

RAO BULLETIN

15 February 2012

PDF Edition

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Civil War Pensions: Despite the fact that the Civil War ended April 9, 1865 (53,630 days ago, for reference), the government is still paying out veterans' pensions. Records from the Department of Veterans' Affairs show that two children of Civil War veterans, as of SEP 2011, are receiving pensions from their fathers' service. Department of Veteran Affairs spokesman Phil Budahn says the VA last checked in on the benefits recipients in the fall. Both were alive, but in poor health. Budahn says it's likely that the children of the Civil War veterans, who have wished to remain anonymous, both had illnesses that prevented them from ever becoming self-sufficient.. Trevor Plante, a reference chief at the National Archives says it's also possible that the beneficiaries were young when their fathers died and had no living mothers to care for them, which would also qualify them for their fathers' pensions.

Plante says unlike current times, where pensions are granted to dependents based off military service numbers or social security numbers, in the late 19th century, people had to prove their connection to a deceased veteran by sending the government evidence of their relationship. Children, parents and spouses submitted photographs, love letters, marriage certificates, diaries and gifts to prove they were eligible for pensions. "Genealogists love pension files because you never know what you are going to get. Civil War pensions are especially fascinating because of the wide array of things people submitted as evidence." In the 19th and early 20th centuries, only Union soldiers were eligible for military benefits. It wasn't until the 1930s that confederate soldiers began receiving pensions from the federal government. Prior to that, confederate soldiers could apply for benefits through the state they resided in. The last verified Civil War veteran, Albert Woolson, died in 1956 at age 109. The last widow, Gertrude Janeway, died in 2003 at age 93. [Source: U.S. News & World Report Lauren Fox article 10 Feb 2012 ++]

Voter Registration Update 01: If you are a U.S. citizen who lives or **has an address** within the United States, and want to register or update your registration to vote in the next election you can complete the form online at http://www.eac.gov/assets/1/Documents/Federal%20Voter%20Registration_1209_English.pdf or use the attached application to this Bulletin titled, "**Voter Registration Application Booklet**" to:

- Register to vote in your State,
- Report a change of name to your voter registration office,
- Report a change of address to your voter registration office, or
- Register with a political party.

Exceptions: Do not use this application if you live outside the United States and its territories and have no home (legal) address in this country, or if you are in the military stationed away from home. Use the Federal Postcard Application available to you from military bases, American embassies, or consular offices. If you are registering to

vote for the first time in your jurisdiction and are mailing this registration application, Federal law requires you to show proof of identification the first time you vote. Proof of identification includes:

- A current and valid photo identification or
- A current utility bill, bank statement, government check, paycheck or government document that shows your name and address. Voters may be exempt from this requirement if they submit a COPY of this identification with their mail in voter registration form.

If you wish to submit a COPY, please keep the following in mind:

- Your state may have additional identification requirements which may mandate you show identification at the polling place even if you meet the Federal proof of identification.
- Do not submit original documents with this application, only COPIES.

[Source: http://www.eac.gov/assets/1/Documents/Federal%20Voter%20Registration_1209_English.pdf Feb 2012 ++]

Mt. Soledad Veterans Memorial Update 03: Supporters of Mt. Soledad war memorial cross deemed unconstitutional last year by a federal court rallied at the landmark on 9 FEB as lawyers asked the Supreme Court to reverse the decision, amid a growing fight nationwide over the use of religious symbols to honor fallen troops. A nonprofit legal firm, Liberty Institute in Dallas, filed the petition on behalf of the Mount Soledad Memorial Association to preserve the 43-foot monument on federal land atop the picturesque San Diego peak overlooking the Pacific Ocean in suburban La Jolla. The gathering by 75 supporters of the cross also drew about three-dozen people who want it taken down. The supporters told the opponents that the cross isn't about religion, but about honoring service members. The memorial's plaques have names and stories of about 3,000 who served in conflicts from World War I to Iraq.

- Retired Marine Lt. Col. Jack Harkins said people come to Mount Soledad from across the country to reflect and remember those who fought for the values of the American people. "Let future generations enjoy their right to that experience," he said. "Let this monument stand."
- One of the opponents, Bruce Gleason, said it would be "grand" if the memorial included a 40-foot Star of David as well as Wiccan and atheist symbols. "This cross is unconstitutional in a multitude of courts and every time that happens they've upped the ante," said Gleason, founder of the Backyard Skeptics of Villa Park, Calif. in neighboring Orange County. The Supreme Court has signaled a greater willingness to allow religious symbols on public land, and the U.S. House of Representatives passed a bill last month that writes into law the propriety of displaying such markers at war memorials. Supporters are lobbying members of the Senate to approve it.
- Members of the American Civil Liberties Union that won the lawsuit in the 9th Circuit said the bill ignores the Constitution, which they argued was written to ensure government monuments do not exclude people. They say memorials can honor troops without religious symbolism. "Congress cannot, by definition, authorize the government to violate the Constitution," said David Loy, the ACLU's legal director in San Diego. "It's unconstitutional for the government to sponsor and maintain this particular cross that is visible for miles. The point of a war memorial or veterans' memorial is to remember all veterans."

Last year's ruling by the 9th Circuit U.S. Court of Appeals capped two decades of legal challenges over the cross that was used for Easter celebrations in the early 1900s and later became a memorial to Korean War veterans in the 1950s. A number of other military memorials on public lands across the country have been challenged in recent years by civil liberty activists and atheists who say they violate the separation between church and state. The Supreme Court in 2010 refused to order the removal of a congressionally endorsed war memorial cross from its

longtime home atop a remote rocky outcropping in California's Mojave Desert. That cross was later stolen and supporters are working on getting one restored to the spot.



“It makes the whole world a war zone,” said Terri Linnell (right)

Rep. Duncan Hunter (R-CA-52) said he is not relying on the courts. He introduced the bill H.R.290 passed by the House in January that would codify the existing practice of allowing religious symbols at military monuments established or acquired by the federal government. Hunter said he drafted the bill with the Mount Soledad monument in mind but it goes beyond that. "This isn't just about San Diego," Hunter told The Associated Press. "This is about the rights of members of the military to adorn gravestones and war memorials to honor those who fought in wars with whatever the heck they want to have there, period. If you want to take down a war memorial cross or take any kind of religious symbolism off any war memorial because you say it's unconstitutional, then you would have to take the crosses off every headstone in national cemeteries from Arlington to Fort Rosecrans." Hunter said opponents have been getting out of hand, challenging even personal memorials, like a pair of unsanctioned crosses on a remote rocky hilltop on the Marine Corps base of Camp Pendleton put up by individual Marines to honor fellow fallen troops. The military is looking into the matter. The crosses are surrounded by thousands of rocks carried up by Marines, some of which are accompanied by handwritten messages. Opponents complained about the crosses, which cannot be seen by the public, after The Los Angeles Times wrote a story about them on Veterans Day 2011. "It's getting old, getting burdensome and costly," Hunter said. "It's time to put an end to it." [Source: AP Julian Watson article 9 Feb 2012 ++]

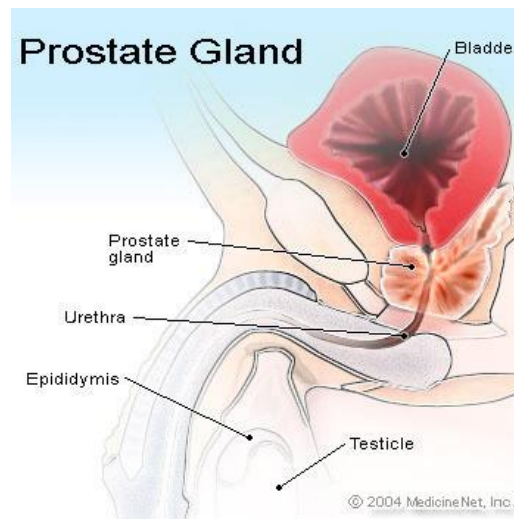
Prostate Cancer Update 15: Heart health can be improved with lifestyle changes - weight loss, exercise and a healthy diet. It may be that these changes also reduce a man's risk of prostate cancer. Researchers have found a link between heart disease and prostate cancer, leading to the theory that the two may have common causes. A Duke Cancer Institute prostate drug trial involving a large number of men discovered this association. "What's good for the heart may be good for the prostate," said lead author, Jean-Alfred Thomas II, M.D., a post-doctoral fellow in the Division of Urology at Duke. If this association is confirmed, prostate cancer risks may be lowered through healthy lifestyle changes - the same that are recommended to ward off coronary artery disease, the number one cause of death in the United States. Obesity, lack of physical activity, high blood pressure and cholesterol, cigarette smoking and diabetes are all risk factors for heart disease. Earlier studies looking at the association between heart disease and prostate cancer have produced conflicting results.

For the current study, the research team analyzed data from 6,390 men enrolled in a large four-year study looking to see if Avodart (dutasteride) could reduce prostate cancer risks. All of the men had a prostate biopsy in year two and four, regardless of prostate specific antigen (PSA) levels. Detailed medical histories were also given, including weight, heart disease history, alcohol intake, etc. Of all the men in the study, 547 reported they had had coronary artery disease. These men were often heavier and less healthy than the other participants, with higher PSA levels, more diabetes and higher blood pressure and cholesterol. These men were also much more likely to develop

prostate cancer, regardless of other differences, than men who did not have a history of heart disease. The study found:

- Having heart disease increased a man's prostate risk by 35 percent, and this risk increased over time.
- These men were 24 percent more likely to develop prostate cancer within the first two years of the study, compared with men who didn't have heart disease.
- At four years, this group's risk of prostate cancer was 74 percent higher than that of men with no heart disease.

"We controlled for a number of risk factors, including hypertension, taking statins or aspirin," Thomas said. "We don't have a good grasp on what's causing the link, but we are observing this association." Senior author of the paper, Stephen Freedland, M.D., associate professor of surgery and pathology in the Division of Urology at Duke, acknowledged study shortcomings. The study relied on data from an earlier trial that did not take into account such things as diet, activity level and the severity of heart disease. However, Dr. Freedland noted that the study did eliminate a bias found in previous research that included men with high PSA levels. "This is giving us a lot of good ideas for what to look at next," Dr. Freedland said.



The prostate is a small, walnut sized organ in men that sits below the bladder and is responsible for making seminal fluid, which is necessary for ejaculation and fertility. Symptoms of prostate cancer closely resemble those of benign prostatic hypertrophy, with delayed or slowed initiation of urination, dribbling and leaking of urine, a slow urinary stream, and incomplete emptying of the bladder. Blood may be present in the urine or semen as well. Pain in the bones of the lower back and pelvis may be a sign that prostate cancer has spread. [Source: Daily Rx Laurie Stoneham article 9 Feb 2012 ++]

South Dakota Vet Home: The U.S. Department of Veterans Affairs has approved a \$21.4 million grant to complete the funding package for a new state home in Hot Springs South Dakota. Larry Wilcox, the Michael J. Fitzmaurice State Veterans Home superintendent, announced 10 FEB that the grant to complete the funding of a new state home had been confirmed. Sen. Tim Johnson (D-SD) chairman of the Military Construction and Veterans Affairs Appropriations Subcommittee in the Senate, announced more details of the grant. He said in a news release that the Hot Springs project ranked 10th in the nation on the Obama Administration's priority list for the Veterans Affairs State Home Construction Grant Program. Under the program, the VA matches 65 percent of the

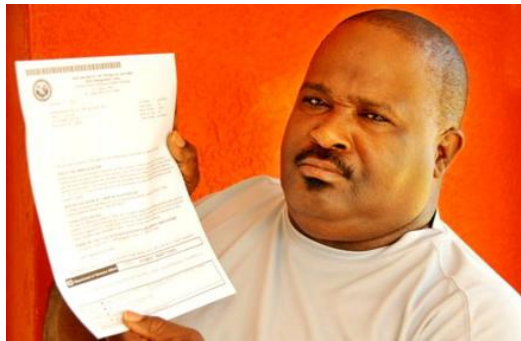
projects costs with states funding the remaining 35 percent. The South Dakota Legislature approved a bonding bill last year to cover its portion of the project. Wilcox said that the intent is to get the home fully designed and submitted to South Dakota Department of Health and the VA for final approval, and then get it out for bid. The funding will be used to construct a new 100-bed state veterans home on the same property in Hot Springs as the existing facility. Gov. Dennis Daugaard said the federal funding will be available until the end of the current federal budget year, and the state has to complete some final steps in the grant process by June to receive the money by 30 SEP. "A new veterans home in Hot Springs is an important part of making sure we continue to provide great care for our nation's heroes for generations to come," Daugaard said Friday at his weekly news conference. Lt. Gov. Matt Michels, acting state secretary of veterans affairs, said the state also is working on building a new 50-bed veterans home in eastern South Dakota. He said Brandon, Brookings, Aberdeen and Yankton have submitted proposals to host that facility. [Source: Associated Press article 11 Feb 2012 ++]

EM Railgun: The Office of Naval Research (ONR) announced 8 FEB that they will begin testing an advanced Electromagnetic Railgun (EMR) within the next few weeks. The development and testing of this advanced EMR is the result of a \$21 million contract awarded to BAE Systems by the Office of Naval Research roughly two years ago. ONR is the office within the United States Department of the Navy that facilitates all science and technology programs for the U.S Navy and Marine Corps through various institutions, such as universities and government laboratories. While most munitions both heavy and small depend on chemical propellants (like gunpowder), the EM Railgun launcher utilizes magnetic energy instead. The EM Railgun propels a conductive projectile along metal rails using a magnetic field powered by electricity. The magnetic field produced by the high electric currents thrusts a sliding metal conductor between two rails to launch a projectile at velocities of 4,500 to 5,600 mph. By contrast, the average velocity of a chemical propelled weapon is limited to about 2,700 give or take. This increased velocity should allow for the Navy to reach targets of up to 50 to 100 nautical miles (57 to 115 miles). Navy planners hope to eventually increase that range even further to distances up to 220 nautical miles (253 miles). According to ONR, this increase velocity and extended range will give sailors multi-mission capability, and allow them to conduct precise naval surface fire support. In addition, ONR states that the EM Railgun may provide effective ballistic missile defense. BAE Systems EM Railgun was delivered to the Naval Surface Warfare Center (NSWC) Dahlgren on January 30, 2012 and features a 32-megajoule payload. One megajoule of energy is equivalent to a one ton car traveling at 100 miles per hour. Video of the railgun prototype can be viewed at http://www.pcworld.com/article/249628/us_navy_testing_shiny_new_32megajoule_railgun_prototype.html. [Source: Digital Trends Amir Iliaifar article 8 Feb 2012 ++]



BAE Systems-built Railgun

VA Disputed Claims Update 04: Army veteran Jerry Miller is not dead as alleged by letters he continues to receive from the Department of Veterans Affairs which read: We're are sorry to learn of the death of the beneficiary and wish to express our sympathy. "I really thought it was a joke," Miller said of the letter addressed to the Representatives of The Estate of Jerry L. Miller. "I'm still alive. I'm very much alive." Frustration began to build after Miller, a former drill sergeant who served in the military for 10 years, received the fourth letter saying he was deceased, including one that said his estate had to pay back \$94,509 in benefits. Miller, 57, said the first letter came in June of last year and after being cut off from receiving his VA check for about three months, he started falling behind on paying bills. It apparently was corrected, but only a few months later, the problem resurfaced. "Nobody knows what happened," he said. "They are trying to correct it, but I don't have faith in them."



Jerry Miller

The VA said it is aware of the problem and is working to find out how the mistake happened and to resolve it once and for all. "It's become a national concern," said Angela Wilson, a spokeswoman at the St. Petersburg VA Regional Office. "We're working through a resolution right now." Wilson said that several VA offices are looking into why this has happened and how to prevent it from occurring again. "VA apologized to the veteran for this error and is taking action to remedy the situation," she said in a later email. "Further, VA is working on the necessary system fixes that will prevent an employee from processing a notice of death if there is not an exact match between the veteran's name and Social Security or VA claim number. This decision by VA leadership makes it exceedingly unlikely a letter like this will go out in the future." Miller's wife, Agnes, said his VA medical benefits have not been affected and he can still get treatment at Viera VA Outpatient Clinic, but holding back his money can cause problems for the family. "I was kind of angry," she said. "Suppose he was overseas and I received a letter like that. That would cause a problem."

The latest letter from the VA dated Jan. 17, 2012 goes on to say: "Beneficiaries are not entitled to benefits for the month in which death occurred. Any checks received after the date of death or any monies that were electronically deposited in a bank account after date of death should be returned." It continues on with instructions for returning the funds. Miller, who suffers with hepatitis B — which he said he contracted while in the military — back problems, sleep apnea and other health issues, said it causes financial hardship if he does not receive disability compensation for two or three months. He is afraid that the Social Security benefit he receives also could be affected if that agency receives the same erroneous record that he is dead. "This has been a circus," Miller said. "Social Security could cut me off, too, because they (VA) are saying I'm dead." Miller said he wrote to elected officials early on about the issue. He said he received word from U.S. Rep. Bill Posey's office that the issue had been resolved, as Miller had been told by VA. But it was only a few months later when he again was informed by the VA that he was dead.

George Cecala, a spokesman for Posey's office would not talk specifically about Miller's case because of privacy concerns, but said such cases are rare. They usually require intervention through a congressional representative. "We expect government agencies to move quickly to rectify these situations," he said. "If anyone has these problems, we'd be glad to assist." Agnes Miller said she and her husband simply want the issue resolved before it gets further out of control. "You can understand one time," she said looking at the letters spread out on the kitchen counter. "But four times. Something is wrong." Miller said that simply trying to find the right person to talk to about the mixup has been frustrating. "Every time we call them, they pass the buck," he said. "They transfer you to someone else." [Source: Florida Today R. Norman Moody article 3 Feb 2012 ++]

DoD Benefit Cuts Update 12: Researchers at the Center for Strategic and Budgetary Assessments are surveying troops and their families to see which pay and benefits packages are too important to lose, and which ones could be trimmed to help save the military money. The survey can be found at <http://www.csbamisurvey.org>. Todd Harrison, senior fellow for defense budget studies at CSBA, said the goal is to inform future discussions about the benefits priorities of troops and their spouses. Questions cover issues like basic pay increases, housing stipends, health care costs and rules for retirement payouts. Officials at the Veterans of Foreign Wars aren't happy with the survey's options and underlying themes. In a statement, VFW Legislative Director Ray Kelley said the group "does not accept the notion that cuts to personnel programs and benefits are the only viable solution. We have an obligation to provide for our war-fighters and their loved ones, and the VFW will not let Congress or the Pentagon shirk that obligation." After reading through the survey, VFW leaders balked at the tone of the questions, which asked participants to rate certain military benefits over others, and then determine the kinds of benefit packages that would be preferable to service members in the future. The VFW discourages members from participating in the survey, since the data will likely be used as an endorsement of certain benefit cuts by service members, themselves. To read more about the survey and to read VFW's full reaction, refer to: <http://www.vfwonthehill.org/2012/01/vfw-denounces-survey-on-military.html>. [Source: VFW Washington Weekly Additions, 10 Feb 2012 ++]

VA Handbook Update 02: The VA began mailing a personalized Veteran Health Benefits Handbook the last week of FEB to all veterans enrolled in VA health care. The new handbook is tailored specifically for each veteran and provides detailed information about the VA health services the veteran may be eligible to receive. The Veteran Health Benefit Handbook provides answers to common questions such as contact information for the Veteran's local facility, instructions on how to schedule appointments, guidelines for communicating treatment needs and an explanation of the veteran's responsibilities, such as co-pays, if applicable. Veterans enrolled in VA healthcare will receive their personalized handbooks via mail as part of a national rollout campaign based on Priority Group, beginning with Priority Group 1 and ending with Priority Group 8. In the near future, VA will develop an online version of the handbook for Veterans to access via MyHealthVet. This will allow veterans to access their up-to-date health benefit information anywhere, anytime. The VA estimates it will take around 16 months to get the handbooks to everyone. For additional information about the Veterans Health Benefits Handbook refer to http://www.va.gov/healthbenefits/assets/documents/publications/faq_veterans.pdf or call VA at 1 877-222-VETS (8387). [Source: NAUS Weekly Update 10 Feb 2012 ++].

VA Application for Health Benefits Update 02: The VA recently partnered with the Army at Camp Shelby, MS, to test and launch a streamlined version of its on-line application for VA health benefits (VA

Form 10-10EZ) for service members returning from deployment. VA will introduce it at demobilization sites nationwide by early spring 2012. The on-line application is used to enroll in the VA healthcare system, which has more than 1,000 sites of care across the country. It will reduce paperwork and speed the process. Enrollment for VA health care is done as part of a service member's demobilization. The online form allows the application to be completed during a regularly scheduled briefing for all Servicemembers on VA benefits. Recently discharged combat veterans are eligible for five years of cost-free care and medications for conditions potentially related to combat service. Based on the Camp Shelby pilot program, VA plans to collaborate with DoD to offer the new application at all 61 demobilization sites nationally. For more information, servicemembers may contact VA at 1-877-222 VETS (8387) or visit the VA health eligibility website <http://www.va.gov/healthbenefits/>. [Source: NAUS Weekly Update 10 Feb 2012 ++].

Tricare Dental Program Update 05: Effective 1 May, MetLife becomes the dental carrier for the TRICARE Dental Program (TDP). MetLife will provide dental coverage to over 2 million family members of uniformed service active duty personnel, members of the Selected Reserve and Individual Ready Reserve, eligible family members, and survivors. Beneficiaries will have access to MetLife's network with over 161,000 dentist access points, and this number continues to grow. NOTE that the change to MetLife is for the TDP program only. The Active Duty Dental Program will still be administered by United Concordia® and the TRICARE Retiree Dental Program coverage will remain under Delta Dental. Changes to the TDP will include enhanced dental coverage at a lower premium share than before. MetLife will distribute program information, provider network details beginning in first quarter 2012. Highlights to the benefits and enhancements include:

- Coverage of posterior resin (tooth colored/white) fillings.
- Increase in the annual maximum to \$1,300 per enrollee (formerly this was \$1,200) .
- Increase in the lifetime orthodontic maximum to \$1,750.
- \$1,200 per year for services related to dental treatment due to an accident as defined in the TDP handbook.
- No cost shares for scaling and root planing (deep cleaning) for diabetics.
- Coverage of an additional (3rd) cleaning for women during pregnancy.
- Expansion of the survivor benefits to surviving spouse and children

[Source: NAUS Weekly Update 10 Feb 2012 ++]

Stolen Valor Update 55: Paul Schroeder, 40, the director of counseling at a nonprofit for veterans in Houston confessed 8 FEB to lying about his military record and falsely claiming a Silver Star and other medals. Schroeder portrayed himself as a decorated Special Forces sergeant first class who suffered from post-traumatic stress disorder after serving in combat in Iraq, Afghanistan, Africa and Central and South America. In his job at the nonprofit PTSD Foundation of America, Schroeder mentored veterans suffering from post-traumatic stress disorder and led group therapy sessions at local churches and the Star of Hope Mission. He also lectured at least half a dozen times at the Houston Police Academy as part of a PTSD awareness program for officers and cadets. "Veterans helping veterans is such a great tool because we have been there," he said in an interview with the Houston Chronicle last year. "We do understand. We can speak the same language, and if we've confronted those demons and come out the other side, it gives them hope that they can do the same. And that's really the key to defeating suicide and things of that nature is having hope that it will be better."

But the Army has no record of Schroeder ever serving in Special Operations, deploying to Iraq or Afghanistan or anywhere else, and no record of him receiving the Silver Star, Bronze Star, Purple Heart, Combat Infantryman's

Badge or other decorations he claimed to have earned, said Mark Edwards, spokesman for U.S. Army Human Resources Command at Fort Knox, Ky. After being questioned by the Houston Chronicle, Schroeder confessed to a reporter that he had lied. He had in fact served 10 years as a military policeman stationed in New York, Panama and Fort Sam Houston in San Antonio, and left the Army as a sergeant in February 2001, before the wars in Iraq or Afghanistan even started. Schroeder apologized and said he was resigning from the PTSD Foundation immediately. He said he does have PTSD that predates his military service and worsened when he was stationed with the Army in Central and South America. He doesn't know why he misled people about his service record and medals. "You can call it a desperate act of a desperate man just trying to get the help that he needed," he said. "It was a coping skill just as much as my alcoholism was. ... I'm trying to do the honorable thing now."



Paul Schroeder

The PTSD Foundation's director of operations said the organization was shocked at Schroeder's confession. "What we do know of Paul is that he helped a number of veterans and their families in their times of crisis," said David Maulsby. "He did resign today. Our prayers are with him for getting his life and health turned around." Initially, when asked why Army records don't substantiate his war stories, Schroeder had said he was unable to show his discharge papers to the newspaper because the documents were top secret, but Edwards, the Army spokesman, said the information on such forms is not classified. Schroeder now is under investigation by the FBI, said Jodi Silva, spokeswoman for the Houston Police Department. The Stolen Valor Act makes it a federal misdemeanor offense to wear military medals that were not awarded, or to falsely claim to have been awarded such medals.

FBI spokeswoman Shauna Dunlap said the bureau does not confirm or deny the existence of investigations, "but I can tell you that the FBI takes allegations such as these very seriously, and we thoroughly investigate all allegations of stolen valor." As a representative of PTSD Foundation, Schroeder appears in an HPD training video about PTSD, identified as an Army Special Forces soldier who was awarded a Silver Star, Soldier's Medal, three Bronze Stars with valor, two Purple Hearts, two awards of the Combat Infantryman's Badge, Master Combat Parachutist's Badge and three Humanitarian Service Medals. "We are concerned about the allegations, obviously, and about this individual, his relationship with the PTSD Foundation, and we're going to await the outcome of the investigation before commenting further," HPD's Silva said in a statement. "However, we will continue to work diligently with individuals in our agency who as victims of PTSD are seeking assistance." [Source: Houston Chronicle Lindsay Wise article 8 Feb 2012 ++]

Stolen Valor Update 56: Michael Allen Bradshaw, 33, showed up at the Korean Church of Atlanta just before services began on Sunday, 15 JAN. He told an emotional story about being a U.S. Army veteran who was wounded in Iraq when he and his Sergeant drove over a roadside bomb. Bradshaw claimed he'd just been released from a VA hospital in Texas and that he, his wife and 13-month-old daughter were in need of money. After being shown what appeared to be some convincing paperwork, Richard Dain gave Bradshaw \$100 in cash he had planned to use to buy his own child some clothes. He also gave him a \$100 Kroger gift card. His church reimbursed him for

all \$200. "He wrote out a statement saying that he would be back on this certain date and that he was going to pay us in full and work around the church to give his thanks," Dain said. When Bradshaw never returned, Dain did some homework and found an [11alive.com story](#) from last June about his arrest in Roswell for a similar scam.



Michael Allen Bradshaw, accused Iraq War vet imposter.

Roswell Police arrested Bradshaw in June of 2011, charging him with Theft by Deception for scamming \$350 from the Veterans of Foreign Wars Post 7583. They told police he'd even wanted them to buy him a Purple Heart medal for being wounded. But Bradshaw got out of jail and is now free somewhere. Meanwhile, the list of his victims continues to grow. Lee Duncan and his church, Buckhead's Cathedral of Saint Philip, reached out to Bradshaw last year, when he came to them claiming he'd been abandoned by the Army and the VA. The church gave him \$1,200 for rent and Duncan bought him and his girlfriend about \$160 worth of clothes. When Bradshaw's requests for help continued to grow, Duncan grew suspicious. He and some of the vets from Roswell's VFW 7583 pulled Bradshaw's military record. It shows he was in the Army, but was dishonorably discharged in May of 2001. He never served in Iraq and was never wounded. At one time, Walker County and the Oglethorpe Police Department also had outstanding warrants for his arrest. Now Bradshaw's victims hope several police agencies can work together to put him back behind bars. Anyone knowing Michael Allen Bradshaw's whereabouts is asked to call the Duluth Police Department at 770-476-4151. [Source: Atlanta Ga WXIA11Alive News article 10 Feb 2012 ++]

Medicare Portability: Filipino-American advocates are pushing a campaign aimed at giving retired Filipino-American immigrant professionals and veterans access to U.S. Medicare even if they are in the Philippines. About 100 Fil-Am immigrant professionals retire every day. But while they can take their Social Security pension and savings anywhere in the world, it is a different story for their Medicare in-patient, out-patient and prescription coverage overseas, unlike private medical insurance. Eric Lachica, a veteran lobbyist in the United States is spearheading the campaign for "Medicare portability," designed to allow retired Filipino-American immigrant professionals access to their Medicare benefits at internationally-accredited hospitals and health care providers in the Philippines. On ANC's 'Headstart' Lachica, organizer of the U.S. Medicare Philippines, Inc said, "The Veterans are leading the way on the Medicare Portability. In America, if you are 65 years old and above, you will get Medicare coverage. This is health insurance for the seniors. We expanded the base of those impacted because Veterans in the U.S. cannot use Medicare insurance in the Philippines like the 200,000 U.S. Filipino seniors can in the states ... We expect a \$1 Billion in Medicare spending, if allowed by US President Barack Obama and the US Congress. We have to make changes in Medicare law.... I'll be paying \$55,000 into the U.S. health care system in taxes. I'd like to retire and have a long-term stay here." The US Medicare Philippines is a non-profit advocacy organization based in Washington D.C.,

Last month, President Aquino announced, he will discuss this issue with Obama in their June meeting in Washington, to allow top Philippine-based hospitals that are caring for Fil-Am retirees, to be accredited by US Medicare Insurance. "We'd like to thank President Aquino for taking a forward-looking stance and bringing this up

to the Obama administration. We need his support especially when they meet in the White House. We have to work together to make his visit a success." Lachica said, advocates are scheduled to meet with President Aquino to thank him and give him pointers on the need for assertive partnership with Philippine Ambassador in Washington DC Luis Cuisia. He adds, they also look forward to some developments following an earlier meeting with Foreign Affairs Secretary Albert del Rosario this week.

Lachica said the Medicare Portability is seen to be a win-win situation, for both the US and the Philippine economies, as it will supposedly result in savings for taxpayers and Medicare, while allowing Filipinos in America to return to tap their health care benefits in the Philippines. Lachica has always believed in the mustering communities, especially the Filipino population in America, an estimated 3.4 million, accounting for 1% of the entire US population. "There's about a million possible Filipino-American votes. We were hoping that we could tap that People Power. The big challenge of our Fil-Am leaders is to motivate and energize and to bring them to the polls ... Filipino-Americans don't realize that they have a lot of clout, especially our doctors and nurses. We have 200,000 Filipina nurses in the US, 20,000 Fil-Am doctors. A friend of mine who runs this Southern California Hospital council said, if you guys go on strike the whole healthare system in the US will collapse." Lachica added, Filipinos also have to overcome the baggage of colonial mentality. From their early efforts, initially weighed-down by a lack of assertive local leadership against discriminatory practices, and the coordination and cooperation of children of Fil-Am war veterans. Lachica said, today their campaign depends on empowering Fil-Ams to fight for their rights. [Source: ABS-CBN News Channel Caroline Howard article 9 Feb 2012 ++]

VA Lawsuit ~ Edgewood: On behalf of two non-profits (Vietnam Veterans of America and Swords to Plowshares) and eight individual disabled veterans a petition was filed 9 FEB for class certification in a more than two-year battle with the U.S. military over secret testing of chemical and biological weapons on its own soldiers. The plaintiffs, who are seeking certification of a class of veterans and their survivors, included more than 1,000 pages of supporting documents filed under seal. The Complaint asks the Court to determine that Defendants' actions were illegal and that Defendants have a duty to notify all victims and to provide them with health care going forward. The last two years have seen titanic discovery battles in which the defendants have resisted production of documents and sought to limit depositions. Trial is set for early 2013. This lawsuit does not seek monetary damages. Rather, the plaintiffs seek:

1. To overturn the so-called Feres doctrine, a 1950 Supreme Court decision that, in effect, insulates the government from liability under the Federal Torts Claims Act for any claims brought by service personnel — a claim that was dismissed by the court ear! ly in the case.
2. For the defendants to notify the test participants of the substances they received, the doses, the method of administration (e.g., inhalation, injections, spinal injections, dermal), and the known health effects.
3. To provide health care for veterans who have suffered diseases or other conditions related to their participation in the tests. Despite explicit regulations and instructions from Congress, the suit alleges that defendants have long resisted any efforts to notify or provide health care to the surviving test participants, arguing that none of them can prove that they have experienced any adverse health effects associated with the tests.

The research programs at issue, concentrated at the Army's facilities at the Edgewood Arsenal and Fort Detrick, Maryland, allegedly tested more than 400 different chemical and biological substances during five decades in locations throughout the U.S. and abroad, and involved an estimated 100,000 active duty military personnel. The substances tested ranged from drugs or chemicals such as LSD, mescaline, BZ, amphetamines, mustard gas, sarin, CS (riot control agent), and a THC analog called "red oil," to biological substances such as anthrax, botulism, plague, tularemia, Q fever, as well as crop destruction agents such as dioxin, used in Agent Orange. Plaintiffs allege

that none of the "volunteers" for the program provided informed consent, that some experiments were conducted on unwitting participants, and that the testing program involved multiple violations of the Nuremberg Law. The plaintiffs also contend that the defendants failed to conduct medical surveillance or follow-up of the test subjects, and that defendants have refused to collect information regarding patterns of disease amongst the exposed veterans. The few existing studies or reports indicate that the so-called "test vets" experience a disproportionate incidence of post-traumatic stress disorder and a variety of other diseases and ailments associated with the test substances such as cancers. Discovery and investigation in the case have shown:

- From 1950 to 1975, about 6,720 soldiers took part in experiments involving 254 different chemicals at U.S. Army laboratories at Edgewood Arsenal, according to "Health Effects from Chemical, Biological and Radiological Weapons," a 2003 training manual by the Department of Veterans Affairs.
- That the Department of Veterans Affairs actively participated in the human research program, using veterans as test subjects. Yet plaintiffs contend, that same DVA is tasked with deciding veterans' disability claims.
- DVA outreach reports show that it has denied between 97% and 99% of all disability or death claims arising out of the exposures. Plaintiffs claim that the DVA is biased against granting claims due to its self-interest in the issues.
- The claims process has also been complicated by Department of Defense claims that it cannot find records to substantiate most of the veterans' participation in the tests, causing DVA to summarily deny those claims.
- The CIA secretly retained a cache of 12 magnetic storage tapes, which contain information accumulated for over a decade, including a detailed database of Edgewood studies and participants, as well as a compendium of thousands of files and reports from research conducted at the Edgewood Arsenal and other sites.
- The defendants have resisted production of the contents of these tapes, which were placed in secure storage at Langley in 1972, arguing most recently that the DOD and CIA lack the capacity to read the files stored on the magnetic tapes. Plaintiffs have filed a series of motions seeking to force production of the documents in the CIA cache, a process that is still ongoing.
- Plaintiffs have filed a series of motions challenging defendants' claims that key documents are "state secrets" or covered by the "deliberative process" privilege. See <http://www.edgewoodtestvets.org> for more information.

Michael Blecker, Executive Director of Swords to Plowshares, said, "Swords is proud to be a part of this case and to see it reach the stage where it can hopefully benefit tens of thousands of disabled veterans." Rick Weidman, Executive Director for Policy and Government Affairs, of Vietnam Veterans of America, added, "What VVA is all about is to ensure that we leave no veterans behind. The chem/bio veterans were used by the government many years ago and were discharged and abandoned. It is a national disgrace that must be made right." Vets who were a Edgewood Arsenal test participant, or a participant in another Cold War-era chemical-biological agent testing program who would like to be contacted should submit the Questionnaire and Request to Be Contacted form at <http://www.edgewoodtestvets.org/questionnaire/>

To order a copy of your Edgewood test records, write to the Freedom of Information/Privacy Act Officer, U.S. Army Medical Research Institute of Chemical Defense, 3100 Ricketts Point Road, Aberdeen Proving Ground, MD 21010-5400, or send a fax to 410-436-4150, with your date of birth, dates of service at Edgewood, and service number. For more info, call the Freedom of Information Officer, Lloyd Roberts, at 410-436-1861. To see the Veterans Administration advisory letter to Edgewood test participants and for information on requesting a medical evaluation, visit the VA website at the Internet link below. For further information on applying for VA health care benefits or filing a disability claim, contact VA toll free at 1-800-827-1000, or the VA Help Line at 1-800-749-8387. http://www1.va.gov/environagents/docs/VBA_Edgewood-Aberdeen_Letter_DoD_Fact_Sheet_7-6-06.pdf

To request information from the DOD about your exposure to chemical or biological agents in Cold War-era testing programs, call 1-800-497-6261, or visit the DOD website at.

- General information: <http://fhp.osd.mil/CBexposures/index.jsp>
- For a list of frequently asked questions relating to the Edgewood Arsenal testing program, go to: <http://fhp.osd.mil/CBexposures/edgewood.jsp>
- To find out how to request your exposure information from the Department of Defense, go to: <http://fhp.osd.mil/CBexposures/edgewoodFAQs.jsp>

For further information, contact the following plaintiff representatives: Vietnam Veterans of America, 301-996-8557 (Rick Weidman, rweidman@vva.org); Swords to Plowshares: Veterans Rights Organization, 415-655-7240 (Michael Blecker, mblecker@stp-sf.org); or lead counsel for plaintiffs, Gordon P. Erspamer, 415-268-6411, GErspamer@mofo.com. [Source: Bloomberg Karen Gullo article 7 Feb 2012 ++]

Eyeglasses for Retirees: If you are retired military and eligible for other medical services, you are authorized to receive the following quantities of Standard Issue spectacles per year (MS9/S91A/Half Eyes/FS9):



MS9 Frame



S91A Frame



Half Eye Frame



Female S9 Frame

Standard Issue Eyewear Choices and Sizes (Click on

[Link](#))

- 1 clear pair of Bifocals/Trifocals (Multi-focals)
- 1 tinted pair of Bifocals/Trifocals if prescribed by your Optometrist/Ophthalmologist

If you choose not to request Bifocals/Trifocals, you can receive:

- 1 pair of Distance Vision and 1 pair of Near Vision spectacles
- 1 pair of Distance Vision tinted spectacles is authorized if prescribed by your Optometrist/Ophthalmologist

If you are less than 50 miles from a military health clinic with optometry services, you should take your prescription for spectacles to them so that they may measure you for proper fit. They will order your spectacles from the appropriate facility. If you are more than 50 miles from a military health clinic with optometry services, you may follow these instructions to order your glasses.

1. Open the **form DD771** found at http://www.med.navy.mil/sites/nostra/order/Documents/DD771_2010.pdf , and save it to your computer. [this form is created to save the information you type into it]
2. Fill out the top section with your “name, “retiree”, and "last 4”, along with your shipping and contact information. About halfway down the form, indicate which standard issue frame you desire. Make sure to save the form with the information you added.
3. Print the partially completed form, and take this with you to your eye exam. **Ensure that the examining facility writes the prescription, and includes your pupillary distance (PD) on the form.**
4. If your examining facility needs eyesize, bridge or temple information, they may find this at <http://www.med.navy.mil/sites/nostra/order/Documents/Stnd%20Eyewear%20Choices%20%20Sizes.pdf>
5. If you currently have Standard Issue frames please provide the frame size and temple length. (found inside the frame)
6. There must be a **DD771** for each request for eyewear.
7. Send the following information to NOSTRA:
 - o One copy of the completed DD771 form,
 - o Your mailing address and a daytime phone number and email address if available
 - o Orders are subject to DEERS eligibility check
8. You may submit your order for eyewear by email, fax or standard mail.
 - o Email your order to: NOSTRA-CustomerService@med.navy.mil
---or---
 - o Fax your order to: 757-887-4647. Make sure you write: “Retiree Order” on the fax.
Call NOSTRA Customer Service at 757-887-7611 / 7152 / 7299 / 7476 right after you send your fax to insure they received it and that all the information is included to fabricate your orders.
---or---
 - o Standard Mail to:
NOSTRA, 160 Main Road, Ste 350, Yorktown, VA 23691-9984

You may also call or email NOSTRA Customer Service Department if you have any problems or questions. Customer Service hours are M-F, regular business days, from 0630 to 1700, Eastern Time.
[Source: <http://www.med.navy.mil/sites/nostra/order/Pages/Retiree.aspx> Jan 2012 ++]

Car Repair: When your vehicle needs repairs, you don't need a crash course in auto mechanics, but you should know how to find a reliable shop and mechanic. Better Business Bureau recommends following a few key pointers to ensure that your automobile gets fixed without a glitch. While many auto repair shops are legitimate, there are always those unscrupulous few that end up sucking thousands of unnecessary repair dollars from consumers. In 2011, BBB received more than 14,500 complaints against auto repair services and fielded more than 1.5 million inquiries from consumers looking to find a reliable business in the industry. Many of the complaints received by BBB fell under billing, service, and refund and exchange issues. “Whenever you take your car to the shop, never try to diagnose the problem yourself. Describe the symptoms and ensure that the work cannot begin until you have a written estimate and given your okay,” said Kelsey Owen, spokesperson for the Council of Better Business Bureaus. BBB recommends considering the following advice when taking your car in for auto repair services:

- **Check your warranty.** If you have a problem with your vehicle while it is still under warranty, follow the manufacturer's instructions, which may require that repairs be made at an authorized dealership.
- **Ask around.** If you are looking for a qualified, independent shop, ask friends for recommendations, or request a list of BBB Accredited Businesses that do the type of auto repair you need. Be sure to check with BBB about the shop's reliability at <http://www.bbb.org/search> . Look for shops that display certification. For major work, such as brakes, transmission or engine repair, you will need to find a shop employing a specialist.
- **Ask all the questions that you need.** Don't be embarrassed to request explanations. Don't rush the technician into making an on-the-spot diagnosis of the problem. Ask to be called and apprised of the problem, course of action, and cost of work before any work begins.
- **Before authorizing repairs, get a written estimate for parts and labor.** Tell the shop to get your permission before making additional repairs. Ensure you receive notification by having the service manager write a request on the bottom of the repair order. Give phone numbers where you can be reached and, before you leave, be sure to understand all shop policies regarding labor rates, guarantees, and acceptable methods of payment.
- **Get everything in writing.** When you pick up your vehicle, get an explanation of all work completed and get all guarantees in writing. Ask that any major new parts that have been installed be pointed out to you. Your repair bill should be itemized so, if a problem occurs later, you can prove the item is covered by the guarantee.

[Source: BBB Smart Tips Feb 2012 ++]



Credit Card Authorization Hold: Credit is a convenience; it allows you to charge a meal on your credit card, pay for an appliance with an installment plan, or take out a loan to buy a house. With credit you can make a purchase when you lack ready cash, and you can enjoy the purchase while you are paying for it. However, when dining out at a fancy restaurant or spending the night away in a hotel, it's important to take notice of what the banking industry calls an "authorization hold." The issue was first identified by BBB of Southern Arizona when a customer complained that a restaurant had put through a charge equal to his bill plus 20%, even though he had left the server's tip in cash. Upon investigation, Dispute Resolution Specialist Micaela Clubb discovered that it's a common practice.

Here's how it works: Let's say your restaurant bill comes to \$100 and you give the server your credit card. When they run it through, they put an authorization hold on your account for \$120, assuming you're going to add a nice tip to the bill. But you leave the tip in cash on the table instead. Still, your bank or credit card company "holds" that \$120 for a couple of days until the actual amount of your charge is processed...and that means you don't have access to that \$20. If you are close to your credit limit, it could mean a purchase is declined. If you used a debit card,

it could mean a bounced check and overdrafts fees. Now imagine it's a hotel stay. You've checked in and given a credit card at the front desk. They put an authorization hold on your card for what they think your total bill will be (room charge, taxes, incidentals). If you are staying for several nights, this could amount to a lot of money that you no longer have access to; and when you are traveling, that can be a huge problem.

Credit card processors discourage vendors from doing these kinds of holds, but they are perfectly legitimate as long as the vendor notifies customers of the practice. BBB advises consumers to keep tabs on their credit and bank accounts online, especially when traveling, and read the fine print on hotel agreements. When dining, pay for your check and tip together with either credit or cash, but not both. And whenever possible, keep a "cushion" of available funds on credit cards by paying off the balance regularly. For more consumer information you can trust, visit <http://www.bbb.org/news>. [Source: BBB Smart Tips Feb 2012 ++]



Senior Bankruptcy Update 01: According to the most recent data the largest percentage rise of those filing a personal bankruptcy, is among the group aged 65 or older. The Consumer Bankruptcy Project has published reports based on statistics from court filings between 1991 and 2007. It found the rate of personal bankruptcy filings among those ages 65 to 74 jumped by 177.8 percent. Filings among those age 75 and older jumped by a staggering 566.7 percent. The study also noted that filings among those ages 18 to 44 actually went down an average of 50 percent during that same time period. Professor John Pottow, an expert on bankruptcy law at the University of Michigan Law School, has analyzed the CBP's data to determine the major causes for this crisis among older adults. He concludes that credit card debt, with high interest rates and fees, is a primary cause for this rise in filings. He called uncovered medical costs a primary factor behind the credit card debt.

The Center for Retirement Research at Boston College reports that a typical married couple at age 65 can expect to spend \$197,000 in lifetime uninsured health costs, including premiums, copayments and out-of-pocket home health-care products, but excluding long-term-care costs. The latter, including nursing care, can raise the overall cost between \$260,000 and \$570,000. Pinched, many turn to their credit cards. Professor Pottow also explored other issues that push older adults toward credit card debt: not wanting to acknowledge financial trouble, wanting to manage their lives by themselves, being too proud to ask for help, having a diminished network of support or being isolated, and being attracted by the easy access to credit. It is crucial for older adults to be aware of the dangers of relying on credit cards to find their way out of financial stresses. Family members should be vigilant in efforts to be there for their older loved ones and to allow them to ask for help on their own terms.

Once debt is incurred, regaining financial balance is difficult. Older adults do not have the means to start over, pay off debt and rebuild savings. Job opportunities or additional income-producing sources are rare. While bankruptcy may seem like a reasonable choice, better options may exist. Proper debt counseling can determine what alternatives are available to avoid bankruptcy. With the assistance of a properly trained counselor and the help of

family or friends, the older adult may restructure the debt and get out from under escalating credit card costs. Management programs can be arranged with the credit card companies to stop excessive fees and interest charges. New resources can be explored to help offset some of the uncovered medical costs and if real property is involved, refinancing or sale may also be an option. To learn how to select a reputable debt counseling service, go to <http://www.ftc.gov>. When bankruptcy is necessary, anyone planning to file should fully understand all their choices under the U. S. Bankruptcy Code. An overview of the various forms of bankruptcy and pre-filing requirements can be obtained online through the U.S. Bankruptcy Court for their area. In Los Angeles, information can be obtained at: <http://www.cacb.uscourts.gov>. A competent attorney is necessary to handle all aspects of the filing. For a referral, contact the National Association of Bankruptcy Attorneys at: <http://www.nacba.org>. [Source: H.E.L.P 2012 Issue 1 article 9 Feb 2012 ++].

Medicare Skilled Nursing Home Coverage: Medicare to cover the cost of a post-hospital skilled-nursing home, a beneficiary must first be a hospital inpatient for at least three consecutive days. The first day of a physician-ordered hospitalization is counted as Day 1 and the day before discharge is counted as the last day. If a patient is admitted on Monday and discharged on Wednesday, Medicare counts the number of days as only two and would not cover a subsequent stay in a skilled nursing facility. Another problem concerns Medicare beneficiaries' status at admission and while in the hospital. Many physicians admit patients on an observation status. Patients may be in hospital beds and receiving medications, meals and tests, but they are considered outpatients if they are listed on physician-ordered-observation status. Patients and their families may be unaware that they are not inpatient. Medicare Part B, rather than Part A, pays for their hospital stay. Then when they are transferred to a skilled nursing facility for recovery, that cost is not covered by Medicare. Medicare guidelines use observational services to determine whether patients should be considered and treated as inpatient and may include short term treatment, testing and assessment. While the suggested time for observation status is 24 to 48 hours, many stays extend up to 14 days.

Beneficiaries or their families can avoid these costly surprises by asking the hospital staff or physicians the patients' status. This is especially important if follow-up care in a skilled-nursing home is anticipated. Once beneficiaries or their families establish that their status is as an inpatient, then any effort to move the beneficiary out of the hospital before the three-day period should be questioned and challenged if necessary. Beneficiaries or their families may request a formal notice-of-status from the hospital utilization team. If notices specify that the beneficiaries have been admitted on an observation status, then an appeal can be filed to challenge that decision. If the hospital fails to provide notices, then the beneficiaries can appeal when they receive their Medicare Summary Notices. To find out more on this subject or request publications, contact the Center for Medicare Advocacy at <http://www.medicareadvocacy.org>. For appeal assistance, contact your local Health Insurance Counseling and Advocacy Program (HICAP). In California, HICAP can be reached at <http://www.cahealthadvocates.org/HICAP> or at 800-434-0222. [Source: H.E.L.P 2012 Issue 1 article 9 Feb 2012 ++].

Veterans Tax Credit: The IRS on 9 FEB released the guidance and forms that employers can use to claim the newly-expanded tax credit for hiring veterans. The IRS also announced that employers will have more time to file the required certification form for employees hired on or after 22 NOV 2011, and before 22 MAY 2012. The VOW to Hire Heroes Act of 2011, enacted 21 NOV 2011, provides an expanded Work Opportunity Tax Credit (WOTC) to businesses that hire eligible unemployed veterans and for the first time also makes the credit available to certain tax-exempt organizations. The credit can be as high as \$9,600 per veteran for for-profit employers or up to \$6,240 for tax-exempt organizations. The amount of the credit depends on a number of factors, including the length

of the veteran's unemployment before hire, hours a veteran works and the amount of first-year wages paid. Employers who hire veterans with service-related disabilities may be eligible for the maximum credit.

Normally, an eligible employer must file Form 8850 with the state workforce agency within 28 days after the eligible worker begins work. But according to today's guidance, employers have until 19 JUN 2012, to complete and file this newly-revised form for veterans hired on or after 22 NOV 2011, and before 22 MAY 2012. The 28-day rule will again apply to eligible veterans hired on or after 22 MAY 2012. In an effort to streamline the certification requirements, IRS has clarified and expanded upon 2002 guidance to facilitate employers' use of electronic signatures when gathering the Form 8850 for transmission to state workforce agencies. The guidance confirms that employers can transmit the Form 8850 electronically, and also allows employers to transmit the Form 8850 via fax, subject to the ability of the state workforce agencies to accept submissions in those formats. The IRS expects the Department of Labor to issue further guidance to the state workforce agencies providing further clarification.

The IRS posted Notice 2012-13 at <http://www.irs.gov/pub/irs-drop/n-12-13.pdf> and the instructions for Form 8850 at <http://www.irs.gov/pub/irs-pdf/i8850.pdf> provide further details. Form 8850 can be downloaded at <http://www.irs.gov/pub/irs-pdf/f8850.pdf>. Businesses claim the credit on their income tax return. The credit is first figured on Form 5884 [<http://www.irs.gov/pub/irs-pdf/f5884.pdf>] and then becomes a part of the general business credit claimed on Form 3800 [<http://www.irs.gov/pub/irs-pdf/f3800.pdf>] This credit is also available to certain tax-exempt organizations by filing Form 5884-C [<http://www.irs.gov/pub/irs-pdf/f5884c.pdf>]. The guidance released also provides instructions and a new set of forms for tax-exempt organizations to claim the credit. Refer to <http://www.irs.gov/businesses/small/article/0,,id=253949,00.html> for more information, including how to claim the credit. [Source: IRS Newswire 9 Feb 2012 ++]

Mobilized Reserve 7 FEB 2012: The Department of Defense announced the current number of reservists on active duty as of 7 FEB 2012. The net collective result is 1,825 more reservists mobilized than last reported in the 1 FEB 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 54,854; Navy Reserve 4584; Air National Guard and Air Force Reserve 9,498; Marine Corps Reserve 5,214; and the Coast Guard Reserve 761. This brings the total National Guard and Reserve personnel who have been activated to 74,911 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/d20120207ngr.pdf>. Reservists deactivated since 9/11 total 766,312. [Source: DoD News Release No. 085-12 dtd 8 Feb 2012 ++]

SCAADL Update 01: Special Compensation for Assistance with Activities of Daily Living (SCAADL) was authorized in the Fiscal Year 2010 National Defense Authorization Act (Public Law 111-84) and is administered by the Office of Wounded Warrior Care and Transition Policy. The pay is not automatic; troops or their family members must apply. This special monthly compensation is for eligible catastrophically injured or ill Service members who require assistance with activities of daily living or who are at a high risk for personal safety and cannot live independently in the community without caregiver support. SCAADL provides financial assistance for the non-medical care, support and assistance by a primary caregiver for the Service member. Catastrophically wounded, ill and injured Service members and their caregivers may reach out to their primary care managers or care coordinators to discuss eligibility for this program. It is paid to the service member, not the caregiver. To be eligible for this monthly stipend an eligible servicemember must:

- 1) Have a catastrophic injury or illness incurred in the line of duty which compromises their ability to carry out activities of daily living such that he/she requires personal or mechanical assistance to leave the home or bed and/or requires constant supervision to avoid physical harm to self or others;
- 2) Be certified by a licensed physician to be in need of assistance from another person to perform the personal functions of everyday living; and
- 3) Would, in the absence of this provision, require some form of residential institutional care.

SCAADL requires recertification every 180 days, after a change in medical condition or after a move. The amount of compensation paid to catastrophically wounded, ill or injured servicemembers is based on the member's level of dependency, caregiver assistance required, and the local wage rate for a home health aide in the member's geographical location. The Department of Defense uses the same assessment tool and Bureau of Labor Statistics wage rates for home health aides that the Department of Veterans Affairs uses for their caregiver program to ensure consistency as required by the FY2011 National Defense Authorization Act (Public Law 111-383). A monthly stipend calculator for determining the amount of compensation is available at <http://militarypay.defense.gov/Tools/scaadlintro.html>. By entering into the SCAADL calculator the ZIP code of the geographic location where the servicemember currently resides and selecting one of three levels (low, medium, or high dependence) of caregiver support the servicemember requires you can determine the monthly stipend the veteran will be paid. [Source: Off the Base David O'Brien article 8 Feb 2012 ++]



Life Insurance: Life insurance has only one purpose: to complete your financial responsibilities if you die. That's it. If you have no dependents you don't currently need life insurance. Don't fall for a common trap: life insurance is not an investment. If you do have dependents you should buy term rather than whole life. If you are not completely familiar with what these terms are refer to <http://cashmoneylife.com/term-life-versus-whole-life-insurance/>. How much should you buy? Remember, life insurance is meant to make up for your lost income. So you need to figure out how long your dependents will depend on your income. One rule of thumb is to multiply your income by 17 and buy that amount of insurance. So if you bring home \$48,000 a year you need \$816,000 in term insurance. This is a rough estimate but let's see if the rule of thumb works. Without getting bogged down in lots of detail, let's make some assumptions and break this down. Assume:

- You and your spouse are 45 years old.
- You each bring home \$4000 a month for a total of \$8000.
- You have one child age 7.
- You will retire in 20 years.
- The \$8000 in monthly income allows you to save for your child's education and your retirement.
- If one of you dies, your expenses will increase by \$1000 monthly to pay for extra child care for 5 years.
- Inflation will be 3% per year over the next 20 years.
- Investment return will be 5% per year over the next 20 years.
- You already have \$150,000 in savings.

So, in this example, you need to replace \$5000 in monthly income for the next 5 years and then \$4000 for the next 15 years. Make it \$5000 for the next 20 years and give the surviving spouse a little bonus for putting up with you as long as they did. How much term life insurance do you need? Go to the calculator at http://www.forbes.com/cms/template/tools/calculator/life_insurance.jhtml? DARGs=/finance/calc/insurance/droplet_form.jhtml and input your desired income (\$60,000), number of years (20) and rate of return (2%). The assumption used \$60,000 because that represents \$5000 in monthly income for 12 months. Also, 2% for the rate of return is 5% investment return less 3% inflation. Mathematically, that isn't 100% the way to do it but it really is close enough for what you need. Input those numbers and your result is \$981,085. Now, subtract the \$150,000 that you already have and you need to buy \$831,085 in term insurance. The best way to buy this coverage is to shop on the internet for free rate quotes. Two places to look are <http://cashmoneylife.com/insurance-quotes/auto-health-life-insurance/> and <http://cashmoneylife.com/insurance-quotes/auto-health-life-insurance/>

If you want to complicate this issue, notice that the amount needed decreases each year. This exercise calculates the amount you need right now. You could easily re-run this exercise each year to see if you still need the same amounts. Just remember two things:

- Only buy term life insurance for income replacement and family protection.
- Think of life insurance in terms of income replacement. How much income will you need and for how long?

Once you determine that, it's easy to figure out how much you need to buy. [Source: CashMoneyLife | Personal Finance and Career Feb 2012 ++]

DoD Mental Health/TBI Program: Defense Department programs supporting psychological health and traumatic brain injury treatment and research are poorly coordinated, and the department has failed to provide reliable and comprehensive data on how more than \$2.7 billion in funds for such programs have been used in recent years, according to a Government Accountability Office report. The House Armed Services committee asked the GAO to determine how much funding had been used to support DOD psychological health and TBI activities in recent years and how those funds had been used. From fiscal 2007 through fiscal 2010, Congress appropriated about \$675 million, while more than \$2 billion was drawn from Defense Health Program accounts for the treatment and research of TBI and psychological health, according to the report. Annual reports to Congress detailing these expenditures have been incomplete, the GAO report found. Data are unreliable and DOD does not clearly state what's included in its figures, according to the report. Also, there is no single entity coordinating DOD's psychological health and TBI activities, the report said. As a result, "DOD is hampered in its efforts to ensure that resources are used effectively to meet goals; and Congress and entities with oversight responsibility will be limited in their ability to obtain reliable information to guide their decision making."

The findings echo a recent RAND Corporation study that found no single source in DOD or any of the branches of service maintains a complete list of psychological health and TBI programs, tracks the development of new programs or has the resources to direct servicemembers and their families to which among the array of services that best meet their needs, the GAO notes. DOD several years ago created an agency to serve as the department's coordinating authority on psychological health and TBI matters. But GAO auditors found, as they had in previous studies, that the Defense Center of Excellence for psychological health and TBI lacked a clear mission. GAO recommends that DOD revisit DCOE's role and determine whether it or another organization should act as DOD's coordinating authority for issues concerning psychological health and TBI. Until a single organization is tasked with coordinating the department's psychological health and TBI activities, "DOD's ability to manage these activities will remain fragmented, and duplication of effort remains a possibility," the GAO report states.

Other recommendations from the report: Include expenditure data in annual reports to Congress, as required; establish quality control mechanisms on psychological health and TBI data; and if patient care costs are provided in future annual reports, specify what they include. In written comments on a draft of this report, DOD concurred with all four recommendations, GAO auditors note. GAO auditors conducted the latest study, released 25 JAN, from June 2010 through JAN 2012. The report notes the growing public concern over post-traumatic stress disorder, which falls into the broader field of psychological health, and TBI, which are referred to as the “signature wounds” of the wars in Iraq and Afghanistan. A summary of the January 25, 2012 report is available on the GAO website <http://www.gao.gov/products/GAO-12-154>. [Source: Stars and Stripes Jennifer H. Svan article 26 Jan 2012 ++]

WW1 Vet Search Update 12: Florence Green never saw the front line. Her war was spent serving food, not dodging bullets. But Green, who has died aged 110, was the last known surviving veteran of World War I. She was serving with the Women's Royal Air Force as a waitress at an air base in eastern England when the guns fell silent on Nov. 11, 1918. It was not until 2010 that she was officially recognized as a veteran after a researcher found her service record in Britain's National Archives. Green died at the Briar House Care Home in King's Lynn, eastern England, two weeks before her 111th birthday, the home said. Retired Air Vice-Marshal Peter Dye, director-general of the RAF Museum, said it was fitting that the last survivor of the first global war was someone who had served on the home front. "In a way, that the last veteran should be a lady and someone who served on the home front is something that reminds me that warfare is not confined to the trenches," Dye said. "It reminds us of the Great War, and all warfare since then has been something that involved everyone. It's a collective experience ... Sadly, whether you are in New York, in London, or in Kandahar, warfare touches all of our lives."

She was born Florence Beatrice Patterson in London on Feb. 19, 1901, and joined the newly formed Women's Royal Air Force in September 1918 at the age of 17. The service trained women to work as mechanics, drivers and in other jobs to free men for front-line duty. Green went to work as a steward in the officers' mess, first at the Narborough airdrome and then at RAF Marham in eastern England, and was serving there when the war ended. Decades later, Green remembered her wartime service with affection. "I met dozens of pilots and would go on dates," she said in an interview in 2008. "I had the opportunity to go up in one of the planes but I was scared of flying. I would work every hour God sent. But I had dozens of friends on the base and we had a great deal of fun in our spare time. In many ways, I had the time of my life." After the war she stayed in the area, raising three children with her husband Bob Green. Once her service record was rediscovered, the RAF embraced the centenarian veteran, marking her 110th birthday in February 2011 with a cake.



Feb. 19, 2010 photo shows Florence Green, left, on her 109th birthday being presented with a birthday cake on behalf of the RAF

Asked what it was like to be 110, Green said "It's not much different to being 109." She praised the officers she had served during the war as perfect gentlemen. "It was very pleasant and they were lovely," she said. "Not a bit of bother. They kept us on our toes and there was no slacking." A delegation from the air base had been due to visit Green on Feb. 19 to celebrate her 111th birthday. "When we heard the news there was a palpable silence, because we all hoped she would make it," said Squadron Leader Paula Willmot. The war's last known combatant, Royal Navy veteran Claude Choules, died in Australia in May. After his death, Green became the war's last known surviving service member, according to the Order of the First World War, a U.S.-based group that tracks veterans. Andrew Holmes of the Gerontology Research Group, the researcher who found Green's service record, also said she was the last known survivor of the conflict - and the sixth oldest person in Britain. Green's husband died in 1970. She is survived by two daughters, a son and several grandchildren and great-grandchildren. The date of her funeral was not immediately known, but Willmot said air force personnel would attend, and the RAF Association would provide a bugler and a Union Jack to drape on the coffin "It will be a real send-off for her," Willmot said. [Source: stars & Stripes AP Wire article 7 Feb 202 ++]

VA Patient Centered Care: By building on its unique structure and assets, the Veterans Health Administration (VHA) has leapfrogged ahead of many health systems on the path toward a patient centered care model, concluded many health care quality improvement experts at a recent conference. The Patient-Centeredness in Policy and Practice conference [a conference on evidence, programs, and implications] was cohosted by the ECRI Institute, a nonprofit organization using science-based methods to identify processes and products that improve health care, and the US Food and Drug Administration, with support from several other organizations. The meeting convened experts on a range of issues related to the implementation of a patient-centered care model—one that focuses on the person or family rather than on disease, that empowers patients to take an active role in their care, and that provides seamlessly integrated services from a multidisciplinary team. Several speakers pointed to the health system operated by the US Department of Veterans Affairs as one that has successfully transitioned toward patient-centered care. Leaders from the VHA, which administers the VA health system, also spoke about how they have embraced and implemented this approach. “Right now, the VA is used as a model of quality,” said Steven E. Weinberger, MD, executive vice president and chief executive officer of the American College of Physicians, at the meeting.

Malcolm Cox, MD, chief academic affiliations officer at the VHA, noted that one of the VA’s key advantages is that it has an integrated health system, which mitigates some of the dysfunction that occurs in the wider health system with its many payers, providers, and institutions not working in a coordinated fashion. “The real issue that has moved the VA to [a model of quality care] is its dedication to measurement and performance improvement at individual, unit, hospital, and system levels,” Cox said. The VHA’s shift toward a patient centered system began early, according to a presentation by Joel Kupersmith, MD, chief research and development officer at the VHA. In the 1990s, he explained, the system began to focus more on patient centered outpatient primary care and to harness the capabilities of electronic health records to drive quality improvement efforts. The VHA’s culture, which focuses on service to veterans and also emphasizes learning through affiliations with medical schools, has also been an asset in the transition, he added. “A lot of [the patient-centered care model] is about culture,” said Eric Holmboe, MD, chief medical officer of the American Board of Internal Medicine. “It’s not just about the technical aspects.”

Kupersmith also emphasized the VHA’s efforts to expand veterans’ access when they need and want it through Web- or telephone-based services, a network of community-based clinics, secure e-mail access to the care team, and scheduling services. For example, he highlighted MyHealtheVet, a Web-based platform that enables veterans to access their health information, share it with caregivers or family members, complete health risk assessments, get

prevention reminders, refill medications, and e-mail their clinicians. Additionally, the VHA has begun developing a suite of smartphone apps that allow veterans to track their symptoms, access advice, and support their health care decision making. The VA system's high level of integration was also emphasized. Among the system's features are the collocation of specialty and primary care providers, collaborative care models involving teams of multidisciplinary clinicians and support staff, electronic decision support for clinicians, and care coordinators who provide a central contact for veterans. [Source: JAMA Vol 305 No. 5 article 1 Feb 2012 ++]

Retiree Pay Update 03: The following table reflects the DFAS schedule of retiree and annuitant pay dates through 2012. This information may help to avoid any confusion as to when you should expect to see the payment deposited to your account. Remember that payday is always on the first business day of the month.

Month of :	Direct Deposit Date:
January 2012	Wednesday, February 1, 2012
February 2012	Thursday, March 1, 2012
March 2012	Friday, March 30, 2012
April 2012	Tuesday, May 1, 2012
May 2012	Friday, June 1, 2012
June 2012	Friday, June 29, 2012
July 2012	Wednesday, August 1, 2012
August 2012	Friday, August 31, 2012
September 2012	Monday, October 1, 2012
October 2012	Thursday, November 1, 2012
November 2012	Friday, November 30, 2012
December 2012	Monday, December 31, 2012

[Source: Mil.com article 6 Feb 2012 ++]

TRDP Update 10: The TRICARE Retiree Dental Program is available to all military retirees (including gray area retirees) and their eligible family members, unremarried surviving spouses and their eligible children, as well as MOH recipients and their eligible immediate family members. The program covers cleanings, exams, fillings, root canals, gum surgery, oral surgery and dental accidents on the first day that coverage becomes effective; after 12 months of being in the program, it then covers crowns, bridges, partials, braces and dental implants. (New retirees who enroll within four months after retirement from the Uniformed Services or transfer to Retired Reserve status are eligible to waive the 12-month waiting period for major services; supporting documentation is required)

The Enhanced TRDP provides every enrollee an annual maximum of \$1,200 per person (\$1,000 for Basic Program enrollees), a \$1000 annual maximum for dental accidents and a \$1500 lifetime maximum for orthodontics. It is important to note that the money that the TRDP pays out for preventive and diagnostic services doesn't count

against the annual maximum - those benefits are in addition to the \$1200. Retirees can find more information on the program, as well as enroll 24/7/365, online at <http://trdp.org>. TRDP enrollees realize the maximum program savings (an average of 22%) when seeing a network provider. To find a network provider, as well as utilize the Consumer Toolkit to print ID cards, view annual maximum information, see if claims have been paid and sign up for e-mail updates, refer to <http://trdp.org>. [Source: Delta Dental News Release 6 Feb 2012 ++]

Illinois Department of Veterans' Affairs: The Illinois Department of Veterans' Affairs (IDVA) has designed a new tool for state veterans to have better access to services. "Stand Up and Be Counted" is a new online tool launched in January that encourages all Illinois veterans to submit their contact information to IDVA online. Veterans who register through the website will be contacted within 48 hours by a local Veterans Service Officer, who assists veterans, their dependents and survivors navigate federal, state, and local benefits and resources. VSOs are trained to provide accurate, up-to-date information, answer questions, and assist with paperwork and filing of claims for federal, state and local benefits free of charge. Assistance includes compensation benefits, document assistance, survivor and burial benefits, educational benefits, employment benefits, real estate and permits, referral assistants, and other services. For more information, refer to <http://www.veterans.illinois.gov> or call 1-800-437-9824.

In a separate initiative, the Illinois Department of Veterans' Affairs (IDVA) has awarded nearly \$10 million since 2006 to help Illinois nonprofits deliver supportive programs to local veterans. "Win or lose, people who play the Illinois Lottery's Veterans Cash scratch-off game are helping our state's veterans," said IDVA Director Erica Borggren. Championed by now-Governor Pat Quinn in 2006, Veterans Cash has funded programs for veterans throughout Illinois. All proceeds from ticket sales are deposited into the Illinois Veterans Assistance Fund, making it the first Illinois Lottery ticket for which 100 percent of the net proceeds are dedicated to support Illinois veterans. On a quarterly basis, IDVA's Veterans Cash Grant Committee reviews applications and awards grants to groups that help veterans address PTSD, homelessness, health insurance costs, long-term care and disability benefits. To date, more than 160 organizations have shared nearly \$10 million in funding. To apply for a grant, download an application at the Veterans Cash website <http://www2.illinois.gov/veterans/programs/Pages/veterans-cash.aspx>. For more information about IDVA and its programs, visit the agency's homepage <http://www2.illinois.gov/veterans/Pages/default.aspx>. [Source: WJBD Centralia IL article 6 Feb 2012 ++]

AK Vet Legislation: Veterans living in Alaska would receive credit toward college or vocational degrees for their service and military training under separate bills approved 3 FEB in the state's House and Senate. Spouses of soldiers stationed in Alaska would also become eligible for temporary professional licenses if accredited elsewhere. Rep. Bill Thomas (R-Haines) said H.B.282 would give another reason for veterans who separate from Alaska bases to stay here for school or work. He said the other aspect of his bill will allow trained professionals to continue their careers while their spouses are stationed in Alaska. "We need to help our soldiers however we can while they're in Alaska," Thomas said. "And if (veterans) commit to building their lives and families here, we need to commit to them." Thomas' bill, which he said resulted from recommendations of the Department of Defense, passed the House by a unanimous vote and has been referred to the Senate Finance Committee. Anchorage Democrat Sen. Bill Wielechowski sponsored the Senate version of the bill, S.B.150. It passed the Senate on a 19-1 vote and moved to the House. His reasons are similar to Thomas, but he stressed that this is an inexpensive way to help veterans of the wars in Iraq and Afghanistan who face especially high unemployment rates. "These veterans fought to make a better future for us," Wielechowski said in a release, shortly after his bill was referred to the House. "Now it's time for us to fight for a better future for them."

Under both versions of the bill, the Department of Commerce would be responsible for figuring out how much credit to assign for military service and training. The only notable difference between the bills is the period of time over which the law would be enacted. Under the Senate version, the Alaska Workforce Investment Board would decide how to assign credit for military service and training. That plan would cost the state no extra money. The House bill calls for the hiring of a couple new employees, at an expected cost of slightly less than \$250,000, but would enact the law sooner. Wasilla Republican Sen. Charlie Huggins, a retired Army colonel, was the only legislator to vote against the Senate bill. His decision was based on the grounds that to address unemployment the law should take effect sooner rather than later. That difference in approach is why he endorsed the House bill Friday. "It's a great idea," Huggins said, "That's why we need an effective date as soon as we can get. Most of the (House) bill will start immediately and be complete no later than the end of the year." Regardless of the outcome on the debate over when the program should take effect, leaders from the House and Senate said getting a version of the bill passed is a priority, and Thomas said the Senate Finance Committee will begin work on his bill shortly. [Source: Fairbanks Daily News-Miner Austin Baird article 3 Feb 2012 ++]

NM Vet Legislation Update 01: Measures introduced in the New Mexico House and Senate this session would give veterans a 25 percent tax exemption on their military retirement pay in 2013. The amount of the exemption would rise to 50 percent in 2014, to 75 percent in 2015 and be 100 percent in 2016. The exemption is capped at \$1,000. Sixteen other states offer 100 percent tax exemptions for military retirees. Nine states have no income tax. "That means New Mexico is pretty far down on the list when many veterans think of where they will retire. It's just phenomenal, the potential our state is missing," said retired Air Force Captain Dave Coulie. Information provided by the state Department of Veterans' Services shows New Mexico's veterans brought \$1.5 billion in U.S. Department of Veterans Affairs spending in 2010. That's something Cabinet Secretary Tim Hale said is magnified by the fact that many younger retired military members also have families that contribute to the economy as well. "We lose out. Because that 42-year-old who has a spouse who wants to work and children who want to go to college -- we lose them too, we lose taxes from that whole family."

Hale said keeping military retirees -- who can often retire in their 40s and want to find second careers -- in New Mexico is key to furthering some new technology and research being done here. "It's not a bill to give a break to some high-wage earners," Hale said. "It's really a way to keep those technicians in New Mexico." Technicians do work on C-130Js and F-22s and space exploration equipment, Hale said. "When somebody who has that training walks away from New Mexico, we lose a national asset, and that national asset is going somewhere else to work," Hale said. The proposals call for tracking of the number of military retirees who sign up for the exemption and an annual report on the fiscal impact of the measure. Sen. Bill Sharer, a Farmington Republican who is sponsoring the Senate measure, said the taxes the state would bring in by keeping retirees here far outweigh the tax revenue it would forgo with the exemption. "The tax we'd collect is about three times the tax we wouldn't collect," he said. The Senate version of the measure, S.B.129, is pending before the Senate Finance Committee. A similar proposal, H.B.162, sponsored by Rep. Dennis Roch, R-Texico, is in the House.

Other veteran-related legislation is moving through this 30-day session, including measures to boost funding to homeless veterans and those with post-traumatic stress disorder. Another would treat PTSD with a virtual-reality system in which veterans relive stressful experiences from war in hopes of conquering their fears of and negative feelings about the situation. One measure, H.B.266, would appropriate \$48,000 to support the making of a documentary called China-Burma-India: The Forgotten Theater of World War II, which includes the contributions to the war by veterans from New Mexico. H.B.313, meanwhile, would set up a Native American Veterans Division within the Veterans' Services Department. Another proposal, H.B.324, would take 1 percent of the state's share of

tribal gaming revenue and put it in a fund to build, buy or repair housing for Native American vets. [Source: The New Mexican Kate Nash article 5 Feb 2012 ++]

Louisiana Vet Cemeteries Update 02: The U.S. Department of Veterans Affairs is on a fast track to develop burial sites at a new national cemetery before the Port Hudson National Cemetery runs out of space for new interments later this year. Construction has begun at a new site, to be known as Louisiana National Cemetery, on 103 acres of land on West Mount Pleasant Road west of Zachary and south of the Port Hudson cemetery. Rex Kern, Port Hudson’s director, said “Phase 1-A” of the construction will include 2,500 crypts and an area for in-ground burial of cremated remains. The Civil War-era Port Hudson cemetery is expected to close to first-interment casketed burials in July. Port Hudson will stay active with casketed interments of those with family members already buried there. The VA estimates that space for cremated remains on the 19.9-acre site will be depleted in 2015. Georgia-Pacific Corp. offered to donate 3.87 acres adjacent to the cemetery, but archaeological investigations in 2009 revealed intact features related to a Confederate artillery battery on the site during the 1863 siege of Port Hudson, according to an environmental assessment report for a new cemetery.

The VA bought the new site on the entrance road to Georgia-Pacific’s Port Hudson paper mill in September from Land Investments of Louisiana Inc. for \$2.08 million, according to a news release from Saurage Rotenberg Commercial Real Estate. The department will hold a dedication ceremony for the new cemetery at 11 a.m. March 24. The ceremony will be open to the public. “I’ve heard concerns from veterans that when Port Hudson National Cemetery reaches capacity, they will no longer have burial benefits in their local area,” Kern said. “This ceremony is our opportunity to assure all Louisiana veterans and family members that their benefits will continue for many years to come,” he said. Construction will include both gravesites and columbarium development in two phases, providing a full range of burial alternatives to approximately 293,000 veterans and eligible family members in East Baton Rouge Parish and the surrounding area.

The first phase of construction will include approximately 17 acres with 2,500 in-ground pre-placed crypts, 1,128 traditional gravesites, an entrance feature, roadway, utilities and necessary infrastructure, according to a VA news release. The second phase will cover approximately 12 acres and will include an administration building and maintenance complex, one committal service shelter, 1,000 columbarium niches, 1,130 cremains sites and a public assembly area. The project will also include water distribution, roads, utilities, signage, landscaping and site furnishings. Kern said the cemetery should be fully developed by April 2013. Veterans with a discharge issued under conditions other than dishonorable, their spouses and eligible dependent children can be buried in a VA national cemetery. Also eligible are military personnel who die on active duty, their spouses and eligible dependents. For more information on the Louisiana and Port Hudson National Cemeteries, call the cemetery office at (225) 654-3767. [Source: The Advocate James Minton article 6 Feb 2012 ++]

USPS Money Orders: If your money order is lost in the mail, you won’t be eligible for a refund for at least 60 days – according to USPS policy – and you’ve got a lot of work to do before that happens. You have two years to file a claim for a replacement. Here is what you must do:

1. **Locate your documents** - You’ll need more than one piece of paper to start the recovery process. To start the “payment inquiry,” you’ll need to bring three things...

- Your driver’s license or proof of ID
- Check or credit card to cover the fee

- The “customer’s receipt,” which is the portion of the money order you detach and keep. Without it, USPS won’t replace the money order.

2. **Go to any post office** - Tell a clerk that a money order you sent was lost in the mail. They’ll give you a PS Form 6401 to fill out right there. After he verifies the information, you’ll need to pay the fee to start the inquiry (\$5.40 as of 1 NOV 2011) and show the original receipt. To complete the inquiry the clerk will send the information to a main USPS branch for “processing” and hand you a receipt. Mark the date of your inquiry on your calendar so you know when your 60 days is up – and keep that receipt handy! (The main branch will keep you updated via snail mail.)

3. **Receive the inquiry acknowledgement** - The first letter you’ll receive is an inquiry acknowledgement and will advise you:

- A U.S. Postal Money Order is not eligible for replacement until 60 days (180 days if international) from the date of issue, please do not expect a refund until the 60th day.
- If our records indicate that the money order was cashed, they will provide you with that information, as it becomes available.
- Keep the letter for your reference. If there are any questions, please contact your local post office.

4. **Receive the resolution letter** - The “resolution letter” will tell you what USPS was able to find out about your money order.

- If the money order was cashed, USPS will provide a copy of the front and back of the original money order, showing who cashed it.
- If the money order was not cashed letter will say so, and offer you instructions on what to do next.
- If you have any additional concerns or questions, write to USPS at the address indicated in the letter and enclose a copy of your customer receipt along with a copy the letter.
- If you haven’t received a resolution within 30 days of filing the inquiry, contact your local post office. You can look up the phone number for it on the USPS Services Locator site <http://usps.whitepages.com/>. Ask the representative to look into your inquiry and give her the inquiry ID (located on the receipt and on your acknowledgment letter). The representative can provide you with a status update on your claim.

5. **Follow up** - Once you receive the resolution letter, you’ll have two different courses of action depending on the information you received.

- If the money order was cashed: Verify the signature on the second photocopy with the payee. If your payee claims the signature isn’t theirs, you can still get your money back. Contact USPS at the number provided on the resolution letter. Inform the representative that you think the money order was fraudulently cashed. The representative will ask you about the money order copy – if the front has any changes, and if the back was signed. After giving the rep the information, you’ll receive a confirmation number. Write this number down. USPS will investigate your claim. In most cases, USPS will be able to issue you a replacement after completing the investigation. In some cases, you may need to file a police report at your local police station. Either way, USPS will contact you via snail mail with further instructions. Follow these instructions carefully and keep any documents you receive.
- If the money order wasn’t cashed: You’ll be eligible for a replacement 60 days from the original date of your inquiry. To make sure you receive the replacement, hold on to every document you have. On Day 60, bring every document to your local post office and request a replacement. You’ll need to fill out another form, but the post office will issue you a blank replacement money order for the original amount.

6. **Get a refund** - You may have noticed the word “replacement” has been several times. USPS does not offer direct refunds for their money orders. Instead, you’ll need to make the replacement money order out to yourself, sign the back, and then cash it or deposit it into your bank account. If a money order is spoiled or damaged, you can request a replacement money order, write your name as the recipient, and then cash the money order.

[Source: MoneyTalks Angela Colley article 26 Jan 2012 ++]

Earned Income Tax Credit: The Earned Income Tax Credit (EITC), sometimes called EIC is a tax credit to help you keep more of what you earned. It is a refundable federal income tax credit for low to moderate income working individuals and families. If you earned less than \$49,078 from wages, self-employment or farming last year may qualify. Congress originally approved the tax credit legislation in 1975 in part to offset the burden of social security taxes and to provide an incentive to work. When EITC exceeds the amount of taxes owed, it results in a tax refund to those who claim and qualify for the credit. To qualify, you must meet certain requirements and file a tax return, even if you do not owe any tax or are not required to file. By answering questions and providing basic income information at <http://www.irs.gov/individuals/article/0,,id=130102,00.html> you can find out if you are eligible for EITC, determine if your child or children meet the tests for a qualifying child, and estimate the amount of credit. Completion of the worksheet takes 15-20 minutes. It will ask you about your filing status, age, number of dependents, and income sources. Under the other income section you will need to include income from other sources such as:

- IRA distributions
- Pensions and annuities (Includes Social Security & Military Retirement pay)
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Taxable distributions from a Coverdell education savings account (ESA)
- Prizes and awards
- Gambling winnings, including lotteries, raffles, a lump-sum payment from the sale of a right to receive future lottery payments, etc.
- Jury duty fees
- Alaska Permanent Fund dividends
- Qualified tuition program earnings
- Reimbursements or other amounts received for items deducted in an earlier year, such as medical expenses, real estate taxes, or home mortgage interest
- Income from rental of personal property if you engaged in the rental for profit but were not in the business of renting such property

Do not include amounts such as:

- Child support
- Money or property that was inherited, willed to you, or received as a gift
- Life insurance proceeds received because of a person's death
- Section 8 Housing Allowance
- Food stamps
- TANF and other welfare benefits

For more tax guides and tips, visit the Military.com Tax Center at <http://www.military.com/money/personal-finance/taxes>. [Source: Mil.com article 30 Jan 2012 ++]

Travelers' Diarrhea: Navy medical researchers have expanded the knowledge of the bacterium that causes "travelers' diarrhea" and are in the early stages of clinical trials of a vaccine they developed for it. Recognizing the impact of travelers' diarrhea on military readiness, particularly when it affects deployed forces, the Defense Department is the primary sponsor of the research, with assistance from other groups, said Navy (Dr.) Capt. Stephen Savarino, and clinical trial principal investigator Navy Cdr. Mark Riddle of the Naval Medical Research Center at the Forest Glen Annex here. The bacterium was discovered as the cause of travelers' diarrhea in the late 1960s by other researchers, and Naval Medical Research Center researchers developed the first vaccine in 2004. After toxicology studies in 2011, they started the first phase of clinical trials in August, Riddle said. Forty volunteers ages 18 to 45 are participating.

With the trials just beginning, Savarino said, more work remains to be done before the vaccine will be available. The Food and Drug Administration requires all new drugs to be proven safe and effective before they're administered to people, he explained, and though clinical data from this trial area is expected this year, it could be seven or eight years before the vaccine is licensed. "We think there's a lot of promise in this vaccine," he said, "but we need to have the data to support it moving forward." The E. coli bacterium that causes traveler's diarrhea often develops —during visits to parts of the world where sanitation is not as sophisticated as the U.S. public health system, the researchers said. Savarino added that even those who try to practice the best hygiene possible in these countries still are susceptible. Largely picked up by consuming contaminated water or food, the condition is so common for Americans that many service members don't seek treatment for it, the researchers said, though it can have a severe impact on their mission. "When we send forces to places like Iraq or Afghanistan, ... the risk of disease can run 30 percent to 50 percent per month," Savarino said, and the impact is particularly severe during the first six to 12 months of a deployment. "That's when the rates of disease are extremely high," he said.

Even a sole service member with diarrhea can hurt military operations, Riddle said. You're deployed to places where the temperature can be 140 degrees, and you have to use the bathroom six times a day," he said. "You've got cramping, abdominal pain and nausea, and you're operating a tank, or on patrol, worried about an improvised explosive device. How well are you able to do that job, protect yourself and your fellow troops, when you're preoccupied with an illness like that?" Riddle acknowledged that no one has died in Iraq or Afghanistan because of diarrhea — at least directly. As researchers work toward a licensed vaccine, they recommended some precautions U.S. service members and the traveling public can take to avoid travelers' diarrhea. In addition to maintaining good hygiene, Savarino said, people "must stay hydrated, eat well and remember that electrolytes are important." Drinking water is vital, he emphasized. "Dehydration can be a problem in the military, because troops are running hard all the time," he said. Other factors that also play a part include prior exposure, genetics, what one eats, and the amount of healthy bacteria in the body. [Source: AFPS Terri Moon Cronk article 20 Jan 2012 ++]

VA Fraud Waste & Abuse Update 45: Five men were hit with charges 2 FEB that they sold heroin, oxycodone and other drugs at the VA hospital in Bedford. The same place vets go to beat addictions. According to the U.S. Attorney's Office the men were arrested and charged in federal court this morning with distributing heroin, oxycodone, buprenorphine and clonazepam at the VA Medical Center in Bedford. David DeJesus, 51; Scott Houtchens, 49; Steven Jakaitis, 49, all of Lowell; David Porterfield, 44, of Saugus; and David Robson, 52, of Tewksbury, were each charged in complaints with distributing controlled substances including heroin, oxycodone, buprenorphine (used to treat opioid addiction) and clonazepam (used to treat seizure and panic disorders) and conspiracy to distribute controlled substances. The complaints allege that the defendants each sold controlled substances on the VA Medical Center's Bedford campus. The VA Medical Center in Bedford provides

multiple services to veterans of the U.S. Armed Forces, including alcohol and drug abuse/addiction rehabilitation services. In some cases, the complaints allege that the defendants were selling drugs that had been prescribed and provided to them by medical professionals at the VA Medical Center. [Source: Boston Herald article 2 Feb 2012 ++]

AAPI Vet Community: On 31 JAN, the White House Initiative on Asian Americans and Pacific Islanders (AAPIs) and the Department of Veterans Affairs (VA) convened a roundtable on AAPI veteran’s issues. The goal of this roundtable was to highlight VA’s work in leveraging partnerships with the AAPI community. Hosted by Eric Shinseki, Secretary of Veterans Affairs, the roundtable gathered high-level Veterans Affairs officials, other federal leaders, and representatives from the Association of Asian Pacific Community Health Organizations, Japanese American Citizen League, National Alliance for Filipino Veterans, National Filipino Veterans for Equity, National Organization of Chamorro Veterans in America, and others, in discussions of great importance to AAPI veterans: data collection, access to healthcare, and veterans benefits. This roundtable could not have come at a more crucial time, as the data from the 2010 Census revealed that AAPIs are one of the fastest growing racial groups in this country. Among the nearly 17 million AAPIs across the nation, there are over 265,000 Asian American veterans and 28,000 Native Hawaiian and/or Pacific Islander veterans.

Over the past three years, the President has provided unprecedented levels of funding to help veterans. And Secretary Shinseki and his team have worked tirelessly to ensure that VA is doing all it can do to ensure that veterans are receiving the services and benefits they have earned, and that they receive this support in a timely manner. In recent months, the President has announced a series of new initiatives to help veterans. At the end of 2011, the President signed into law the Returning Heroes Tax Credit, which provides firms that hire unemployed veterans with a maximum credit of \$5,600 per veteran, and the Wounded Warriors Tax Credit, which offers firms that hire veterans with service-connected disabilities with a maximum credit of \$9,600 per veteran. The President also announced a series of initiatives designed to give veterans additional career development support, including the Veteran Gold Card, which entitles veterans to six months of personalized case management, assessments and counseling, as well as the Veterans Job Bank, a tool to help veterans find job postings from companies looking to hire them.

In last week’s State of the Union address, the President proposed the creation of a Veterans Job Corps, which would help veterans find jobs as police officers or fire fighters. And just this week, the First Lady, Secretary Shinseki, and Labor Secretary Hilda Solis announced new rules that would make it easier for military families to take time off from their jobs to care for wounded service members. In the State of the Union address, the President made clear that supporting our veterans ensures that “America is as strong as those who have defended her.” At the White House Initiative on AAPIs, we embrace this shared commitment, and will continue to ensure that AAPIs—including our brave and honorable AAPI service members and veterans—play an important role in an America “Built to Last.” [Source: Asian Week Chris Lu article 2 Feb 2012 ++]

Military Force Reduction: The Air Force will shed people, planes and drones as part of the Defense Department’s overall budget-cutting efforts, the force’s top leaders said Friday at the Pentagon. The measures will protect the most critical Air Force capabilities while adjusting to more modest modernization goals and trimming in areas officials say are now too expensive to maintain in an era of tightened budgets. Cuts and realignments to active-duty, Guard and reserve units will affect every state and territory in the nation, officials said. “We had to balance force structure, readiness, modernization and certainly our support for airmen in that mix,” Air Force secretary

Michael Donley said. The proposed cuts in force structure, which should save an estimated \$8.7 billion over five years, include the elimination of 123 fighters, 133 cargo planes, 18 surveillance drones and 12 surveillance planes. Among the cuts is the controversial decision to cut five of 15 squadrons of A-10 ground attack aircraft, which have been key in providing close air support to ground troops in the recent wars. Over 100 A-10s were judged expendable, more than a quarter of the total.

“We chose to retire more A-10s as a result of guidance to size our forces for one large-scale combined-arms campaign with sufficient combat power to also deny a second adversary, without conducting a large-scale, prolonged stability operation,” according to an Air Force strategy paper released 3 FEB. Funding in areas determined to be critical — cyberoperations, long-range strike programs and nuclear weapons — is protected in the current budget, Donley said. Troop levels will fall by 9,900, Donley said, citing reductions of 3,900 active-duty airmen, 900 reservists and 5,100 in the Air Force National Guard. Reduction-in-force boards shouldn’t be necessary to reduce the active-duty component by that amount, Donley said. But the Air Force will ask Congress for “tools” like those used to manage the active-duty ranks to help with the deeper cuts needed in the Air Guard, he said. The Air Force will still be able to do its job once the cuts take effect, said Gen. Norton Schwartz, Air Force chief of staff. “What we’re doing is not without risk,” he said, “but I would characterize it as appropriate risk.” Stars & Stripes Chris Carroll article 3 Feb 2012 ++]

Military Force Reduction Update 01: The Army could resort to buyouts and severance packages in its recently announced effort to eliminate 80,000 soldiers over the next six years, the National Journal has reported. With Pentagon budget cuts of more than \$487 billion during the next 10 years, the Obama administration is aiming to create a “leaner and meaner” military, in the words of Defense Secretary Leon Panetta. To cut the necessary number of soldiers -- the largest force reduction since the late 1990s -- the Army is considering severance packages, buyouts and other personnel reduction measures, as reported (subscription required) by National Journal, Government Executive’s sister publication. Provisions buried inside the latest Defense authorization bill create two possible early retirement programs for the Army to explore. One is voluntary retirement incentives, in which the Army would offer experienced officers 12 times their normal monthly pay to leave the force. A second grants temporary early retirement authority to officers and enlisted troops who retire after 15 years instead of 20. “No decision has been made yet on whether or not the Army will utilize either of these programs,” human resources spokesman Lt. Col. Timothy Beninato told National Journal. According to Reuters, ground forces numbers will fall from 570,000 in 2010 to 490,000 by 2017. The Marine Corps will be reduced from 202,000 to 182,000 during the same period. [Source: GovExec.com Andrew Lapin article 3 Feb 2012 ++]

TRICARE Provider List Philippines: The 1 February 2012 TMA and ISOS provided Certified Provider list available at <http://www.tricare.mil/tma/pacific/pacificCertifiedProviders.aspx> still does not offer any mechanism to easily identify added or removed providers nor is there any way to determine when existing previously certified provider’s addresses or cities have changed. This is of concern to beneficiaries who have submitted or will be submitting claims because:

- Providers that have changes made to their addresses or city are of some importance as the changes may trigger disapprovals of previously approved claims for a provider when the receipts may no longer match the new addresses.
- Beneficiaries should be able to easily identify providers that have been decertified without having to check every provider on the list in their provider base every two weeks.

- Beneficiaries should be able to easily find added providers for those that have claims pending certification of a provider.
- There should be a convenient way for beneficiaries to determine new additions to the provider base in their area without having to review each and every provider in the entire list every two weeks.

Because of these concerns and to assist TRICARE beneficiaries residing in the Philippines the U.S. Military Retirees of the Philippines organization has provided a supplemental list to the 1 February 2012 Certified Provider List. The supplement is in 7 sections:

- Introduction
- Data Caveats
- Providers Added Since 17 January 2012
- Providers Removed Since 17 January 2012
- Providers with Changed Addresses Since 17 January 2012
- Providers with Changed Cities Since 17 January 2012
- Providers with Phony Singapore addresses changed since 17 January 2012

This listing with each TMA/ISOS update of the certified provider list and the updates can be accessed at <http://db.tt/3fROsC4T> or viewed by opening the attachment to this message. Questions or comments regarding the updates list should be sent to us_mil_ret_of_the_pi@fastmail.fm.

When the names or addresses of your providers do not match the “official” list, WPS must send ISOS a request to conduct a “new provider” certification, which has and will slow the reimbursement of the claim. It is recommended that beneficiaries verify the name, (spelling), and how it is listed on the certified provider list. Some examples of variance of the official receipts versus the certified provider list that have caused delays in the past are;

- Santos,John R., MD instead of Santos, John R., MD, (the missing space after the comma has caused the claims processor to request a new certification);
- Santos, John Reyes, MD instead of Santos, John R., MD, which will also cause the claims processor to request a new certification.

The same problem will occur with addresses that are not identical on the “official receipt” as to that of the official certified provider list. Beneficiaries are encouraged to check the newest certified provider list for any provider that they have or are going to use and ensure that the official receipt name and address is identical to the certified provider list. If they find that it is not identical they should request the provider to give them a receipt that is identical. If that is not possible, then it is suggested they annotate the variances on the copy of the receipt sent with the claim and explain that this is the same provider as listed on the certified provider list. [Source: U.S. Military Retirees of the Philippines notice 3 Feb 2012 ++]

DoD Budget 2013 Update 05: As defense budgets grew over the past decade, Congress shrugged off complaints of runaway military health costs and blocked every proposal from the Bush administration to raise TRICARE fees sharply on retirees. Defense budgets have stopped rising, however, and Defense officials today are sounding more confident that Congress will follow last October’s \$5-a-month bump in TRICARE Prime enrollment fees for working-age retirees with more substantial fee increases for retirees of all ages. Defense Secretary Leon Panetta and Arm Gen. Martin Dempsey, chairman of the Joint Chiefs, outlined plans 26 JAN to lower defense budgets over the next 10 years by \$487 billion in compliance with the Budget Control Act passed last spring to dampen growth in federal debt. Though Panetta and Dempsey withheld full details on proposals to curb personnel

costs, until President Obama presents his 2013 budget request to Congress 13 FEB, they said the personnel saving initiatives would include:

- New enrollment fees, co-pays and deductibles on retirees under 65, phasing them in over five years and using a “tiered approach” so that senior-grade retirees pay higher fees than lower ranking retirees.
- A new annual enrollment fee for the TRICARE for Life insurance supplement to Medicare, used by retirees 65 and older. This fee also would be tiered so retirees drawing smaller retirement checks pay less.

These changes, Defense leaders said, still would leave military retiree health care fees significantly below “comparable civilian equivalents.”

- TRICARE pharmacy co-payments would be increased again in ways to discourage use of the more convenient but more costly retail outlets and encourage greater use of base pharmacies and the home delivery program.
- Persons medically-retired by their service, and surviving spouses of members who died on active duty, would be exempt from the higher fees.

On active duty pay raises, Panetta said starting in 2015 they would be capped in some unspecified way though no member see a drop in pay. The budget also will ask Congress to establish a “BRAC-like” commission to recommend cost-saving reforms to military retirement. Any retirement changes, however, would impact only future recruits, not the current force or retirees. BRAC refers to Base Realignment and Closure commissions. They were given broad authority to recommend base closings, which Congress could accept or reject but not modify. The retirement commission would have similar powers regarding compensation changes. Coincidentally, Panetta said the budget will seek two more rounds of base closings to help to trim infrastructure costs. Defense background papers explained that personnel costs make up a third of defense spending today but the planned cuts to personnel accounts would represent only one ninth of total funding to be stripped from future budgets, a concession to the importance of keeping a quality force. “This budget recognizes that [people], far more than any weapon system, far more than any technology, are the great strength of the United States military,” Panetta said. “For that reason, we focus first on every other area of the defense enterprise for savings, in order to minimize any impact on the quality of the troops and their families.”

Five days later, when the Military Healthcare System held its annual conference at National Harbor, Md., across the Potomac River from Washington D.C., the keynote speaker for 3000 attendees was Jonathan Woodson, assistant secretary of defense for health affairs. He spoke about new “fiscal realities” impacting the health system but avoided mention of the planned fee increases. Woodson predicted, however, that smaller defense budgets “will shine an even brighter light on military health costs, which could exceed 10 percent of the Department of Defense budget if reforms are not made.” He noted too that, “for years, experts and non-experts have been saying that the growth of healthcare costs is unsustainable. Everyone nods their head and says ‘Yes, we need to control healthcare costs.’ And somehow, despite all this head nodding in solemn agreement that costs cannot keep rising, the costs nonetheless have continued to go up.”

Explosive growth in military health costs from 2000 to 2005 eased, Woodson said, so that the pace now matches inflation for civilian health care at about five percent a year. “But that is dangerously higher than the overall inflation rate,” he added. When defense budgets were growing, “this was a cause for concern but it still seemed manageable. Not anymore. In order to meet the overall military readiness imperatives, and our moral obligation to the American taxpayer, we must slow down our growth rate.” Woodson pointed not to TRICARE fees increases but to “a new commitment to collaboration between the services...to reduce redundancy and waste.” He listed four major initiatives to lower costs and improve population health including: a new patient safety campaign; renewed efforts to reduce smoking by service members and obesity among families including retirees; expansion of the Patient-Centered Medical Home concept to enhance delivery of preventive services and lower costly emergency

room visits by patients who only need primary care; an effort to encourage greater innovation throughout the military health system.

On TRICARE fees, associations representing beneficiaries, particularly retirees, are preparing for a fight on Capitol Hill while waiting for fuller details on the TRICARE proposals. Opponents are sure to argue that TRICARE for Life beneficiaries were promised free lifetime health care, even though the courts ruled such promises, by recruiters and career counselors, are nonbinding because they were not backed by written law. They will argue too that deeply discounted lifetime health care is a benefit earned by all retirees through unique hardships of military careers. The daunting challenge for sympathetic lawmakers will be finding budget dollars to shield retirees from higher TRICARE fees as overall defense spending falls. To comment, email milupdate@aol.com, write to Military Update, P.O. Box 231111, Centreville, VA, 20120-1111 or visit: www.militaryupdate.com. [Source: Stars & Stripes Tom Philpott article 2 Feb 2012 ++]

DoD Budget 2013 Update 06: Since November, members of the House Veterans Affairs Committee have been pushing administration officials to clarify whether veterans programs could be trimmed as part of more than \$500 billion in defense funding cuts mandated under the sequestration mechanism initiated by the failure of the congressional debt reduction panel last fall. Last week, the head of the veterans committee said he's frustrated he still doesn't have an answer for advocates worried about how benefits and service may be hurt. In a letter to the White House, Rep. Jeff Miller (R-FL) said that veterans "deserve to understand the ramifications if sequestration is imposed." He notes that lawmakers still hope to avoid the defense cuts altogether, but still need answers on what could possibly be cut if that goal isn't met. In an interview with Stars and Stripes in JAN, Miller said he and other congressional leaders believe that the sequestration cuts to defense programs do not include any veterans programs, since lawmakers had no intention to include them when they wrote the original legislation. But, he added, the Office of Management and Budget has final say on that interpretation of the law, and so far officials there have offered no answers. Also last week, Miller introduced the Protect VA Healthcare Act (H.R.3895), which would specify that those defense cuts would not have any impact on veterans' medical care. He said the legislation is necessary because of the continued ambiguity surrounding how the cuts will be implemented. Last week, a group of Republican senators including John McCain (R-AZ) unveiled legislation (H.R.3835) to avoid the potentially crippling defense cuts by freezing federal employees' pay and laying off thousands of government employees. Democrats have already dismissed the proposal as unworkable. [Source: Stars & Stripes Leo Shane article 6 Feb 2012 ++]

DoD Budget 2013 Update 07: As details of the 2013 Defense Department budget come out, the Air National Guard seems to be taking some heavy hits. Plans announced to the force structure last week would impact the Air Guard in 27 states and territories and included the retirement, transfer or decision not to acquire 191 Air Guard aircraft. Budget plans also include the reduction of 5,100 airmen in the Guard over the next five years as the Air Force cuts 9,900 positions. At <http://www.nationalguard.mil/news/archives/2012/02/020312-Air.aspx> can be found the report from the Air Guard which notes the states affected and details the changes by activity to be implemented. The announcement brought immediate reaction from lawmakers who represent affected states.

- Rep. Leonard Boswell (D-IA) was not happy to see the 132nd Fighter Wing in his district lose 21 F-16s in fiscal 2013. "I'm going to fight this tooth and nail," he said in a statement.
- Rep. Rob Portman (R-OH) opposes the elimination of the C-27, which is flown by the 179th Airlift Wing in Ohio. Portman said he has told the administration that the aircraft is "a vital asset for the sustainment of ground units in Afghanistan."

- Sen. Patrick Leahy (D-VT) co-chairman of the Senate National Guard Caucus, said the Air Force action “is disturbing and shows a vexing lack of foresight.”

Many others joined the chorus, citing the Guard’s efficiency as a reason the Air Force was making a mistake by shrinking the Guard. To show unanimity in the service, however, an article was penned for Air Force Times this week by Gen. Norton Schwartz, the chief of staff of the Air Force, Lt. Gen. Charles Stenner, the chief of the Air Force Reserve, and Lt. Gen Harry Wyatt III, the director of the Air Guard. The three men explained that the decisions were made mutually and with full input from all three components. “Given the fiscal austerity that lies ahead, we recognize the need for balance and maximum efficiency in the Air Force,” they wrote. “In order to meet future challenges, the Air Force remains committed to a total force approach because the solution is, by necessity, a total force solution. “We know that if we gut the Guard and Reserve, we gut the entire Air Force because they represent a substantial portion of our overall capacity and capability.” [Source: NGAUS Washington Report 7 Feb 2012++]

DoD Budget 2013 Update 08: Military personnel costs for retirees versus active-duty service members are among the “most politically sensitive” competing interests within the fiscal 2013 Defense Department budget process, according to a new analysis from the Center for Strategic and Budgetary Assessments. Andrew Krepinevich, CSBA’s president, called personnel costs in the future years’ defense plan “the 600-pound gorilla,” and CSBA senior fellow Todd Harrison urged leaders to address the uncomfortable topic now. “This is one people don’t like to talk about. They don’t like to frame it this way,” Harrison said. “But it’s an important one for the long-term future.” Military compensation and benefits currently account for about one-third of the Defense budget. Changes proposed last month as part of Defense’s fiscal 2013 budget request account for roughly one-ninth of the \$487 billion of budget reductions the department is seeking. The Obama administration plans to unveil its full budget request 13 FEB.

The Pentagon proposed caps on pay hikes for military personnel beginning in 2015 and suggested what it described as a tiered approach to the TRICARE health insurance program, including higher enrollment fees. It also suggested lawmakers approve the creation of an independent commission to “conduct a comprehensive review of military retirement benefits as a source of savings,” but made no specific recommendations targeting retirement benefits. The CSBA analysis favored creating such a panel, but warned the current plan does not go far enough toward savings. Defense sets aside 33 cents for every dollar of basic pay funding the military pension system, the report said. “If military personnel costs continue growing at the same rate as the past decade while the overall budget remains flat, personnel costs will consume the entire defense budget by FY 2039,” the analysis stated. “This trend will only accelerate as the budget declines.” Harrison added there now are more military retirees drawing benefits than there are active-duty service members currently collecting pay. “Can DoD really slow the growth, the cost-per-person . . . in a way that they can avoid deeper cuts?” he asked.

Harrison cautioned that lawmakers might not approve the creation of such a commission and a commission alone would not produce cost savings. Instead, he suggested looking “at the entire military compensation system so you can explore the alternatives for making sensible trades between how much we spend on upfront cash compensation and how much we spend on deferred compensation and in-kind benefits.” “There are a lot of interesting trades you can make there,” he said. Defense Secretary Leon Panetta’s announcement in January that the department would ask Congress to reauthorize the Base Closure and Realignment Commission to make new recommendations to shutter more military facilities would not generate cost savings upfront, Harrison said. The last round of BRAC in 2005 affected 800 military sites and is still being implemented. The Government Accountability Office estimated that it cost \$35 billion to implement. Leaders in Congress have criticized Panetta’s proposal in recent weeks due in part to

its impact on the economies of local communities. “Don’t bank on savings on BRAC costs,” Harrison said, adding that because there was no budget savings estimate for the new round of BRAC proposed, “I don’t know how real the proposal is.” [Source: GovExec.com Amanda Palleschi article 8 Feb 2012 ++]

DoD Budget 2013 Update 09: (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.)

In an era of tightened federal budgets, the Veterans Affairs Department has won a 10.5 percent funding increase justified by the return of combat troops to the U.S. and the looming drawdown of the active-duty military. The Obama administration’s \$140.3 billion VA budget request for 2013 forecasts a 9.6 percent increase in Iraq and Afghanistan veterans who will seek medical treatment from VA and a 500,000 increase in the number of people filing disability and benefits claims. It also includes \$1 billion to pay for President Obama’s Veterans Job Corps initiative, a major hiring initiative. The goals are ambitious. VA expects to take in 1.3 million disability claims in 2013, a 100,000 annual increase in claims over 2012, but expects to process 1.4 million claims — which, if successful, would begin to reverse a claims backlog. VA currently has about 900,000 million claims in processing, with almost 600,000 pending for 125 days or longer, said Todd Grams, VA’s management chief. “For the first time, eliminating the claims backlog is a workable goal,” Grams said at a 13 FEB news conference. “We will in 2013 process more claims that we bring into the system.” Grams went even further, predicting that by 2015 no veteran would have to wait longer than 125 days for their benefits claim to be processed.

VA Secretary Eric Shinseki, appearing briefly at the same news conference, said the budget has a “sense of urgency” to take care of pressing problems such as access to medical care, the pace of processing benefits and resolving veterans’ homelessness. VA sources, speaking on condition of anonymity, said the overall 10.5 percent increase is a major victory for Shinseki. With tight federal budgets and concentration on deficit reduction, an increase of about 5 percent was expected. The biggest overall increase comes in benefits and entitlement spending, a \$76.3 billion chunk of the budget that represents a 16.2 percent increase over 2012. Part of that is the \$1 billion jobs corps program, but Grams also said more people will be receiving benefits and the average disability compensation payment is expected to be higher. GI Bill claims also should be processed faster, according to the budget documents. Average processing time has been 23 days; officials hope to cut this to 18 days in 2013, with a long-term goal of cutting it to 10 days. Overall spending on education benefits is expected to decline under the budget proposal. VA is spending about \$2 billion this year on the Post-9/11 GI Bill and other veterans and survivor education benefits, but the budget expects costs to drop to \$1.85 billion in 2013.

The VA expects to treat 3.6 million veterans in 2013, including about 654,000 Iraq and Afghanistan veterans, Grams said. This is a 9.6 percent jump in new veterans, although the overall budget forecasts only a 1.1 percent increase in total patients. The medical care budget is \$52.7 billion in the request, a 4.1 percent increase over the 2012 budget. Initial reaction from key lawmakers was supportive. Rep. Jeff Miller (R-FL), the House Veterans’ Affairs Committee chairman, said that “at first glance,” the 2013 budget “appears positive given today’s constrained fiscal environment, which is a good step forward.” [Source: NavyTimes Rick Maze article 13 Feb 2012 ++]

MTF Tricare Use Update 02: (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.)

The Pentagon wants more Tricare beneficiaries to get their health care at military hospitals and clinics. Dr. Jonathan Woodson, assistant secretary of defense for health affairs, recently

said that the Defense Department would see vast cost savings if Tricare Prime beneficiaries exclusively use military treatment facilities — known in the health care industry as “direct care” because patients are treated by clinicians, including military physicians or civilian contractors hired directly by the department “Purchased care” describes health care received at a Tricare-authorized provider, by Tricare Prime patients referred to civilian providers as well as Tricare Standard, Extra and Remote beneficiaries.

A Pentagon task force estimated that eliminating purchased care contracts within Tricare altogether would save the system \$16.4 billion, Woodson said. “Our major opportunities for cost control lie within optimizing the use of the purchased and direct care systems to manage the care delivered to our beneficiaries. Comprehensive strategies will be established to address these issues in our multi-service markets,” Woodson said. About 4.5 million of 7.7 million Tricare Prime-eligible beneficiaries use military treatment facilities, he said. The military health system operates 59 hospitals and 364 medical clinics worldwide. Woodson provided little details on the strategic plan, including whether the military health care system would need to add facilities to accommodate the additional patients. He did say that DoD plans to expand patient enrollment in the medical-home system of care, which promotes preventive services and reduces emergency room visits and hospitalization, and embark on aggressive anti-tobacco and anti-obesity campaigns to reduce medical visits for illnesses and diseases caused by these conditions.

The Army, Air Force and Navy surgeons general were slated to testify 8 FEB before the House Appropriations defense subcommittee to discuss the future of military health care, including whether the Pentagon should create a unified medical command to oversee all military health care. Woodson said in his speech at the recent Military Health Systems conference that creating a unified command with a goal of reducing management overhead would not result in significant cost savings. For example, he said, an internal Pentagon review estimates that eliminating the DoD office of health affairs and the headquarters of the Tricare Management Activity would save only \$312 million. “While some of you may applaud such an idea ... it hardly makes a dent in our overall budget,” Woodson said. The Pentagon’s annual medical budget now tops \$50 billion. [Source: NavyTimes Patricia Kime article6 Feb 2012 ++]

VA Disability Compensation System Update 04: (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.)

The slow pace and complex nature of an extensive review of veterans disability compensation is fueling growing concern among lawmakers and veterans groups. Jeffrey Hall, assistant legislative director for Disabled American Veterans, warned 24 JAN that the Veterans Affairs Department’s ongoing overhaul of its disability rating rules is “heading in a direction that could harm veterans suffering with mental health disorders and potentially threaten the integrity of the entire veterans disability compensation system.” Testifying before the House Veterans’ Affairs Committee’s disability assistance panel, Hall said VA is looking at a change in rating mental disorders under which benefits levels would be determined by a veteran’s ability to work in a post-military job — not on the traditional factors of potential lost wages and reduced quality of life. “The less someone is able to work, the more he or she would be compensated,” Hall said of the proposal that has been briefed to VA’s advisory committee on disability compensation.

According to a draft proposal, disability ratings based solely on mental disorders would be determined by the frequency and severity of disruption in work. For example, someone unable to work two or more times a week might be rated 100 percent disabled, while someone unable to work one day a week might be rated 70 percent disabled. The proposal would be a major overhaul of current ratings criteria, which take into account social impairment and the ability to carry out daily tasks in addition to income loss. Looking solely at the ability to work

full time would exclude factors such as earnings potential — for example, a veteran with a law degree who, because of post-traumatic stress disorder, might take work as a night janitor so he has minimal contact with people. The proposal is part of an ongoing effort, expected to continue through 2016, to revise and update the VA Schedule for Rating Disabilities, a move ordered by Congress in 2008.

Rep. Jon Runyan (R-NJ), chairman of the disability assistance panel, said VA’s rating system needs an update. “Just as we would not issue World War II-era equipment and weapons to our current soldiers and Marines and expect them to be successful on the modern battlefield, we should not be satisfied with a World War II-era system for evaluating and rating their disabilities as a result of their service,” he said. Runyan added that he wished the current review would move a bit faster. Thomas Murphy, director of VA’s compensation service, said the ratings review is taking longer than expected but said, “This ... needs to be done right.” A Center for Naval Analyses study, prepared as part of a 2007 report by the Veterans Disability Benefits Commission, found that when looking at the value of disability benefits relative to loss of income, veterans with mental disorders tended to be underpaid, while those with physical disorders were properly paid.

The report also found that veterans who became disabled at a young age generally were undercompensated, while older veterans were overcompensated. Those findings are being applied to the VA ratings review. Mental health issues affect many veterans of the wars in Iraq and Afghanistan, said Frank LoGalbo, national service director for the Wounded Warrior Project. The nonprofit group’s survey of 5,800 veterans wounded since 2001 found that one-third had mental health issues that “made it difficult to obtain employment or hold jobs,” LoGalbo said. “Almost two-thirds of those surveyed reported that emotional problems had substantially interfered with work or regular activities during the previous four weeks,” he said. [Source: ArmyTimes Rick Maze article 6 Feb 2012 ++]

VA Telehealth Update 02: (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.)

The recent passage of the National Defense Authorization Act in Congress will make it easier for active-duty personnel and veterans to get mental health care wherever they are, officials said. A provision of the act, aimed at expanding federal exemptions for behavioral telehealth consultations across state lines, removes the requirement for health care providers to be licensed in the state in which their patients are being treated. Gen. Peter Chiarelli, the Army vice chief of staff and an advocate for providing behavioral health counseling to soldiers in their homes via telehealth, praised the new law as a “big victory.” “It’s the biggest step forward we’ve seen in two years,” Chiarelli told Army Times. “For me, it is huge. We have just to take advantage of it.” Nearly 20 percent of military personnel returning from Iraq and Afghanistan showed symptoms of post-traumatic stress disorder, according to a Rand Corp. survey.

Patients are plentiful, but the doctors who are needed to treat them are not. Chiarelli acknowledged a shortage of behavioral health specialists in the Army, as well as the challenge of attracting, hiring and retaining them to the rural areas that surround some posts. “I find when I get closer to large metropolitan areas, I don’t have as many problems,” Chiarelli said. “But when I go to the Fort Stewarts, when I go to the Fort Braggs, when I go to the Fort Hoods, my ability to attract a shortage population in society is difficult. But we’re working very, very hard to get everything we possibly can to hire those folks.” The hope is that connecting patients to care by video teleconference skirts this problem, allowing a provider in Seattle, for example, to speak with a patient across state lines in rural Montana.

Telehealth was touted in a recent Army health study as an effective medium for delivering a wide range of behavioral health therapies targeting PTSD among geographically isolated or dispersed soldiers, particularly mem-

bers of the National Guard and Reserve. However, the approach is limited under state laws that require providers to hold licenses in the states where the care is received, said Gary Capistrant, senior director of public policy at the American Telemedicine Association. “The requirement was for a provider to have multiple licenses, which can take months,” Capistrant said. “It may be you just have one visit with a person in a particular state, and you’re not going to go through that for one person.” Leading the Defense Department’s efforts to provide care to service members and veterans this way is the National Center for Telehealth & Technology in Tacoma, Wash. The agency has created smartphone applications that help evaluate the symptoms of post-traumatic stress, and it is readying mobile telehealth units where troops can access services from a specially modified bus or shipping container.

There was a previous federal exemption to state licensure requirements which applied to members of the armed forces delivering care between federal facilities, meaning the patient and the specialist each had to be on federal property. Matt Mishkind, program lead within the agency’s clinical telehealth division, said this was interpreted to include DoD civilians and personal services contractors. The new law explicitly exempts these groups and other credentialed health care professionals working at federal health care institution. “The law very specifically lays out what had been interpreted before,” Mishkind said. Moreover, the new law allows care to be provided at “any location,” which Mishkind said may be read as a means to allow practitioners to provide care from a civilian institution, or allow a patient to receive care in their own home. “If a DoD employee is providing care to this person, it doesn’t matter where they are,” Mishkind said. “That, to me, is one of the more interesting points because it expands where care can be delivered from and to.” The flexibility would make it easier to people who are unwilling to come to a military or federal facility to receive care, due to a perceived stigma associated with mental health issues, or because they live too far away. It also opens up the possibility of partnerships between civilian hospitals and government institutions. It may be allowed by law, but at present, the delivery of care via telehealth into service members’ homes is not authorized under Tricare policy, Mishkind said. “The law is a great step, and we have other efforts underway,” he said, “but until the two truly align, we still have some limitations on where we can deliver the care.” [Source: ArmyTimes Joe Gould article 6 Feb 2012 ++]

Don't Ask, Don't Tell Update 05: The national debate over gay marriage is threatening to spill over into the military, as activists from both sides of the volatile issue work to influence the Pentagon’s policy toward gay and lesbian service members and their families. Gay activists who succeeded last year in repealing the “don’t ask, don’t tell” law that barred gays and lesbians from serving openly in the military are now pushing for full benefits for their partners. And that’s creating a backlash from conservatives in Congress who opposed repealing the ban and had feared it might lead to the military’s recognition of gay marriage.

The latest move comes in the form of legislation (H.R.3838), filed last week by Rep. Tim Huelskamp (R-KS) which would bar gay marriages on Defense Department property and protect service members who express opposition to homosexuality based on their beliefs from adverse action or possible discrimination. And it would specifically mandate that military chaplains cannot be directed, ordered or required to perform any duty, rite, ritual, ceremony, service or function that is contrary to the conscience, moral principles or religious beliefs of the chaplain, or contrary to the moral principles or religious beliefs of the chaplain’s faith group. “This is an issue of conscience rights,” Huelskamp told POLITICO. “Folks are afraid of reprisal.” The Pentagon delayed extending most military benefits such as medical care, housing and access to on-base services to partners of gay and lesbian service members when the DADT repeal took effect 20 SEP, citing the federal Defense of Marriage Act (DOMA). But the constitutionality of the 1996 law is in doubt after several court rulings against it, and the Obama administration announced a year ago that it would no longer defend DOMA against challenges.

Lawyers for the Republican-controlled House, however, have stepped in to defend the law, and the issue is eventually expected to reach the Supreme Court. Meanwhile, current and former service members have filed a separate challenge to the law in federal court in Massachusetts, saying it's unconstitutional because it prevents the Pentagon from treating all military families equally. And the Pentagon has promised to continue to review benefits as the law changes — a move that conservatives have taken as a sign that the Obama administration would force the military to recognize gay marriage once DOMA is repealed or fails a court challenge. This is a very appropriate time to have this discussion," said Huelskamp, who noted that his office is getting "a significant amount" of complaints from service members who claim gays and lesbians are getting special treatment by the military. Among the complaints, he said, are those from chaplains who told him their superiors wanted to review their sermons in advance. "Folks do not want to have their names attached to it because they really fear retaliation from this administration," he said.

Pentagon officials, though, say there haven't been any significant problems since the repeal took effect. "The implementation of the repeal of DADT is proceeding smoothly across the Department of Defense," Pentagon spokeswoman Eileen Lainez said. "We attribute this success to our comprehensive pre-repeal training program, combined with the continued close monitoring and enforcement of standards by our military leaders at all levels." And advocates for gay and lesbian service members have promised to fight Huelskamp's legislation. "There is no need for the so-called protections in this bill or the proposed regulations. No chaplain today is being required or pressured to marry anyone, straight or gay. Period," said Aubrey Sarvis, executive director of the Servicemembers Legal Defense Network, which has led much of the fight for military benefits for gay families. "The bill's ban on use of military facilities and chaplains officiating at ceremonies for gay and lesbian service members is nothing more than plain, old-fashioned discrimination. There is no place for that prejudice in our armed forces or in our country," he said.

Huelskamp's Military Religious Freedom Protection Act has 15 co-sponsors, including members of the GOP-led House Armed Services Committee, which has approved previous efforts to limit military benefits for gay service members. The House-passed version of last year's defense policy bill included an earlier attempt to bar same-sex marriages on military bases and prohibit military chaplains from performing them, and Huelskamp says it's possible his legislation could be rolled into this year's bill. Still, Republicans in the Democratic-led Senate have so far shown no significant interest in revisiting the issue. The only related provision that survived to be written into law last year was one allowing chaplains to opt out of performing same-sex marriages if that duty would conflict with their beliefs. [Source: POLITICO Charles Hoskinson 1 Feb 2012 ++]

VA Lawsuit ~ Same Sex Benefits: A gay Army veteran and her wife sued the federal government on 1 FEB after they were denied military benefits granted to straight spouses. The lawsuit announced in Washington involves a 12-year veteran of the Army, Tracey Cooper-Harris. After leaving the Army she married Maggie Cooper-Harris in California in 2008. Two years later, Tracey Cooper-Harris was diagnosed with multiple sclerosis, and she has received disability benefits through the U.S. Department of Veterans Affairs as a result. But her application for additional money and benefits that married veterans are entitled to was denied. The couple's lawsuit, which was filed in Los Angeles, argues that a federal law and military policy that resulted in the denial of benefits are discriminatory and unconstitutional.

If the couple were straight they would receive about \$125 more a month in disability payments as a result of Tracey Cooper-Harris' illness, which has no cure. In addition, Maggie Cooper-Harris would be eligible for approximately \$1,200 a month in benefits as a surviving spouse after her wife's death. The pair would also be eligible to be buried together in a veterans' cemetery. "We're only asking for the same benefits as other married

couples. We simply want the same peace of mind that these benefits bring to the families of other disabled veterans," said Tracey Cooper-Harris at a press conference in Washington on Wednesday. During her military service, Cooper-Harris helped take care of drug and bomb-sniffing dogs. She met her wife, a former teacher, when the two played on opposing rugby teams in California. They now live in Pasadena, Calif.

The military has recently become more tolerant of gay service members. In September it ended its 18-year-old "don't ask, don't tell" policy and began allowing gay and lesbian service members to serve openly. But the Pentagon has said that a federal law enacted in 1996 that defines marriage as the legal union between a man and woman prohibits the military from extending benefits to the partners of gay service members, even if they are legally married in certain states. The Defense of Marriage Act is being challenged in a number of court cases, including one by military service members filed in Massachusetts in October. Those service members were suing over a wide range of benefits that married couples receive. The Obama administration has said it will not defend the law in court. Same-sex marriage is now legal in six states and the District of Columbia. Tracey and Maggie Cooper-Harris were married in California during a brief window in 2008 when same-sex marriage was legal in the state before residents voted to ban it. Marriages performed before the ban are legal, though no new marriages are currently being performed. [Source: Associated Press Jessica Gresko article 1 Feb 2012 ++]

Veteran ID Card: In November 2011, Rep. Charlie Bass (R-02-NH) introduced The Military Service Identification Card (H.R.3293) bill to authorize the secretary of defense and the secretary of homeland security to issue, at no cost to the government, a military service identification card. It was referred to the Committee on Armed Services where it now sits with only one cosponsor. In September 2011, Rep. W. Todd Akin [R-MO-2] introduced The Veterans ID Card Act (H.R.2985) to direct the secretary of veterans affairs to issue, upon request, veteran identification cards. This bill, referred to the Committee on Veterans' Affairs and a Subcommittee on Oversight and Legislation, has only 48 co-sponsors. The American Veterans, Veterans of Foreign Wars and the Fleet Reserve Association endorsed it. The bad news is that these types of bills usually die in committees or subcommittees. As an alternative states throughout the country could issue military service identification cards with a photo two different ways:

- Amend the driver license to include a code (V) or the word "veteran."
- Use the driver license program and issue a military service identification card.

Although a national military service identification card would be the preferred card, a state-issued card would be as valid anywhere in the United States. Stores, restaurants, motels and services offer discounts to veterans with photo ids. At present the only veterans who can obtain a photo ID are those retired from the military or who qualify for veteran health insurance. This leaves millions of veterans who are not being recognized for their service. Veterans should continue to request military service identification cards. Call your legislators (governor, congressman, state representatives, and senator) and request a military service identification card with a photo. [Source: Concord Monitor Jim Mayotte article 2 Feb 2012 ++]

VA Filipino Vet Support: More than 18,500 Filipino World War II veterans or their family members in 2011 received a total of \$214.4 million (about P9.22 billion) in benefits and services from the United States' Department of Veterans Affairs (VA), according to the US Embassy in Manila. The embassy furnished the Philippine Daily Inquirer a two-page VA report which said that the benefits included pension payments (\$186.5 million); one-time equity compensation payments (\$15.07 million); medical services (\$10.7 million), and education-related funds (\$2.12 million). This year—the 90th anniversary of VA operations in the Philippines—the US

government has allocated \$192 million (about P8.25 billion), or \$16 million (about P688 million) per month, in disability compensation to approximately 15,000 beneficiaries. “These monthly payments are in addition to the one-time lump sum payments made to Filipino World War II veterans or their dependents as part of the Filipino Veterans Equity Compensation Program (FVECP),” the report said. Since 2009, the VA has released over \$221 million in one-time FVECP payments to some 18,530 eligible veterans who served under US command in World War II. In 2010, FVECP-related payments totaled \$112,841,204 (about P4.85 billion).

On November 11 last year, US Ambassador to the Philippines Harry Thomas Jr. cited the “unparalleled service and sacrifice” of both American and Philippine war veterans. Speaking at Veterans Day rites at the American Cemetery in Taguig City, Thomas said, “We owe our service members and veterans a debt of gratitude ... For over two centuries, our countries have produced the finest men and women in uniform. Many are gathered here today and many more have lost their lives in battle. Our veterans are our liberators and our heroes. They are responsible for our freedom and the democracy we cherish,” he said. The envoy emphasized that “our debt to our veterans cannot be repaid with a mere hero’s welcome alone. We must also ensure that our veterans are well taken care of and have opportunities for continuing education and disability and health benefits.” At the same time, Thomas stressed the need to “honor those who answered the call to service when the US found it necessary to take up arms to defend that which we hold dear. Among them are our service members in Iraq, Afghanistan and other areas of conflict and instability, who have chosen to be away from their loved ones in order to preserve our freedom.”

In his remarks, the US diplomat pointed out that the VA has been in the Philippines since 1922. “Our Veterans Affairs office in Manila is the only VA office overseas, a testament to the strong ties and still growing partnership between the US and the Philippines. VA Manila will continue its grant programs to the Philippines’ Veterans Memorial Medical Center as further evidence of our commitment to all Filipino war veterans and their families, our partners in peace,” Thomas said. VA records show the agency’s grant-in-aid program to the VMMC has amounted to over \$6.5 million in the past nine years. The funds went to the upgrade of the Quezon City hospital’s equipment, including dialysis, ultrasound, fluoroscopy, CT-scan and MRI machines, Gamma X-ray camera, 2D-echocardiogram, cardiac monitors, as well as an eye center, among other things. The Veterans Memorial Medical Center is a Government funded hospital for the retired personnel of the Armed Forces of the Philippines and their dependents. Among all government hospitals in the Philippines, it is the only one that's not under the supervision of the Department of Health. It's under the administration of the Department of Defense. [Source: Philippine Daily Inquirer Jerry E. Esplanada article 3 Feb 2012 ++]



US Ambassador to the Philippines Harry Thomas Jr.

Vet Jobs Update 51: Since March 2011 the U.S. Chamber of Commerce has worked on its “Hiring Our Heroes” to keep its pledge of holding 100 veterans job fairs that connect 100,000 with employers in one year. So far they have held 82 in the project “Hiring Our Heroes.” Over 84,000 veterans and military spouses have attended at least one of the fairs. Over 7,300 veterans and military spouses and 60 wounded warriors have found employment through the program. Happily they do not plan to stop after they reach their March 2012 goal. Below is a partial list of the “Hiring Our Heroes” Job Fairs that are presently scheduled for the rest of the year. New fairs are added regularly so if you are interested go to <http://www.uschamber.com/veterans>. Here you can get up to date information and register for the program and notices. Here are the next few fairs with times and venues.

- February 16 Bakersfield, CA
- February 21 Richmond, VA
- February 23 Washington, DC & Lawton, OK & Tampa Bay, FL
- February 24 Seattle, WA
- March 1 Dallas, TX
- March 2 Philadelphia, PA
- March 2 Colorado Springs, CO
- March 6 Columbia, SC
- March 9 Pittsburgh, PA
- March 15 Springfield, MO
- March 16 Smyrna, GA
- March 17 Nashville, TN
- March 20 Columbus, OH
- March 21 Fort Carson, CO
- March 27 Eau Claire, WI
- March 28 Chicago, IL & Fort Hood, TX & New York City, NY & Fort Mitchell, KY
- March 29 Philadelphia, PA & Louisville, KY
- April 1 Biloxi, MS
- April 3 El Paso, TX
- April 6 Grand Rapids, MI
- April 11 Dearborn/Detroit, MI
- April 13 Houston, TX
- April 17 Albany, NY
- April 19 St. Louis, MO & Mobile, AL
- April 24 Fort Belvoir, VA & Birmingham, AL
- May 2 Buffalo, NY
- May 3 Montgomery, AL
- May 8 Jackson, MS
- May 11 New Orleans, LA
- May 15 Jacksonville, FL
- May 18 Orlando, FL
- May 23 Fort Bragg, NC
- May 24 Joint Base Anacostia-Bolling, MD
- May 25 Miami, FL & Warwick, RI

- May 29 Atlanta, GA
- June 1 Raleigh, NC & Puerto Rico
- June 5 Greensboro/Winston-Salem, NC
- June 12 Omaha, NE
- June 15 Kansas City, MO
- June 19 Oklahoma City, OK
- June 21 New York City, NY
- June 26 Redmond, OR
- August 1 Fort Carson, CO
- August 29 Fort Belvoir, VA
- October 24 Naperville, IL
- October 31 Camp Lejeune, NC
- November 28 Fort Carson, CO
- December 12 Fort Belvoir, VA

[Source: TREA News for the Enlisted 3 Feb 2012 ++]

Vet Jobs Update 52: President Obama announced 3 FEB several new veterans hiring initiatives, including the creation of a \$1 billion program to partner the Veterans Affairs Department with agencies departments responsible for public lands such as Agriculture, Commerce and Interior. Although veteran hiring reached new heights in fiscal 2011, with vets accounting for 28.5 percent of all federal hires, the Obama administration said it must do more. "Our veterans are some of the most highly trained, highly educated, highly skilled workers that we've got," Obama said, speaking at an Arlington, Va., firehouse. "We're going to do everything we can to make sure that when our troops come home, they come home to new jobs and new opportunities and new ways to serve their country." The \$1 billion Veteran Jobs Corps will create positions conducting visitor programs, building trails, restoring habitat and guarding public parks for an estimated 20,000 veterans. VA will oversee the proposals and -- working with state, local and tribal governments -- will implement the program through a combination of grants, cooperative agreements and contracts.

The initiative recalls the Civilian Conservation Corps begun by Franklin Roosevelt in 1933, officials said. "It's a very good indicator of the kind of thing that could happen," Salazar said, referring to the Depression-era program credited with helping to get unemployed Americans back to work. "We certainly have those same kinds of needs today." Although the Veterans Job Corps is scheduled to be funded for only five years, Salazar believes it will lead to permanent employment, as 40 percent of Interior's 72,000-employee workforce is slated to retire between now and 2016. "Once people come and work at a national park they basically go through the gateway to permanent positions here at Interior or other agencies," he said.

In addition, the president announced incentives for local law enforcement to hire post-Sept. 11 veterans to serve as first responders, police officers and firefighters. Some \$166 million will go to 2012 Community-Oriented Policing Services and another \$320 million will go to grants for the 2012 Staffing for Adequate Fire and Emergency Response, with preference given to communities recruit and hire post-9/11 veterans. With an eye toward expanding the program, Obama will propose another \$4 billion to go toward COPS and SAFER grants in his fiscal 2013 budget, with preference toward communities hiring veterans. "We want to encourage police and fire departments to tackle the advantage of training and competence of military experience" Veterans Affairs Secretary Eric Shinseki said. The third leg of the initiative includes providing entrepreneurship training for service members transitioning out of the military. Through a partnership with the Small Business Administration, all service members will have

access to a two-day program that teaches entrepreneurial skills. A more in-depth eight-week online training courses also will be available to 10,000 veterans annually. With frequent bipartisan support for veteran's hiring Obama is, "asking Congress to act on them in response to his budget proposals," Salazar said. "We expect the Congress to act and the president expects the Congress to act."

Obama lauded veterans for their resolve and unparalleled skills and experience. "They've saved lives in some of the toughest conditions imaginable," he said. "They've managed convoys and moved tons of equipment over dangerous terrain. They've tracked millions of dollars of military assets. "They've handled pieces of equipment that are worth tens of millions of dollars," he added. "They do incredible work. Nobody is more skilled, more precise, more diligent, more disciplined." Obama noted these are "challenging" times for America, but "we've faced challenging times before." America exists because of values and teamwork -- generations of Americans working together to build it, the president said. "This is a nation where, out of many, we come together as one," Obama said. "Those are the values that every veteran understands." [Source: GovExec.com Caitlin Fairchild & AFPS Tyrone C. Marshall Jr. articles 3 Jan 2012 ++]



President delivers remarks on the Veterans Job Corp at Fire Station #5 in Arlington, Va.

Vet Jobs Update 53: Nearly two out of three employers will not hire a member of the National Guard because of the possibility of missed work due to deployment, a congressional panel was told last week. Ted Daywalt, the chief executive officer and president of VetJobs, said studies by the Society of Human Resource Management and Workforce Management indicate 65 percent of employers steer clear of hiring Guardsmen. He was speaking 2 FEB before the House Committee on Veteran Affairs subcommittee on economic opportunity. The topic was "Lowering the Rate of Unemployment for the National Guard." Two adjutants general also gave testimony, along with other Guard officials. "The call-up policy which has resulted in multiple call ups for many component members has caused employers to not want to hire members of the National Guard . . . which has led to the high unemployment rate in young veterans," Daywalt said. He testified that the jobless rate for all veterans aged 18 to 24 in December 2011 was 31 percent, according to the Bureau of Labor Statistics. For all veterans of all ages the rate was less than 8 percent, indicating that young veterans are particularly hard hit by unemployment. Also speaking at the hearing was Maj. Gen. Terry M. Haston, the adjutant general of Tennessee; Maj. Gen. Timothy Orr, the adjutant general of Iowa, Brig. Gen. Margaret Washburn, the assistant adjutant general of Indiana, and Brig. Gen. Marianne Watson, the director of manpower and personnel at the National Guard Bureau, among others. Witness statements and testimony can be read at <http://veterans.house.gov/hearing/lowering-the-rate-of-unemployment-for-the-national-guard>. [Source: NGAUS Washington Update 7 Feb 2011 ++]

TSP Update 25: All investment offerings in the Thrift Savings Plan finished January in the black, including significant gains in the troubled I Fund, which posted negative returns in December and in 2011 overall.

- The I Fund, invested in international stocks, grew 5.36 percent in January.
- The S Fund, which invests in small and midsize companies and tracks the Dow Jones Wilshire 4500 Index, fell in December but posted a 7.59 percent gain in the first month of 2012.
- The C Fund, invested in common stocks on Standard & Poor's 500 Index, rose 4.5 percent.
- The fixed income bond (F) and government securities (G) funds grew slower in January, at a rate of 0.88 percent and 0.13 percent, respectively.

TSP's life-cycle funds, designed to move participants to less risky portfolios as they inch closer to retirement, all posted positive gains in January, growing significantly more than they did in December. The L Income Fund for federal employees who have reached their target retirement date and have started withdrawing money, rose 1.18 percent in January. L 2020 increased 3.03 percent in January; L 2030 gained 3.77 percent; and L 2040 rose 4.34 percent in January, compared to 0.07 percent growth in December. [Source: GovExec.com Amanda Palleschi 2 Feb 2012 ++]



DECA Scholarships 2012: The deadline is swiftly approaching for the Fisher House Foundation's 2012 Scholarships for Military Children Program, conducted at military commissaries worldwide. Applications must be completed and delivered – not postmarked, but delivered – to a commissary by close of business 24 FEB, according to an agency release. People can pick up applications at their local commissary or download it from the scholarship program's <http://www.militaryscholar.org/sfmc/index.html>. A minimum of one \$1,500 scholarship will be awarded at every commissary location where applications are received. The Defense Commissary Agency operates nearly 250 commissaries on military installations around the world.. The program is open to currently enrolled or college-bound children of active duty, reserve or retired military commissary customers. The scholarships are primarily funded through the manufacturers and suppliers whose products are sold at military commissaries, according to the program's website. The scholarship provides for payment of tuition, books, lab fees and other related expenses. The program is in its 11th year. In its first 10 years, nearly 5,500 students have shared more than \$8 million in scholarship grants. For more information on this and other scholarships, visit the

Scholarship Programs of the Fisher House Foundation website <http://www.militaryscholar.org/index.html>. [Source: AFPS Elaine Sanchez article 2 Feb 2012 ++]

VA Dependent Care: Unfortunately, family members are mostly excluded from care at a VA health care facility unless the family member is a veteran. There are a few exceptions to this exclusion. VHA Directive 2012-006, stipulates that non-Veteran family members may receive health care services at VA facilities under certain circumstances. Most notable are family members of a DOD Servicemember. When a Servicemember is referred to a VA health care facility, the director of the VA facility is responsible for ensuring appropriate care and services are provided to the family member. In order for a family member to be eligible for care, the Servicemember had to be referred to the VA for their care. Emergent or urgent care will be provided if, the family member who is accompanying the Servicemember, is need of humanitarian emergency care. If the family member is in need of routine care, if the VA has space available, the VA must have approval from the Servicemember's military treatment facility, the TRICARE Regional Managed Care Support Contractors, TRICARE Service Centers, or Military Medical Support Office. If these offices do not approve the request, or authorization, the VA is basically prohibited from providing the family member routine care.

There are other situations when family members may receive care at a VA facility. The best example are family members who are entitled to CHAMPVA. Some VA facilities take part in CHAMPVA In-house Treatment Initiative (CITI). This is a voluntary program for VA medical facilities. Under the CITI program, family members receive care at the same copay cost under the TRICARE program. For more information on the CTTI program refer to <http://www.va.gov/hac/forbeneficiaries/champva/champva.asp> . To cover copay cost there are supplemental insurance polices that can be purchased through some fraternal military organizations such as MOAA or other commercial companies such as <http://www.champvaus.com/>.

In addition to VA health care the spouse or surviving spouse of an eligible veteran is eligible for interment in a national cemetery of her choice even if that veteran is not buried or memorialized in a national cemetery. In addition, the spouse or surviving spouse of a member of the Armed Forces of the United States whose remains are unavailable for burial is also eligible for burial. The surviving spouse of an eligible veteran who had a subsequent remarriage to a non-veteran and whose death occurred on or after 1 JAN 2000, is also eligible for burial in a national cemetery, based on his or her marriage to the eligible veteran. However, a former spouse of an eligible individual whose marriage to that individual has been terminated by annulment or divorce, if not otherwise eligible, is not eligible for interment in a national cemetery. Minor children of eligible veterans are eligible. For additional information on burials refer to <http://www.cem.va.gov/cem/bbene/eligible.asp>. [Source: VeteransAdvise David Peters blog 3 Feb 2012 ++]

VA Caregiver Program Update 12: Family members of veterans would be entitled to the same leave afforded to family members of current military service members under an amendment to The Family and Medical Leave Act (FMLA) announced 30 JAN. Labor Secretary Hilda L. Solis, along with first lady Michelle Obama, said the Labor Department is proposing statutory amendments to FMLA that would allow a related caregiver up to five years of leave after the service member leaves the military. The current law, passed in 1993, affords this only to family members of those currently serving in the military. The proposal also extends "qualifying exigency leave" to employees whose family members serve in the regular armed forces. Currently, this applies only to families of National Guard members and reservists. "Keeping the basic promise of America alive means ensuring that workers, from our servicemen and servicewomen who keep us safe at home to the flight crews who keep us safe

in the skies, have the resources, support and opportunities they need and have rightfully earned," Solis said. "The proposed revisions announced today are an important step toward keeping that promise." Military caregivers, including those of veterans, will be allowed 26 workweeks of leave during a single 12-month period to care for a covered service member with illness or injury if the caregiver is an eligible employee and is the service member's spouse, son, daughter, parent or next of kin. Under the proposed amendment, the leave allowance can apply to conditions that may not arise until after the veteran's service. The proposal also extends the amount of time an employee can take off work to spend with a service member who is on medical leave from five days to 15 days. To review the Family and Medical Leave Act refer to http://www.dol.gov/whd/fmla/NPRM/FMLA_NPRM_2012.pdf. [Source: GovExec.com Amanda Palleschi 30 Jan 2011 ++]

VA Caregiver Program Update 13: There is no doubt that caregiving can be a challenging job, but you can get the help you need. Below are 50 supportive tips – from emotional reassurance to suggestions for getting help. If you need additional assistance, call VA's Caregiver Support Line (1-855-260-3274) or go online at <http://www.caregiver.va.gov>:

- 1) A Caregiver is someone who cares for an aging, ill, injured or disabled Veteran.
- 2) Caregiving duties range from occasional errand-running and other supportive care to 24-hour, live-in support.
- 3) You don't have to live with the Veteran to be a Caregiver.
- 4) About one fourth of adults are Caregivers.
- 5) There is no one way to care for a Veteran. Each situation is different.
- 6) You can provide care yourself or bring in other family members. You can also hire a professional Caregiver.
- 7) The Veteran being cared for may live at home or in your home. Or he or she may live in an assisted living or shared housing situation.
- 8) Each Veteran being cared for has different needs.
- 9) When possible, you and the Veteran being cared for should make decisions together.
- 10) The wishes of the Veteran being cared for are very important.
- 11) Your needs and wishes are important, too.
- 12) Taking care of yourself is as important as caring for your loved one.
- 13) Be sure to eat well, get enough rest and exercise regularly.
- 14) The healthier you are, the better care you will provide!
- 15) Don't be afraid to say you need a break – no one can do it all by themselves.
- 16) Help and support can come from community organizations, religious organizations, family members, friends or neighbors.
- 17) When people offer to help, say yes!
- 18) Keep a list of the things you can use help with, such as bringing dinner or giving you a break. When someone offers to help, have them choose from the list.
- 19) Find out about meal delivery, transportation services, adult day care and respite care.
- 20) If you are balancing work and caregiving, talk to your employer about flexibility in your job.
- 21) You may be able to take time off from work under the Family and Medical Leave Act. This federal law allows qualified employees up to 12 weeks of unpaid time off to care for a family member.
- 22) A VA social worker or nurse who assists people in finding care for an aging, ill, injured or disabled adult is called a care or case manager.
- 23) A VA care manager helps find services – whether you live close by or in another city or state.
- 24) Contact the Veteran's primary care provider or VA social worker, county social services, local area agency on aging or senior center to find out about respite care and other services in your area.

- 25) If the Veteran you are caring for has a low or moderate income, you may be able to get financial assistance for care through your county or state.
- 26) Caregiving duties often change over time. A Veteran may need occasional help now and more care later on.
- 27) Planning ahead can make caregiving easier in the future.
- 28) As a Caregiver, you will need to learn about medical, financial and legal issues.
- 29) Talk with the Veteran you are caring for about money, medical care and legal issues. This may not be easy, but it is critical in planning for the future.
- 30) Keep the Veteran's social security number, doctors' names and phone numbers, prescriptions and insurance information where you can find them in an emergency.
- 31) Find out about a Durable Power of Attorney for health care and finances. These give you the legal right to make decisions if your loved one cannot.
- 32) You may need to know about income, bank accounts, wills and insurance policies.
- 33) Talk with a lawyer about legal issues and financing care. Legal aid is available to people who cannot afford to pay for a lawyer.
- 34) Learn as much as you can about the Veteran's illness, disease or condition.
- 35) Get information about the condition by talking to a health care provider, reading books or searching the Internet.
- 36) Learning to care for a Veteran can take practice and special skills.
- 37) Learning how to care for a Veteran can also help you feel more confident.
- 38) You can learn how to provide care from health care professionals, videos or books.
- 39) All Caregivers feel overwhelmed at times. If you often feel overwhelmed, you may need to get help.
- 40) If you feel angry or often lose patience with the Veteran you are caring for, get help.
- 41) If you use alcohol, drugs or medication in order to cope, get help.
- 42) If you are depressed, talk to a doctor, counselor or therapist. Depression can be treated.
- 43) It is critical for Caregivers to develop a support system.
- 44) You can get support from a support group, therapist, family members or friends.
- 45) Other Caregivers can be a great resource. Talk to you Caregiver Support Coordinator to see about starting or joining a Caregiver support network near your VA Medical Center.
- 46) Caregiver support groups can help you connect with others who are going through similar experiences.
- 47) A sense of humor can help you deal with the emotional ups and downs.
- 48) Caregivers who get help are less likely to burn out.
- 49) Caregivers who get help are better able to provide care for the long term.
- 50) Caregiving is not an easy job – but it can be very rewarding

[Source: http://www.caregiver.va.gov/pdfs/50_Things_Every_Caregiver_Should_Know.pdf Feb 2012 ++]

VA Burial Benefit Update 12: The parents of certain deceased veterans will soon be allowed to be buried in national cemeteries. The Department of Veterans Affairs will allow "biological or legally adoptive parents" to be interred "if the deceased veteran is a hostile casualty or dies from a training-related injury," states the Federal Register's final rule, published 31 JAN. "Recognizing the unique burden on the surviving parents of fallen service members, the act provides burial eligibility to those parents whose unmarried veteran son or daughter dies due to combat or training-related injuries," the pre-published final rule says. The action implements part of the Veterans Benefits Act of 2010 that was "enacted" on Oct. 13, 2010. The department also clarifies that "by limiting the circumstances under which a parent is eligible for burial," the act will ensure that "gravesites [will] not be taken from those who have earned the right to burial in a national cemetery by serving their country." Parents would also be eligible if the veteran "is interred in a VA national cemetery in a gravesite with available space, and has no spouse or child who is buried, or surviving spouse or child who, upon death, may be eligible for burial, in a national

cemetery." Family members must be parents "of veterans who die on or after Oct. 7, 2001," and must have passed away "on or after Oct. 13, 2010" to be eligible, according to the final rule. [Source: The Hill Rachel Leven article 30 Jan 2012 ++]

Veterans for Weed: The Veterans of Foreign Wars (VFW) does not support and is in no way connected with Veterans For Weed, even though both are using the VFW acronym. Now, officials from the traditional VFW are warning leaders of the stoner VFW they'll sue if they don't stop riding their coattails. On 30 JAN, the real VFW (they've held the copyright on the acronym for more than six decades) sent the Milwaukee-based pro-marijuana group a cease-and-desist letter, calling their use of the acronym misleading and illegal. Officials said they'll move ahead with more serious legal action if the other guys don't drop the three-letter-name on all communications, web sites and other products. Veterans for Weed has also drawn criticism in recent days for posting a doctored version of the POW/MIA logo, this time with the words "POT POW" and "Semper High" and a silhouette of a servicemember smoking. The logo, created for the National League of POW/MIA Families, is not copyrighted, but is revered by many in the veterans and military community. Officials from that group have also requested the picture be taken down, calling on the pro-pot group to do "what is right and responsible."

On their web site <http://theveteransforweed.com>, organizers behind Veterans For Weed said they have been flooded with angry emails in recent days, most dealing with the "Prisoner of Weed Flag." The group described itself as "a means of supporting and helping people who face trouble because the fact they smoke weed occasionally" and an advocate for "the fight to legalize weed and its use." In a statement on the site, the group's leaders also said they have no plans to take down the logo or stop using the altered POW/MIA logo. "The fact that you are here, angry by the message it displays, is the very reason we created this flag in the first place. The POW flag is not copyrighted and is open property. It is a gift for all Americans, to do with as they see fit. "As regards to the POW flag, it stays. Speaking against a politician, burning a flag, or using it to make a message is one of the most American things you can do, and we believe it is the best way to honor our veterans, who have made so many sacrifices for us."

On 1 FEB at their website was posted an online message saying it had chosen to remove all current artwork using the VFW sign and also modify its own initials to VFWU, for "Veterans for Weed United but would continue using the altered POW/MIA logo. "We respect the Veterans of Foreign Wars and apologize for any inconvenience this caused them with the similar abbreviation," the group said. According to a database search of websites, VFWU's web page was established in 2009 by William Solomko of Milwaukee. On his Classmates.com page, Solomko has a picture of himself with the words "POT POW" above his head and, below it, "Hemp Solo," a pseudonym used for VFWU's spokesman. [Source: Stars & Stripes Leo Shane article 31 Jan 2012 ++]

PTSD Update 87: Cannabis Use Disorder (CUD) is on the rise among military veterans with PTSD. "Indeed, rates of PTSD diagnoses among veterans increased 60% between 2002 and 2007, and rates of CUD diagnoses within the Veterans Affairs (VA) hospital system increased more than 50% between 2002 and 2009," said Marcel O. Bonn-Miller of the National Center for PTSD and Center for Health Care Evaluation at the VA Palo Alto Health Care System in California. However, when these vets enter treatment and discontinue their cannabis use, their symptoms linger. Anxiety increases when individuals stop using cannabis to cope with their symptoms, but until now, the cessation of cannabis in relation to PTSD symptoms had not been explored fully. To address this gap, Bonn-Miller and his colleagues conducted a study on veterans who entered treatment for PTSD with a CUD and theorized that they would have smaller treatment gains after abstaining from cannabis use than veterans without a CUD.

The researchers evaluated 260 male veterans that were receiving inpatient treatment for PTSD. They assessed the veterans at two different times over eight years, using the PTSD Checklist-Military Version. They found that the veterans who had a CUD realized less change in symptom severity than those without. “Specifically, individuals with a CUD diagnosis who discontinued use, compared with those without a CUD diagnosis, had lower levels of change in total PTSD symptoms, PTSD avoidance– numbing symptoms, and PTSD hyperarousal symptoms,” said Bonn-Miller. “In addition to these results being statistically significant, they are clinically meaningful.” In particular, those with CUD saw treatment gains similar to veterans who received no treatment at all. Additionally, with more states legalizing cannabis for medicinal purposes, veterans with PTSD who use cannabis may be unknowingly negatively impacting their recovery. This study also demonstrates the relationship between PTSD and cannabis use, underscoring the importance of further research in this area. Bonn-Miller added that clinicians should provide their clients with adaptive coping techniques before they recommend cannabis cessation for the purpose of treating PTSD. [Source: <http://www.goodtherapy.org/blog/cannabis-use-prolongs-ptsd-symptoms-0112122/> PTSD Monthly Update: February 2012 ++]

PTSD Update 88: In a lecture to colleagues, a Madigan Army Medical Center psychiatrist said a soldier who retires with a post-traumatic-stress-disorder diagnosis could eventually receive \$1.5 million in government payments, according to a memo by a Western Regional Medical Command ombudsman who attended the September presentation. The psychiatrist went on to claim the rate of such diagnoses eventually could cause the Army and Department of Veterans Affairs to go broke. "He (the psychiatrist) stated that we have to be good stewards of the tax payers dollars, and we have to ensure that we are just not 'rubber stamping' a soldier with the diagnoses of PTSD," stated the ombudsman's memo. The psychiatrist who screens soldiers for PTSD has been removed from clinical duties while investigators look into controversial remarks he made about patients and the financial costs of disability benefits, according to U.S. Sen. Patty Murray.

Dr. William Keppler is a retired Army officer who leads a forensic psychiatric team responsible for assessing the PTSD diagnoses of soldiers under consideration for medical retirement at Madigan, an Army hospital located at Joint Base Lewis-McChord south of Tacoma. Army Medical Command officials confirmed two doctors had been temporarily removed from clinical duties and assigned to administrative work, but they did not name them. In a prepared statement to The Seattle Times, they said the command has initiated a top-to-bottom review of the process associated with the forensic psychiatric reviews conducted at Madigan Army Medical Center. "We are very sensitive to the issues that have been raised to this command and are working hard to address them," the statement said.

More than a dozen soldiers who believed their PTSD diagnoses were wrongly dropped by the Madigan team gained new reviews this year at Walter Reed Army Medical Center in an unusual intervention arranged by Army Surgeon General Lt. Gen. Patricia Horoho. The forensic team's validation of a PTSD diagnosis can help qualify a soldier for a medical retirement with considerable benefits — such as lifelong health insurance for a retiree, spouse and dependents. The diagnosis also can help qualify a retiree for disability benefits from the federal Department of Veterans Affairs. Keppler allegedly made inappropriate comments about the forensic team's role as financial gatekeeper in the Army retirement process during a September presentation, according to Murray. In a meeting last fall attended by an Army ombudsman, Keppler and other team members reportedly made disrespectful comments about patients whose files were under review. "I am deeply concerned about the things that I am hearing," Murray said. "Their (the doctor's) job is only one thing — to determine whether or not the patient has PTSD. And it's Congress' job to make sure we have the resources to compensate them."

As the long wars in Iraq and Afghanistan have taken a toll on troops subject to repeated deployments, the Army has launched extensive campaigns to convince soldiers to overcome the stigma of seeking mental-health care and reach out if they have symptoms of PTSD. But some medical professionals contend that PTSD is being over-diagnosed. Meanwhile, some soldiers and veterans advocates have accused the Army of making it overly difficult to get a PTSD diagnosis in order to limit the numbers of those eligible for medical retirement. The Army has denied doing so. Murray, who chairs the Senate Committee on Veterans Affairs, said she became angered by complaints last fall from Madigan soldiers that their PTSD diagnoses from other Army and VA providers were being unfairly reversed. In rejecting those diagnoses, the Madigan team cited psychometric tests that indicated some of those soldiers were malingerers. Some of the soldiers had been deployed repeatedly to combat zones and been diagnosed with PTSD by other medical professionals, according to a review of their medical records. "Gen. Horoho has taken this seriously," Murray said. "I think it is important to send a message that this will not be tolerated." Army officials said the removal of the two doctors was temporary and did not constitute a "prejudgment or adverse action." [Source: Seattle Times Hal Berton article 3 Feb 2012 ++]

PTSD Update 89: There are two basic steps to receive a disability from the Veterans Administration for PTSD. The first step is filing a claim with the VA for PTSD. The second, and most Important, is submitting a stressor letter. Most combat veterans do not trust the government or the VA. This is understandable considering the treatment most veterans received during and after the Vietnam War. But the VA has improved in most places, and the benefits are there for the combat veterans. The VA does not go looking for the combat veteran with PTSD. You must push aside any bad feelings and make the effort to receive the earned benefits. The Order of the Silver Rose organization provides guidance on completing these two steps which can be found at <http://www.vietnamresearch.com/agento/ptsd.html> or in the attachment to this Bulletin titled, "**Obtaining VA Benefits for PTSD**" Also, at <http://www.vietnamresearch.com/agento/vvapsd.html> can be found additional information that could be useful in planning your approach to obtain benefits. [Source: Silver Rose Gary J. Chenett article date unknown ++]

PTSD Update 90: University of Montreal researchers say that the drug metyrapone reduces the brain's ability to re-record the negative emotions associated with painful memories. In other words, bad memories are effectively blocked from being recalled or remembered. The team's study challenges the theory that memories cannot be modified once they are stored in the brain "Metyrapone is a drug that significantly decreases the levels of cortisol, a stress hormone that is involved in memory recall," explained lead author Marie-France Marin, a doctoral student. Manipulating cortisol close to the time of forming new memories can decrease the negative emotions that may be associated with them, the researchers said. "The results show that when we decrease stress hormone levels at the time of recall of a negative event, we can impair the memory for this negative event with a long-lasting effect," said Sonia Lupien, Ph.D., who directed the research. One major hurdle, however, is the fact that metyrapone is no longer commercially produced. Despite the unavailability of the medication, the proof in concept may spur future clinical studies. "Other drugs also decrease cortisol levels, and further studies with these compounds will enable us to gain a better understanding of the brain mechanisms involved in the modulation of negative memories."

Thirty-three men participated in the study, which involved learning a story composed of neutral and negative events. Three days later, they were divided into three groups – participants in the first group received a single dose of metyrapone and a second group received a double dose. The third group received a placebo. Group participants were then asked to remember the story. Then, in four days after the medication had cleared from the body, individual memory performance was reevaluated. "We found that the men in the group who received two doses of

metrapone were impaired when retrieving the negative events of the story, while they showed no impairment recalling the neutral parts of the story," Marin said. "We were surprised that the decreased memory of negative information was still present once cortisol levels had returned to normal." The research offers hope to people suffering from syndromes such as post-traumatic stress disorder. "Our findings may help people deal with traumatic events by offering them the opportunity to 'write-over' the emotional part of their memories during therapy," Marin said.

A concern is that it might take some good memories away also. And that's the fear of a pharmacological solution to bad memories. Many believe we are who our memories make us, that such a pill would take away a core part of us? "It blocks negative memory," psychologist Nell Collins said. "It seems to keep neutral memory in place." Collins specializes in treating abuse victims. She is cautiously optimistic about the possible treatment. "Certainly these people deserve a chance to have some of it erased, or at least toned down," she said. Collins did express concern about certain situations where memory erasure could be problematic. Examples might be a witness in a murder trial who might need to remember the trauma he saw or a soldier who needs to recount specific scenes from combat. Also cautiously optimistic is Dr. Fernandez-Milo, of the Florida West Palm Beach VA Medical Center VA hospital. Dr. Fernandez-Milo, who is Board certified in Psychiatry, said 20 percent of combat veterans return with post-traumatic stress disorder. "I think anything we could use to treat PTSD would be a good thing, but again we want to make sure it's not going to do more harm than good," he said. Currently doctors treat PTSD patients with exposure therapy in a safe environment, asking patients to relive their memories without fear of danger. Sometimes they prescribe anti-depressants or anti-anxiety medications. [Source: ABC 25 WPBF Terri Parker article 7 Feb 2011 ++]



Adenoviruses: After a hiatus lasting more than a decade, Naval Station Great Lakes is once again vaccinating its recruits against a virus that causes upper respiratory infections, but some experts say the immunization probably wouldn't be that helpful outside the barracks. The vaccine guards against adenoviruses, which cause cold-like symptoms such as sore throat, cough, red eyes and swollen lymph nodes. At its worst, the illness can cause high fever and pneumonia and even lead to death. Military recruits and trainees received the vaccine for 25 years until its manufacturer stopped making it in the late 1990s, citing a low economic return. But officials say the high cost of nursing sick recruits convinced the Pentagon to spend \$100 million to bring it back for boot camps across the services. "The recruits live and train in very close quarters, from the bunks they sleep in to the marching they do every day," said Lt. Cmdr. Carolyn Winningham, preventive medicine officer for the Lovell Federal Health Care Center. "They're in contact with each other all the time, so it's a really good environment for respiratory viruses to be transmitted." Great Lakes recruits sleep in cavernous rooms that house 88 bunks, she said, and while they take measures to prevent infections from spreading - sleeping head to toe, washing hands frequently, wearing surgical masks when sick - that hasn't been enough to stomp out the viruses. In 2000, after the military dropped the vaccination program, two recruits died from adenovirus infections.

Lovell officials say the reintroduction of the vaccine has made a dramatic difference. In 2010, the number of fever-related upper respiratory infections among recruits averaged 93 per week. After the vaccinations began in

October, the cases have dropped to 23 per week. The two-pill vaccination costs \$111 per dose, but Lovell officials say it's more cost-effective to pay that bill than to have recruits miss time in a basic training session that lasts only eight weeks. A recruit with a fever must stay out of action for at least 24 hours, Winningham said. A vaccine that wards off coughs and fevers might sound like a boon to everyone, but the U.S. Food and Drug Administration has approved it only for military use. Dr. Kenneth Alexander, a pediatric infectious disease specialist at the University of Chicago, said he knew of no country that uses it for the general population. He said the immunization makes a lot of sense for people in tight living quarters such as a barracks but that it's less logical for those with more breathing space. Adenoviruses cause miserable symptoms, but other viruses unaffected by the vaccine do the same thing, he said. "You can see how a respiratory infection can derail the whole boot camp process," he said. " ... (But) for the average parent, a kid missing day care for a couple of days isn't the end of the world." [Source: Chicago Tribune John Keilman 1 Feb 2012 ++]

TRICARE Coverage Update 02: The Pentagon could require future working-age retirees to take employer-provided health care as a way to tackle the Defense Department's cost growth, one top official 30 JAN. Undersecretary of Defense for Policy Michele Flournoy said DoD won't try to change the system for current retirees or serving troops, but she said recasting the benefits for future generations of retirees must be on the table if the department is to get control of its spending. "No one is going to change the contract" of anyone currently serving or who served, Flournoy said, "but we've asked Congress for authority for a commission to look at this holistically to ask the question if we can have a better system." Flournoy told members of the Reserve Officers Association in Washington that military compensation costs have far outstripped increases in personnel in recent years. DoD figures indicate the costs of military healthcare, which includes retirees, have exploded from about \$19 billion in 2001 to more than \$50 billion last year.

Many retirees or reservists in the civilian workforce who can get employer health care prefer to stay on TRICARE, said Flournoy. They are entitled to it, she said, "but that means DoD is carrying a lot of the health care cost that would otherwise be borne by private-sector employers ... In principle you can make an argument for that, but the truth is, in reality what happens is that's money that's not being spent on capabilities, on equipment, on training, on readiness, on those kinds of programs for our personnel," Flournoy said. "So we really have to look at this in a holistic way." Flournoy also said DoD has to look at the compensation it gives to those service members who do not serve until retirement. "The majority of the military don't stay on for 20 years," she said. "They stay for many, many years and walk away with nothing."

Michael O'Hanlon, a national security and defense policy specialist at the Brookings Institution, also told the ROA audience that the Pentagon has to take a new look at what it promises to its younger troops. There are ways to save money and also do better by these younger troops, he said, but called for doing it gradually so that it doesn't have a negative impact by cutting across the board or hurting those who have been counting on the benefits they've been working toward. But O'Hanlon said he wondered about the priorities in Washington when the Pentagon and Congress were talking about scaling back benefits for future servicemembers and not getting control of costs for mandatory social welfare programs. "Though I'm in favor of rethinking military pension, military health care, TRICARE for Life, et cetera," he said. "I find it a little troubling ... that we're getting this whole locomotive [of changing retirement benefits] going full steam while we haven't yet found a way to talk about the broader Social Security reform, Medicare and Medicaid reform for the nation at large." Everyone needs to sacrifice, he said. "And it doesn't make sense to focus on those who have served when it's politically untouchable to focus on the other 90 percent who have not served," he said. [Source: Military.com Bryant Jordan article 30 Jan 2012 ++]

USFSPA & Divorce Update 19: Scott Cameron is a Vietnam combat wounded disabled veteran. He is one of the 300,000 U.S. troops wounded during the Vietnam War. Now Cameron is involved in yet another battle here at home. Cameron has been ordered by a civil court judge to pay his ex-wife \$500 a month in alimony. Scott Cameron, who is totally and permanently disabled and unemployed, says he would have to use his veteran's disability compensation to comply with the court order, and that ain't going to happen. "My ex-wife didn't serve in Vietnam, I did. She wasn't forced to killed people, I was. She wasn't the one severely wounded, I was. She didn't experience the pain I did. She doesn't have the disfiguring scars I do. She doesn't have to take the long list of medications I do, and she will probably out live me because of all of this. My ex-wife is not entitled to any of my combat related disability benefits. My veteran's disability compensation belongs to me, and only me, and no one is going to take it from me," said Scott Cameron of Duluth, Minnesota. In an act of protest, Cameron has returned his Bronze Star and Purple Heart back to Congress. According to Cameron, these combat medals are the most treasured and cherished items he owns.

In an effort to avoid arrest for contempt, Cameron has left the United States to live in another country. Cameron says it's a sad day in this country when a combat veteran has to leave the country they love in order to keep the military disability benefits they earned in combat. Cameron is a member of Operation Firing For Effect's AREA 5301, a group of disabled veterans currently protesting the use of veteran's disability compensation as "income" in a divorce settlement and divided with an ex-spouse. According to OFFE National Chairman, Gene Simes, Mr. Cameron's disability compensation is protected by a federal law which was written over 175 years ago. Simes said that civil courts nationwide are routinely violating the absolute protection of veteran's benefits from attachment as stated in; USC, Title 38, § 5301. Nonassignability and exempt status of benefits, (a) (1) Payments of benefits due or to become due under any law administered by the Secretary shall not be assignable except to the extent specifically authorized by law, and such payments made to, or on account of, a beneficiary shall be exempt from taxation, shall be exempt from the claim of creditors, and shall not be liable to attachment, levy, or seizure by or under any legal or equitable process whatever, either before or after receipt by the beneficiary.

OFFE is currently monitoring 153 cases nationwide of 5301 abuse in state divorce courts. According to Gene Simes, to date, 9 members of AREA 5301 have been jailed for refusing to give up their disability compensation in a divorce. In addition, several veterans have also returned their military awarded medals to Congress in protest. Scott Cameron is merely the latest to send his combat medals back to Congress. Simes says that the courts are causing great hardship on our disabled veterans. OFFE has documented cases of homelessness and suicide directly related to divorce settlement rulings which use disability compensation as a divisible marital asset or as a funding source for alimony, Simes added. OFFE Legal Annalist, Simon Alvarado has invested thousands of hours of research on the 5301 issue. Alvarado says state court judges are totally ignoring the federal law, and disabled veterans are being ordered to pay increasingly large alimony amounts using their disability compensation. This has resulted in veterans leaving the state and even the country in order to avoid arrest and survive. Minnesota has made Cameron a criminal in his own country for standing up for the disability benefits he earned in combat, Alvarado added. For additional info on OFFE refer to <http://www.area5301.net>. [Source: Veterans Today Journal Jere Berry article 28 Jan 2012 ++]

WWII Vets Update 13: Up until recently, Guy Sentz was reluctant to talk about his combat experience in Europe during World War II. "In plain words, it was hell, sonny," the 86-year-old said. "I lost a lot of friends over there." Born in Emmitsburg, Md., Sentz moved with his family to Waynesboro PA when he was about eight, and lived most of his life there. He was one of six children, and their father made a living driving a truck that carried the latest "moving pictures" from one community's movie theater to another. He dropped out of school after the

eighth grade and got a job at a local tire shop. He continued working there until he was 18. His older brother, Fred, had joined the Army Air Corps a few months earlier, so Sentz decided to enlist on July 8, 1943. "I wanted to fight for my country," he said. "I just decided that if my brother can go, I can go." Soon he was on a bus to an Army induction center in Fort Mead, Md., then on to basic training at Camp Van Dorn in Mississippi. He was assigned to the 63rd Combat Infantry Division, bound for action as part of the coming European invasion.

Sentz recalled, with a trembling voice and damp eyes, saying good-bye to his parents, and telling his mother he might never see her again. "You didn't know if you were coming home or not," he said. On D-Day, June 6, 1944, Sentz was in Boston boarding the U.S.S. Wakefield, an ocean liner that had been converted into a troop transport to cross the Atlantic. The ship's luxurious furnishings had been removed and replaced with bunk beds for maximum passenger capacity. "Men were piled in there like sardines," Sentz said. He remembers that some of his fellow soldiers had a difficult time accepting their situation. A few were caught trying to jump ship in Boston Harbor, so they were detained in an area below deck. "After we were at sea for a couple days, they let them come out and told them, 'go ahead and jump over now, if you think you can swim,'" he said. "You can't know what it's like, or how you would be, until you're in that situation yourself." It took a week for Sentz to cross the ocean to England, and then board a smaller transport across the English Channel to Normandy. Seven days after D-Day, he landed on Omaha Beach. He soon encountered enemy fire for the first time, and remembers forcing himself to "keep moving." "It was a rough day when we hit that beachhead," he said. "You shook in your boots all the time. It was an awful experience."

Shortly after the landing, he was loaded onto a truck headed for the front line. He was soon transferred to the 90th Infantry Division under Gen. George Patton's Third Army. Rather than carrying the standard American military issue M1 rifle, Sentz said he preferred to fight with a Thompson submachine gun and two .45 caliber pistols. He wore a "bandolier" bullet belt across his chest, keeping ammunition handy to feed the Thompson's magazine. He said that if anyone asks how he was able to shoot people during the war, he explains that it was a matter of your life or his. "I tell them, you didn't go through it, and you don't know what it really is," he said. Over the coming months, Sentz's unit fought its way through Northern France. The only significant break he remembers is a week-long furlough to Tavistock, England. When he was there, he had the good luck of running into his brother. "We went to a pub together and ate fish and chips," he said. "It was wrapped in newspaper. I'll never forget that."

As 1944 neared its end, Sentz found himself fighting in the Rhineland. Sleeping in foxholes in the woods on freezing nights is a nightmare he will never forget. Severe frostbite would eventually put an end to his time at war, but not before he took a shrapnel hit during an intense fight. "We were under enemy fire and the shrapnel was flying," he said. "We were charging ... and that thing smacked me in the arm and I went down," he said, slapping his left biceps. He was taken to a field hospital where medics patched him up and sent him back to his foxhole. One December morning a few weeks later, Sentz stood up to start his day, but his legs wouldn't work. He fell to the ground, feeling only intense fear and numbness in his lower extremities. "All I can remember is that I was in misery," he said. "I trembled ... I thought I was dying." Sentz was taken off the line and eventually transported back to a military hospital in Paris. His badly frostbitten legs had lost a significant amount of tissue, and the initial prognosis was not good. The doctor told him he would probably never walk again. When the doctor came to his bedside with the intention of amputating his legs at the knees, Sentz asked him if he had any choice in the matter. "I told him, 'the good Lord gave me these legs, so I'm going to keep them as long as I can,'" he said.

Sentz kept his legs, and eventually began rehabilitative therapy and regained use of them. He remained in Paris for months recuperating, and finally shipped back to the United States on April 30, 1945. Still on the road to recovery, he was admitted to a convalescent hospital at Camp Butner in North Carolina. He remained there until his discharge from the Army on Sept. 7, 1945. His decorations include the Purple Heart and the Bronze Star. Sentz returned to Waynesboro and found work at Fairchild Aircraft in Hagerstown, Md. for several years before he was laid off. He also worked at several automobile garages and dealerships over the years. "Back in those days, you

didn't sit on your fanny," he said. "You went out and looked for anything. Everything." He spent about eight years as an assistant undertaker at Poe Funeral Home on Church Street, Waynesboro. He didn't mind the work, and his boss was a generous man who would let him take the hearse if his own car was out of commission. "Everyone asked me why I quit, and I told them it was because the people there wouldn't talk to me," he said. He retired in 1990 at the age of 65 after a number of years at a local Ford dealership. Today Sentz keeps busy with woodworking projects at his home workshop. He lives in Fayetteville with his wife of 16 years, Dorothy. They have four grandsons and two great-grandchildren. [Source: Public Opinion Jim Tuttle article 9 Feb 2012 ++]



Guy Sentz wears a jacket from his original U.S. Army dress uniform

Vietnam Vets Update 01: Vince Rios graduated from high school in Fort Worth and couldn't wait to join the Marines. Soon enough, the government sent Rios to a far-off war in a place too politically complicated and multilayered for him to quite understand. He pulled two tours, earned two Purple Hearts and planned on a long career in the Corps. Then, in the snap of a finger and a fateful step, Sgt. Vince Rios was left with only one limb. Rios' story sounds familiar. Except his life was changed in Vietnam, 43 years ago. "I was within days of rotating back to the States," he said. Rios, a 66-year-old grandfather who lives in a custom-designed handicapped-accessible house in Haslet Texas, can relive that day in shocking and unemotional detail, almost as if he's speaking about someone else's horror. "I didn't realize I was tumbling through the air until I hit the ground," he said. "I never heard the explosion." But Rios, knowing his name is not on the Vietnam Veterans Memorial, takes every day more fully, positively and proudly than he might have without his injuries. A less stubborn man might well have died in that field. Twice Rios had already been wounded on his second tour, once a fairly minor bullet ricochet into his arm. The other wound, in September 1968, was more serious -- a piece of shrapnel had penetrated his shoulder during a firefight. Rios had earned a Bronze Star for valor during that fight for leading his men on a flanking maneuver against a numerically superior force despite his wounds.

In the early afternoon of Feb. 6, 1969 The Marines of Alpha Company, 1st Battalion, 5th Marines were based in a mountainous area to try to interdict the movement of men and ammunition by the North Vietnamese and Viet Cong. Rios, acting as platoon sergeant, led his men out of a hamlet in the An Hoa basin about 20 miles southwest of Da Nang. His platoon was on patrol when it walked across a field with help from locals who were supposed to point out the mined areas. Rios, however, found one. The buried explosive turned his legs into a bloody mist, all the way up to his hips. There was nothing left of them. His right arm, holding his rifle, virtually disappeared too. A few strips of

tissue remained connected from his shoulder to his hand, which still somehow contained his high school ring. "I never lost consciousness," he said. "I managed to prop myself up on one arm and yell to everyone that the place was mined and booby-trapped." A Navy corpsman worked to save his life, though it was difficult to apply tourniquets because of the extent and nature of the injuries. The good part about the blast was that it essentially cauterized his leg wounds. Within minutes, a helicopter was on the scene and Rios was en route to a hospital at Da Nang. He made sure he never shut his eyes. "The last thing I wanted to do was relax and pass out," he said. "I knew I'd never wake up."

John "Doc" Hutchings, who served as the Navy corpsman in Rios' platoon said, ". ... When he was laying out there being treated, he said, 'Don't worry about me, Doc. I'm going home. I've got a son to raise. After months of rehabilitation and recovery in hospitals, Rios used his benefits to attend college, earning a bachelor's degree and two master's degrees. He worked close to three decades to help disabled veterans get jobs, toiled to make sure that Vietnam veterans weren't shamed publicly, even taught himself to walk with a modified crutch. Through it all, well before the days of the Americans with Disabilities Act and accessible buildings and bathrooms, he maneuvered his manual wheelchair until finally and reluctantly making the switch to a powered wheelchair four years ago. Both of his sons, Mitch and Pete, went off to their generation's wars in Iraq and Afghanistan, in the Marine Corps. "Given what he did go through and also knowing how proud he was of being a Marine and always supporting the Marine Corps, I thought, "That must be a heck of an organization. I want to be a part of that,"" said Mitch Rios, who entered the Naval Academy in 1986 and retired a lieutenant colonel in 2010. "It made sense to me as a young man that I wanted to be part of something that had that effect on him." With Mitch retired and his younger son finished with his enlistment, Vince Rios acknowledges feeling relieved when they were out of harm's way. "There's not a Purple Heart between them," he said. "That does my heart good."



A decade ago, Rios finally retired, but not from the Marine Corps. That happened in 1969 after he left a naval hospital in Oakland, Calif. The second time, Rios retired from the U.S. Labor Department in San Francisco. For nearly 30 years, Rios had worked for the federal government, mostly in the Labor Department. His last title was assistant regional administrator, which meant he traveled all over the West. He had spent almost all his adult life working as an advocate for the disabled in employment. "I knew while I was in college that I wanted to work with disabled veterans," he said. "I liked it because I was mostly dealing with people my age. I could bond with them." Occasionally Rios visits with amputees from the current conflicts. He makes no assumptions about how they're

dealing with the change, and he said he never tells them how they should live their lives. But he does make sure they know that their background gives them discipline and a mission-oriented frame of mind. "I tell them, 'You can go get your education,'" he said. "I also tell them, 'You've got to get over any reluctance to be in public. You look different from people now, and they might stare at you. So what? Don't let it bother you. At least pretend that it doesn't bother you.'" He said he has always told people with disabilities -- whether they served or not -- that "if you spend your time concentrating on your abilities, you'll be surprised how quickly you don't worry about your disabilities."

He and his third wife, Cheryl, who married Rios 18 years ago, decided to return to Texas in their retirement. Two years ago, they moved into a house that they personally planned, down to the grade of the entryway, the height of the windows and the unique shower design. All of it comes from learning how to adjust the way they live their lives. "The only difference in Vince and these young guys today is that they roll and you walk," his wife said. "They can do almost everything you can, given enough thought and creativity. But the most important thing is to preserve their dignity. As long as these men have their dignity, they'll have the confidence to accomplish what they want." In an extended conversation, most of it dealing with his lifetime of challenges and hardships, Rios got emotional only once. He was recounting a story of a visit to a school for the deaf in Northern California some years ago. The school had asked him to speak to the children about overcoming their disabilities. They sang a song for him in sign language, and his eyes misted over at the memory. If he was supposed to motivate them, it had the opposite effect. "It was a powerful moment for me," he said. "The human spirit." [Source: Fort Worth (TX) Star-Telegram Chris Vaughn article 22 Jan 2012 ++]

Vet License Plates TX: Texas offers military veterans a multitude of options to personalize their plates. For example, if eligible, you can apply for Disabled Veteran license plates for your car, light truck or motorcycle if you are certified by the Veteran Administration to have a 50 percent service-related disability, or 40 percent due to amputation of a lower extremity. An annual \$3 fee is collected for the first set of plates. There is no fee to apply for the additional sets of plates, but you are required to pay the regular registration fee which can be found at http://ftp.txdmv.gov/pub/txdot-info/vtr/fees/fee_chart_1c.pdf and other applicable fees. For information about parking privileges with Disabled Veteran license plates, refer to <http://www.txdmv.gov/vehicles/drivers/disabled.htm>



To order DAV plates by mail go to <http://www.txdot.gov/txdot/forms/GetForm?formName=/VTR-615.xdp&appID=/VTR&status=/reportError.jsp&configFile=WFServletConfig.xml>, complete the application form online, print and mail with the form, fee payment in the form of a personal check, money order or cashier's check, and any required attachments to your county tax office.

- The specialty plate fee is \$3 per year for one vehicle.

- You may apply for additional sets of Disabled Veteran license plates for each vehicle that you own, and annual registration and other applicable fees are required.
- When the specialty plates are issued, additional fees may be collected to establish a single expiration date for both the specialty plate and the vehicle registration.
- You may opt for one set of general issue license plates for the specialty plate fee of \$3 in lieu of Disabled Veteran plates; you will be required to surrender your current \$3.00 set of Disabled Veteran plates if applicable, when you choose this option.
- If you order by mail, contact your County Tax Assessor-Collector's office in 2-3 weeks to verify your plates are ready for issuance.
- Contact your County Tax Assessor-Collector if you have any questions.
- To verify what county you reside in go to <http://quickfacts.census.gov/cgi-bin/qfd/lookup> and enter your zip code.
- To locate the mailing address and telephone number of your local county tax office go to http://www.txdmv.gov/wheretogo/tax_offices.htm and enter your county name.

There are 61 other military and veteran specialty license plates available to veterans which identity former are present members of all services, specialties within a service, Former Prisoner of War, Pearl Harbor Survivor, and numerous award holders. All veterans with an honorable discharge qualify for specialty license plates. For a complete list and view of each plate refer to http://www.txdmv.gov/vehicles/license_plates/qualifying/military.htm. Go to http://www.txdmv.gov/whatyouneed/forms/license_plates.htm#gov to obtain locate the appropriate application form and follow the directions on the form to obtain the plates. Proof of eligibility must accompany each application. [Source: <http://texas-veterans.com/claims/specialty-license-plates> Feb 2012 ++]

Veteran Support Organizations: In the government, the U.S. Department of Veterans Affairs (VA) is the major agency responsible for delivering promised assistance to those who have served. Education, low-rate home loans, job placement, medical care, disability pay—all of these and more are handled through the department. And just as war and culture have changed over the years, so has the VA. In conjunction with the U.S. Defense Department, it has launched the eBenefits website and portal that shortens the time it takes to process certain claims from weeks to minutes. For example, veterans who need their 10-point disability letter for government employment or copies of their DD-214 can print them at home instead of requesting the forms and waiting for them to arrive in the mail. In many cases, the online resources eliminate the need for veterans to visit a facility, easing burdens on those with mobility problems, those who live in rural areas or those who are simply short on time. Claimants can even make a request in the middle of the night. The most popular feature of the site allows people to check the status of their claims.

Rob Reynolds, director of the VA's Benefits Assistance Service, says eBenefits offers a one-stop shop for applying for and learning about the resources available to veterans. They can go to the portal and update contact information so both the VA and Defense Department automatically receive the changes. "We both have all the information because the VA and the Defense Department share that information through a real-time bidirectional exchange that we have set up," Reynolds explains. Every quarter the site is updated with a release that includes new functionality, helping provide the most information possible to stakeholders. To ensure these updates meet the needs of the user community, officials talk with focused user-experience groups to learn what they want and how they want it offered. The VA also is taking a proactive approach to ensuring veterans receive their due by sending out emails to people when they become eligible for certain benefits. Once users sign up for an account online, the VA can provide tailored information based on the participant's particular situation. Though the technology offerings may seem designed for the digital-native generation serving and becoming veterans now, Reynolds says that those

from the Vietnam era are some of the major users so far. He emphasizes that the VA has an obligation to serve all veterans whether they came into service yesterday or fought in World War II.

The VA and Defense Department also are looking ahead to serving the next wave of veterans. Military members receive an account during their active-duty days; 180 days from discharge, the VA sends them a notice of their benefits, including how to file a claim for disability. Reynolds says the idea is to familiarize people with the services so they become accustomed to their benefits and accessing them. Family members also can create accounts to check benefits. Members can use their smartphones to access some of the eBenefits features, including leveraging the global positioning system to find the nearest veterans or military facility. In the future, filing a claim will become simpler, as the eBenefits portal migrates to a Turbo Tax-type format. Reynolds emphasizes that veterans have earned and are entitled to all the benefits facilitated through the site, adding that the VA has an obligation to look at innovative and creative ways to seamlessly provide them access to that information. To sign-up for an eBenefits account, veterans can visit the website and click on the register button.

Reynolds says the VA is continually enhancing registration though some applicants have had problems. "It's only difficult at the beginning," he explains, because after that, fields can be automatically populated when veterans apply for programs. "Usually when we explain that it's for the benefit of ensuring security and that they're protected, they understand that." Applicants then can have the account for the rest of their lives. Reynolds is a service-connected disabled veteran himself and says he is committed to ensuring that his fellow veterans or their beneficiaries receive what rightly belongs to them. "We're trying to develop just another mode or outlet so service members, veterans or family members can choose how they want to interact with us," he states. The VA is working hand in hand with veterans service organizations (VSOs) to ensure that they can help guide the veterans who come to them for assistance. Two of the oldest, most recognized and most respected of these organizations are The American Legion and the Veterans of Foreign Wars (VFW). In addition to their work helping veterans navigate VA processes, they have many of their own programs, ranging from local, grass roots levels to lobbying in Congress for veterans' rights. For additional information about Veterans Affairs refer to <http://www.vba.va.gov/VBA> and <http://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>. To call use (800) 983-0937 for eBenefits customer support, (800) 827-1000 for VA customer support, or https://iris.custhelp.com/app/answers/detail/a_id/1703 for a list of other VA telephone numbers. [Source: AFCRA Veterans Focus Rita Boland article Nov 2011 ++]

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

- **February 15, 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.** Joint Hearing: House Committee on Veterans' Affairs and Senate Committee on Veterans' Affairs will hold a joint hearing to receive the Legislative Presentation of the Disabled American Veterans. 2:30 P.M.; 345 Cannon
- **February 29, 2012** (Formerly February 8th). 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.; 418 Russell
- **February 29, 2012.** The House Appropriations Committee will hold a FY 2013 Budget hearing. 2:00 P.M.; H-140 Capitol
- **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 14, 2012.** Senate Committee on Veterans' Affairs will hold a hearing entitled "Ending Homelessness Among Veterans: VA's Progress on its Five Year Plan." 10:00 A.M.; 418 Russell
- **March 15, 2012.** The Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies will hold a FY13 VA Budget hearing. 10 A.M.; 124 Dirksen
- **March 21, 2012.** Joint Hearing: House Committee on Veterans' Affairs and Senate Committee on Veterans' Affairs will hold a joint hearing to receive the Legislative Presentations of the Military Order of the Purple Heart; Iraq and Afghanistan Veterans of America; Non Commissioned Officers Association; American Ex-Prisoners of War; Vietnam Veterans of America; Wounded Warrior Project; National Association of State Directors of Veterans Affairs and Retired Enlisted Association. 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
- **March 28, 2012** (Formerly December 14th). SVAC will hold a hearing on the nomination of Margaret Bartley, and Coral Wong Pietsch to be Judges of United States Court of Veterans Appeals for Veterans Claims. 10:00 A.M.; 418 Russell

Saving Money: You shouldn't need vitamin supplements if you've got a proper diet. Your body can only use so much of a nutrient, and getting too many vitamins is actually unhealthy. But if a multivitamin is part of your daily routine, you still shouldn't be spending more than \$4 per month. The vitamins aisle of your local drug store provides choices where prices range from \$1 to \$75 for a month's supply of similar ingredients. What should you base your choice on? We've been trained to think of price as an indicator of quality but this is a false assumption when purchasing vitamins. A recent study (https://www.consumerlab.com/news/multivitamin_review_report/6_16_2011/) concluded: "There was almost no connection between price and quality" among popular multivitamins. Here are the top multivitamin recommendations from ConsumerLab:

- For children - Flintstones Plus Bones Building Support, \$3.50/month.
- For all adults - Nature's Way Alive, \$3/month.
- For women - Walgreens One Daily for Women, \$2/month.
- For men - BJ's Berkley & Jensen Men's Daily, \$1/month.
- For seniors - Equate Mature Multivitamin 50+, \$1/month.

When it comes to supplements, price isn't the only thing that should concern you: ConsumerLab also found that labels are sometimes flat-out wrong too. The full report requires a \$33/year login, but here are some of the details...

- 8 of 38 vitamin supplements tested had significantly smaller quantities of nutrients than claimed.
- Two supplements contained 50 percent more vitamin A than claimed by the labels.
- Three brands' labels didn't meet FDA requirements and improperly listed ingredients.
- One supplement (for dogs) had lead contamination.
- Three supplements for children had doses higher than recommended.

Some of the vitamins that failed ConsumerLab's testing were also among the most expensive, including Pharmanex LifePak Anti-Aging (\$84/month), Juice Plus+ Garden Blend (\$42/month), Pure Encapsulations Nutrient 950 (\$38/month), All One Active Seniors Multiple Vitamin and Mineral Powder (\$33/month), and Melaleuca Vitality Multivitamin & Mineral Men (\$22/month). Why are some of these things so expensive? One reason might be advertising budgets. And greed could be another - as ConsumerLab notes, multivitamins are a nearly \$5 billion industry. [Source: MoneyTalksNews Brandon Ballenger article 28 Sep 2011 ++]

Notes of Interest:

- **Super Bowl.** Face-value prices for tickets to this year's game ranged from \$800 to \$1,200. The least expensive ticket on the secondary market was \$2,000, according to TiqIQ. Resale tickets averaged \$3,664. On the National Football League's official ticket resale site, the NFL Ticket Exchange, at least one sold for \$16,480.
- **IRS.** The percentage of people who say you should cheat on your income taxes "as much as possible" hit 8 percent in 2011, double what it was in 2010. That's also higher than any other recent year in which the question was asked according to pollsters representing the Internal Revenue Service Oversight Board.. Another 6 percent of those surveyed said a little cheating here and there is OK.
- **IRS.** Tax rates for 2011 remain at 10, 15, 25, 28, 33 and 35 percent of taxable income. Income is taxed on a progressive scale, so as a person's income increases and they move into a higher tax bracket, only the new proportion of pay is taxed at the higher rate, not all of their income.et job
- **Doc Fix.** The Congressional Budget Office (CBO) now estimates the cost over 10 years to repeal the mandated cuts would be \$316 billion (up from \$290 billion in NOV).
- **Stars & Stripes.** This publication got its start as a newspaper for Union troops during the Civil War, and has been published continuously since 1942 in Europe and 1945 in the Pacific. It has one of the widest distribution ranges of any newspaper in the world servicing over 50 countries where there are bases, posts, service members, ships, or embassies.
- **Vet Jobs.** Veteran unemployment dropped across the board in January, with those who served in recent wars seeing the sharpest decline, down from 13.1 percent in December to 9.1 percent.
- **Malaria.** Malaria killed 1.2 million people worldwide in 2010, a figure nearly double other estimates, a new study says.
- **Seniors.** H.E.L.P. is available for assistance to seniors in finding out more about wills and trusts, powers of attorney, conservative basics or in home supportive services? They have updated tools, forms and

guides according to 2012 changes and can give you this information and much more. You can find many of these tools, forms and guides at <http://www.help4srs.org/formstools> or by calling 310-533-1996.

- **USPS.** The U.S. Postal Service lost \$3.3 billion in the first quarter of fiscal 2012. The losses for October through December 2011 were \$3 billion higher than those for the same quarter the previous year. The first quarter of the fiscal year is usually the agency's strongest because of holiday mail.
- **Pharmacy.** TRICARE Retail Pharmacy and Home Delivery areas have merged. Beneficiaries should now call 1-877-363-1303 for both TRICARE Retail Pharmacy and Home Delivery concerns, update information, or for questions about TRICARE prescription drug benefits. Converting your prescriptions to home delivery over the phone takes about 7 minutes and your first shipment will arrive in roughly 14 days. The TRICARE Pharmacy Help Desk number for Pharmacists is now 1-877-363-1304.
- **IRS.** Mailing a return. The IRS changed the filing location for several areas. If you're mailing a paper return, see the last page of the Form 1040 instructions for the correct address.
- **AL Tax Credit.** The Alabama House has introduced H.B.152, the Heroes for Hire Act, that would provide a \$1,000 income tax credit to an employer who hires a recently deployed, and now discharged, unemployed veteran. In addition this bill would provide a \$2,000 income tax credit for recently deployed and now discharged, unemployed veterans who start their own businesses.
- **YouTube.** Check out <http://www.youtube.com/v/ervaMPt4Ha0&autoplay=1>.

Medicare Fraud Update 85:



- **Baton Rouge LA** - Fred D. Belcher, 61, pleaded guilty 31 JAN for his role in a Louisiana based Medicare fraud scheme involving fraudulent claims for unnecessary durable medical equipment, including leg and arm braces, power wheelchairs and wheelchair accessories. Federal prosecutors say Belcher admitted working as a recruiter for Healthcare 1 LLC, Medical 1 Patient Services LLC and Lifeline Healthcare Services Inc., Louisiana companies that fraudulently billed about \$1.5 million to the Medicare program from 2004 to 2009. Belcher faces up to 10 years in prison and a \$250,000 fine. A sentencing date has not been set.
- **Baton Rouge LA** - Henry Ray Stewart, 47, and his wife, Helen Faye Stewart, 43, were each charged 1 FEB in a bill of information for an alleged \$1 million Medicare fraud. Bills of information contain criminal charges that have not been considered by a grand jury. To be prosecuted under a bill of information, defendants must waive their right to have their investigation considered by a grand jury. The couple operated Carefree Medical Supply LLC from which they and "others known and unknown falsely

billed Medicare for \$1.9 million in power wheelchairs, orthotics and other durable medical equipment between JAN 06 and MAR 08. That equipment was either medically unnecessary or never delivered to Medicare beneficiaries. In some cases, the prosecutor alleged, Medicare was billed for expensive equipment for which inferior products were substituted. Medicare paid Carefree \$1 million as a result of the bogus bills. The prosecutor asked that the couple be required to forfeit at least \$1 million in assets. Each defendant is charged with one count of health-care fraud, an offense that carries a possible penalty of 10 years in prison.

- **Saltville VA** - The Saltville Rescue Squad is accused of falsifying doctor's signatures and sending \$2.65 million worth of fraudulent billing slips to insurance companies in a federal indictment unsealed 2 FEB. Federal prosecutors allege that for nearly six years the squad chauffeured three able-bodied patients to dialysis treatment despite Medicare regulations that limit the service only to people in need of a stretcher. In all, prosecutors hope to recoup from the squad \$800,000, any vehicles bought with fraudulent proceeds, and 40 acres of rescue squad property, documents show. The indictment targets the entire rescue squad, its board of directors, business manager Eddie Wayne Louthian Sr., 59, and squad employee Monica Jane Hicks as the responsible parties. Court documents state that the non-profit squad falsified the paperwork to transfer three patients to dialysis treatment from December 2005 until September 2011. At the heart of the case is a Medicare regulation that denies payment for any ambulance trip if the patient's medical condition allows for a taxi, private car, wheelchair van or any other type of vehicle. Court documents state that Louthian and Hicks openly defied this regulation by ordering squad members to "submit 'trip sheets' that fraudulently stated words to the effect that (the patients) were non-ambulatory and had to be transported by stretcher, even though the patients actually could walk on their own and did not need to be transported by stretcher." The volunteer rescue squad began charging for transport in 1999 and became a Medicare provider the next year. Louthian, who joined as a volunteer in 1998, became president of the board of directors in 2001. By 2003, he was one of three paid squad members and its business manager. His annual salary increased from \$20,000 in 2003 to more than \$52,000 in 2010. To skirt the regulations for one patient, court documents state that the squad held meetings specifically to discuss how to continue the transports "despite the fact she is not eligible." Documents state that federal investigators watched as patients walked to the ambulance only to be placed on a stretcher and hefted into the vehicle. In all, court records state that the rescue squad fraudulently billed Medicare for \$1.65 million worth of services and was reimbursed \$750,000; and fraudulently billed Anthem \$1 million and received \$130,000.
- **Danville VA** - A federal judge sentenced the former co-owner of Health Care Virginia, Sandra Pope-McElwain to 16 months in prison for her role in a health care fraud scheme. McElwain, and two other employees, faked certificates claiming McElwain trained some nursing assistants and forged documents claiming she performed yearly health assessments on clients. The documents were required by law in order for McElwain's company to bill Medicaid for services. The federal government placed a more than \$300,000 restitution demand on the business.
- **Washington D.C.** - Fourteen hospitals located in New York, Mississippi, North Carolina, Washington, Indiana, Missouri and Florida have agreed to pay the United States a total of more than \$12 million to settle allegations that the health care facilities submitted false claims to Medicare, the Justice Department announced today. The settlements resolve allegations that these hospitals overcharged Medicare between 2000 and 2008 when performing kyphoplasty, a minimally-invasive procedure used to treat certain spinal fractures that often are due to osteoporosis. In many cases, the procedure can be performed safely as a less costly outpatient procedure, but the government contends that the hospitals performed the procedure on an inpatient basis in order to increase their Medicare billings. The Justice Department has now reached settlements with more than 40 hospitals totaling over \$39 million to resolve false claims allegations related

to kyphoplasty claims submitted to Medicare. These settlements follow the government's 2008 settlement with Medtronic Spine LLC, corporate successor to Kyphon Inc., which paid \$75 million to settle allegations that the company defrauded Medicare by counseling hospital providers to perform kyphoplasty procedures as an inpatient procedure even though the minimally-invasive procedure should have been done in many cases on an outpatient basis. All of the settling facilities were named as defendants in a qui tam, or whistleblower, lawsuit brought under the False Claims Act, which permits private citizens, known as "relators," to bring lawsuits on behalf of the United States and receive a portion of the proceeds of any settlement or judgment awarded against a defendant. The lawsuit was filed in 2008 in federal district court in Buffalo, N.Y., by Craig Patrick and Charles Bates. Mr. Patrick is a former reimbursement manager for Kyphon, and Mr. Bates was formerly a regional sales manager for Kyphon in Birmingham, Ala. The relators will receive a total of approximately \$2.1 million from the settlements

- **Los Angeles CA** - Eduard Aslanyan, 38, was sentenced 7 FEB to 77 months in prison for organizing and leading a medical clinic fraud scheme that used the stolen identities of physicians to submit more than \$18.9 million in fraudulent claims to Medicare. In addition to his prison term, he was sentenced to three years of supervised release and was ordered to pay \$10.8 million in restitution. Aslanyan pleaded guilty in April 2011. He admitted that between March 2007 and September 2008, he established a series of fraudulent medical clinics in and around Los Angeles to defraud Medicare. Carolyn Vasquez, who previously pleaded guilty to conspiring with Aslanyan to defraud Medicare, recruited physicians to serve as the medical directors of Aslanyan's fraudulent medical clinics. The physicians did not perform services at the clinics and were rarely present at the clinics. Physician assistants were hired by Aslanyan and Vasquez and were complicit in the fraud scheme at the clinics. Aslanyan hired patient recruiters to find Medicare beneficiaries who were willing to provide the recruiters with their Medicare billing information in exchange for expensive, high-end power wheelchairs and other medical equipment which the patient recruiters told the beneficiaries they could receive for free. Often, the Medicare beneficiaries did not have a legitimate medical need for the power wheelchairs and equipment. The patient recruiters then provided the beneficiaries' Medicare billing information to Aslanyan or brought the beneficiaries to Aslanyan's clinics. Aslanyan paid the patient recruiters cash kickbacks in exchange for recruiting the Medicare beneficiaries. He profited from his scheme in a variety of ways
- **Florida.** Four Adventist Health System hospitals in Central Florida will pay \$3.9 million to the U.S. government to settle allegations that they submitted false claims to Medicare. Florida Hospital Orlando, Florida Hospital-Oceanside, Florida Hospital Fish Memorial and Florida Hospital Heartland Medical Center — all affiliates of Altamonte Springs-based Adventist Health System — were cited for claims related to a spinal procedure called kyphoplasty. The settlement includes a total of 14 hospitals in seven states, which collectively will pay more than \$12 million to the government, according to a justice department statement. More than a third of that tab belongs to Florida facilities. Three other Florida hospitals also were part of the settlement: Gulf Coast Hospital, in Fort Myers, will pay \$173,000; Lee Memorial Hospital, in Fort Myers, will pay \$160,000; and Cape Coral Hospital, in Cape Coral, will pay \$73,000. Other hospitals involved in the settlement include two health-care facilities in New York, and hospitals in Mississippi, North Carolina, Washington, Indiana and Missouri.

The settlements resolve allegations that these hospitals overcharged Medicare between 2000 and 2008 when performing kyphoplasty, a minimally invasive procedure used to treat certain spinal fractures that often are due to osteoporosis. In many cases, the procedure can be performed safely as a less costly outpatient procedure, but the government contends that the hospitals performed the procedure on an inpatient basis to increase their Medicare billings. All of the settling facilities were named as defendants in a whistleblower lawsuit brought under the False Claims Act, which permits private citizens to bring lawsuits on behalf of the United States and receive a portion of the proceeds. Two former employees of a

company that provided spinal surgery equipment and consulting to hospitals blew the whistle, and will receive more than \$2 million from the settlements.

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

Medicaid Fraud Update 57:

- **Mcallen TX** - Juan De Leon, 41, owner of United DME Inc., was sentenced 2 JAN to 120 months in federal prison without parole for his role in a health care fraud and identity theft scheme. Following a four-day trial and approximately an hour of deliberations in late September 2011, a federal jury convicted him on charges of conspiracy, health care fraud, and aggravated identity theft related to his scheme to submit fraudulent claims to Medicare and Medicaid for a variety of medical items including power wheelchairs and diabetic supplies. From 2007 through 2010, De Leon directed his employees to submit false and fraudulent claims to Medicare and Medicaid for power wheelchairs that were not delivered and for diabetic supplies and other medical items that were not delivered. Instead of providing the medically necessary power wheelchairs prescribed by the patients' doctors, De Leon would instead provide the patients with less expensive, and more difficult to operate, scooters that they could not use. In other cases, De Leon or his staff submitted claims to Medicare and Medicaid for medical items allegedly delivered after the beneficiary had passed away. De Leon attempted to conceal the scheme by altering records contained within patient files including backdating delivery tickets and forging patient signatures on delivery tickets.
- **Las Vegas** - DeAngelo Henderson, 34, was sentenced Wednesday to 12 to 48 months in prison and ordered to repay \$336,000 in restitution, penalties and costs for Medicaid fraud. The scam involved a company, Golden Heart Medical Supply, run by Henderson. In Jan. 2009, Nevada Medicaid informed the Attorney General's Office that Golden Heart had submitted and been paid an unusually high amount of Medicaid claims. An investigation showed Golden Heart's purported clients had not received supplies from the company and in fact were clients of other companies. Henderson had submitted false claims to Medicaid claiming Golden Heart provided supplies to nonexistent clients and had received payment. Anyone who suspects a case of Medicaid fraud is urged to call the Nevada General's Medicaid Fraud Control Unit at (775)-684-1191.
- **Brownsville TX** - Felicitas Velez Alanis, 50, and her daughter-in-law Erika Ortega Alanis, 26 appeared in federal court 6 FEB, where they pleaded guilty to a charge of conspiracy to commit health care fraud. Both had been accused of filing false and fraudulent claims with the Texas Medicaid program, authorities report. At their court appearance, the women admitted they sent false and fraudulent bills to the Texas Medicaid program, the U.S. Attorney's Office reported in a press release. The fraudulent billing occurred between Jan. 1, 2005, and Oct. 12, 2006, where the two submitted more than \$646,000 in false and fraudulent bills. Felicitas Alanis owns and operates Vel-Ala Inc., a corporation that does business as Nisi Medical Equipment and Supply in the Brownsville and Harlingen areas. Erika Alanis reportedly was in charge of the day-to-day operation of the company. The delivery and billing records of Nisi Medical Equipment Supply show the Texas Medicaid program was routinely billed for more items than were actually purchased or delivered. Medicaid reportedly paid more than \$554,000 on what were believed to be false and fraudulent claims submitted by the medical supplier. Nisi Medical Equipment and Supply is enrolled with Texas Medicaid to provide medical equipment to Medicaid beneficiaries. It provides equipment used in homes such as blood-testing strips, blood glucose monitors, diabetic supplies and other medical items. They each face a maximum punishment of 10 years in prison and a fine up to \$250,000, in addition to three years post-prison supervised release.

- Louisiana** - Five pharmaceutical firms have agreed to a combined \$25.2 million settlement stemming from Attorney General Buddy Caldwell's lawsuits accusing several firms of defrauding the Louisiana Medicaid program with dishonest pricing schemes. The companies are: Actavis Inc., Boehringer-Ingelheim, Dey Pharma, GlaxoSmithKline and Schering-Plough Corp. The settlements, which range from \$3 million to \$10 million per company, end the state's claims against the companies, though Caldwell is still pursuing action against scores of additional defendants. Medicaid pays drug suppliers based on a cost calculation called the "average wholesale price." Many states and the federal government are engaged in lawsuits that accuse wholesalers of manipulating or falsifying their AWP's, thus inflating their Medicaid reimbursements. In 2010, Caldwell filed suit against 18 companies, including five Louisiana firms. The suit, State of Louisiana vs. Abbott Laboratories, now includes more than 100 defendants. Caldwell's initial filing alleged that some average wholesale prices were as much as 6,000 percent higher than the drugs' true cost. Last year, he added a second suit: State of Louisiana v. McKesson Corporation. The cases and related fraud investigations have yielded \$138 million in payments back to the Louisiana Medicaid program, which serves about 1.2 million people at an annual cost approaching \$7 billion. Drug coverage typically comprises about 15 percent of the total Medicaid budget.
- Houston TX** - Bassey Essien, 60, the former co-owner of Durable Medical Equipment (DME) companies Logic World Medical and Roben Medical in Houston, has been sentenced to 99 months in federal prison for defrauding the Texas Medicaid program. Essien was convicted after a jury trial in APR 2011 of one count of conspiracy to commit healthcare fraud, 14 counts of healthcare fraud and four counts of aggravated identity theft. In addition to the prison term, Judge Miller also ordered Essien to pay \$1,455,837.91 back to Texas Medicaid. Essien's son and daughter, Benjamin Essien, 34, and Rose Essien, 31, have also been convicted for their roles in the scheme to defraud Medicaid. Benjamin Essien pleaded guilty JAN 2010 and was sentenced to 12 years and one month. Rose Essien was also convicted in the APR 2011 trial, is set for sentencing later this month. Through the operation of both DME companies, the Essiens unlawfully received Medicaid beneficiaries' information - names, addresses and Medicaid numbers - which they then used to file false claims with the Medicaid program. Essiens routinely billed Medicaid for adult urinary incontinence supplies they did not deliver to the Medicaid beneficiaries or for delivering supplies in amounts significantly less than the amounts billed to Medicaid. Additionally, the Essiens routinely billed Medicaid for adult urinary incontinence supplies provided to Medicaid beneficiaries who either did not need the supplies or whose physicians had not prescribed them. Adult incontinence supplies include adult diapers, underpads, wipes and pull-up briefs.

Through their DME company, the Essiens continued to bill Medicaid for incontinence supplies even after their delivery staff and/or delivery contractors were told by the beneficiaries they did not need or want the supplies. They regularly billed Medicaid for the delivery of 300 diapers - the maximum allowed amount of incontinence supplies each month per beneficiary - and for extra large size diaper briefs - which have the highest Medicaid reimbursement rate - without consideration to the actual size needed by the beneficiary. They even billed Medicaid for delivering a quantity of extra large adult size diapers far in excess of the amount they purchased from wholesale suppliers. The evidence showed the defendants only purchased six percent of the amount of extra large diapers they claimed to have delivered. In total the Essiens billed Medicaid for claims totaling approximately \$2,341,293.64, and received payments for those claims totaling approximately \$1,455,837.91.

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

State Veteran's Benefits: The state of Utah provides several benefits to veterans. To obtain information on these refer to the “**Veteran State Benefits UT**” 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
- Employment Benefits
- Education Benefits
- Other State Veteran Benefits

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

Military History: For us older folks... a reminder. For you youngsters, a history lesson. Anyone born in the mid thirties (or earlier) knew Kilroy. We didn't know why, but we had lapel pins with his nose hanging over the label and the top of his face above his nose with his hands hanging over the label too. No one knew why he was so well known but we all joined in. Kilroy was the person who led or participated in every combat, training or occupation operation during WWII and the Korean War. He was one who always got there first or who was always there when they left. Somehow, his simple graffiti captured the imagination of GI's everywhere they went. The scribbled cartoon face and words showed up everywhere - worldwide. Stories as to the origin of the graffiti abound. Following are two which are more believable than others:



Legend #1: This Legend of how "Kilroy was here" starts is with James J. Kilroy, a shipyard inspector during WWII. He would count a block of rivets and put a check mark in semi-waxed lumber chalk, so the rivets wouldn't be counted twice. When Kilroy went off duty, the riveters would erase the mark. Later on, an off-shift inspector would come through and count the rivets a second time, resulting in double pay for the riveters.

One day Kilroy's boss called him into his office. The foreman was upset about all the wages being paid to riveters, and asked him to investigate. It was then he realized what had been going on. The tight spaces he had to crawl in to check the rivets didn't lend themselves to lugging around a paint can and brush, so Kilroy decided to stick with the waxy chalk. He continued to put his checkmark on each job he inspected, but added KILROY WAS HERE in king-sized letters next to the check, and eventually added the sketch of the chap with the long nose peering over the fence and that became part of the Kilroy message. Once he did that, the riveters stopped trying to wipe away his marks.

Ordinarily the rivets and chalk marks would have been covered up with paint. With war on, however, ships were leaving the Quincy Yard so fast that there wasn't time to paint them. As a result, Kilroy's inspection "trademark" was seen by thousands of servicemen who boarded the troopships the yard produced. To the troops in those ships, it was a complete mystery — all they knew for sure was that he had "been there first."

Kilroy became the US super-GI who always got there first — wherever GI's went. It became a challenge to place the logo in the most unlikely places. It was said to be atop Mt. Everest, the Statue of Liberty, the underside of the Arch de Triumpe, and scrawled in the dust on the moon. An outhouse was built for the exclusive use of Truman, Stalin, and Churchill who were there for the Potsdam conference. The first person to use it was Stalin. He emerged and asked his aide (in Russian), "Who is Kilroy?"

WWII UDT (Under Water Demolition - later Navy Seals) divers swam ashore on Japanese held islands in the Pacific to prepare the beaches for the coming landings by US troops. They were sure to be the first GIs there! On more than one occasion, they reported seeing "Kilroy was here" scrawled on make shift signs or as graffiti on *enemy pillboxes*. They, in turn, often left similar signs for the next incoming GIs. The tradition continued in every US military theater of operations throughout and following WWII.

In 1946 the Transit Company of America held a contest offering a prize of a real trolley car to the person who could prove himself to be the "real" Kilroy. Almost forty men stepped forward to make that claim, but James Kilroy brought along officials from the shipyard and some of the riveters to help prove his authenticity. James Kilroy won the prize of the trolley car which he gave to his nine children as a Christmas gift and set it up in their front yard for a playhouse.



Trolley being delivered



Boston American, December 23, 1946

Legend #2. In this legend Kilroy, a young inspector of riveting at a shipyard in Boston, was going to depart for Europe as a soldier because World War II broke out. One week before his departure from a port in Boston for Europe by warship, Kilroy met up with a young woman at a small restaurant near the port. Her name was Rosie, who came from California to visit her relatives in Boston. Kilroy and Rosie soon fell in love with each other. They met at the restaurant every day, and sat at a regular table in a corner.

They both were Irish Americans, as supposed from their names. When Ireland, their ancestral place, was talked about, Kilroy said, "Ireland is widely known for fairy folk tales, isn't it?" "Yes, I heard so." "My grandpa frequently talked about fairies in Ireland in my childhood. Whenever he talked, he drew an interesting illustration of a fairy." Saying so, Kilroy began to draw the illustration of a fairy looking over a fence or wall, which has been taught by his grandpa, on his pocketbook. Looking at the fairy, Rosie said, "Oh, what a cute jocular fairy! I love it! "

They promised to meet at the restaurant on the evening of the day before Kilroy's departure. The night Kilroy was going to propose to Rosie. He was waiting for her at the regular table in the corner of the restaurant. Rosie did not come. Kilroy in grief asked the restaurant owner for permission for one thing, and the owner, who well knew the

circumstances, agreed with good grace. Kilroy took out a rivet, his good-luck charm, from his pocket and engraved with it on the table, "Kilroy was here." Above the notation, an illustration of the cute jocular fairy was also carved.

A number of soldiers poured in Boston in order to depart for Europe. The restaurant was also flourishing with them. They were amused at the notation and the illustration carved on the table in the corner.

In fact, she had been hastily going to the restaurant on the evening Kilroy was there, but on her way, she was involved in a traffic accident. She had been admitted to a hospital. About a month after Kilroy departed for Europe, Rosie came to the restaurant. Rosie looked at the notation and the illustration engraved on the table. She tearfully handed a memo to the owner, asking, "Please give Kilroy this memo if he comes back from Europe." The memo included her address in California.

Kilroy survived the war, returned to Boston from the battle line in Europe, and visited the restaurant. After reading the memo, Kilroy went in a hurry to Richmond in California, and found Rosie who was a riveter in a shipyard there. Kilroy proposed marriage to Rosie.

Rumor has it that they are still living happily among many grandchildren at a small town in a nook of the U.S.

Note: 1. During World War II, a big campaign designed to make an appeal for female workers was conducted in the U.S. The most famous poster used for this campaign was a picture of Rosie, a female riveter, which was drawn with the slogan, "We Can Do It!" Thus, the expression "Rosie the riveter" has become a synonym for the women who worked in place of men during World War II. Some assert that the name "Rosie" was derived from the model of the picture, Rose Will Monroe, a riveter in Michigan. Strictly, however, Rosie of "Rosie the riveter" is an imaginary character. At present, there is "ROSIE THE RIVETER MEMORIAL" in Richmond, California, where many women served in shipyards during World War II.

Note: 2. For more legends refer to <http://www.kilroywashere.org/001-Pages/01-0KilroyLegends.html>:
[Source: MRGRG Pete Feliciano input 29 Jan 2012 ++]

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

- Feb 15 1898 - U.S. battleship Maine mysteriously blows up in Havana Harbor, Cuba killing more than 260 crew members and bringing the United States closer to war with Spain.
- Feb 15 1943 – WWII: The Germans break the American Army's lines at the Fanid-Sened Sector in Tunisia, North Africa.
- Feb 15 1967 – Vietnam: Thirteen U.S. helicopters are shot down in one day in Vietnam
- Feb 16 1804 - 1Lt. Stephen Decatur led a successful raid into Tripoli Harbor to burn the U.S. Navy frigate Philadelphia, which had fallen into the hands of pirates.
- Feb 16 1862 - Civil War: 14,000 Confederate soldiers surrendered at Ft. Donelson TN. Union Gen. Ulysses S. Grant's victory earned him the nickname "Unconditional Surrender Grant."
- Feb 16 1864 - Civil War: The H.L. Hunley becomes the first submarine to engage and sink a warship, the USS Housatonic.
- Feb 16 1865 - Civil War : Columbia, South Carolina is burned as Confederate forces flee from advancing Union forces.
- Feb 16 1944 - WWII: Battle of Eniwetok Atoll begins. The battle ends in an U.S. victory on 22 February.
- Feb 16 1944 - WWII: Operation Hailstone begins. U.S. naval air, surface, and submarine attack against Truk (Chuuk), Japan's main base in the central Pacific, in support of the Eniwetok invasion. (WWII)

- Feb 16 1945 - WWII: American troops landed on the island of Corregidor in the Philippines.
- Feb 17 1864 - Civil War: The Confederate submarine *Hunley* sinks the USS *Housatonic* in Charleston Harbor, South Carolina.
- Feb 18 1865 - Civil War: Union troops force the Confederates to abandon Fort Anderson, N.C.
- Feb 18 1865 - Civil War: Union forces under Major General William T. Sherman set the South Carolina State House on fire during the burning of Columbia.
- Feb 19 1942 - WWII: President Franklin D. Roosevelt signs the executive order 9066, allowing the United States military to relocate Japanese-Americans to Japanese internment camps.
- Feb 19 1943 - WWII: German troops of the Afrika Korps break through the Kasserine Pass, defeating U.S. forces. U.S. troops retake the pass 5 days later.
- Feb 19 1944 - WWII: The U.S. Eighth Air Force and Royal Air Force begin "Big Week," a series of heavy bomber attacks against German aircraft production facilities.
- Feb 19 1945 - WWII: Battle of Iwo Jima - about 30,000 United States Marines land on Iwo Jima.
- Feb 20 1864 - Civil War: Confederate troops defeat a Union army sent to bring Florida into the union at the Battle of Olustee, Fla.
- Feb 20 1942 - WWII: Lt. Edward O'Hare downs five out of nine Japanese bombers that are attacking the carrier *Lexington* and becomes America's first World War II flying ace
- Feb 20 1944 - WWII: The 'Big Week' began with American bomber raids on German aircraft manufacturing centers.
- Feb 21 1862 - Civil War: The Texas Rangers win a Confederate victory in the Battle of Val Verde, NM.
- Feb 21 1951 - Korea: The U. S. Eighth Army launches Operation Killer, a counterattack to push Chinese forces north of the Han River in Korea.
- Feb 22 1836 - Mexican General Antonio Lopez de Santa Anna began his 13 day siege of the Alamo Spanish mission in San Antonio, Texas.
- Feb 22 1942 - WWII: Franklin Roosevelt orders Gen. Douglas MacArthur to leave the Philippines.
- Feb 22 1984: Britain and the U.S. send warships to the Persian Gulf following an Iranian offensive against Iraq.
- Feb 23 1847 - Mexican-American War: Battle of Buena Vista - In Mexico, American troops under General Zachary Taylor defeat Mexican General Antonio López de Santa Anna.
- Feb 23 1903 - Cuba leases Guantánamo Bay to the United States 'in perpetuity'.
- Feb 23 1942 - WWII: A Japanese submarine surfaced off the coast of California, shelling the coastline near the town of Ellwood. The first Axis explosives to hit American soil.
- Feb 23 1945 - WWII: During the Battle of Iwo Jima, a group of Marines and a commonly forgotten U.S. Navy Corpsman, reach the top of Mt. Suribachi and are photographed raising the American flag. The photo would later win a Pulitzer Prize and become the model for the national USMC War Memorial.
- Feb 23 1945 - WWII: The capital of the Philippines, Manila, is liberated by American forces.
- Feb 23 1967 - Vietnam: U.S. troops begin the largest offensive of the war, near the Cambodian border.
- Feb 23 1991 - Gulf War: Ground troops cross the Saudi Arabian border and enter Iraq, thus starting the ground phase of the war.
- Feb 24 1813 - War of 1812: The American ship USS *Hornet* sank the British sloop HMS *Peacock* in an action off the coast of Guiana (north coast of South America).
- Feb 24 1942 - Battle of Los Angeles: A UFO flying over wartime Los Angeles causes a blackout order at 2:25 a.m. and attracts a barrage of anti-aircraft fire, ultimately killing 3 civilians.
- Feb 24 1944 – WWII: Merrill's Marauders, a specially trained group of American soldiers, begin their ground campaign against Japan into Burma.
- Feb 24 1968 - Vietnam War: The Tet Offensive is halted; South Vietnam recaptures Huế.
- Feb 25 1933 - USS *Ranger*, the first U.S. Navy ship to be built solely as an aircraft carrier, is launched.

- Feb 25 1942 - WWII: A UFO flying over wartime Los Angeles causes a blackout order at 2:25 a.m. and attracts a barrage of anti-aircraft fire, killing 3 civilians. Known as the Battle of Los Angeles.
- Feb 26 1943 - U.S. Flying Fortresses and Liberators pound German docks and U-boat lairs at Wilhelmshaven.
- Feb 26 1991 - Gulf War: On Baghdad Radio Iraqi leader Saddam Hussein announces the withdrawal of Iraqi troops from Kuwait.
- Feb 27 1864 - Civil War: The first Union prisoners arrive at Andersonville Prison in Georgia.
- Feb 28 1844 - A gun on USS Princeton explodes while the boat is on a Potomac River cruise, killing eight people, including two United States Cabinet members.
- Feb 28 1863 - Civil War: The Confederate ship Nashville was destroyed by the Union ironclad vessel USS Montauk on the Ogeechee River in Georgia.
- Feb 28 1916 - WWI: Beginning of the battle of Verdun, in France, which lasted ten months.
- Feb 28 1942 - The heavy cruiser USS Houston (CA-30) is sunk in the Battle of Sunda Strait with 693 crew members killed, along with HMAS Perth (D29) which lost 375 men.
- Feb 28 1945 - WWII: U.S. tanks break the natural defense line west of the Rhine and cross the Erft River.
- Feb 28 1994: U.S. warplanes shoot down four Serb aircraft over Bosnia in the first NATO use of force in the troubled area.

[Source: Various Feb 2012 ++]

Military Trivia 45: The Nuremberg trials were the most famous trials in modern history. They laid down the standards for International Law. See if you can answer the following about the trials:

1. During Nazi rule in Germany, what were held in Nuremberg every summer?

Debates | Weapons tests | Party rallies | Executions

2. What year did the Nuremberg Trials start? 1945 | 1944 | 1946 | 1947

3. In what building were the Nuremberg Trials held?

The Reichstag | The Nuremberg Hall | The Palace of Justice | The Palace of Germany

4. Who was the most influential Nazi captured by the Allies and put on trial?

Julius Streicher | Wilhelm Keitel | Hermann Goering | Joachim von Ribbentrop

5. Did all the defendants plead *not* guilty? Yes | No

6. Who was the chief U.S. prosecutor in the trial?

John Archer | Harry Truman | Adolf Hitler | Robert Jackson

7. Which defendant was the Nazi Foreign Minister before the trial?

Julius Streicher | Joachim von Ribbentrop | Hjalmar Schacht | Karl Doenitz

8. How many defendants were accused and stood trial in person in the first and most famous Nuremberg Trial?

19 | 22 | 24 | 27

9. Which four nations conducted the trials?

- a. U.S, U.S.S.R, Britain, Germany
- b. U.S, Britain, France, Japan
- c. U.S, U.S.S.R, China, Britain
- d. U.S, Britain, France, U.S.S.R

10. Which leading Nazi committed suicide hours before he was due to be hanged?

Albert Speer | Rudolf Hess | Hermann Goering | Karl Doenitz

Answers

1. **Party rallies** were held each year to show the public how strong the Nazi Party and the German military machine were. They moved the people so much that many pledged to die for Nazis. Debate was illegal in Germany under the Nazis. Anyone who dared to do so risked death.

2. In the same year that World War Two ended, **1945**, the allied governments decided to hold the trials in one of the most important cities in Germany. The first executions took place in 1946.

3. **The Palace of Justice**. This is the same building that laws had been made in 1935 to reduce the Jews to second class citizens.

4. **Hermann Goering**. Hitler and Goebbels had committed suicide in April of 1945. Himmler, when captured by the British, also committed suicide. So when the trial began Goering was the most senior left. Although he knew a death sentence was imminent, he remained convinced that he was right in all that he did and said.

5. **Yes**. At the beginning of the trial, all defendants pleaded not guilty, but near the end, most had broken down and had said that they had "only been following orders". The judges made their decisions based on one or more of the following counts: 1. Conspiracy to commit aggression, 2. The act of aggression, 3. Crimes in the conduct of warfare (that is, war crimes in the narrower sense), 4. Crimes against Humanity. Those convicted on all four counts were: Goering, Ribbentrop, Keitel, Rosenberg, Jodl and Neurath.

6. **Robert Jackson**. He had doubts about the way the trial would be run. He thought it would fail, just like the trials after World War I. He would be proved wrong, though. The Nuremberg Trials established a basis for international law which is still used today.

7. **Joachim von Ribbentrop** who was one of Hitler's most devoted followers. He was a key figure in the conspiracy to launch a war of aggression and was sentenced to death by hanging. Unlike Goering, he was actually hanged.

8. **22** of the highest ranking Nazi officials were accused. Twelve were hanged, eight received prison terms ranging from ten years to life and two were acquitted. (Politician and diplomat Franz von Papen, and the president of the German Central Bank, Hjalmar Schacht, were acquitted, as was Hans Fritzsche). Goering committed suicide in prison a few hours before he was to be executed. Robert Ley had been charged but had committed suicide before the trial began, and Martin Bormann was tried in absentia.

9. **U.S, Britain, France, U.S.S.R**. At the start, things were very difficult because the four Allied Powers each had different laws. It took many months of hard work but by the time of the trial, everything was working smoothly. (Separate trials were held for Japanese war criminals).

10. **Hermann Goering**. With his death, the Third Reich was over. Its highest leaders were dead, along with their Fuehrer. It is sometimes said, but has never been proven, that Goering's prison guard retrieved a cyanide tablet from his luggage. No charges were ever brought against the man.

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

Tax Burden for Maine 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 Maine:

Sales Taxes

State Sales Tax: 5.0% (food and prescription drugs exempt)

Gasoline Tax: 31.5 cents/gallon

Diesel Fuel Tax: 32.7 cents/gallon

Cigarette Tax: \$2.00/pack of 20

Personal Income Taxes

Tax Rate Range: Low – 2%; High – 8.5% (See 2011 tax rate schedule at http://www.maine.gov/revenue/forms/1040/2011/RateSched_11.pdf). Maine lawmakers adopted legislation that consolidates the current personal income tax brackets and reduces the rate for the highest income bracket from 8.5% to 7.95%. These change are effective in 2013.

Income Brackets: *Four. Lowest – \$5,000; Highest – \$19,950. For joint returns, the taxes are twice the tax imposed on half the income.

Personal Exemptions: Single – \$2,850; Married – \$5,700; Dependents – \$2,850

Standard Deduction: Single – \$5,950 (2012); Married filing jointly – \$11,900 (2012).

Additional Deductions for Age or Blindness: \$1,150 if married (whether filing jointly or separately) or a surviving spouse. The additional amount is \$2,200 if one spouse is 65 or over and blind, \$2,300* if both spouses are 65 or over and blind, \$4,600,* \$1,450 if unmarried (single or head-of-household). The additional amount is \$2,900 if the individual is both 65 or over and blind. *If married filing separately, these amounts apply only if you can claim an exemption for your spouse.

Medical/Dental Deduction: Federal amount

Federal Income Tax Deduction: None

Retirement Income Taxes: You and your spouse (if married) may each deduct up to \$6,000 of eligible pension income that is included in your federal adjusted gross income. Except for military pension benefits, the \$6,000 cap must be reduced by any Social Security and Railroad Retirement benefits received, whether taxable or not. Deductible pension income includes state, federal and military pension benefits, as well as retirement benefits received from employee retirement plans.

Retired Military Pay : Follows federal tax rules.

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.

* For joint returns, the taxes are twice the tax imposed on half the income.

Property Taxes

All real estate and personal property of Maine residents is subject to local and, if authorized by the legislature, state property taxes. Local property taxes, based upon assessed valuation, are assessed, levied and collected by municipalities. Homestead and veteran's exemption programs, administered by the state, are available to reduce property taxes for those who qualify. The Homestead Exemption program provides a measure of property tax relief for certain individuals that have owned homestead property in Maine for at least 12 months and make the property they occupy on April 1st their permanent residence. Property owners receive an exemption of \$10,000 on the assessed value of their home. Go to <http://www.maine.gov/revenue/forms/property/apps/homesteadapp.pdf> for more information.

A Veteran exemption of \$6,000 is available to those who served during a recognized war period, are 62 years or older, are receiving 100% disability as a veteran or became 100% disabled while serving. Paraplegic veterans who received a federal grant for a specially adapted housing unit may receive a \$50,000 exemption. A blind exemption of \$4,000 is available to those who are legally blind.

Maine offers a circuit breaker tax relief program for residents who pay property tax or rent. The maximum refund is \$1,600. You may qualify if you do not have a spouse or dependent(s) and your 2009 household income was \$64,950 or less, or you do have a spouse or dependent(s) and your 2009 household income was \$86,600. In addition, your property tax had to exceed 4% of your household income or the rent you paid was 20% of your household income. Seniors do not need to meet this requirement if the household income was below \$14,700 and they lived alone, or below \$18,200 if they lived with a spouse or dependent. Maine Revenue Services offers a booklet on the qualifications for the senior portion of the program.

A senior citizen property tax credit for volunteer service is available. A municipality may adopt an ordinance to allow resident homeowners who are at least 60 years of age to earn up to \$750 in benefits by volunteering to provide services to the municipality. The municipality may establish procedures and additional standards of eligibility for the program. Because the volunteer benefits are not subject to Maine income tax, Maine adjusted gross income on the Maine individual income tax return may be reduced by the amount of the benefits, up to \$750, to the extent included in federal adjusted gross income. For more information on property tax relief programs refer to <http://www.state.me.us/revenue/propertytax/propertytaxbenefits/propertytaxbenefits.htm>. For property tax exemptions, refer to <http://www.state.me.us/revenue/propertytax/sidebar/exemptions.htm>.

Inheritance and Estate Taxes

There is no inheritance tax. Maine has partially decoupled from the federal estate tax law. The amount exempt from the Maine estate tax is different from the amount exempt from federal estate tax. A decedent would have their estate exempt for up to \$1,000,000. Refer to <http://www.state.me.us/revenue/incomeestate/estate/index.htm> for more information

For further information, visit the Maine Revenue Services site <http://www.state.me.us/revenue/> or call 207-626-8475. [Source: www.retirementliving.com Feb 2012 ++]

Veteran Legislation Status 12 FEB 2012: For a listing of Congressional bills of interest to the veteran community introduced in the 112th Congress refer to the Bulletin's "**House & Senate Veteran Legislation**" attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or

Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

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

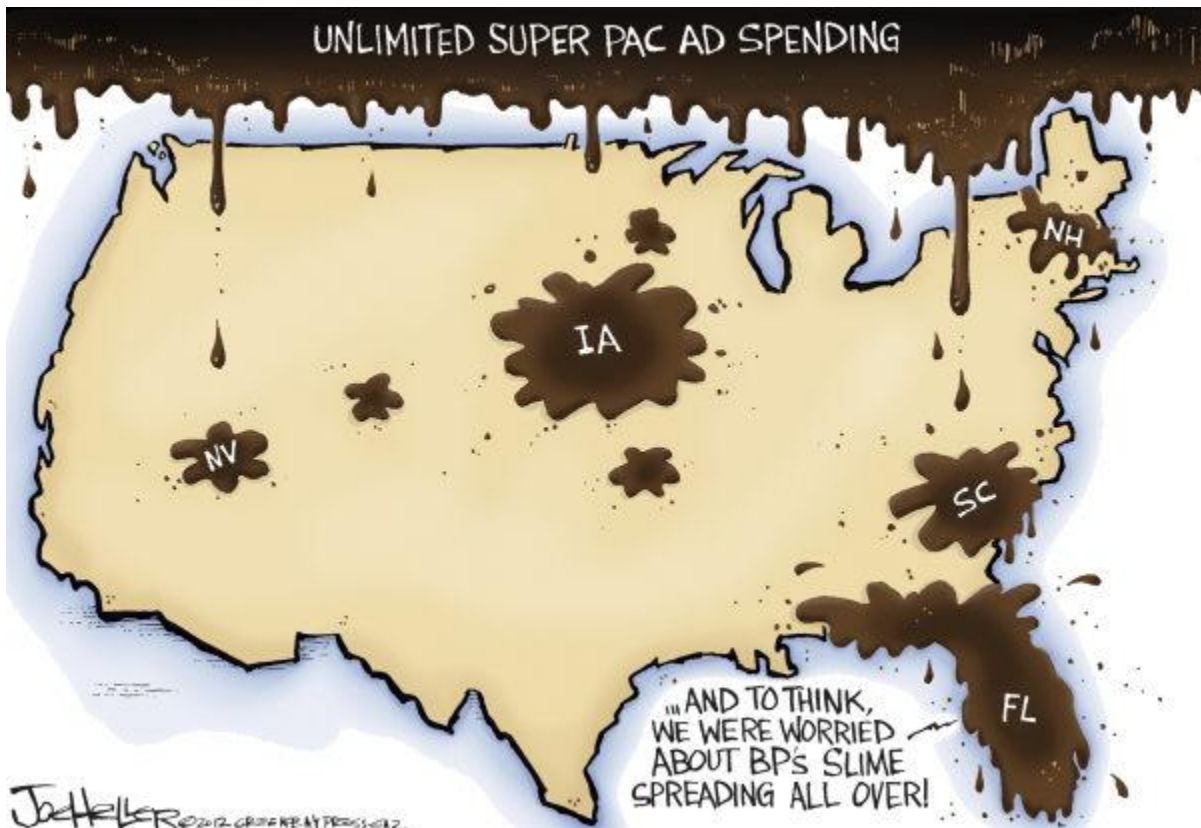
Have You Heard? Food quotes

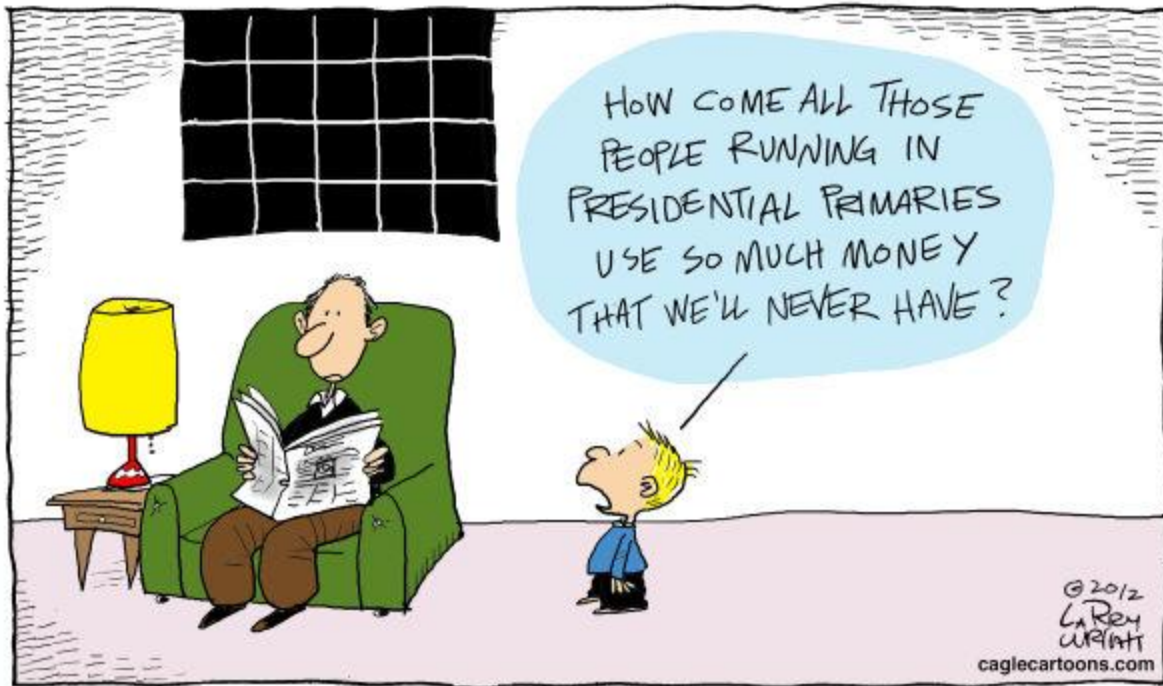
- Never argue at the dinner table, for the one who is not hungry always gets the best of the argument. *** Richard Whately
- Ham and Eggs - A day's work for a chicken; A lifetime commitment for a pig. *** Anonymous
- I didn't fight my way to the top of the food chain to be a vegetarian. *** Anonymous
- I don't even butter my bread; I consider that cooking. *** Katherine Cebrian
- I do not like broccoli. And I haven't liked it since I was a little kid and my mother made me eat it. And I'm President of the United States and I'm not going to eat any more broccoli. *** George Bush
- Avoid fruits and nuts. You are what you eat. *** Jim Davis
- Once, during prohibition, I was forced to live for days on nothing but food and water. *** W. C. Fields
- It is after you have lost your teeth that you can afford to buy steaks. *** Pierre Auguste Renoir
- When those waiters ask me if I want some fresh ground pepper, I ask if they have any aged pepper. *** Andy Rooney
- I don't like food that's too carefully arranged; it makes me think that the chef is spending too much time arranging and not enough time cooking. If I wanted a picture I'd buy a painting. *** Andy Rooney
- I come from a family where gravy is considered a beverage. *** Erma Bombeck
- Statistics show that of those who contract the habit of eating, very few survive. *** Wallace Irwin
- The worst gift is a fruitcake. There is only one fruitcake in the entire world, and people keep sending it to each other. *** Johnny Carson
- McDonalds announced it's considering a more humane way of slaughtering its animals. You know they fatten them up and then kill them. You know the same thing they do to their customers, isn't it? *** Jay Leno
- I love Thanksgiving turkey...it's the only time in Los Angeles that you see natural breasts. *** Arnold Schwarzenegger
- Most vegetables are something God invented to let women get even with their children *** P. J. O'Rourke
- You can say this for ready-mixes - the next generation isn't going to have any trouble making pies exactly like mother used to make. *** Earl Wilson
- A bum came up to me saying "I haven't eaten in two days!" I said, "You should force yourself!" Another bum told me "I haven't tasted food all week." I told him "Don't worry, it still tastes the same!" *** Henny Youngman

- The first law of dietetics seems to be: if it tastes good, it's bad for you. *** Isaac Asimov
- My doctor told me to stop having intimate dinners for four; unless there are tH.R.ee other people. *** Orson Welles
- If we aren't supposed to eat animals, then why are they made out of meat? *** Jo Brand
- Ever wonder about those people who spend \$2 apiece on those little bottles of Evian water? Try spelling Evian backward. *** George Carlin
- Watermelon—it's a good fruit. You eat, you drink, you wash your face. *** Enrico Caruso
- Health food may be good for the conscience but Oreos taste a hell of a lot better. *** Robert Redford
- I'm not saying my wife's a bad cook, but she uses a smoke alarm as a timer. *** Bob Monkhouse
- The food here is terrible, and the portions are too small. *** Woody Allen
- Eating rice cakes is like chewing on a foam coffee cup, only less filling. *** Dave Barry
- Ask your child what he wants for dinner only if he's buying. *** Fran Lebowitz

"The direct use of force is such a poor solution to any problem, it is generally employed only by small children and large nations."

— David Friedman (American economist and writer)





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