive the loan in at least two payments during the academic year.
- **Grants** - Free money for school paid by the Federal Government through the school's business office. After your school bills are paid, the remaining balance goes to you.
- **PELL Grants** - You must be an undergraduate student who does not have a bachelor's or a professional degree. If you are enrolled in a postbaccalaureate teaching certificate program, you also may receive a Pell grant. Depending on your financial need and tuition costs, you can receive up to \$5,500 each school year.
- **FSEOG Grants** - These grants are reserved for the most needy candidates, and are paid in addition to PELL grants. Like the PELL, FSEOG Grants are also limited from \$100 to \$4000 per school year.

[Source: Mil.com Education Insider 5 Jan 2012 ++]

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**Veteran Scholarships:** While looking for money for school many servicemembers, veterans, and their families tend to overlook more than \$300 million of military -- and veteran -- related scholarships and grants. These scholarships often go unclaimed due to the following three myths:

- 1) **Military education benefits eliminate the need for scholarships and grants.** • False - The truth is that Tuition Assistance is limited to about \$750 a class and usually only covers tuition and a limited amount of fees. This means that you have to pay for books, fees, and other items. There are hundreds of scholarships and grants specifically designed to supplement these education related costs, so you don't have to.
- 2) **Scholarships are too difficult to win and applying requires too much work.** • It is true that some scholarships require a written essay. But, it is important to remember that scholarship and grant applications vary widely, and some require nothing more than a short application. Besides you should think of it this way: It may be the only essay you ever get paid to write.
- 3) **Scholarships are too difficult to find.** • False - Many scholarships go unclaimed because students don't know where to look. Fortunately, there is a great online resource to help servicemembers find the scholarship and learn how, where, and when to apply. Visit the Military.com's Scholarship Finder at <http://www.military.com/scholarship/search-for-scholarships.do> to get started on your way to finding free money for school.

Here are some quick tips to help your search:

- Do your homework. Take advantage of the free online scholarship search at Military.com's Scholarship Finder. The Scholarship Finder lists over 1,000 scholarships from a variety of sources.
- Don't limit yourself. You qualify for non-military related scholarships too. Visit your local library to find scholarship directories that list awards based on age, state of residence, cultural background, and field of study.
- Search in your military community. Many service aid organizations and associations, like the Navy Marine Corps Relief Society, offer scholarships, grants, and low interest loans to help cover education expenses. Click here to find out more about your Service Aid Organization's education assistance programs.
- It's never too soon to start your scholarship search. Many scholarship application deadlines are as early as a year in advance.

Remember: Not applying for scholarships is like turning down free money. Get started on your search for scholarships today - visit the Military.com Scholarship Finder. [Source: Military.com | Education article 5 Jan 2012 ++]

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**Travel Warning:** The Department of State warns U.S. citizens of the risks of terrorist activity in the Philippines. While most of the recent incidents of terror have occurred on the island of Mindanao and in the Sulu Archipelago, U.S. citizens are reminded that terrorist attacks could be indiscriminate and could occur in any area of the country, including Manila. Public gathering places may be targeted, including (but not limited to) airports, shopping malls, conference centers and other public venues. This Travel Warning replaces the Travel Warning dated June 14, 2011, and reflects continuing threats due to terrorist and insurgent activities. U.S. citizens should exercise extreme caution if traveling to Mindanao or the Sulu Archipelago. Regional terrorist groups have carried out bombings resulting in injuries and death. Sporadic clashes have occurred between criminal groups and the Philippine Armed Forces throughout Mindanao, particularly in rural areas. U.S. government employees must receive authorization from the Embassy to travel to Mindanao or the Sulu Archipelago.

Kidnap-for-ransom gangs continue to be active throughout the Philippines and have targeted foreigners, including U.S. citizens. U.S. citizens should exercise caution when traveling in the vicinity of demonstrations, since they can turn confrontational and possibly escalate to violence. A state of emergency is in effect for the Maguindanao and Sultan Kudarat provinces, as well as for Cotabato City in Mindanao. Travelers should expect heightened police activity and a significant military presence in these areas as well as restrictions that Philippine government officials may impose on travel in those areas. The Department of State remains concerned about the continuing threat of terrorist actions and violence against U.S. citizens and interests throughout the world. The Worldwide Caution reminds U.S. citizens that terrorism can occur anywhere. The Department of State encourage all U.S. citizens in the Philippines to enroll with the Department of State's Smart Traveler Enrollment Program or at the U.S. Embassy in Manila. By enrolling, you can receive the Embassy's most recent security and safety updates during your trip. Enrolling also ensures that we can reach you, or your designated emergency points of contact, during an emergency.

The U.S. Embassy is located at: 1201 Roxas Boulevard, Manila, Philippines, tel. 63-2-301-2000. The American Citizens Services (ACS) section's fax number is 63-2-301-2017, and you may reach the ACS Section by email at ACSInfoManila@state.gov. The ACS Section's website includes consular information and the most recent messages to the U.S. citizen community in the Philippines. U.S. citizens should also review the Department of State's Country Specific Information for the Philippines and stay up to date by bookmarking the Bureau of Consular Affairs website,

which contains the current Travel Warnings and Travel Alerts as well as the Worldwide Caution. You can follow them on Twitter and become a fan of the Bureau of Consular Affairs page on Facebook as well. You can also download their free Smart Traveler iPhone App to have travel information at your fingertips. If you don't have internet access, current information on safety and security can also be obtained by calling 1-888-407-4747 toll-free in the United States, or for callers from other countries, a regular toll line at 1-202-501-4444. These numbers are available from 8:00 a.m. to 8:00 p.m. EST, M-F (except U.S. federal holidays). [Source: U.S. Embassy Manila Travel Warning 6 Jan 2012 ++]

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**USO Update 03:** Every year lots of loose change is left at airport security checkpoints by passengers running frantically for their planes. The folks who run the checkpoints, the Transportation Security Administration (TSA), are allowed to use the money for their operations. But House VA Committee Chairman, Rep. Jeff Miller (R-FL) wants the money to go to support the USO and has introduced H.R.2179 to direct just that. You might think that it is foolish to worry about pocket change but in fiscal 2010 the amount we are talking about was \$376,480.39. Charlie Leocha, the head of the advocacy group, consumer Travel Alliance is quoted as saying that they supporting the bill: "Any use of the money by TSA seems distasteful. It's not their money. In fact, it is money left by harassed passengers and should certainly not go to TSA as a reward for invasive searches." This is the second time that Rep. Miller has made this proposal. It has still not gotten out of the Committee for Homeland Security and it may not since everyone is looking for ways to cut the federal budget deficit. [Source: TREA News for the Enlisted article 6 Jan 2012 ++]

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**VA Mobil Counseling Centers Update 02:** The Department of Veterans Affairs today deployed 20 additional Mobile Vet Centers from the production facility of Farber Specialty Vehicles to increase access to readjustment counseling services for Veterans and their families in rural and underserved communities across the country. "Mobile Vet Centers allow VA to bring the many services our Vet Centers offer Veterans to all communities, wherever they are needed," said VA Under Secretary for Health Robert A. Petzel. "VA is committed to expanding access to VA health care and benefits for Veterans and their families, and these 20 new vehicles demonstrate that continued commitment." In an event attended by Petzel, U.S. Senator Sherrod Brown of Ohio, representatives of the Ohio congressional delegation, and Veterans service organizations, VA launched the 20 new vehicles to their destinations ranging across the continental United States, Hawaii and Puerto Rico.





These customized vehicles—which are equipped with confidential counseling space and a state of the art communication package—travel to communities to extend VA’s reach to Veterans, Servicemembers and their families, especially those living in rural or remote communities. The vehicles also serve as part of the VA emergency response program. The 20 new, American-made vehicles will expand the existing fleet of 50 Mobile Vet Centers already in service providing outreach and counseling services. The 50 Mobile Vet Centers were also manufactured by Farber Specialty Vehicles. In fiscal year 2011, Mobile Vet Centers participated in more than 3,600 federal, state and locally sponsored Veteran-related events. The VA contract for the 20 Mobile Vet Centers totals \$3.1 million. During the announcement event, Petzel also announced that Farber Specialty Vehicles recently won a competitive bid to produce 230 emergency shuttle vehicles for VA over the next five years. The shuttles will provide routine transportation for Veteran patients in and around various metro areas during normal operations, but convert to mobile clinics that will facilitate the evacuation of patients and their care teams during disasters and emergencies. The VA contract for the 230 emergency shuttles totals \$53.5 million.

VA has 300 Vet Centers serving communities across the country, offering individual and group counseling for Veterans and their families, family counseling for military related issues, bereavement counseling for families who experience an active duty death, military sexual trauma counseling and referral, outreach and education, substance abuse assessment and referral, employment assessment and referral, VA benefits explanation and referral, and screening and referral for medical issues including traumatic brain injury and depression. More than 190,000 Veterans and families made over 1.3 million visits to VA Vet Centers in fiscal year 2011. To find out more about Vet Center services or find a Vet Center in your area, go to [www.vetcenter.va.gov](http://www.vetcenter.va.gov). The 20 new mobile Vet Centers will be based at: Birmingham, Ala. - San Diego, Calif. - Atlanta, Ga. - Western Oahu, Hawaii - Cedar Rapids, Iowa - Evanston, Ill. - Indianapolis, Ind. - Baltimore, Md. - Pontiac, Mich. - Kansas City, Mo. - Jackson, Miss. - Greensboro, N.C. - Lakewood, N.J. - Reno, Nev. - Stark County, Ohio - Lawton, Okla. - Ponce, Puerto Rico - Nashville, Tenn. - Washington County, Utah - and Green Bay, Wis. [Source: VA News Release 4 Jan 2011 ++]

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**Agent Orange Thailand:** The Senate Committee on Veterans Affairs (SCVA) has been working with the VA for some time on the issue of agent orange medical benefit eligibility for veterans who were exposed to Agent Orange in Thailand. Those veterans were not covered by the special provisions of the Nehmer lawsuit. Nehmer was one of National Veterans Legal Services Program’s (NVLSP) class action lawsuits against the VA. It invalidated VA’s denials of all claims based on diseases related to Agent Orange exposure if such denials were made on or after September 25, 1985 and provided that these claims be readjudicated. [See *Nehmer v. U.S. Dep’t of Veterans Affairs*, No. CV-86-6160 at ¶¶ 3 and 5 (N.D. Cal. May 14, 1991) (Final Stipulation and Order)]. Many veterans and surviving family members have received or are entitled to retroactive benefits due to Nehmer.

The SCVA in a 4 JAN message reports that the VA now agrees that since Department of Defense records were used to determine that it was as likely as not that herbicides such as used on the perimeter of Air Force bases in Thailand and the provisions of Agent Orange section 3.156(c) of the Code of Federal Regulations applies to previously denied claims. This means that if a veteran who has been service-connected for a disability related to exposure to herbicides in Thailand was denied benefits for that claim and later granted benefits on a subsequent claim, the date of the first claim is used to determine payments if all of the other requirements are met. A copy of the VA’s C&P Service Bulletin containing the new guidelines for Policy 211 can be viewed at <https://skydrive.live.com/?cid=BDB328182CCB4E51&id=BDB328182CCB4E51%212669>. Any veteran whose claim for herbicide exposure was denied and subsequently granted should request that VA provide benefits back to the date of the earlier application, if a later date was used to determine payments. [Source: Veteran Issues by Colonel Dan 4 Jan 2012 ++]

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**Michigan Vet Benefits:** About 8,000 service members are expected to return to Michigan in coming months from the conflicts in Iraq and Afghanistan and state officials say Michigan needs to do more to make sure they receive all the federal benefits they are owed. Michigan has the worst record in the country in getting veterans their health, education and pension benefits. It ranks 53rd - behind every U.S. state, Washington D-C, Guam, and Puerto Rico. "There are a lot of programs that are available that our Michigan veterans earned but are not using," says Jason Allen, with the state Department of Military and Veterans Affairs. He says there are currently 560,000 Michigan veterans of Vietnam, Korea and other conflicts who have not filed for benefits they are owed - as more service members also return from overseas every month. "George Washington said we are judged as a nation by how we honor our veterans and Michigan needs to work with our veteran services organizations and our health care partners to recognize there are these diseases, these disabilities that they qualify for health care benefits for," Allen says. The unemployment rate among Michigan veterans is also high - 26 percent compared to a statewide rate of 9.8 percent. Governor Rick Snyder says improving services to veterans will be a priority in 2012. To check out what veteran benefits are available in Michigan refer to <http://www.military.com/benefits/veteran-benefits/michigan-state-veterans-benefits> and/or <http://www.michigan.gov/dmva/0,4569,7-126-2362---,00.html>. [Source: Interlochen Public Radio article Rick Pluta 2 Jan 2012 ++]

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**Vet Jobs Update 50:** What makes an employer a top veteran employer? Depending on who you ask, and what factors you use, you'll get a bunch of different answers. One list is the "35 Most Valuable Employers for Military," compiled by Civilian Job News, which took a look at a variety of companies, both large and small, over different industries. Included with each listing on their summary are links to more information about veteran hiring, as well as current Monster.com job postings for those companies (where available). To access the list refer to the **"Best Veteran Employers JAN 2012"** attachment to this Bulletin. [Source: Military.com | Monster Veteran employment Center article Jan 2012 ++]

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**Diet Comparisons:** As if dropping pounds isn't difficult enough, we consumers get to choose from a plethora of diet options as well. As with any diet, however, the usual disclaimer applies: Your mileage may vary. So much of dieting success depends not on the body, but on the mind. No matter how much you spend, if you're not ready to lose weight, it's likely you won't stick with any plan for long. Conversely, if you're truly ready to make lifestyle changes, you'll likely find success no matter which (if any) "diet plan" you choose. While some don't deserve a second look (i.e. Tapeworm Diet), there is a handful with solid track records. So how to choose? Here are the pros, cons, and stats for some of the top diets...

Diet	Pros	Cons	Annual Cost
<b>Jenny Craig</b>	Simple, accountable. 1:1 support	Not much wiggle room for special events/not great if you like to cook	\$359
<b>Weight Watchers</b>	No food considered "off limits," weekly group	Must keep track of everything you eat	\$519 (based on \$43.25/month)

	support, e-tools		
<b>Slim-Fast</b>	Fast weight loss, products easily available	Limited options, high fiber content can also cause bloating	\$1,387 + additional food (based on three \$0.60 snacks/day & two \$1 meal bars/day)
<b>Atkins</b>	Ease in shopping, no calorie-counting, fast results	Takes lifestyle change to keep up long-term	Cost of food (expect more than usual due to emphasis on protein over carbs)

- Jenny Craig recently won accolades as being the top diet in the U.S. according to Consumer Reports, earning 85 out of 100 points. Prepackaged, portion-controlled, nutritionally balanced and microwavable meals are supplemented with fresh fruits and vegetables for a total of three meals and one snack daily. Participants also receive 1:1 support in Jenny's centers. One woman who found success locally on the Jenny Craig system chalked it up to simple portion control and accountability. The Journal of the American Medical Association estimated the cost of an annual membership to be \$359. If you like to cook, and/or need to cook for other family members, this might not be the program for you. There's also not much wiggle room in terms of accommodating special events into your lifestyle and staying on plan.
- Weight Watchers, originating in the 1960s and third on the Consumer Reports listing, has a long track record of applying scientific research into its programs. Its popular PointsPlus program assigns a numeric value to foods, with nothing considered "off limits". Participants are allowed a certain number of points daily (calculated upon their current weight) with some wiggle room available throughout the week for special occasions, and enjoy group support in the form of weekly meetings. People following Weight Watchers with the greatest long-term success tout its flexibility, the ability to eat/cook "real" food (versus prepackaged), and the group support and accountability. A monthly pass for \$43.25 also affords free registration, unlimited meetings, and free e-tools for weight management. Carb lovers will be disappointed in that their Points don't go as far as they used to now that there's a greater WW emphasis on lean proteins, fruits, and vegetables. Also, journaling your food is a must, as "no off-limits foods" can easily get out of hand.
- Slim-Fast boasts faster weight loss with a plan of three 100-calorie snacks, two Slim-Fast shakes or meal bars, and one 500-calorie balanced meal daily. Ranking No. 2 in Consumer Reports, Slim-Fast is easily accessible, with most products offered at local supermarkets, and easy to follow with little to no measuring or counting. That said, dieters go at it (mostly) alone on Slim-Fast, although its site offers online connections to discuss and compare weight loss, goals, challenges, and successes. Prices vary, but Amazon.com offers both ready-to-drink shakes and meal bars at around \$1 each, and snack bars at about 60 cents each (excluding shipping). Slim-Fast has limited options, so the product isn't well-suited for long-term adherence. Also, the high fiber content, designed to help dieters feel full, can also cause bloating and queasiness in some.
- The Atkins Diet has gotten a little more respect as more and more scientific studies suggest that high-protein, low-carb diets can be healthful. Atkins focuses on lean proteins and vegetables as its mainstays, eventually moving dieters toward nuts, fruits, and, eventually, limited starchy carbohydrates. Benefits include ease in shopping and food prep, numerous choices, and lack of calorie-counting or measuring. Cost is simply the expense of your regular supermarket foods; however, expect to spend more due to the greater emphasis on protein in your meals. The Atkins site also offers online support. The Atkins Diet touts quick

initial weight loss. However, the plan takes some real lifestyle changes and imagination to follow it long-term. It's not easy to continually avoid breads, pastas, crackers, rice, etc., and one has to be dedicated to cooking creatively to stay motivated.

[Source: MoneyTalksNews Karen Sjoblom article 4 Jan 2012 ++]



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**USPS Claims.** Most of the 700 million pieces of mail the United States Postal Service (USPS) handles every year arrive safely, but when things don't go as planned get any issues resolved quickly. If you have insured your package you can file a claim for damaged or lost domestic shipments in one of three ways:

- **Online** – Not only will you be able to start your claim immediately, you'll save time and be able to check status along the way. Available for domestic claims (excluding COD and Registered Mail). First you need to sign in to USPS.com or register for an account. Then, enter your item's article number. Some article numbers are 13 alphanumeric characters beginning in a letter and ending in "US." Example: EB123456789US. If there is no number like that, look for a string of 20, 22, 26, 30, or 34 numbers. go to <https://reg.usps.com/login?app=OIC&appURL=https%3A%2F%2Fonlineclaims.usps.com%2Foic%2Flanding.do> to start an online claim.
- **At a Post Office** – Complete the claim form, gather up the documentation, and bring it to your local Post Office. The Post Office will forward your claim to their Accounting Services team. To print the claim form PS1000 go to <http://about.usps.com/forms/ps1000.pdf>.
- **By mail** – You can also send all the materials directly to our Accounting Services team.

What you need to file a domestic claim?

- 1) A Completed Claim Form - File your domestic claim online. Or download the PS Form 1000, Domestic or International Claim form, complete it, mail it to the USPS Accounting Services team.
- 2) Evidence of Insurance - A mailing receipt, online label record, or shipment packaging can show the item was sent with insurance or Express Mail.
- 3) Evidence of Value - You'll also need to show the item's value or estimated repair costs, with sales receipts or invoices.
- 4) If Applicable, Proof of Damage or Loss of Contents - If you received something damaged or items are missing from a package, hang on to the contents you received and all the associated packing materials until your claim is settled. You may be asked to take them to your local Post Office for inspection later.

When all the documents are in order, claims are usually paid within 30 days. For damage or partial loss, the USPS recommends filing online right away, but the cutoff is 60 days from the date of mailing. No matter how you

file, you'll need to do it within about 6 months of the mailing date. For a complete loss, use the following guidelines:

- Insured Mail 21 to 180 days
- Collect on Delivery 45 to 180 days
- Registered Mail 15 to 180 days
- Registered COD 45 to 180 days
- Express Mail 7 to 90 days
- Express Mail COD 45 to 90 days
- APO/FPO/DPO Insured (First-Class Mail®, Space Available Mail or Parcel Airlift) 45 days to 1 year
- APO/FPO/DPO Insured (Surface Mail) 75 days to 1 year

Some useful tips to follow before mail your next package are:

- ✓ Write the mailing and return address in clear letters with ink that doesn't run when it gets wet, clearly and legibly on the outside (and not on a seam).
- ✓ Put a copy of the mailing address INSIDE the package. You'd be amazed at what can get ripped off the outside.
- ✓ When mailing from an APO/FPO, tape the side seams very nicely but not too much that the person trying to open it at the other end is cursing you and it cause they can't get it open. Also take the tape and go once around the circumference for good measure and to hold everything together. Some of these second-hand boxes can be very flimsily taped on the bottom.
- ✓ Use delivery confirmation.
- ✓ Insure valuable items (anything over \$20 usually).
- ✓ For packages with items worth more than a few dollars take a photo of the contents before you pack them.
- ✓ Take insurance forms home with you and fill each one out as you fill the package with goodies.
- ✓ For electronic items record the model and/or serial numbers written on there.

[Source: <https://www.usps.com/ship/file-insurance-claims.htm> Jan 2012 ++]



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**PCS Storage:** Household goods (or HHG) storage is governed by a set of rules enforced by Military Surface Deployment and Distribution Command, which has regional managers across the country conducting surprise inspections on contractors throughout the year. Temporary storage, or how things are stored in between pick-up and delivery during stateside moves, and long term storage differ slightly but follow some of the same basic rules, according to James Fomby, one of the regional managers.

- Goods in temporary storage for more than 72 business hours must be put either in vaults or stored on wrapped pallets at least two inches off the floor. Long term storage is treated much the same way, with some of the key differences being that pallets are not used, all the goods are wrapped in paper and any stuffed furniture, like couches, has to be wrapped and put on shelves individually.

- HHG can be left on the floor for 72 business hours at a time during a “staging” period. This allows the movers to drop-off the stuff to the storage facility where it is checked-off against the inventory list and the people who will be delivering it to move it back into their truck while inventorying it again.
- While the warehouses are not temperature controlled, they must be controlled for humidity levels.

At <http://spousebuzz.com/blog/2011/10/psc-storage-exposed.html?ESRC=family.nl> can be seen a video on the storage process at the Fort Campbell Thompson Moving and Storage facility. According to Blythe Wilson, a specialist with surface command (and whose voice you can hear in the first part of the video), the storage set-up in the video is the norm. During a move your stuff, generally speaking, lives in crates unless it is in the process of being moved in or out. Where the ropes separating different family’s things come into play, said Taylor, the manager in the video, is mostly during peak moving season. His company may have five, six or more pick-ups and deliveries on one day during that time. To make those moves happen and get you your stuff, he said, he has to lay it out side-by-side in the warehouse so the delivery trucks can get it out. And while there are instances of stuff getting lost in the shuffle or misplaced, he said his team is extremely careful to make sure the lot numbers – and things labeled with them – don’t get mixed-up.

Yes, there is room for error and, yes, you can see how things may get mixed-up during this process, he said. But by and large, properly labeled stuff gets where it is supposed to go. Disgruntled employees roaming around, taking their pain out on your things, are likely few and far between. The biggest key, he said, is in preparation and making sure the movers see and then inventory all of your things before they go on the truck. And that’s where we get to the sticky part: the labels. As it turns out, according to the people at Thompson, most moving problems come when things don’t get labeled and put on the inventory like they should. It’s particularly easy for movers, said Taylor, to miss putting stickers on items that don’t fit in boxes or are being moved loose – things like garden tools, ladders, screws to bedroom furniture and many of the items listed in the comments here. “If it’s something like a broom or mop – garden tools are a big item, something outside or in a corner or something. That’s your more common items that [go missing]” Taylor said.

But it is in companies’ best interest to make sure people get their stuff without destroying it in the process. Unhappy MilFams can very easily mean the end of government business for a moving or storage company, Blyth Wilson pointed out. And since many of the moving contractors are small, local businesses who rely almost entirely on military moves for their bread and butter, keeping us military folks happy is a very high priority, Thompson said. Remember, it’s your move even though the government pays for it and it is in your best interest to pay attention and to have a good system of monitoring the movers/packing. [Source: Mil.com | Spouse and Family Insider article 3 Jan 2012 ++]





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**Tricare Pharmacy Policy Update 10:** The expiration of the retail pharmacy contract between Express Scripts, Inc. (ESI) and the Walgreens pharmacy chain means Walgreens is no longer a TRICARE pharmacy network provider as of Jan. 1, 2012. “The majority of beneficiaries have access to another network pharmacy very close to home as our pharmacy contract requires ESI to maintain high access standards,” said Rear Adm. Thomas McGinnis, chief of the TRICARE Pharmaceutical Operations Directorate. “There are still 56,000 network pharmacies nationwide – easily meeting or exceeding our access requirements.” In addition to 56,000 network pharmacies, TRICARE beneficiaries have other pharmacy options including military pharmacies at no cost and convenient TRICARE Pharmacy Home Delivery. Generic medications are available at no cost through Home Delivery.

Beneficiaries who use non-network pharmacies, including Walgreens, pay full prescription costs upfront and submit their own claims for reimbursement. Reimbursement will occur only after the non-network deductible is met. Out-of-network costs include a 50 percent point-of-service cost share for TRICARE Prime, after deductibles are met. All other non-active duty TRICARE beneficiaries pay the greater of a \$12 copay or 20 percent of the total cost for formulary medications and the greater of \$25 or 20 percent of the total cost for non-formulary medications, after deductibles are met. For more on pharmacy costs go to <http://www.tricare.mil/pharmacycosts>. TRICARE beneficiaries changing from Walgreens pharmacy can simply take their current prescription bottle to their new network pharmacy to have the prescription transferred. To find a nearby network pharmacy, use the “find a pharmacy” feature on [www.express-scripts.com/tricare](http://www.express-scripts.com/tricare). Beneficiaries who want help finding a pharmacy, changing their medications to Home Delivery or who have other questions can contact Express Scripts at 1-877-885-6313.

The issues between ESI and Walgreens are not specific to TRICARE. Other employer-sponsored and some Medicare Part D pharmacy plans are also affected. Beneficiaries with questions and concerns about this issue can go to <http://www.tricare.mil/walgreens> for more information. “We are committed to ensuring all our pharmacy beneficiaries are aware of the many options that TRICARE makes available to them,” said Brig. Gen. Bryan Gamble, TRICARE Deputy Director. “By now, all of our beneficiaries who use Walgreens to fill prescriptions should have been contacted to advise them of their pharmacy options and to take action to ensure their pharmacy benefit remains uninterrupted. The health of our Service members, retirees and their families remains my number one priority.” In addition to the letters already mailed to each beneficiary who uses Walgreens, ESI has contacted many beneficiaries by telephone and followed up with reminder letters over the last few months of 2011. Beneficiaries taking medications to treat hemophilia, multiple sclerosis, and some rheumatoid arthritis and cancer drugs have also been contacted. TRICARE pharmacy information and updates can be found at <http://www.tricare.mil/pharmacy>. [Source: TRICARE News Release 3 Jan 2012 ++]

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**Tricare Pharmacy Copay Update 02:** On January 1, 2012 the Walgreens chain left the TRICARE Pharmacy Network. For the last several months it has been written reported about the contractual impasse that Walgreens and Express Scripts, Inc (ESI) had reached. ESI is the pharmacy benefit manager that has the TRICARE retail pharmacy contract. If you have been using Walgreens as your drug store you should now consider transferring your prescriptions (if you have not done so all ready.) You could, of course continue to use Walgreens but they will then be a **non-network pharmacy**. Your co-pays will be much higher. Additionally, you would be required to pay the full amount of the prescription up from and then submit a claim for reimbursement. Below is DOD’s latest chart showing the co-pays and deductibles.

<b>TRICARE Pharmacy Copayments In the U.S.</b> (Including Puerto Rico, Guam, Virgin Islands)			
Place of Service	Generic	Formulary (brand name)	<a href="#">Non-formulary*</a>
<b>Military Treatment Facility (MTF) Pharmacy</b>	\$0	\$0	Not Applicable**
<b>TRICARE Pharmacy Home Delivery</b> (up to a 90-day supply)	\$0	\$9	\$25***
<b>Retail network pharmacy</b> (up to a 30-day supply)	\$5	\$12	\$25***
<b>Non-network Retail Pharmacy</b> (up to a 30-day supply)	<b>For those who are Not enrolled in TRICARE Prime:</b> \$12 or 20 percent of total cost, whichever is greater, after deductible is met (E1-E4: \$50/ person; \$100/family; All others, including retirees, \$150/person, \$300/family)		<b>For those who are Not enrolled in TRICARE Prime:</b> \$22 or 20 percent of total cost, whichever is greater, after deductible is met (E1-E4: \$50/ person; \$100/family; All others, including retirees, \$150/person, \$300/family)
	<b>TRICARE Prime:</b> 50 percent cost-share after point-of-service (POS) deductibles (\$300 per person/\$600 per family deductible)		<b>TRICARE Prime:</b> 50 percent cost-share after point-of-service (POS) deductibles (\$300 per person/\$600 per family deductible; 50 percent cost-share)
	<b>Note:</b> Beneficiaries using non-network pharmacies may have to pay the total amount of their prescription first and file a claim (DD Form 2642) to receive partial reimbursement.		

\*For more information on non-formulary medications, beneficiaries can use the TRICARE Formulary Search Tool.

\*\*MTFs are prohibited by law under the Code of Federal Regulations from carrying non-formulary medications.

\*\*\*If medical necessity is established for a non-formulary drug, patients may qualify for the \$9 cost share for up to a 30-day supply in the TRICARE Retail Pharmacy Network or a 90-day supply in the TRICARE Pharmacy Home Delivery program.

\*\*\*\*After applicable deductibles have been met.

The contract fight has affected ALL of ESI's beneficiaries not only TRICARE so there are literally hundreds of thousands of possible customers who may be leaving Walgreens. Numerous pharmacy chains (including CVS and Rite-Aid) have been running ads asking ESI beneficiaries to come to them and doing everything they can to make it easy. CVS has even created their own TRICARE website: <http://www.cvs.com/tricare> to provide you information on how to transfer to CVS. They have also pledged to donate \$3 to the USO up to \$50,000 for every person who

visits the site between January 1 and January 31, 2012. If you bring your prescription bottle to most network pharmacies they can arrange the transfer for you right then.

The new TRICARE deputy director Army Brig. Gen Bryan Gamble said: "We are committed to ensuring all our pharmacy beneficiaries are aware of the many options that TRICARE makes available to them. By now, all of our beneficiaries who use Walgreens to fill prescriptions should have been contacted to advise them of their pharmacy options and to take action to ensure their pharmacy benefit remains uninterrupted. The health of our service members, retirees and their families remains my number one priority." Indeed, since the negotiations deadlocked ESI has sent out over 1.9 million letters and made over 500,000 phone calls so this may be old news to most of you. But we want to make sure that you don't end up in a Walgreens and unexpectedly you are asked for the full cost of a prescription. Brig. Gen. Gamble also suggested that TRICARE beneficiaries consider using an MTF Pharmacy (if geographically possible) and/or the TRICARE Home Delivery. There are still over 56,000 retail pharmacies in the network. To find a near one to you go to the "find a pharmacy" feature at the ESI website, <http://www.express-scripts.com/tricare>. You can also get more information at <http://www.tricare.mil> or by calling ESI at 1-877-885-6313. [Source: TREA News for the Enlisted article 6 Jan 2012 ++]

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**VA Claims Backlog Update 56:** The year 2011 started with a backlog of 764,476 claims pending. The year finished with 878,830 pending claims. Percentage wise, that was an increase of about 15%. An increase of 15% doesn't seem like much but the VA was supposed to reduce the number of claims in 2011. VA started calendar year 2011 with 2,224,853 or 29.41% of filed claims being appealed. They finished the year with 253,326 or 28.83% of claims under appeal. Thus, the number of appealed claims actually decreased based on this ratio. What does it mean? When veterans are happy with their claims, they do not appeal the decision. Conversely, when the veteran is not happy, they tend to have it appealed. An appeal is actually another look at the facts of the specific claim. In other words, was that particular claim adjudicated properly? With the increase in the number of claims and the minimal change in the number of claims appealed, it seems the VA is doing a better job of providing benefits.

Let's take another look at the percentage of appeals. Over 1/4th of all the claims issued are being appealed. That's more than 1 in 4. For everyone 4 claims completed, 1 claim is appealed. When looked at in that way there is cause for concern. If someone, anyone, messed up on their job 1 out of 4 times, how happy would their supervisor, or employer, be with their performance? How can the VA reduce the number of claims? That's easy. They need to help the veteran better with their claims. Communication and education are the keys to reducing appeals. Rating specialists are often heard to say, "if you're not happy with the decision, appeal it." That is a joke! The reason the rating specialist says this is to get the veteran's claim off their desk and out of their regional office. That rating specialist never has to deal with that veteran again. That rating specialist is finished with that claim. Regardless if the claim was rated properly or not, the claim is finished at the Regional Office level when the veteran appeals the claim.

What choices do veterans have when they are not happy with their claim? The veteran has 1 year from the date stamped on the Rating Decision to appeal their claim. It is recommended that the veteran ask for a "personal hearing with their rating specialist" before appealing any claim. Rating specialist rarely meet veterans face-to-face and most likely to not want to. To avoid this it is possible the rating specialist may have the claim reconsidered in favor of the veteran instead of meeting with the veteran. So request a personal hearing but make it clear you are not appealing the claim at this point. Another option is to discuss the issue with a Veteran Service Organization. Veterans should never take on the VA alone. They should always have someone representing them. VSO's represent the veteran not the VA. The veteran needs to meet with the VSO before making any appeal. Once the

claim is appealed the veteran can select a VSO but they cannot change VSOs. It is hoped 2012 will be a better year for claims. The VA wants to get the numbers heading in the right direction but, it will take some time to reverse the backlog. [Source: VeteransAdvise David Peters article 2 Jan 2012 ++]

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**Eliminating IRS Tax Obligation:** Are you considering expatriation? If so, you are among a growing number of people who are choosing to forego their American citizenship. According to Jackie Bugnion of American Citizens Abroad, an advocacy group in Geneva, “(there’s) a substantial change in mentality among the overseas community in the past two years, ...before, no one would dare mention to other Americans that they were even thinking of renouncing their U.S. nationality. Now, it is an openly discussed issue.” In the past, the majority of Americans who chose to renounce their citizenship did so for political reasons. Today, most say they are doing so because they are frustrated over banking problems and mounting tax-reporting obligations. While it has been suggested that the government’s new policies are being implemented to crack down on terrorism and tax evasion, many believe the government’s efforts stem from its need to overcome large budget deficits. In either case, most Americans living abroad feel the current policies are adversely and significantly affecting them.

So, what should you know if you feel you’ve had enough and it’s time to expatriate? First, to end any future U.S. tax obligations you must file a Form 8854 and receive a certificate of “Loss of Nationality” from the U.S. Department of State. And second, while you can expatriate without difficulty, you must pay expatriation taxes before you can say goodbye. If you expatriate after reading this article you must comply with IRC 877A if you answer “yes” to one of the following questions.

1. Was your average annual net income tax for the past 5 years before you expatriated greater than \$136,000 in 2007, \$139,000 in 2008, \$145,000 in 2009 and 2010, and \$147,000 in 2011?
2. Were you worth more than \$2,000,000 on the date you expatriated?
3. Did you fail to complete Form 8854, wherein you stated that you paid all of your federal taxes for the past 5 years?

While few people answer “yes” to items 1 and 2, most answer “yes” to item 3. Thus, IRC 877A applies to most people seeking to renounce their US citizenship. IRC 877A addresses the date of expatriation and how the assets of the expatriate are valued. It states that a person relinquishes his citizenship on the earliest of four possible dates:

- 1) The date a person renounces his citizenship in front of a diplomatic or consular officer of the U.S., and subsequently receives a certificate of Loss of Nationality from the US Department of State;
- 2) The date an individual provides the US Department of State a signed statement of voluntary relinquishment of U.S. nationality compliant with the Immigration and Naturalization Act (U.S.C. 1481(a)(1)-(4)) and receives a certificate of Loss of Nationality from the U.S. Department of State;
- 3) The date the U.S. Department of State issues an individual a certificate of Loss of Nationality; or
- 4) The date a U.S. court cancels a naturalized citizen’s certificate of naturalization.

IRC 877A mandates that the property of an expatriate is deemed sold for its fair market value the day before the expatriation date. (This is referred to as a mark-to-market regime.) Further, any gain or loss arising from the deemed sale is accounted for in the taxable year of the sale, notwithstanding any other provision of the Code. In the case of a loss, however, the wash sale rules provision of IRC 1091 does not apply. Under 877A(a)(3), gain that otherwise would be includible in gross income is reduced – but not below zero – \$627,000 in 2010, \$636,000 in 2011, and \$651,000 in 2012. Under 877A(b), a taxpayer can elect to defer payment of tax attributable to property deemed sold. Such a deferment would allow time for the expatriate to actually sell his property if he so chose.

Form 8854, entitled the Initial and Annual Expatriation Information Statement, was designed to collect information about the expatriate's assets and income, and help him determine and report his tax liability. It establishes, in fact, that an individual has expatriated for tax purposes. Until, and unless, Form 8854 has been filed and either the Department of State or Homeland Security has been notified of the individual's expatriation act, the individual remains obligated to file a U.S. tax return and report his worldwide income as a citizen, or resident, of the United States. These two acts must be completed in order for an individual to secure expatriation. From 2008 to 2010, the number of Americans who renounced their citizenship increased six-fold. If you are resolved to expatriate, complete your Forms 1040 and 8854, apply for your certificate of Loss of Nationality from the Department of State, file your 1040 with your 8854 attached, and mail a copy of your 8854 to the Department of the Treasury, Internal Revenue Service, Philadelphia, PA 19255-0549. [Source: The TaxBarron Report Winter 2011/2012 ++]

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### **IRS Penalties & Interest Update 02:** The following is a list of IRS Penalties most often assessed:

- **Filing Late** - Failure to timely file a tax return is subject to a penalty 5% of the net amount of tax due for each month or partial month up to 25%. The penalty for filing a fraudulent return is 15% up to 75% of the net amount of tax due.
- **Accuracy Penalty** - 20% applies to understatements in excess of \$5,000 or 10% of the tax to be reported, whichever is greater.
- **Paying Late** - The penalty for paying taxes after the due date is .05% of the unpaid tax each month up to 25%.
- **Estimated Taxes** - The penalty for failing to pay estimated taxes by the due date is the IRS standard interest rate multiplied by the amount of the underpayment for the late period.

Taxpayers are obligated to file a return by the tax deadline or an extension date. Filing a return indicates to the federal government the taxpayer's assessment of his tax liability, and it is a statement the IRS can evaluate for accuracy. When a taxpayer fails to file a return, the IRS is obliged to think the taxpayer has an intent to deceive. This is frowned upon and may result in criminal charges. The taxpayer can avoid an estimated tax penalty by proving the lateness was not due to willful neglect, but to a reasonable cause. The accuracy penalty can be reduced or eliminated by showing reasonable cause as well. [Source: The Tax Barron Report Winter 2011/2012 ++]

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**Military Compensation Update 02:** The end of the Iraq war also appears to end a golden age of growth in military pay and benefits, which lasted at least a decade and corrected many perceived or long-standing faults in military compensation. Disabled retirees, reserve component members, surviving spouses and active forces all benefitted from flush wartime budgets and a Congress attuned after 9/11 to America's deepening appreciation of current and past generations who risk life and limb in our nation's wars. But amid a deepening debt crisis and return of all U.S. forces from Iraq, the 2012 defense authorization bill (H.R.1540) signed into law 31 DEC shows priorities shifting, toward controlling defense spending and preparing to drawdown forces. Restored are some old authorities needed to "reduce end strength in a responsible manner," explained a House-Senate conference report on the bill. These include:

- Temporary Early Retirement Authority, TERA, to allow select members a reduced annuity if released after 15 years but less than 20;
- Voluntary Retirement Incentive Pay, payable to "no more than 675 officers' with 20 to 29 years of service can be encourage to leave in return for payments of up to 12 months of basic pay;

- Voluntary Separation Pay and Benefits for select enlisted members or officers who have more than six years' service but fewer than 20.
- Expansion from three months to one year the period that an enlisted member can be discharged early without incurring a loss of benefits. But no pay or allowances would be paid for obligated time not served.

The Army and Marine Corps saw the steepest force increases during the Iraq war and expect to make the deepest post-war cuts. Army end strength in 2012 will fall by 7400 soldiers, to 562,000, by October. That's still up 77,000 from 2003. Marine strength will hold at 202,100 but plans are to cut the Corps to 186,800 or even lower as cost-cutting pressure intensifies. The Navy is down 54,400 sailors since wartime strength peaked at 383,000 in 2002. It will lose another 3000 to reach 325,700 by fall. The Air Force is to gain 600 airmen for total active duty strength of 332,800. Though it is down 40,000 airmen since a wartime peak in 2004, Air Force exceeded its authorized level by 1200 last October. The new defense bill authorizes the modest TRICARE Prime enrollment fee increases that took effect 1 OCT 2011 for working-age retirees, the first bump since TRICARE began 16 years ago. It also directs retiree Prime fees be raised annually by the percentage hike in retired pay through annual cost-of-living adjustments or COLAs. Pharmacy co-payments will be allowed to rise. Effective back to 1 OCT 2011, the services must prorate imminent danger pay and hostile fire pay of \$225 a month based on number of days spent in designated danger areas. Previously, any part of a day in a war zone qualified a member for the full monthly payment. Only if there's exposure to hostile fire will a day in theater now trigger full payment.

The Obama administration, military leaders, prominent lawmakers and various debt commissions have signaled deeper cost-sharing ahead for military beneficiaries including a first-ever enrollment fee for TRICARE for Life and a dampened COLA formula for all federal entitlements. So beneficiaries have reason to be wary of the defense budget to be unveiled in February with all accounts, including personnel, facing spending cuts. Killed during final negotiations between House-Senate conferees on this defense bill was a provision to end reductions in survivor benefit annuities for surviving spouses to match Dependency and Indemnity Compensation from the Department of Veterans Affairs. Also killed was a provision to ease the impact of this SBP-DIC offset by increasing amounts paid under the interim Special Survivor Indemnity Allowance. Progress also has stalled on other entitlement reforms including lifting the ban on concurrent receipt of both retired pay and VA disability compensation for all disabled retirees. Still being impacted by the ban are retirees with disability ratings of 40 percent or less and disabled veterans forced by health conditions to leave service short of 20 years. President Obama at one time endorsed these benefit expansions but no more. Military associations don't brag of gains over the past decade, probably to protect them and to the fight effectively for others. But even a partial list is impressive:

- Older retirees today have TRICARE for Life, a prized supplement to Medicare that didn't exist before.
- All beneficiaries have access to a mail-order drug program and a vast retail pharmacy network.
- Many thousands of retirees with serious or combat-related disabilities now draw full retired pay plus VA disability compensation because Congress ended for them the century-old ban on concurrent receipt.
- The Survivor Benefit Plan is more valuable since Congress ended a deep reduction in annuities at age 62 when surviving spouses become eligible for social security.
- The gratuity for combat-related deaths was raised six-fold to \$100,000 and maximum Servicemembers' Group Life Insurance coverage rose from \$250,000 to \$400,000.
- Congress also approved a lump sum Traumatic SGLI payment of up to \$100,000 to assist the most severely wounded with immediate financial challenges.
- A decade ago careerists faced a reduced retirement plan, Redux, and an anemic post-service education benefit. Congress restored for them the traditional retirement plan of "half" base pay at 20 years with full COLA or annual cost-of-living adjustments.
- In 2009, a far more valuable Post-9/11 GI Bill took effect for those with active service since Sept. 11, 2001.



- A perceived military pay gap with the private sector was closed over a decade with a string of annual raises that exceeded private sector wage growth, and out-of-pocket housing costs fell sharply as Basic Allowance for Housing was raised enough to cover members' average rent and utility costs.
- Reserve personnel also saw gains including premium-based TRICARE coverage while in drill status and the lowering of the age-60 reserve retirement tied to length of wartime deployments after January 2008.

[Source: Stars & Stripes Tom Philpott article 26 Dec 2011 ++]

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**State Tax Rankings:** States facing shrinking revenues approved \$23.9 billion in new taxes and fees in 2010. They imposed a further \$6.2 billion in taxes in 2011 and proposed \$13.8 billion in new taxes for 2012, according to the National Association of State Budget Officers. "Many jurisdictions, many states, many counties, are broke," said Carol Kokinis-Graves, senior writer analyst at CCH, a Wolters Kluwer tax-and-accounting business in Riverwoods, IL. Along with cutting services, states are getting creative in finding additional revenues. (Think: taxes on yoga classes and lots more sin taxes.) Does your state lead the pack in levying taxes on income, property, consumption, inheritance, and whatever else it can dream up? To check it out refer to <http://www.bloomberg.com/money-gallery/2011-09-14/most-least-taxing-states.html>. Following are Bloomberg's 5 highest and lowest ranked states for investors and retirees:

#### Highest

- No. 5: **Maryland** - Income tax: 5.5%, Sales tax: 6%, Property tax per capita: \$1,171, Inheritance tax: Spouse, linear-descendant and sibling transfers are tax-free; all other transfers are taxed at 10%. Higher sales taxes are in the cards for Maryland residents. In 2010, income tax brought in \$6.2 billion, compared with \$3.8 billion in sales tax.
- No. 4: **Massachusetts** - Income tax: 5.3% (flat tax rate), Sales tax: 6.25%, Property tax per capita: \$1,789, Inheritance tax: Estate taxes range from 0.8% to 16%. Even though Massachusetts residents are saddled with the highest amount of debt per person in the U.S. -- \$11,357 apiece in 2009, according to the Tax Foundation -- it seems likely that the state income tax rate will be reduced this year. Voters moved to reduce it to 5% years ago, but the change has been blocked by lawmakers. With a \$2 billion increase in tax revenue due to a strengthening economy -- \$723 million over the projected take -- the tax rate will likely go from 5.3% to 5.25%, according to MassLive.
- No. 3: **New York** - Income tax: 7.85% (8.97% on income over \$500,001), Sales tax: 4%, Property tax per capita: \$2,009, Inheritance tax: Estate taxes range from 0.8% to 16%. The high taxes paid by New Yorkers aren't helping to offset a big decline in revenue amid an economic slowdown. An oft-suggested, ever-controversial stock-transfer tax seems to be off the table. A smoke break to think about how much New York would make whenever shares change hands is not recommended; the state has the country's highest cigarette tax, at \$4.35 a pack.
- 2: **New Jersey** - Income tax: 6.37%, Sales tax: 7%, Property tax per capita: \$2,625, Inheritance tax: Transfer to a spouse, lineal descendant or charitable organization is tax-free; transfers to children-in-law are taxed at 11% to 16%; all other transfers are taxed at 15% to 16%. Transfer to a spouse, lineal descendant or charitable organization is tax-free; transfers to children-in-law are taxed at 11% to 16%; all other transfers are taxed at 15% to 16%. Regularly listed as a state with one of the highest tax burdens, New Jersey is cited by the Tax Foundation as having the country's highest property tax per capita. It is also one of 14 states to tax Social Security income, according to CCH.
- 1: **Connecticut** - Income tax: 5% , Sales tax: 6.35% , Property tax per capita: \$2,381, Inheritance tax: 7.2% to 16% with \$2 million exemption. High taxes in Connecticut are paired with the nation's highest income per capita -- \$56,001 per person in 2010, according to the Bureau of Economic Analysis. A sales tax

increase took effect in July, raising the rate from 6% to 6.35% and adding a further 3 percentage point levy on luxury goods such as expensive cars and boats. The state collects the third-highest property taxes per capita and is one of 14 states to tax Social Security income, according to CCH.

### Lowest

- No. 5: **Alaska** - Income tax: None , Sales tax: None, Property tax per capita: \$1,559, Inheritance tax: None. Alaska gets significant income from corporate taxes, mostly from the oil-and-gas industry. The state collects high revenue per person -- \$7,145 in 2009, according to the Tax Foundation -- without collecting income, sales or inheritance tax. Local investors don't pay state tax on capital gains because there is no income tax. However, at \$1,559 per person, property taxes are relatively high.
- No. 4: **Alabama** - Income tax: 5% Income, Sales tax: 4%, Property tax per capita: \$495, Inheritance tax: None. With low state debt, Alabama ranks among the states with the lowest taxes collected per capita -- \$1,770 per person in 2009, according to U.S. Census data and the Tax Foundation. It also has the lowest state and local property tax collections per person. At least one obsolete tax law remains on the books -- Alabama's tax for the neediest Confederate veterans from the Civil War. The tax now supports the 102-acre Confederate Memorial Park, built on the site of the Old Soldiers Home for Confederate Veterans and complete with a museum.
- No. 3: **Tennessee** - Income tax: None , Sales tax: 7%, Property tax per capita: \$752, Inheritance tax: Transfer to a spouse is tax-free; all other transfers are taxed at 5.5% to 9.5%. Tennessee does not tax income, apart from a 6% levy on interest and dividends. Capital gains are exempt. Still, investors should be aware that the state inheritance tax allows tax-free transfer only to a spouse.
- No. 2: **South Carolina** - Income tax: 7%, Sales tax: 6%, Property tax per capita: \$963, Inheritance tax: None. South Carolina had the fewest tax collections per person in 2009 (the most recent year available) according to the Tax Foundation, including corporate taxes. If you are looking to get married, the state has a \$50 tax credit for prior counseling.
- No. 1: **Mississippi** - Income tax: 5% , Sales tax: 7%, Property tax per capita: \$785, Inheritance tax: None. Savers will be gratified to find that recent rule changes in Mississippi exempt all individual retirement accounts from income tax. The change makes Mississippi one of four states to allow citizens to contribute to retirement accounts without paying state income tax on the money. Mississippi has no inheritance or estate tax.

[Source: Bloomberg Joel Stonington article <http://www.bloomberg.com/money-gallery/2011-09-14/most-least-taxing-states.html> Dec 2011 ++]

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**VA Home Modification Programs:** VA has three main grant programs to assist disabled veterans and servicemembers with necessary home modifications. Their purpose and eligibility to obtain are:

***Specially Adapted Housing*** - The SAH Grant is designed to help provide a barrier-free living environment that affords the individual a level of independent living they may not otherwise enjoy, such as creating a wheelchair accessible home. Veterans and servicemembers with specific service-connected disabilities may be entitled to a grant for the purpose of constructing or modifying a home to meet their adaptive needs. This grant is currently limited to \$63,780. The SAH grant is available to veterans who are and servicemembers who will be entitled to disability compensation for permanent and total disability due to:

- Loss or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair, or
- Blindness in both eyes, having only light perception, plus loss or loss of use of one lower extremity, or

- Loss or loss of use of one lower extremity together with (1) residuals of organic disease or injury, or (2) the loss or loss of use of one upper extremity, which so affects the functions of balance or propulsion as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair or,
- Loss or loss of use of both upper extremities such as to preclude use of the arms at or above the elbow, or
- A severe burn injury (as so determined)

***Special Home Adaptation*** - The SHA grant is for modifying an existing home to meet adaptive needs, such as assistance with mobility throughout the home. Veterans and servicemembers with specific service-connected disabilities may be entitled to this type of grant. The grant is currently limited to \$12,756. A temporary grant may be available to veterans and servicemembers who are/will be temporarily residing in a home owned by a family member. The SHA grant is available to veterans who are and servicemembers who will be entitled to disability compensation for permanent and total disability due to:

- Blindness in both eyes with 5/200 visual acuity or less or,
- The anatomical loss or loss of use of both hands or extremities below the elbow, or
- A severe burn injury (as so determined).

***Home Improvements and Structural Alterations*** - Under the HISA program, veterans may receive assistance for any home improvement necessary for the continuation of treatment or for disability access to the home and essential lavatory and sanitary facilities. A HISA grant is available to veterans who have received a medical determination indicating that improvements and structural alterations are necessary or appropriate for the effective and economical treatment of their disability. A veteran may receive both a HISA grant and either a SHA or SAH grant. The HISA program is available for both service-connected veterans and non service-connected veterans.

- Home improvement benefits up to \$4,100 may be provided to service-connected veterans.
- Home improvement benefits up to \$1,200 may be provided to nonservice-connected veterans.

You can apply for the SAH and SHA grants by completing VA Form 26-4555, Veterans Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant, and submitting it to your local VA regional office. You can apply for a HISA grant by completed VA Form 10-0103, Veterans Application for Assistance in Acquiring Home Improvement and Structural Alterations, and submitting it to your local VA medical center. For More Information, Call Toll-Free 1-800-827-1000 or visit <http://www.homeloans.va.gov/sah.htm> or <http://www.va.gov>.. [Source: <http://www.vba.va.gov/VBA/benefits/factsheets/#BM2> Dec 2011 ++]

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**VA Burial Benefit Update 11:** Burial allowances are reimbursements of an eligible veteran's expenses and/or funeral costs. The person who paid the veteran's burial expenses may be reimbursed if the expenses were not paid by another government agency or someone else like the veteran's employer. These expenses are divided into 2 categories. The first category is funeral and burial expenses. The second category is a plot (internment) allowance. There are a few factors used to determine the reimbursable amount. For example, if the veteran had a service related death on or after September 11, 2001, the VA may pay \$2,000.00 in burial expenses. If the veteran passed before September 11, 2001, the amount is limited to \$1,500.00. Additionally, if this same veteran is interred in a national cemetery, some or all the transportation expenses may be paid.

Most veterans however, do not have a service related death. If the veteran was in receipt of VA Pension or VA Compensation, or if the veteran was hospitalized by the VA, or hospitalized under VA care at a non-VA hospital, or under VA care in a nursing home, the VA may reimburse burial expenses at a lower rate. For deaths on or after October 1, 2011, VA will pay up to \$700 toward burial and funeral expenses (if hospitalized by VA at time of death), or \$300 toward burial and funeral expenses (if not hospitalized by VA at time of death), and a \$700 plot-

interment allowance (if not buried in a national cemetery). For deaths on or after December 1, 2001, but before October 1, 2011, VA will pay up to \$300 toward burial and funeral expenses and a \$300 plot-interment allowance. The plot interment allowance is \$150 for deaths prior to December 1, 2001. If the death happened while the Veteran was in a VA hospital or under VA contracted nursing home care, some or all the costs for transporting the Veteran's remains may be reimbursed.

To apply for a reimbursement, the person who paid the expenses should complete VA Form 21-530 available at <http://www.vba.va.gov/pubs/forms/VBA-21-530-ARE.pdf>. This form also provides easy to understand information and instructions for completion applicants should find helpful. The applicant should also submit a copy of the veterans DD 214 (military discharge document), a copy of the death certificate, and copies of the paid funeral/burial expenses. To obtain information on veteran burial benefits refer to [http://www.cem.va.gov/cem/bbene\\_burial.asp](http://www.cem.va.gov/cem/bbene_burial.asp) VA offers the following additional benefits and services to honor our Nation's deceased Veterans:

- Headstones and Markers: VA can furnish a monument to mark the grave of an eligible Veteran.
- Presidential Memorial Certificate (PMC): VA can provide a PMC for eligible recipients.
- Burial Flag: VA can provide an American flag to drape an eligible Veteran's casket.
- Burial in a VA National Cemetery: Most Veterans and some dependents can be buried in a VA national cemetery.
- Time Limits: There is no time limit to claim reimbursement of burial expenses for a service elated death. In other cases, claims must be filed within two years of the Veteran's burial.

[Source: VeteranAdvice David Peters article 29 Dec 2011 ++]

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**Agent Orange Korea Update 06:** An eight-month investigation has found no evidence that Agent Orange was buried at a small U.S. Army base in South Korea more than three decades ago as alleged by several former U.S. soldiers , according to a joint U.S.-South Korean team that announced its final report at a press conference 29 DEC. The investigation began earlier this year after one of the soldiers, Steve House, told an Arizona television station that he was one of a handful of soldiers who were quietly ordered to bury hundreds of barrels of the defoliant at Camp Carroll in 1978. Agent Orange was used extensively during the Vietnam War and has since been linked to heart disease, diabetes and a number of cancers. House's claims -- backed by at least two other soldiers -- prompted the U.S. and South Korea to begin extensive soil and water sampling near the base's helipad, where the veterans say they dug a ditch a city block long and buried often-damaged barrels of Agent Orange over a period of several months. The testing found no sign of the drums, according to the investigation team. "Considering all the information, we have found no definitive evidence that confirms the burial of Agent Orange at Camp Carroll at any time in the past," a press release from the joint investigation team stated. "Consequently, there is no identified health risk related to Agent Orange."

In addition, "interviews with 172 former Camp Carroll employees, as well as document research by 32 organizations, revealed that herbicides, pesticides, solvents and other chemicals - not Agent Orange - were buried in Area D (where the burial allegedly took place) and later excavated and shipped to the U.S.," the press release said. A spokesperson for South Korea's Ministry of Environment said Thursday that the government supported the investigation team's findings, and -- despite widespread complaints from some lawmakers and the media -- believed South Korean officials were given enough access to the base to adequately and independently test for the chemical. U.S. military documents supported the veterans' claims that a large number of chemical barrels were buried near the helipad in 1978, though the documents do not state what the barrels contained. According to the documents, barrels were removed from the site in 1979 and 1980 along with 40 to 60 tons of soil. The fate of those barrels -- and what was inside them -- has been a key question in the investigation. 8th Army officials have said the barrels were likely taken by military transport to Pusan and then shipped to the U.S., likely to Tooele Army Depot in Utah.

Groundwater testing at one spot found trace amounts of 2,4,5-T – an herbicide that is a component of Agent Orange -- this summer, but neither U.S. or South Korean officials detected the chemical during later retesting, according to the press release. Soil sampling in the same area also found no evidence of the herbicide. The allegations prompted fear among nearby Waegwan residents that they may have been exposed to Agent Orange through groundwater contamination. The South Korean government will complete an ongoing health assessment of area residents “to ensure their health and safety,” according to the press release. The U.S. government has acknowledged that some veterans stationed along the Demilitarized Zone were exposed to Agent Orange during the late 1960s and early 1970s. [Source: Stars and Stripes Ashley Rowland article 29 Dec 2011 ++]

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**Medicare Reimbursement Rates 2012 Update 06:** Congress has known for a decade that the formula it set in 1997 for adjusting physician payments under Medicare — and by extension the fees paid to civilian doctors under TRICARE, the military's health insurance program — is seriously flawed and can't be allowed to take effect. But rather than replace the formula, which the American Medical Association says would have cost \$48 billion in 2005 but would exceed \$300 billion today, Congress chooses year after year to delay its effect. It dangles the flawed formula and the fee cuts it would trigger over the heads of physicians treating Medicare and TRICARE patients. Then, as the effective date nears, and patients worry their doctors will stop treating them, lawmakers vote to delay the formula's effect a while longer. Meanwhile, the gap between what Medicare and TRICARE pays doctors, and what would be permissible under the 1997 formula, widens every year. For example, if Congress had not voted 23 DEC to block use of the formula again, Medicare and TRICARE fees would have fallen in January by 27 percent. The size of threatened rate cuts was 25 percent last December and 21 percent early in 2010.

The vote this time delayed the cut in doctor fees a mere two months, until March 2012. The same package also delayed for two months a two percent scheduled increase in the federal payroll tax and a planned cutoff of unemployment benefits to several million out-of-work Americans. "I've very nervous when I see a two-month patch like this," said Dr. Robert M. Wah, a reproductive endocrinologist and ob-gyn physician who chairs the American Medical Association's board of trustees. In 2010, Congress voted five separate patches to keep the flawed rate formula at bay. "We may be starting another season of patches," said Wah, a retired Navy doctor who still practices and teaches at Walter Reed National Medical Center at Bethesda and at the National Institutes of Health. "The problem is we have a very leaky boat and we keep putting patches on it. What we really need is a new boat. And these patches are very expensive." If lawmakers continue to dawdle over this issue, the cost of the doc-rate fix will nearly double to \$600 billion in five more years, Wah said. Included in that figure is the extra cost of making temporary patches which will climb from \$22 billion in 2012 to \$92 billion in 2016, the AMA argues. "I've told Congress there is a tumor in the [federal] budget that grows every day. It needs to be dealt with. And the longer they put it off, the more expensive and painful it's going to be to fix," said Wah.

The problem began with the Balanced Budget Act of 1997, which sought to control Medicare costs using something called a Sustainable Growth Rate (SGR) formula to set spending targets on physician services. For years in which the annual SGR target is met, doctor fees are adjusted by the rate of medical inflation. But when spending exceeds the SGR target, the formula calls for lowering doctor reimbursements. From the start SGR targets were set too low, critics contend. They failed to take into account cost growth tied to factors such as advances in medical technology and an expanding number of physician services. Health care providers already point to low reimbursement rates as the top reason they won't accept TRICARE users as patients, according to a JUN 2011 report on patient access by the Government Accountability Office. The AMA conducted a more detailed survey of physicians and Medicare fees in 2010. Two findings were striking, Wah said. One of every three primary care

physicians said they were forced to limit their number of Medicare patients in their practices due to low payments. Among physicians overall, including specialists, one in five limited the number of Medicare patients because of current reimbursements.

Wah said those findings might not reflect physician attitudes toward TRICARE patients who usually are a smaller part of their practice. Also, Wah said, most physicians he knows try to do their part to take care of TRICARE patients out of a sense of duty and recognition of the sacrifices military members and their families have made. "But there's a limit to that, right?" Wah added. "I mean at some point the finances do come into play." Even without the threat of a 27 percent cut in fees, Wah said, doctors believe Medicare and TRICARE reimbursements haven't kept pace with their costs of sustaining their practices. "Rent has gone up; salaries go up; benefit costs go up; insurance goes up. But Medicare and TRICARE payments have not kept up," Wah said. "So now there's a 20 percent gap between the cost of running the office versus rate of payment for taking care of seniors and military families. That 20 percent gap is a huge challenge for physicians."

Sam Hutchison, office manager for Senior Health Services, a primary care and geriatric practice specializing in patients 60 and older, and located near Fort Bragg in Fayetteville, N.C., says a 27 percent cut fees would spur many private practice doctors to stop treating Medicare and TRICARE patients or to stop accept new ones. But his clinic, which is associated with a hospital, exists to treat Medicare and TRICARE for Life patients. Timely clinical care, even with fees cut, is seen as more cost effective than having patients ignore their health until catastrophic illnesses requires emergency care and hospitalization. Hutchison said the fight in Congress appears to be between defenders of insurance companies and advocates for physicians, with patients caught between the battle lines. His physicians were delighted to see the Obama health reform law require Medicare to cover co-payments for preventive services like prostate exams, colonoscopies, bone density screens and mammograms. "Giving our physicians the ability to turn a wellness check with a Medicare patient into a complete physical, and actually reimburse us for the time spent doing it, was moving in the right direction. And now they are doing the complete opposite," said Hutchison, threatening to cut fees again. [Source: Kitsap Sun Tom Philpott article 29 Dec 2011 ++]

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**Deceased's Debts:** Although it is a difficult time, it's worthwhile to pay attention to debt, in particular credit card debt, upon the passing of a loved one. The Credit CARD Act of 2009 attempted to provide some assistance in terms of the speedy and fair settlement of estate-related debt. The law requires credit card companies to respond to requests for final bills in a timely manner, cannot charge additional interest if the final bill is paid within 30 days, and cannot impose late fees or similar charges while the administration process is pending. As a practical matter however, there are still some simple things to remember that can save you both money and hassle after the death of a family member.

- First, you must determine what debt existed at the time of the borrower's death, including to whom such amounts are owed, and precisely what those amounts are. One way to do this is to obtain a copy of the deceased's credit report. For this you will most likely require letters testamentary. These can be obtained at the probate court where the deceased's will is kept. When you have the letters testamentary and the death certificate, contact the credit reporting agency directly and explain the situation. Be prepared to answer questions including those regarding the date of death and the Social Security number of the deceased. The credit reporting agency will provide you with an address to mail the valid power of attorney or letter of testimony and a copy of the death certificate. Make sure to also include the address to which you would like the deceased's credit report mailed.
- The next thing to do is be sure that the executor of the estate or the estate administrator (which could be you) contacts the credit card companies as soon as possible, to take advantage of the protections of the



CARD Act. This is very important, not only to stop the continuing accrual of interest charges and fees, but also to be sure that the debts do not get referred to a third-party collection agent, who is far less likely to be understanding or to follow the law scrupulously than the credit card companies themselves. If you are both the executor of the state and the spouse of the deceased, but you are not personally responsible for the debts in question, behave like an executor and not like a spouse. Protect the assets of the estate which may well eventually become yours, and show no tolerance at all for deceptive or abusive tactics

- Next, and often most importantly, you must determine exactly who owes the money. If your spouse dies, it does not automatically mean that you are liable for unpaid credit card bills; conversely, even if you are not liable, credit card companies and third-party debt collectors may -- and often do -- attempt to collect the money from you or anybody else involved.

Generally speaking, if your name is not on the account with your spouse, and you do not live in a community property state (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin), you will not be personally liable for the credit card debt of your spouse. Of course, the estate will remain responsible for those debts, to the extent that there are assets to cover them. Remember that credit card debt is unsecured, meaning that secured debt like mortgages or car loans will be prioritized first. The credit card companies will be paid before there is any distribution to inheritors, but if there is no money in the estate above secured debt, the credit card companies will be out of luck. Unfortunately, the sadness that surrounds the passing of a loved one does not mean that you will be spared from aggressive collection attempts, warranted or otherwise, and actual fraud. However difficult it may be, it is important to be sure that credit card debt is legitimate and accurate as soon as possible, and if you are not liable for those debts, be certain to get yourself out of the middle of the process as soon as possible. As a rule, state law requires that creditors and their collection agents must deal with the executor of the estate, and the protective provisions of the CARD Act can be far better utilized once direct contact between creditor and executor has been made. [Source: Military.com J.J. Bianco article 29 Dec 2011 ++]

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**CHAMPVA Update 03:** The Civilian Health and Medical Program (CHAMPVA) is a program very similar to TRICARE. But, they are not the same. When a veteran is retired from the military, both the veteran and their family members are eligible for TRICARE. People eligible for TRICARE are not eligible for CHAMPVA. Additionally, veterans are not eligible for CHAMPVA care for themselves. Only family members qualify for CHAMPVA assuming:

- The veteran has a 100%, permanent and total, service-connected rating.
- The veteran dies while rated 100% permanent and total. An important part of the previous sentence is the "permanent and total" part. This does not include IU which is a temporary rating.
- The veteran dies of a service-connected condition. Thus, for example, the widow of a veteran rated 60% service connected for diabetes who died of a kidney condition would not qualify unless the VA acknowledged that the kidney condition was caused by the diabetes. In such situations it would be prudent for veterans suffering from secondary life threatening conditions submit a claim to the VA in advance that their secondary condition was caused by their rated service connected condition.
- A service member dies in the line of duty after 30 days of entry into service for reasons other than misconduct.
- The surviving spouse remarries after age 55. Remarriage prior to age 55 terminates eligibility.

CHAMPVA can save a veteran, and their family, thousands of dollars a year. It does meet the definition of insurance for the anticipated Healthcare Reform. However it is not subject to the requirements of providing coverage until their child reaches the age of 26. A bill has been introduced in Congress to correct that. For more

information call (800) 733-8387, enter the veteran's SSN, and follow the prompts or refer to <http://www.va.gov/HAC/forbeneficiaries/champva/policymanual> . If you only want an informational flyer instead of the entire policy manual go to <http://www.va.gov/hac/forbeneficiaries/champva/brochure/CHAMPVABrochure.pdf>. If you want to apply for CHAMPVA complete VA Form 10-10d <http://www.va.gov/vaforms/medical/pdf/vha-10-10d-fill.pdf> . The address and fax number and other instructions for submitting the 10-10d are on the informational flyer. [Source: VeteranAdvice David Peters article 28 Dec 2011 ++]

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**Tax Deductions ~ Education:** If you, or a member of your family, attended college last year, you may be eligible to deduct up to \$4,000 in education expenses. The following nine education tax benefit FAQ's will help you quickly determine if you can take advantage of this tax break.

1. **What is the tax benefit of the tuition and fees deduction?** The tuition and fees deduction can reduce the amount of your income subject to tax by up to \$4,000. This deduction is taken as an adjustment to income. This means you can claim this deduction even if you do not itemize deductions on Schedule A (Form 1040). This deduction may be beneficial to you if you cannot take either the Hope or Lifetime Learning credit because your income is too high.

2. **Who can claim the deduction?** Generally, you can claim the tuition and fees deduction if all three of the following requirements are met.

- You pay qualified education expenses of higher education.
- You pay the education expenses for an eligible student.
- The eligible student is yourself, your spouse, or your dependent for whom you claim an exemption on your tax return.

3. **Who can't claim the deduction?** You cannot claim the tuition and fees deduction if any of the following apply.

- Your filing status is married filing separately.
- Another person can claim an exemption for you as a dependent on his or her tax return. You cannot take the deduction even if the other person does not actually claim that exemption.
- Your modified adjusted gross income (MAGI) is more than \$80,000 (\$160,000 if filing a joint return).
- You were a nonresident alien for any part of the year and did not elect to be treated as a resident alien for tax purposes. More information on nonresident aliens can be found in Publication 519, U.S. Tax Guide for Aliens.
- You or anyone else claims a Hope or Lifetime Learning credit in 2007 with respect to expenses of the student for whom the qualified education expenses were paid.

4. **Are there limits on how much I can claim?** If your modified adjusted gross income (MAGI) is not more than \$65,000 (\$130,000 if you are married filing jointly), your maximum tuition and fees deduction is \$4,000. If your MAGI is larger than \$65,000 (\$130,000), but is not more than \$80,000 (\$160,000 if you are married filing jointly), your maximum deduction is \$2,000. No tuition and fees deduction is allowed if your MAGI is larger than \$80,000 (\$160,000). MAGI is your adjusted gross income as figured on their federal income tax return before subtracting any deduction for tuition and fees, which may be modified by several factors that do not normally apply to military servicemembers. Visit the IRS website to learn more about the MAGI.

5. **What tuition and fees are deductible?** Tuition and fees required for enrollment or attendance at an eligible post-secondary educational institution, but not including personal, living, or family expenses, such as room and board.

6. **What expenses qualify?** The tuition and fees deduction is based on qualified education expenses you pay for yourself, your spouse, or your dependent for whom you claim an exemption on your tax return. Generally, the deduction is allowed for qualified education expenses paid in 2011 in connection with enrollment at an institution of higher education during 2011 or for an academic periods beginning after 2010 but before April 1, 2012.

7. **How do GI Bill or military tuition assistance affect my education deductions?** If you pay qualified education expenses with certain tax-free funds (GI Bill, Pell grants, military tuition assistance, employer-provided assistance), you cannot claim a deduction for those amounts. You may only claim expenses that are not covered or exceed the amount of tax-free assistance you received.

8. **How do I claim education tax deductions?** You claim a tuition and fees deduction by completing Form 8917 and submitting it with your Form 1040 or Form 1040A. Enter the deduction on Form 1040, line 34, or Form 1040A, line 19.

9. **What is the difference between deductions and credits?** Tax deductions are expenses the Internal Revenue Service allows you to use to your adjusted gross income (AGI). A tax credit is an income tax credit that directly reduces your income tax. The Hope Education or Lifetime Learning credits are examples of tax credits that directly reduce your taxes.

[Source: Military.com article Dec 2011 ++]

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**Divorce Best & Worst States:** Have you ever wondered what are the best and worst states for getting divorced. Forget Reno. For a quick divorce, New Hampshire is the place to go, according to a Bloomberg Rankings analysis, even though the state's annual divorce rate is well below Alaska's leading level of divorce for 14.4 of every 1,000 residents. Bloomberg Rankings rated the 50 U.S. states and the District of Columbia on the obstacles they pose to obtaining a divorce. These include court filing fees, mandated separation periods, residency requirements, waiting periods, and the minimum time required to complete the divorce process. To see where your state of residence ranks, refer to the attachment to this Bulletin titled, “**Splitsville, U.S.A.**” for a listing of the easiest to most difficult states. [Source: Bloomberg Rankings Joel Stonington and Alex McIntyre article 14 Nov 2011 ++]

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**VA Compensation & Pensions Update 06:** Veterans will frequently hear the term C & P used by the VA. When a veteran has submitted a claim, the claim examiner provides their examination to C & P. When a veteran has a question about benefits, quite often they are referred to C & P personnel. C & P is Compensation and Pension. Compensation is paid for service-connected conditions. Much like Workers Compensation, when a military member becomes ill or injured as a result of their duty, (on duty is defined as 24/7 even when the service member is on leave and liberty). Except for the employer (military or DOD) paying the compensation to the employee (service-member), the Department of Veterans Affairs pays the benefit.

Pension is for nonservice-connected conditions. When a service member served during (not necessarily in) a official period of war and later becomes unable to obtain and maintain gainful employment, the VA may award that veteran Pension. For example: Let's take a service-member who left the Navy 10 years ago who served only one (1) four year term. He was honorably discharged and did not have illnesses or injuries during his 4 years of service.

Fast forward to today; he happens to be walking down the street and is hit by a bus. The veteran was severely injured and now can't keep any gainful employment. What should he do and what will happen?

- The first step he should take is to apply for a pension. He can do so on-line at <http://www.va.gov>. To do this place the cursor on the Veterans Service hotlink, then click on Pension. An alternative would be to obtain a VA Form 21-526 from the nearest Veterans affairs Office (VAO) or complete one and download it from <http://www.vba.va.gov/pubs/forms/VBA-21-526-ARE.pdf> for submission. If you download one submit it to your VAO or preferably, to a Veteran Service Organization. The VSO will ensure the form is complete and submitted properly prior to submission to the VA who will arrange for a C & P examination.
- Step 2. The examiner will provide their opinion on the veteran's workability.
- Step 3. Wait for the rating decision. In our example, the veteran served during an official period of war, was Honorably discharged, and cannot work due to nonservice-connected conditions. The VA should award Pension to this veteran.

How much will the veteran receive? The amount varies depending on "total family income." The VA will review the income of everyone in the house, not just the veteran. If the total family income is less than a certain amount, the veteran may be awarded Pension. Even if the veteran is awarded just \$1.00 month, all the veteran's medical care will be provided at no cost. No cost for outpatient or inpatient care. No cost for medications. No Cost! And the veteran would be eligible for Beneficiary Travel Pay. The VA provides more than just a safety net. The VA really cares about veterans. No insurance company I'm aware of would ever provide the benefits, or could provide the benefits, our veterans have rightfully earned. [Source: VeteransAdvise David Peters article 23 Dec 2011 ++]

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**VA Blue Water Claims Update 20:** Before 2002, it didn't matter where a veteran served in the Vietnam War. If disabled due to the exposure to the terrible poisons in the air and waterways, VA would pay disability compensation. In February 2002, Congress decided to 'save our taxpayers money' and ordered VA to implement a 'boots on the ground' policy. After this policy revision, only service members who actually set foot on the ground in Vietnam could get compensated for medical conditions caused by Agent Orange and other herbicides that were routinely sprayed. The soldiers, sailors, airmen and Marines serving in Thailand, Cambodia, Laos and the China Sea were exempt from payment even though they were contaminated by these toxins just like their brothers in arms who served on the ground, in Vietnam itself. Title 38 US Code Section 1116, defines a Viet Nam veteran as "a veteran who, during active military, naval, or air service, served in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975."

The Department of Veterans Affairs follows the Congressional mandate of "boots on the ground" which excludes most Navy and Air Force personnel who have Agent Orange related issues but who can not prove "boots on the ground." S.1629, the Agent Orange Equity Act of 2011, introduced by New York's Sen Gillibrand would clarify and correct this situation for -

1. Compensation by amending Title 38, Section 1116, Subsections (a)(1) and (f) by inserting '(including the territorial seas of such Republic)' after 'served in the Republic of Vietnam' each place it appears.
2. Health Care by amending Title 38, Section 1710(e)(4) by inserting '(including the territorial seas of such Republic)' after 'served on active duty in the Republic of Vietnam.'

The bills which will would expand the legal presumption of exposure to Agent Orange for veterans who served in the vicinity of Viet Nam. currently only have three cosponsors each. Unless they get more Congressional support they will likely fall by the wayside as so many other veteran related bills have in the House and Senate. The military community is encouraged to bring these bills to the attention of their legislators and ask them to support the

legislation.- One way to do this is to go to the Uniformed Services Disabled Retirees (USDR) action alert site <http://capwiz.com/usdr/home/> and click on S.1629 Agent Orange Equity Act of 2011 and H.R.3612 Blue Water Navy Vietnam Veterans Act of 2011. This will open up editable preformatted message you can forward to the legislators representing you requesting to have this legislation included in the 2013 National Defense Authorization Act that will be negotiated in Joint Committee. [Source: USDR Action alert 1 Jan 2012 ++]

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**WWII Vets Update 11:** Two old World War II gunners, Guadalupe Garza and Pascual Robles, live only seven miles apart and can recall the war in startling and rare detail. Yet they've never met and probably never will. Facing their final campaigns, the terminally ill veterans are receiving end-of-life care at home. "I sometimes can't remember what I had for breakfast," Robles, 88, said in his East San Jose living room recently, "but I can remember about the war." In his own living room, Garza, 91, described every harrowing moment stranded behind enemy lines for eight days during the Battle of the Bulge. Garza sat aboard a halftrack firing a cannon at German Panzers. Robles sat in the belly of bombers firing a ball-turret gun at Messerschmitt fighters. Today, each has a failing heart. A number of hospice workers, from home aides to doctors, are helping the vets reach the end with dignity, serenity and without pain. Hospice not only helps the veterans, but also their exhausted relatives. "Hospice has made our lives a lot easier," said Linda Garcia, one of Robles' daughters. Nobody keeps track of all the veterans in hospice care, but the Virginia-based National Hospice and Palliative Care Organization figures the number is huge based on this fact: 25 percent of all Americans who die each year once served in the military. The group estimates that well over 600,000. World War II veterans will die every year through 2014. By then, thousands of terminally ill Korean and Vietnam vets may need hospice care.

Garza wears his impressive, wartime résumé on his baseball cap. Stitched in gold thread are his World War II campaigns: Tunisia. Sicily. Normandy. Northern France. Ardennes. Rhineland. His unit, the 58th Field Artillery Battalion, put in 404 combat days and at times served under American Gen. George Patton and British Field Marshal Bernard Montgomery. Garza likes to talk about the day, in North Africa, he saw German Field Marshal Erwin Rommel's plane land beyond the reach of his gun. But when Garza shares his war experiences, his story captivates the listener and captures the inhumanity of battle. In one story, he described his ground-level view of the surprise, German attack during the Battle of the Bulge. "I can see some of the guys burning, the machine guns firing at them, the bodies on fire," he said, nearly breaking into tears. "It was lousy. ... I promised the Lord, if he ever got me out of this mess alive, that I would serve him forever." Garza buried that story for decades. About five years after returning home to Eagle Pass, Texas, he checked himself into a veterans hospital for an emotional checkup. He left before he could be treated because he was put in a psychiatric ward with tormented survivors of the Bataan Death March. "I had to get out of there," he said. "They were all crazy. I couldn't take it." The years passed. Garza moved with his wife and young family to San Jose. He marched in parades and gradually told his war stories to a few relatives. He even wrote a war memoir, but the nightmares wouldn't go away. When Garza's heart began to fail last year, he fell into a depression, wouldn't eat and seemed to sleep all day. In a form of talk therapy, Hospice of the Valley sent a fellow veteran to visit Garza and get him talking about the war or anything. Vita Flores, Garza's daughter and caregiver, said the veteran-to-veteran therapy has perked up her father and put him at ease. But they don't encourage Garza to talk right before bed time about the war. "That will make his nightmares come back," Flores said.



**Guadalupe Garza, 91, and daughter, Vita Flores**



**Garza 1942**

Meanwhile, Robles must be the model veteran in hospice. After 27 bombing raids -- fliers could retire after their 25th -- Garza returned home to California, apparently suffering from some emotional stress. However, he readily talked about his battle experiences and readjusted well to civilian life. What got him was rheumatic fever about five years after the war. Suddenly blind, deaf and his heart weakened, he made a plea similar to Garza's: "Lord Jesus, raise me from this death bed and I will serve you. I don't know how. I don't know where, but I will." He survived to raise a family, marched in veterans parades and contributed his story to oral history projects on the war. But after his heart began to fail in October, like Garza, Robles fell into a depression, lost weight and wouldn't get out of bed. He's bounced back in hospice care. "I think he's going to live longer than the doctors say," said Rebecca Robles, another daughter. But the old turret-gunner had to have the last say. "I beat it once. I figure I can beat it again!"



**Pascual Robles, 88, with a photo of himself at age 19 in aerial gunner school.**

End-of-life care for combat veterans, hospice experts say, is different from the rest of the population. "They come to us stoic," said Sally Adelus, president and CEO of the San Jose-based Hospice of the Valley. "Everything about their military training taught them to stay in control and never to show weakness or pain. But they're now losing control of their bodies, which leads to anger, anxiety, depression and confusion." A lot of veterans, she said, tried to bury their worst memories, engaged in self-destructive behavior or took out their pent-up feelings on others. But near the end of life, their emotional defenses break down, making a peaceful death nearly impossible. It may be hard to believe, Adelus said, but some veterans come into hospice care trying to hide their military past. Adelus pulled out a card listing the five things any dying person should be able to say: I love you. I am sorry. I forgive you. Thank you. Goodbye. For dying veterans, she said, the toughest to express are sorrow and forgiveness. "Some of them are



still angry at the enemy or at the military,” Adelus said. “Some of them can't forgive themselves for killing in their war. They need to know it was something they had to do.” [Source: San Jose Mercury News Joe Rodriguez article 26 Dec 2011 ++]

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**Vet License Plates CA:** The State of California also offers special license plates to honor Gold Star Families plus the service of the following categories of veterans:

- 100% Service-connected disabled veterans
- Medal of Honor recipients
- Recipients of other high decorations
- Former American Prisoners of War
- Pearl Harbor survivors
- Purple Heart recipients



Plates may be ordered with the armed force or veterans service organization logo/emblem of your choice. Over 100 insignias are available, and your logo will be prominently displayed to the left of a six number/letter combination. Sequential plates are \$30 per year. The available logos and emblems are on display at the California Association of Veterans Service Officers, Inc. web site <http://www.cacvso.org/page/2011-1-19-59-license-plate-logos/>. You can also "personalize" your Vets Plates (your choice of up to 6 characters) for an additional one-time fee of \$10. All proceeds from the sale of vets plates are used to expand veteran services statewide. Information on how to obtain Veterans plates can be obtained from your local County Veterans Service Office which can be determined at <http://www.cacvso.org/page/2011-1-22-13-52-31/>, DMV office or by calling the CalVet at (916) 653-2573. You may also visit the DMV License Plate website <http://dmv.ca.gov/ipp2/welcome.do?localeName=en> or download information and an application form at [http://www.calvet.ca.gov/Files/VetServices/License\\_Plate\\_Application.pdf](http://www.calvet.ca.gov/Files/VetServices/License_Plate_Application.pdf). Additional information on each plate category along with pictures or in the attachment this Bulletins titled, “**Vet License Plates - CA**”. [Source: <http://www.calvet.ca.gov/VetServices/LicensePlates.aspx> Dec 2011 ++]

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**Veteran Support Organizations:** Support for mental injuries is critical. According to the latest numbers released by the U.S. Department of Veterans Affairs, 18 veterans commit suicide every day. “It’s so important because a lot of these men and women don’t feel like they can ask for help,” Forrest says. In many cases, they have an easier time saying they want an animal companion. And she emphasizes that the love and giving are not one sided since all the animals come from shelters: “The heroes and their new companion animals really are saving each other.” The U.S. Defense Department also is reaching out to wounded veterans. In addition to the rehabilitation options for those with physical bodily injuries, resources are being dedicated to help those with PTSD and Capt. Paul Hammer, USN, the director of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury, explains that PTSD is a relatively new diagnosis, but warriors have been dealing with it for millennia under different names. TBI has come to the fore recently because the improvised explosive device has become the weapon of choice in current conflicts. Experts are learning more about damage to the brain associated with blasts, which involve not only the pressure of a physical strike to the head as with more everyday injuries, but also the effects of the explosion. “It’s a very complex entity,” Capt. Hammer says.

The DCoE acts as an integrator and authority for knowledge on these conditions within the Defense Department, working to accelerate improvements. It has an outreach center available at all times that people can call to receive information. The DCoE can connect callers to the right resources. It also is involved in many efforts to engage veterans, troops and their families so they can access the help they require. Capt. Hammer says technology is a great enabler, allowing officials to interact with more people and helping the injured creep closer to help instead of making one giant decision. Social media allows veterans and military members to communicate among themselves in a forum that connects people while still offering some privacy. The captain says that, especially on Facebook, people can ask questions and their peers, rather than military representatives, can provide answers.

A key to effective treatment of PTSD and TBI is early evaluation. Capt. Hammer points out that both conditions are fairly common, and by addressing them in a timely manner, veterans can have better outcomes and better functioning down the road. He says one of the big fears has been that people will perceive those who seek help for PTSD as weak, or that treatment will hurt careers. "More and more we are dispelling those things," Capt. Hammer states, adding that inroads are being made toward overcoming such perceptions. When people have concerns about seeking help for PTSD, he likes to ask them if seeking help will hurt a career more than an improperly functioning brain. The captain says the same stigma does not apply to TBI. Rather, the major concern is people trying to shake off the injury and not seeking care immediately.

Capt. Hammer also addresses concerns veterans might have about seeking help through the government medical system. He says the system of care might not be perfect, but what it can provide is outstanding. "I wouldn't hesitate" to seek care from military treatment centers, he states. The officer also reminds patients that an entire system is in place to assist them. He urges anyone who receives substandard care to address the issue and demand the service they have earned. For more information on DCoE support refer to [www.dcoe.health.mil](http://www.dcoe.health.mil). For 24/7 Help: (866) 966-1020 or online chat through website [resources@dcoeoutreach.org](mailto:resources@dcoeoutreach.org) and (800) 510-7897. [Source: AFCRA Veterans Focus Rita Boland article Nov 2011 ++]

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

- January 24, 2012. HVAC, Subcommittee on Disability Assistance and Memorial Affairs will hold a hearing on "Rating Schedule - the State of VA Disability Ratings in the 21st Century." 10:00 A.M.; 334 Cannon
- February 1, 2012. HVAC will hold a full committee hearing on "Examining VA's Pharmaceutical Prime Vendor Contract." 10:00 A.M.; 334 Cannon
- February 8, 2012. The Senate Committee on Veterans' Affairs will hold a hearing entitled "The U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2013." 10:00 A.M.; 489 Russell

- February 9, 2012. The House Committee on Veterans' Affairs will hold a hearing entitled "The U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2013." 10:00 A.M.; 334 Cannon
- February 16, 2012 (formerly February 7th). HVAC-DAMA will hold a hearing to discuss the views of NCA and VBA relating to Budget matters. 10 A.M.; 334 Cannon
- February 28, 2012. House Committee on Veterans' Affairs and Senate Committee on Veterans' Affairs will hold a series of joint hearings to receive the legislative presentations of Veterans' Organizations - Disabled American Veterans. 2:30 P.M.; 345 Cannon
- March 7, 2012. House Committee on Veterans' Affairs and Senate Committee on Veterans' Affairs will hold a series of joint hearings to receive the legislative presentations of Veterans' Organizations. 10:00 A.M.; G-50 Dirksen
- March 22, 2012. House Committee on Veterans' Affairs and Senate Committee on Veterans' Affairs will hold a series of joint hearings to receive the legislative presentations of Veterans' Organizations. 10:00 A.M.; 345 Cannon

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**Saving Money:** Hurricanes, earthquakes, tornadoes, floods, fires: Disaster strikes all the time. But until it hits close to home – literally – most people assume it could never happen to them. Most of us have insurance. But how many have a full home inventory? Without one, if you lose it all, without a photographic memory it's highly unlikely you'll remember everything you own. Which means you won't get your due from your insurance company. You'd think that since that's the case, everyone with insurance would have an inventory. But you'd be wrong. Property loss consultant Rich Connette says he's never met a homeowner who knew exactly what they owned – not in 17 years on the job. If you don't track everything down to your last sock, you won't be getting your money's worth from the insurance company. Here's how to create an inventory of your home:

- **Pick your software and storage methods.** There are a lot of free options out there. A customizable home inventory spreadsheet that you can use with Microsoft Excel, OpenOffice, or Google Docs is available at <http://www.vertex42.com/ExcelTemplates/inventory-spreadsheet.html>. The Insurance Information Institute at <http://www.knowyourstuff.org/iii/login.html> offers a free, guided home inventory where you can store your information and up to 1 GB in photos online. What You Own <http://www.whatyouown.org> is a free standalone program highly recommended by CNET for its clean interface and ease of use. These latter two options let you link photos and receipts to items, which may be easier than saving them in folders with your spreadsheet, but do what works for you. Even scribbling on a napkin or taking a few snapshots is better than nothing. Whatever your solution, remember you can't just store it on your computer's hard drive – that may get destroyed in a disaster. You can print copies or copy them to a digital storage device and stow them in a fireproof safe or in a safe deposit box, or swap lists with family and friends. Or you can save your information online and access it anywhere – email it to yourself as an attachment or use Google Docs. Amazon.com also offers 5 GB of free space with its Cloud Drive service.
- **Do one room at a time.** Start your list in one place; it's easy to accidentally skip over things if you go category by category (electronics, furniture, etc.) Write down the name of every object you own, although you can group items of the same kind where it would be particularly tedious to list them individually (like kitchen utensils or books). Make notes on condition, model, and estimated value. Keep receipts if you have them.
- **Take photos and video.** Use a digital camera to photograph your property as another way to document its condition. (Don't forget to list the camera, too.) If you have a video camera, you can also walk around

filming stuff while narrating what it is and what it's worth. Remember to open closets and drawers to show everything, and consider dividing the recordings up by room.

- **Don't forget important paperwork.** While paper isn't especially valuable, it can definitely be important: Replacing records, financial and legal documents, and identification can be a major hassle.
- **List valuables separately.** Big-ticket items like jewelry, collectibles, and high-end electronics may require separate insurance and you may want a separate section on the list for them. If you're especially thorough anywhere, it should be here – try to include make, model, serial number, purchase date, and location, and multiple photographs. Rule of thumb? The more you paid, the more you document.

[Source: MoneyTalksNews Brandon Ballenger article 9 Sep 2011 ++]

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## Notes of Interest:

- **Home Photo.** To view your or your friend's property go to <http://www.vpike.com> and type the address in the proper space. You can enlarge the picture, move it left or right, up and down and zoom in.
- **Congress.** Treasury calculated that the debt was \$15.083 trillion on the last business day of 2011 and the House and Senate convened on 3 JAN opening the second half of the 112th Congress.
- **Twins.** The Centers for Disease Control and Prevention said 5 JAN that the number of twins born in the United States has doubled in the last three decades largely as a result of fertility treatments, with one in 30 infants born in 2009 a twin.
- **GI Bill Housing Stipend.** The DoD announced the new Basic Allowance for Housing rates for 2012. Most GI Bill recipients will see a modest increase in the Post-9/11 GI Bill Housing Stipend as a result - but not until August 1, 2012.
- **Military Discount.** Sam's Club will give a \$15 Sam's Club Gift Card to military personnel who join or renew as a Sam's Club Member. Must present a valid military ID to the Member Services Desk of your local Sam's Club. Upon payment, you will receive a \$15 Sam's Club Gift Card.
- **Nam Vets.** Of the 2,709,918 Americans who served in Vietnam, less than 850,000 are estimated to be alive today, with the youngest American Vietnam veteran's age approximated to be 54 years old. Allegedly 390 die a day.
- **Jobs.** The Pentagon has spent, to date, \$2.6 billion in purchasing Russian made helicopters such as the MI-17 and MI-35 for our allies use in Afghanistan and Pakistan. The purchase package of these aircraft from Russian sources also includes refit and modernization by another Russian firm.
- **Pay.** January is the month when you can make a new election to take either CRSC or CRDP. By now you should have received a notice from DFAS. If you have not received anything and want to make a change, depending on your situation, call DFAS at 1-800-321-1080.
- **The Power of Words.** Check out [http://www.youtube.com/watch\\_popup?v=Hzgzim5m7oU&vq=medium](http://www.youtube.com/watch_popup?v=Hzgzim5m7oU&vq=medium).
- **Civic Hybrid.** A woman in Los Angeles has gone to small-claims court over a big discrepancy – the mileage her 2006 Civic Hybrid actually gets, compared to what the dealer told her it would get. “The sales force said 50 miles per gallon, but they didn't say if you run your air conditioning and you remain in stop-and-go traffic, you're going to get 29 to 30 miles per gallon,” Heather Peters told MSNBC. “If they did, I would have gotten the regular Civic.” A judge is expected to rule any day now.
- **Prostrate Cancer.** MedPage Today reports cancer screening with prostate-specific antigen (PSA) afforded no obvious prostate cancer mortality benefit during 13 years of follow-up in a large randomized trial.
- **Cancer 2012.** This year, the American Cancer Society projects 1,638,910 people will be newly diagnosed with cancer and 577,190 people will die from it

- **VA use.** A Centers for Disease Control and Prevention (CDC) study that will be published this month has found that since the Iraq and Afghanistan wars began only 51 percent of eligible veterans have sought care through the Department of Veterans Affairs (VA).
- **GI Bill.** The VA has a one stop GI Bill page at <http://www.gibill.va.gov/> where you can find all their GI education bill information.

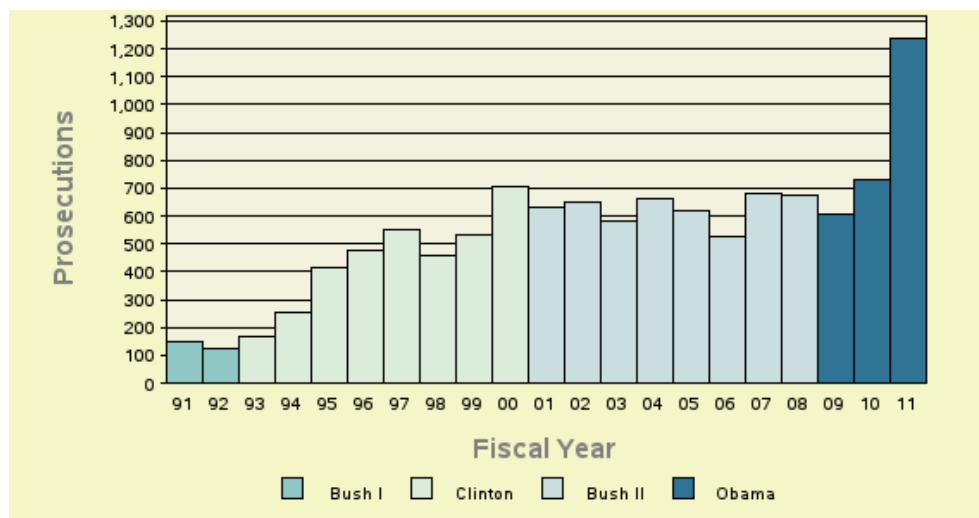
[Source: Various 1-14 Jan 2012 ++]

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## Medicare Fraud Update 83:



- **Washington DC** - Members of Congress of both parties often complain about fraud and abuse in Medicare and Medicaid (M&M), usually charging that the President is not doing enough to keep bad guys from stealing money from these vital programs. However, thanks to provisions in the Affordable Care Act (ACA/ObamaCare) and to an unprecedented effort by the Obama Administration, more progress has been made in the past three years to combat health care fraud and abuse than ever before. There was a 68.9 percent increase in criminal health care fraud prosecutions from 2010 to 2011, and 2010 was already the highest ever. See the chart below, released in DEC 2011 by the Transactional Records Access Clearinghouse at Syracuse University.



**Criminal Health Care Fraud Prosecutions over the last 20 years**

Everybody knows there is a lot of fraud in M&M, though no one really knows how much. In the 1990s, the FBI made a back-of-the-envelope calculation of 10%, a never-validated estimate which has assumed undeserved biblical truth status. There's a lot, no doubt. Back in 1997, the New York Times reported that crime families were dropping drugs, prostitution, and gambling to get into health insurance fraud because the money was so much easier to steal. Not anymore. It is not just the numbers who get caught and go to jail -- and one bad guy was sent up the river for 50 years -- it's everyone out there who now realizes they have a bigger chance of getting caught. The Justice Department and the Office of Inspector General of the Department of Health & Human Services lead the federal effort. It was the professionals from DOJ and OIG who set the agenda during the development of the ACA and the smart anti-fraud provisions that were written into Title VI of the ACA are paying off. Part of the effort involves hyper-charged efforts to catch bad guys through the Health Care Fraud Prevention and Enforcement Action Team (HEAT), and a bigger part involves re-engineering the system to keep them out. For example, prior to the ACA, if a bad guy got kicked out of one state Medicaid program for fraud, he got kicked out of one program; under the ACA, when he gets kicked out of one, and he gets kicked out of all them, including Medicare. That's smart, and that's just a tiny bit of what the ACA does on fraud & abuse.

- **Los Angeles** - Christopher Iruke, 61, was sentenced 9 JAN to 15 years in federal prison for helping engineer a \$14.2 million Medicare fraud, including hiring parishioners at the church he co-lead to help with the scheme, the federal government said. He was convicted in August -- along with his wife, Connie Ikpoh, and one of their employees, Aura Marroquin -- of conspiracy and health care fraud. Besides the prison time, U.S. District Judge Terry Hatter ordered Iruke to pay back \$6.7 million with his conspirators and serve three years of "supervised release" once he gets out of prison. He and his wife were charged in OCT 09 with bilking Medicare by fraudulently billing the government for electric wheelchairs and other expensive medical equipment. At the time, the two were both pastors at a now-defunct Los Angeles church, the Arms of Grace Christian Church. Ikpoh also worked as a nurse at Southern California hospitals. They ran one of their fraudulent companies, Pascon Medical Supply, from the church. Another -- Horizon Medical Equipment -- was owned by Ikpoh. Iruke bought fraudulent prescriptions and documents that the three used to bill Medicare for equipment that were either "medically unnecessary or never provided," the Justice Department said. For instance, they billed Medicare about \$6,000 for a power wheelchair that actually costs closer to \$900. Under threat of an audit by Medicare, Iruke persuaded his sister and one of his parishioners to open two new medical supply firms in their names. These were run after the other two companies, Pascon and Horizon, ceased operations. Witnesses said that "they and others paid cash kickbacks to street-level marketers to offer Medicare beneficiaries free (devices and equipment) in exchange for the beneficiaries' Medicare card numbers and personal information." This data was used to make fraudulent prescriptions and medical documents, which they then sold to Iruke and others. In total, the federal government said that the conspirators submitted \$14.2 million in fraudulent Medicare claims and got about \$6.7 million in reimbursements.
- **El Paso TX** - Dr. Anthony Francis Valdez, 57, who ran pain management clinics in San Antonio and El Paso was sentenced 6 JAN to 25 years in prison for a \$42 million health care fraud scheme. Valdez, who had been licensed in Texas since 1987 and also was a psychiatrist, was found to have submitted \$41.8 million in false claims. An El Paso jury convicted Valdez of all 16 charges he faced in connection with the scheme. The judge ordered him to pay back \$13.4 million he actually received. The claims were made to Medicare, Medicaid, TRICARE and the Texas Workers' Compensation Commission between JAN 01 and DEC 09 for work that never was done or that wasn't reimbursable. Valdez was convicted of one count of conspiracy to commit health care fraud, six counts of health care fraud, six counts of false statements related to health care matters and three counts of money laundering. Federal prosecutors were alerted to Valdez by another doctor and a medical billing specialist, who filed a whistleblower lawsuit in 2002 that claimed Valdez's Institute of Pain Management clinics in San Antonio and El Paso were fraudulently performing injection procedures not covered by health care programs and billing them as procedures that are reimbursable. Authorities kept the lawsuit secret while they investigated Valdez, raided his clinics and seized \$1.7 million in his bank accounts. The feds also seized Valdez's house near Boerne Stage Road here, another home in El Paso and five cars. Briones ordered Valdez to forfeit the property, and handed down a monetary judgment against Valdez for \$9.7 million.



- **Philadelphia PA** - Ivan Tkach, 30, pled guilty 10 JAN to federal charges involving a Bucks County private ambulance company's health care fraud scheme. He admitted giving false statements related to health care and illegal remunerations for health care services over six years. Tkach faces an advisory sentencing guideline range of 37 months to 57 months in prison and has agreed to pay restitution in the amount of \$1.26 million to Medicare. Tkach was indicted along with his bosses, Newtown residents Alla and Ilya Sivchuk. Ilya Sivchuk, 47, was convicted of making a false statement in November and he will be sentenced Feb. 7; he faces up to five years in a federal prison. His wife, Alla Sivchuk, 45, was acquitted. The Sivchuks owned Advantage Ambulance Co. in Philadelphia until 2009, and Tkach operated the business and was in charge of billing procedures. The U.S. Department of Health and Human Services excluded Tkach in 2004 from providing services under the Medicare Program due to his prior criminal convictions, yet he continued to operate Advantage Ambulance Co. and drive patients in ambulances. Investigators say Tkach created a scheme to fraudulently bill Medicare by transporting patients by ambulance who were able to walk or travel by paratransit van. Over six years, prosecutors said, Tkach scammed Medicare out of \$1.26 million. In addition, Tkach gave kickback payments in 2008 to a worker at a Philadelphia kidney dialysis center in exchange for patient referrals to Advantage.
  
- **Gambrills MD** - Larry Bernhard, age 56, a podiatrist who operated his business from his home in, was sentenced on 11 JAN to 54 months in prison followed by three years of supervised release for health care fraud and aggravated identity theft related to a scheme to fraudulently bill Medicare for more than \$1.1 million. He was also ordered to pay restitution of \$1,122,992.08. According to his plea agreement, Bernhard has been a licensed podiatrist in Maryland since 1981 and operated a podiatry practice from his home known as Chesapeake Wound Care Center. On 30 OCT 07, Bernhard entered into a Settlement Agreement with the government to resolve allegations that from April 1, 2002 through October 11, 2004, he had submitted 80 claims to Medicare for podiatry services purportedly provided at skilled nursing facilities, when in fact the patients were in hospitals. As part of the settlement, Bernhard agreed to be excluded from "Medicare, Medicaid, and all other Federal health care programs" for a period of three years. Bernhard admits that immediately after signing the Settlement Agreement, and from October 31, 2007 to July 20, 2010, he fraudulently billed Medicare Advantage plans for which he was paid at least \$1.1 million. All of the fraudulent billing occurred while Bernhard was excluded from billing all federal health care programs, including Medicare Advantage plans. Of the \$1.1 million received by Bernhard, at least \$1 million was for services that were not rendered. Bernhard admits that he used the names and personal identifying information of approximately 200 nursing home patients to submit false bills for podiatry care that he never performed.
  
- **Fort Smith AR** - In a whistleblower lawsuit announced 5 JAN federal attorneys sued the hospice company, AseraCare, alleging it milked Medicare's hospice benefit by pressuring its employees to enroll people into hospice who weren't dying and resisted discharging them despite evidence they weren't deteriorating. One hospice patient who should have been immobile from end-stage heart disease was healthy enough to go to his granddaughter's graduation and a berry-picking excursion with a friend, the government charges. For years, some critics of Medicare's hospice benefit have said that the way the government pays providers gives them financial incentives to abuse the system. The suits against AseraCare, a Fort Smith, Ark.-based hospice company operating in 19 states, follow several other suits against big hospice companies but go further in their allegations that the company coordinated its use of nursing care and hospice care to maximize Medicare reimbursements. The whistleblowers contend that AseraCare first recruited patients eligible for skilled nursing care —also provided by Golden Living— for 20 days, for which Medicare pays the entire bill. After 20 days, when Medicare requires patients pick up a part of the tab, AseraCare had the nursing homes send the patients to hospice, according to the lawsuit. In hospice, AseraCare would collect a flat payment from Medicare for each day they are enrolled. "Typically, a patient admitted into Defendant's web of operations will be referred and re-referred until that patient has received—and Medicare has been billed for—the maximum number of days of skilled nursing care, including rehabilitative therapy ... home health care, and hospice care," says the lawsuit. In written statements, AseraCare disputed the allegations and said it adhered to all Medicare rules for admitting hospice patients. Under the False Claims Act, whistleblowers are entitled to a portion of the money the government recovers when it joins their lawsuit.

[Source: Fraud News Daily 1-14 Jan 2012++]

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## Medicaid Fraud Update 55:

- **Alexandria VA** - Dentist Tuan Vu, 43, admitted that he billed health insurance providers for services he didn't provide for more than four years, bilking hundreds of thousands of dollars from companies and taxpayers. Vu pleaded guilty to health care fraud 10 JAN in federal court.  
Prosecutors say Vu, the owner of Cosmetic & Family Dentistry, bilked at least 10 private insurance companies out of more than \$400,000. The fraud also caused more than \$87,000 in losses to the Federal Employee Health Benefits Program and \$180,000 in losses to Virginia's Medicaid program. Vu could face up to 10 years in prison when he is sentenced on 4 MAY.
- **Norwich CT** - Eastern Connecticut Hematology and Oncology, P.C. (ECHO) has agreed to pay the government \$316,513 to settle allegations that it fraudulently billed Medicaid, Medicare and the health insurance provider for military members for injections given to patients by unlicensed medical assistants. In entering into the settlement agreement, did not admit liability, nor did the government concede that its claims were unfounded. In Connecticut, only licensed medical professionals are allowed to administer medicine unless an exemption exists. According to the government, between January 1, 2001 through March 31, 2008, ECHO's unlicensed medical assistants regularly administered injections of medications, including Epogen, Neupogen, Neulasta and Aranesp. The practice then billed the government health insurance programs for the injections. Because medical assistants are not authorized to administer medication in Connecticut, the government health care programs would not have paid the claims. U.S. Attorney Fein encouraged individuals who suspect health care fraud to report it by calling the Health Care Fraud Task Force at (203) 785-9270 or 1-800-HHS-TIPS.
- **Springfield MO** - Rita Hunter, a former public administrator in Jasper County, pleaded innocent 5 JAN in federal court to the 12 counts of fraud and misuse of public funds that she is facing. Hunter was arraigned on the charges contained in an indictment handed up 15 DEC by a federal grand jury. The indictment comprises two counts each of theft of public money, health care fraud, Social Security fraud and Medicaid fraud, and four counts of document fraud. The indictment alleges that Hunter illegally obtained almost \$200,000 in federal Medicaid and Social Security benefits for her wards while serving as public administrator from 2005 through 2008, and then used those proceeds to subsidize the operation of her office. The alleged violations involve 14 wards designated by Jasper County Circuit Court to be placed under Hunter's care. The wards were mostly mentally disabled or indigent residents of the county.

[Source: Fraud News Daily 1-14 JAN 2012 ++]

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**State Veteran's Benefits:** The state of Tennessee provides several benefits to veterans. To obtain information on these refer to the "**Veteran State Benefits TN**" 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 Housing Benefits
- Veteran Employment Benefits
- Other State Veteran Benefits

[Source: <http://www.military.com/benefits/content/veteran-state-benefits/tennessee-state-veterans-benefits.html> Jan 2012 ++]

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**Military History:** Following WWII F6Fs were plentiful and being replaced by newer versions of the F4U Corsair and F8F Bearcat and in short order, by the first generation of carrier-based jet fighters like the FH Phantom

and the FJ Fury. During the war and afterwards, the Navy was very much involved with development of drones and unmanned aircraft in its pursuit of long-range cruise missiles. As such, considerable expertise was gained in unmanned aircraft command and control, which was readily applied to the spare F6Fs, which themselves, became a plentiful source of unmanned drones for gunnery and missile practice. Except the command and control part sometimes didn't quite synch as noted in a little known incident that involved a F6F drone that was operating autonomously, just not by design, when a runaway aircraft headed for a major metropolitan area in the skies over Southern California in the summer of 1956. To read more about this incident refer to the attachment to this Bulletin titled, **"Battle of Palmdale"**. [Source: Chronicles of Naval Aviation Steeljawscribe article 28 Aug 2007++]

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

- Jan 16 1944 – WWII: The U.S. First and Third armies link up at Houffalize, effectively ending the Battle of the Bulge.
- Jan 17 1781 – Revolutionary War : Battle of Cowpens. The militia's defeat of a battle-hardened force of British regulars was the turning point of the war in the south.
- Jan 17 1991 – Persian Gulf War: Allies start Operation Desert Storm with air attacks on Iraq. The coalition flew over 100,000 sorties dropping 88,500 tons of bombs.
- Jan 18 1911 – Naval Lieutenant Eugene Ely became the first man ever to land an airplane on the deck of a ship, the converted cruiser USS Pennsylvania, in San Francisco Bay.
- Jan 18 1942 – WWII: General MacArthur repels the Japanese in Bataan. The United States took the lead in the Far East war criminal trials.
- Jan 18 1962 – Vietnam: The United States begins spraying foliage with herbicides in South Vietnam, in order to reveal the whereabouts of Vietcong guerrillas.
- Jan 20 1887 – The United States Senate allows the Navy to lease Pearl Harbor as a naval base.
- Jan 20 1944 – WWII: Allied forces in Italy begin unsuccessful operations to cross the Rapido River and seize Cassino.
- Jan 21 1954 – The first nuclear-powered submarine (USS Nautilus) was launched in Groton CT by Mamie Eisenhower.
- Jan 21 1968 – Vietnam: Siege of Khe Sanh begins as North Vietnamese units surround U.S. Marines based on the hilltop headquarters.
- Jan 21 1977 – President Jimmy Carter pardons nearly all American Vietnam War draft evaders inclusive of those who had immigrated to Canada.
- Jan 22 1944 – WWII: Operation Shingle. U.S. troops under Major General John P. Lucas make an amphibious landing behind German lines at Anzio, Italy, just south of Rome.
- Jan 23 1943 – WWII: The Battle of Mount Austen, the Galloping Horse, and the Sea Horse on Guadalcanal during the Guadalcanal campaign ends.
- Jan 23 1943 – WWII: Australian and American forces finally defeat the Japanese army in Papua. This turning point in the Pacific War marks the beginning of the end of Japanese aggression.
- Jan 23 1968 – North Korea seizes the USS Pueblo, claiming the ship had violated their territorial waters while spying.
- Jan 23 1973 – Vietnam: President Richard Nixon claims that Vietnam peace has been reached in Paris and that the POWs would be home in 60 days.
- Jan 24 1982 – Vietnam: A draft of Air Force history reports that the U.S. secretly sprayed herbicides on Laos during the war.
- Jan 24 1917 – WWI: Zimmerman telegram sent to the Mexican government by the German foreign minister intercepted. Promised Mexico that the lands taken from it by the U.S. during the 1846–1848 war would be returned if Mexico entered on Germany's side and the Germans won.
- Jan 24 1961 – Cold War: A B-52 bomber carrying two H-bombs breaks up in mid-air over North Carolina. The uranium core of one weapon remains lost.
- Jan 25 1942 – WWII: Thailand declares war on the United States and United Kingdom.

- Jan 25 1949 – WWII: Axis Sally, who broadcasted Nazi propaganda to U.S. troops in Europe, stands trial in the United States for war crimes.
- Jan 25 1951 – Korea: The U.S. Eighth Army in Korea launches Operation Thunderbolt, a counter attack to push the Chinese Army north of the Han River.
- Jan 26 1856 – First Battle of Seattle. Marines from the USS Decatur drive off American Indian attackers after all day battle with settlers.
- Jan 26 1942 – WW II: The first United States forces arrive in Europe landing in Northern Ireland.
- Jan 27 1862 – Civil War: President Lincoln issues General War Order No. 1, setting in motion the Union armies.
- Jan 27 1943 – WWII: The first U.S. raids on the Reich blast the German Wilhelmshaven base U-Boat construction yards
- Jan 27 1951 - Cold War: Nuclear testing at the Nevada Test Site begins with a one-kiloton bomb dropped on Frenchman Flat.
- Jan 28 1909 – United States troops leave Cuba with the exception of Guantanamo Bay Naval Base after being there since the Spanish–American War.
- Jan 28 1915 – The U.S. Coast Guard is founded to fight contraband trade and aid distressed vessels at sea.
- Jan 28 1945 – WW II: Supplies begin to reach the Republic of China over the newly reopened Burma Road.
- Jan 28 1966 – Vietnam: Operation White Wing, a search and destroy mission, begins.
- Jan 29 1943 – WWII: Battle of Rennell Island Guadalcanal. The last major naval engagement with Japan. The cruiser Chicago is torpedoed and heavily damaged by Japanese bombers.
- Jan 29 1991 – Gulf War: Iraqi forces attack into Saudi Arabian town of Kafji, but are turned back by Coalition forces.
- Jan 30 1944 – WWII: The Battle of Cisterna takes place in central Italy with a clear German victory.
- Jan 31 1917 - WWI: Germany announces its U-boats will engage in unrestricted submarine warfare.
- Jan 31 1942 - WWII: Allied forces are defeated by the Japanese at the Battle of Malaya and retreat to the island of Singapore.
- Jan 31 1944 - WWII: During Anzio campaign 1st Ranger Battalion (Darby's Rangers) is destroyed behind enemy lines in a heavily outnumbered encounter at Battle of Cisterna, Italy.
- Jan 31 1944 – WWII: U.S. troops under Vice Adm. Spruance land on Kwajalien atoll in the Marshall Islands.
- Jan 31 1968 – Vietnam: Tet Offensive begins as Viet Cong and North Vietnamese soldiers attack strategic and civilian locations throughout the South including the ancient imperial capital of Hue.
- Jan 31 1968 – Vietnam: Battle of Hue begins

[Source: Various Jan 2012 ++]

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### **Military Trivia 43:** See if you can answer the following about Weapons of the Great War:

1. Which weapon, first used in the 17th century, was still in use in World War I?

Bayonet | Two handed sword | Pike | Flintlock

2. Which army first used the flamethrower?

Canadian | British | German | French

3. What commonly used British weapon was known as the Mills Bomb?

Trench mortar | Flying bomb | Cluster bomb | Grenade

4. This weapon, originally invented by Hiram Maxim, was one of the main killers in the war and capable of inflicting terrible injuries. Can you name this weapon?

Machine gun | Rifle | Grenade | Pistol

5. What weapon came in the models Luger, Webley, Parabellum and Steyer, to name but a few?

Pistol | Rifle | Trench mortar | Machine gun

6. Which World War 1 battle saw the debut of the first lethal poison gas (chlorine)?

Battle of Mons | Battle of Liege | Second Battle of Ypres | First Battle of Ypres

7. Virtually all British soldiers on the Western Front were issued with this rifle. Which?

Mauser Gewehr 98 | Springfield | Berthier | Lee Enfield 0.303

8. The British were the first to use this weapon in 1916 when Captain H.W. Mortimore guided it into action at Delville Wood (part of the Battle of the Somme). What was this weapon?

Machine gun | Flame thrower | The tank | Crossbow

9. Mr F.W.C. Stokes, later to become Sir Wilfred Stokes KBE, designed a version of this weapon in January 1915, which literally saved the day for the British. Name this weapon?

Trench mortar | Pistol | Bayonet | Rifle

10. What job did the following famous men do during WW1? Rene Fonck, Edward Mannock, Manfred von Richtofen, Eddie Rickenbacker and William Bishop.

Soldier | Fighter pilot | Sailor | War poet

## Answers

1. **Bayonet** - Originally developed in Bayonne in France in the early 17th century, the bayonet was used throughout the Great War by all sides. It was even issued in World War 2.

2. **German** - The first major use of the flamethrower (Flammenwerfer) was by the Germans in a surprise attack on the British at Hooge in Flanders.

3. **Grenade** - Probably better known for his design and manufacture of golf clubs, William Mills designed this grenade in 1915.

4. **Machine gun** - It was regarded by many British officers as an improper form of warfare, despite its previous use in colonial wars. However, the German army rapidly produced a version of Maxim's invention in large quantities and already had 12,000 at the onset of the war. In comparison the British and French had a mere few hundred between them. That soon changed, however.

5. **Pistol** - It was used by a variety of personnel during WW1 although it was traditionally issued to officers of all armies. It was originally designed as a cavalry weapon.

6. **Second Battle of Ypres** - It is a common misconception that the German Army was first to use gas as a weapon, however the French had already used tear gas. However the Germans took gas warfare a step further and used chlorine gas, which is lethal. Initially, this led to worldwide condemnation for the German Army, but other armies soon followed suit with various kinds of lethal. As the use of poison gas continued soldiers on all sides became better prepared for gas attacks.

7. **Lee Enfield 0.303** - It got its name from a combination of its designer James Lee (an American) and its place of manufacture, the Royal Small Arms Factory based in Enfield, London. (It was also manufactured in other factories).

8. **The tank** - In February 1915, First Lord of the Admiralty Winston Churchill sponsored the Landships Committee to investigate a mechanical solution to trench warfare, based on a demonstration of the Killen-Strait armoured tractor which had impressed him with its ability to cut through barbed wire entanglement. The initial development of the resulting "tank" was overseen by the Royal Navy, who already had experience in the use of armoured cars.

9. **Trench mortar** - The Stokes mortar was a weapon of brilliant simplicity. From the sorry position of lagging far behind the Germans in mortar preparedness, this new mortar took British forces to the forefront in trench mortar warfare. The majority of mortars used today are direct descendants of the Stokes mortar.

10. **Fighter pilot** - They were in fact all the top aces for their particular countries. Rene Fonck (France), Edward Mannock (UK), William Bishop (Canada), Eddie Rickenbacker (USA), although by far the best remembered and No 1 flying ace, was Manfred von Richthofen (Germany), commonly known as the 'Red Baron'.

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

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**Tax Burden for Kentucky 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 Kentucky:

#### **Sales Taxes**

**State Sales Tax:** 6% (food and prescription drugs, residential utilities except telephone, and medical supplies are exempt)

**Gasoline Tax:** 22.5 cents/gallon

**Diesel Fuel Tax:** 19.5 cents/gallon

**Cigarette Tax:** 60 cents/pack of 20

#### **Personal Income Taxes**

**Tax Rate Range:** Low - 2.0%; High - 6.0%

**Income Brackets:** Six. Lowest - \$3,000; Highest - \$75,000

**Personal Tax Credits:** Single - \$20; Married - \$40; Dependents - \$20; if age ;65 or older, take an additional tax credit of \$40.

**Standard Deduction:** May either itemize deductions or take a \$2,190 standard deduction.

**Medical/Dental Deduction:** The state allows a deduction of medical and dental expenses that exceed 7.5% of adjusted gross income. You may also deduct medical and dental health insurance premiums paid with after-tax dollars. Long-term care insurance premiums can also be deducted.

**Federal Income Tax Deduction:** None

**Retirement Income Taxes:** Social Security, Railroad Retirement benefits, and Roth IRA proceeds are exempt. Exclusion of up to \$41,110 for military, civil service, state/local government, qualified private pensions, and annuities. The exclusion will no longer be subject to an annual adjustment on the consumer price index after 2006.

**Retired Military Pay:** Not taxed. If retired after 1997, pay is subjected to tax if amount exceeds \$41,110 - See Kentucky Schedule P.

**Military Disability Retired Pay:** Retirees who entered the military before Sept. 24, 1975, and members receiving



disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.

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

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

### **Property Taxes**

All real property in Kentucky is subject to state and local property tax. The state real property tax rate is 13.6 cents per each \$100 of assessed value. Real property is assessed on 100% of fair market value. To review the latest rates, refer to <http://revenue.ky.gov/Property+Tax/>. Kentucky has a homestead exemption on the assessed value of a qualifying single-unit residential property which is adjusted every two years according to the cost of living index. For homeowners 65 and older or totally disabled, \$34,000 of the assessed value of their property is exempt from state taxes under the homestead provision for tax year 2011 and 2012. Call 502-564-4581 for details.

### **Inheritance and Estate Taxes**

Kentucky has an inheritance tax but all Class A beneficiaries (spouse, parent, child, grandchild, brother, and sister) are exempt. As for the estate tax, if the total amount of the estate is less than the federal applicable exclusion, federal estate and gift tax is not due. Additional information is available at

[http://revenue.ky.gov/NR/rdonlyres/6D844DC9-B300-4EE7-963E-DB141FC0AED6/0/guide\\_2003.pdf](http://revenue.ky.gov/NR/rdonlyres/6D844DC9-B300-4EE7-963E-DB141FC0AED6/0/guide_2003.pdf)

For further information, visit the Kentucky Department of Revenue site <http://revenue.ky.gov/> or call 502-564-4581. [Source: [www.retirementliving.com](http://www.retirementliving.com) Jan 2012 ++]

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**Veteran Legislation Status 13 JAN 2012:** For a listing of Congressional bills of interest to the veteran community introduced in the 112<sup>th</sup> Congress refer to the Bulletin's "**House & Senate Veteran Legislation**" attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

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

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## Have You Heard? Why & If

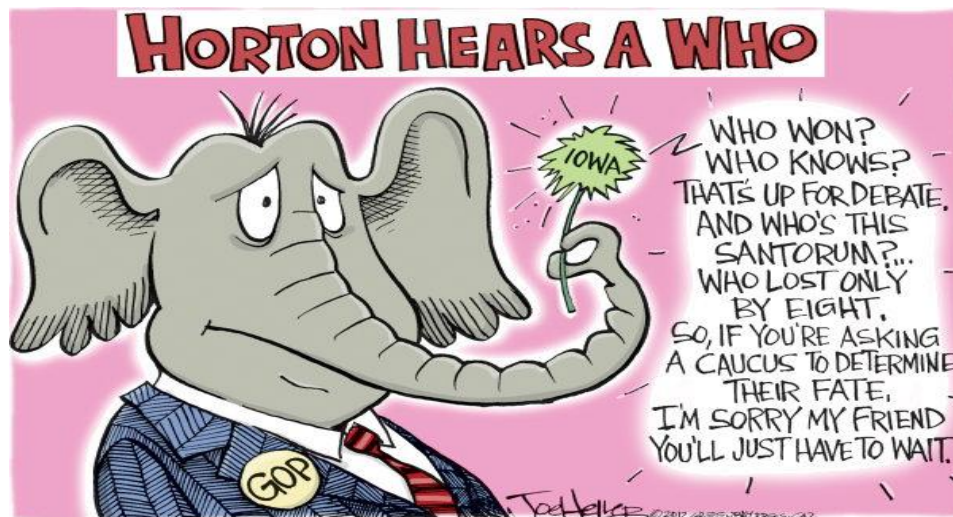
- Why isn't the number 11 pronounced onety-one?
- If 4 out of 5 people SUFFER from diarrhea...does that mean that one out of five enjoys it?
- Why do croutons come in airtight packages? Aren't they just stale bread to begin with?
- If people from Poland are called Poles, then why aren't people from Holland called Holes?
- If a pig loses its voice, is it disgruntled?
- Why is a person who plays the piano called a pianist, but a person who drives a racecar is not called a racist?
- If it's true that we are here to help others, then what exactly are the others here for?
- If lawyers are disbarred and clergymen defrocked, then doesn't it follow that electricians can be delighted, musicians denoted, cowboys deranged, models deposed, tree surgeons debarked, and dry cleaners depressed?
- If Fed Ex and UPS were to merge, would they call it Fed UP? ?
- Do Lipton Tea employees take 'coffee breaks'?
- What hair color do they put on the driver's licenses of bald men?
- I thought about how mothers feed their babies with tiny little spoons and forks, so I wondered what do Chinese mothers use. Toothpicks?
- Why do they put pictures of criminals up in the Post Office? What are we supposed to do, write to them? Why don't they just put their pictures on the postage stamps so the mailmen can look for them while they deliver the mail?
- Is it true that you never really learn to swear until you learn to drive?
- If a cow laughed, would milk come out of her nose?
- Whatever happened to Preparations A through G?

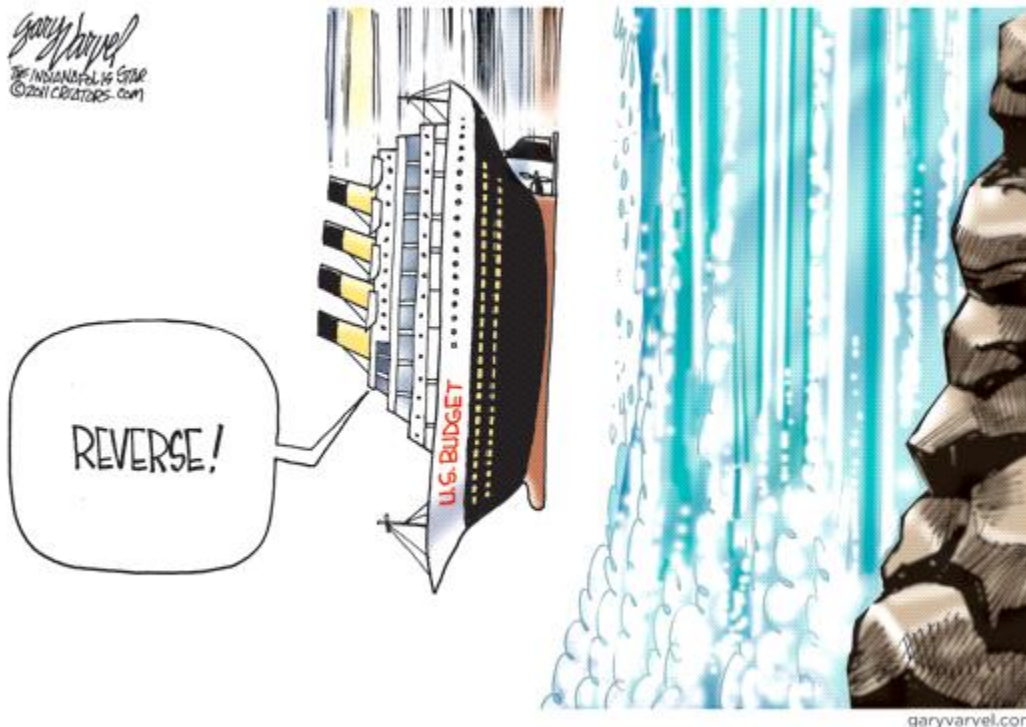
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"Why does the Air Force need expensive new bombers? Have the people we've been bombing over the years been complaining?"

— George C. Wallace {Politician | 1919 - 1998}

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Lt. James "EMO" Tichacek, USN (Ret)

Associate Director, Retiree Assistance Office, U.S. Embassy Warden & IRS VITA Baguio City RP  
PSC 517 Box RCB, FPO AP 96517

Tel: (951) 238-1246 in U.S. or Cell: 0915-361-3503 in the Philippines.

Email: [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net) Web: [http://post\\_119\\_gulfport\\_ms.tripod.com/rao1.html](http://post_119_gulfport_ms.tripod.com/rao1.html)

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what you have to do to receive the Bulletin through their service. If unsuccessful, let me know for further guidance. You can also check or <http://www.veteransresources.org/rao-bulletin/> which contains a Website edition of the last Bulletin with Word attachments. The American Legion Gulfport MS Post 119 [http://post\\_119\\_gulfport\\_ms.tripod.com/rao1.html](http://post_119_gulfport_ms.tripod.com/rao1.html) site contains a Text edition all the bulletins sent in the last year plus an alphabetical listing of article titles posted in the last 5 years which are available for recall upon request. Bear in mind that the articles listed at these sites were valid at the time they were written and may have since been updated or become outdated. Unfortunately, AL Post 119 was devastated by hurricane Katrina and as a result of their financial and other losses is unable to maintain their site or receive emails until further notice.

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