RAO Bulletin Update

1 April 2007

THIS BULLETIN UPDATE CONTAINS THE FOLLOWING ARTICLES:

RIVER PATROL FORCE TF - 116

RAO

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam www.TF116.org

TRICARE UNIFORM FORMULARY UPDATE 18:

On March 22, a DoD panel proposed moving several pain narcotic, glaucoma, and anti-depressant medications to the third tier ($22 copay vs $3 or $9 for drugs on first and second tiers), along with some newer sedatives.

- Ultram ER (extended release) will be moved to the third tier with a 90-day implementation time. There are 38 other medications in this class that remain available at the lower copays, including the immediate-release form of Ultram.

- Glaucoma drugs Travatan, Istalol, Betimol, and Azopt to the third tier, while 18 medications in this class will still be available at the lower copay.

- Among anti-depressants, the Emsam patch will move to the third tier, leaving Marplan, Nardil and Parnate available at lower copays.

- Some newer sedatives — Rozerem, Sonata, and Ambien CR (controlled release) - also will move to the third tier. Ambien and Lunesta will remain on the lower-copay list, along with eight other older drugs. However, a "prior-authorization" requirement is being proposed for first-time use of all drugs in this class other than Ambien, which is the most commonly prescribed and cost-effective drug in this class. The prior-authorization requirement would not apply to patients who previously had another first- or second-tier sleep agent prescribed in the last six months. The panel indicated that Ambien is scheduled to be available in generic f orm in April. When that happens, use of that generic will be made mandatory. Other drugs in the class will be available only if the doctor demonstrates that there is a medical necessity to prescribe one of the other drugs in the class for the particular patient (e.g., to avoid adverse side effects).

[Source: MOAA Leg Up 30 Mar 07 ++]

TAX EXEMPTION FOR FL DISABLED VETS UPDATE 01:

An amendment to the Florida Constitution voters approved in 2006 to give property tax discounts to a small group of disabled veterans could be implemented under a bill that cleared the state's Senate. Only those veterans with combat-related disabilities who were Florida residents when they joined the military would be eligible for the tax discounts on their primary homes, known as homesteads. The percentage of a veteran's discount would correspond to the percentage he is disabled as determined by the U.S. Department of Veterans Affairs. The Senate passed the bill 39-0. It now goes to the House, where no similar bill has yet been filed.

[Source: Southwest Florida Herald Tribune 29 Mar 07 ++]

VETERANS' HEALTHCARE MANDATORY FUNDING:

On 8 MAR 07 Senator Charles Schumer (D-NY) told a Washington, DC newspaper; "Nationwide, veterans are facing a healthcare funding shortfall of more than $2.8 billion in the midst of a growing nationwide scandal over inadequate treatment of wounded soldiers returning from Iraq and Afghanistan". He pledged to promote, support, and vote for full mandatory funding of veteran's healthcare and services. Full funding for Veterans Healthcare is something all veterans would like to see achieved. A group of veterans has initiated "Operation Firing for Effect" (OFFE) to help achieve that goal.

On 19 MAR, while visiting the VA Medical Center in Canandaigua New York, Sen. Schumer took time to meet with Operation Firing For Effect representatives and to sign their Resolution calling for full mandatory funding of veteran's healthcare and services. This Resolution posted at http://offe2008.org/public_html/resolution.htm has been adopted and passed by several U.S. northeast cities and townships, including the Mayor of Chicago, Illinois, Richard Daley, the Governor of Oregon, Ted Kulongoski, plus over 500,000 labor union members in New York State.

A healthcare system is essential to provide vets with adequate healthcare. The links shown provide documentation on the conditions noted:

- On 22 AUG 86, the VAMC in Atlanta Georgia released a Memorandum changing their procedures for self injections for diabetic insulin users. The change in policy was as follows; "Effective for new prescriptions written after 2 SEP 86, you should use each disposable insulin syringe two times before throwing it away". The only possible reason for this new policy was budgetary. This change in procedure was an attempt to cut the year's insulin syringe budget in half. Apparently, the VA needed funds elsewhere, and decided this very questionable and risky injection procedure was a good idea. Well known Georgia veterans rights advocate Jere Beery led a successful public campaign to have this unsafe practice stopped immediately. This one small example illustrates how budget restraints affect the quality of healthcare our veterans receive. Mandatory full funding would guarantee that our veterans would never be asked to use a dirty syringe again. Documentation; http://jerebeery.com/va-syringe-useage.htm

- Although the telephone has been around for well over a century, it wasn't until 1996 that all VA hospitals nationwide were equipped with bedside telephones. Up until that time, unless you could make it to the pay phone down the hall, patients made no calls, much less receive any. In 1995, Mr. Francis Dosio of PT Phone Home and the Commun ication Workers of America Union took up the concept veterans activist Jere Beery had started several years earlier and launched a nationwide project to install bedside phones in every VA hospital in the country. All of the labor and equipment was donated but the story was not publicized. The VA didn't have to pay anything for the bedside phone project as all of the funds were donated from the private sector. Mandatory full funding would insure that our veterans do not have to depend on public donations for basic amenitie and services. Documentation; http://jerebeery.com/bedside_telephones_in_va_hospita.htm.

- In 1998, the VAMC in Atlanta attempted to implement parking fees for all veterans visiting the facility. Vietnam combat veteran Jere Beery openly challenged the parking plan and stimulated public outrage which halted the idea before it was enforced. Mandatory full funding would guarantee that our veterans are never again ask to pay to access the healthcare services they have earned. Documentation; http://jerebeery.com/va%20parking%201.htm.

- In 2006, two veterans died after they were refused entrance and lifesaving treatment at the VA hospital in Spokane Washington. The reason; they arrived after the emergency room had closed. Mandatory full funding would insure that all VA hospitals with a pre-existing emergency room could maintain 24/7 emergency services for critically ill veterans. Documentation; http://jerebeery.com/offe_extremely_concerned_about_d.htm.

- In 1978, travel reimbursement for veterans traveling to a VA hospital for a scheduled appointment was 11 cents per mile, which was when gas was 49 cents a gallon. This reimbursement amount has remained

unchanged for 29 years. In this case, Mandatory full funding would provide the funds to increase this allowance and allow for the payment of travel pay to fluctuate with the rising cost of fuel.

- Currently, the VA has a backlog of over 90,000 claims waiting processing. Many veterans are required to wait well over a year for their VA rating decision. Under-staffing is the primary reason for these delays. Mandatory funding would make it possible for the VA to hire additional staff to process and expedite claims.

- Low wages offered by the VA make it difficult to entice and retain high quality medical professionals. Doctors, nurses, dentist, psychiatrist, counselors, and nutritionist all make significantly more money in the private sector. Mandatory funding would allow for increases in salaries which would attract more medical professionals into the VA healthcare system.

- Mandatory funding would also insure that future medical research done by the VA would not be restricted by budget constraints. For additional info on OFFE refer to Refer to http://offe2008.org/public_html/index.htm. [Source: OFFE Gene Sims msg. 29 Mar 07 ++]

TRICARE PHARMACY POLICY UPDATE 02:

The Tricare Management Activity (TMA) announced that, in collaboration with the Defense Manpower Data Center (DMDC) and the Centers for Medicare and Medicaid Services (CMS), it has developed a customer-focused process for beneficiaries to resolve Medicare Part D and Tricare coverage issues, and obtain their prescriptions more quickly. Since the initiation of the Medicare Part "D" program some Tricare beneficiaries who try to use their Tricare prescription drug benefit have found their Tricare coverage denied due to the inadvertent Medicare Part D enrollment. Should this situation happen to you, TMA recommends the beneficiary contact Express Scripts at 1(866) 363-8779. The Express Scripts customer service representative will ask for the beneficiary's permission to access Medicare Part D coverage information from CMS and determine whether the beneficiary is currently in a Medicare P art D plan. If CMS records show no Medicare Part D coverage, DMDC will update the beneficiary's Defense Enrollment Eligibility Reporting System (DEERS) information, in one business day. Additionally, if Express Scripts discovers that CMS shows the beneficiary as having Medicare Part D coverage, they will advise the beneficiary how to obtain confirmation of disenrollment or cancellation from Medicare Part D, and how to forward the disenrollment or cancellation information to DMDC to update the beneficiary's DEERS record. Once DMDC receives this documentation, a customer service representative will update the DEERS records and telephone the beneficiary to confirm the correction. [Source: TMA News Release 22 Mar 07 www.tricare.mil/pressroom/news.aspx?fid=271 ++]

WOUNDED WARRIOR ASSISTANCE:

On 28 MAR the House unanimously passed H.R. 1538, the Wounded Warrior Assistance Act of 2007. This bipartisan bill responds to the pro blems brought to light at the Walter Reed Army Medical Center and other military health care facilities by including provisions to:

1) Improve the access to quality medical care for wounded service members who are outpatients at military health care facilities;

2) Begin the process of restoring the integrity and efficiency of the disability evaluation system and taking other steps to cut bureaucratic red-tape; and

3) Improve the transition of wounded service members from the Armed Forces to the VA system.

More specifically an overview of some of the key provisions of the bill discloses it:

- Improves the training and reduces the caseloads of medical care case managers for outpatient wounded service members, so that service members and their families can get the help they need when they need it. For example, the bill requires that case managers for outpatients handle no more than 17 cases and review each case at least once a week to better understand patient needs.

- Creates a system of patient advocates for outpatient wounded service members. These advocates are there to fight, when necessary, to ensure that outpatients get the right treatment. The bill limits patient advocates to a caseload of no more than 30 outpatients.

- Requires DOD to establish a toll-free hot line for reporting deficiencies in facilities supporting medical patients and family members, requiring rapid responses to remediate substantiated complaints.

- Establishes an independent medical advocate to serve as a counselor and advisor for service members being considered by medical evaluation boards.

- Requires DOD to recommend annually improvements in the training of health care professionals, medical care case managers, and patient advocates to increase their effectiveness in assisting recovering wounded warriors. The bill, at a minimum, requires DOD to make recommendations about improving training in the identification of post-traumatic stress disorder, suicidal tendencies, and other mental conditions among recovering service members.

- Requires the Army to establish an Army Wounded Warrior Battalion pilot program at an installation with a major medical facility modeled after the Wounded Warrior Regiment program in the Marines. The unit is intended to track active-duty soldiers in outpatient status who still require medical care.

- Begins the process of reforming administrative processes in order to restore the integrity and efficiency of the disability evaluation system. For example, the bill requires DOD to establish a standardized training program and curriculum for those involved in the disability evaluation system.

- Takes some substantive steps in reducing the turmoil of being transferred from military to veterans' medical care for service members who are discharged. The bill creates a formal transition process from the Armed Forces to the VA for service members who are being retired or separated for health reasons. The transition is to include an official handoff between the two systems with the electronic transfer of all medical and personnel records before the member leaves active-duty.

The Dignity for Wounded Warriors Act H.R.1268 & S.713 are similar bills that have been introduced in the 110th Congress on this issue. [Source: House Speaker Pelosi msg. 29 Mar 07 ++]

SMALL BUSINESS ADMINISTRATION UPDATE 01:

Legislation moving through the House aims to reduce fees on U.S. Small

Business Administration loans and boost lending in rural areas and low-income urban neighborhoods. On 15 MAR the House Small Business Committee approved H.R.0109. This bill would eliminate fees on loans made to veterans through the SBA's 7(a) program and cut fees in half on loans made to doctors and dentists in areas where there is a shortage of medical professionals. Small businesses that need large loans would benefit from a provision that allows borrowers to combine a 7(a) loan, which can be used for a variety of business purposes, with a 504 loan, which must be used for real estate or other fixed assets. The bill would allow the SBA to use money appropriated by Congress to reduce fees on 7(a) loans. The government-guaranteed loans are popular because they offer longer terms and lower monthly payments than conventional small-business loans. Congress lowered 7(a) loan fees to stimulate the economy after the 911 terrorist attacks. Fees on borrowers and lenders went back up in OCT 04, when Congress - at the SBA's request - stopped subsidizing the loans. Fees now cover loan defaults and other program costs. Eliminating the subsidy saves taxpayers about $80 million a year. But critics say the higher fees make the loans too expensive for some small businesses, adding $1,500 to $3,000 to the cost of small 7(a) loans and as much as $50,000 for large loans. [Source: South Florida Business Journal 27 Mar 07 ++]

FL DEPT OF REVENUE DATA BREACH:

A Cape Coral veteran is afraid he could become the victim of identity theft again after learning 26 MAR his personal information had been stolen for the fourth time in a year - this time from a state agency. Bill Trowler received a letter from the Florida Department of Revenue saying his information had been stolen from a database. Exposure to identity theft as a result of data breaches has happened to Trowler four times in the last year. It started when he got caught up in the largest identity theft case in U.S. history when 26.5 million veterans were compromised by a stolen laptop. His personal information was again compromised when he applied for a line of credit from department store and again when he applied for a standard credit card. In both of those cases his information was used to get new credit lines and one crook even set up a business in Trowler's name. He immediately started trying to protect his identity. "We froze all our accounts with the credit bureau. We also changed all our account numbers on all credit cards. We have destroyed or shredded anything that contains financial information. We got extra locks on the door now," said Trowler.

He has contacted the Florida Department of Revenue to deal with this latest incident, but so far he hasn't heard back from them to find out exactly what happened. The state did admit that there is a criminal investigation going on and that about 5,000 people's information was compromised. Officials aren't saying how the data was stolen or when. Last year Florida State warned their employees via a 16 MAY email message that their personal information may have been compromised after work on the state's People First payroll an d human resources system was improperly subcontracted to a company in India. Employees who worked for the state during the 18-month period between 1 JAN 03 and 30 JUN 04, were potentially exposed. The state's Department of Management Services (DMS), which oversees the People First system, estimated that 108,000 then current and former state employees may have been affected by the data breach, although that estimate could change as a result of their investigation into the matter.

The military community continues to be at risk for identity theft because the government and many large companies cannot get their act together on this issue. As a result veterans are continually being exposed to the potential of identity theft from hackers and criminals. Although those who have been exposed are reassured by these agencies that appropriate actions are being taken to protect them from personal loss, these actions and notifications are a lways taken after data breaches have occurred giving criminals ample time to act on the data they have

obtained. One sure way to protect yourself is to purchase insurance against losses and let the insurer fight the battles with creditors seeking reimbursement from you for alleged purchases/loans. Companies offering these services can be located on the web by entering "Identity Theft Insurance" into your search engine. Premiums and coverage vary. One such company is Lifelock www.lifelock.com which offers a 25% discount to veterans for $1,000,000 coverage at a $7.50 monthly premium. Those seeking protection are encouraged to shop for the best deal to meet their personal needs. [Source: WBBH NBC2 News Fort Myers FL 27 Mar 07 ++]

MOBILIZED RESERVE 28 MAR 07:

The Army, Navy, Air Force, Marine Corps and Coast Guard announced the current number of reservists on active duty as of 28 MAR 07 in support of the partial mobilization. The net collective result is 1,511 fewer reservists mobilized than last reported for 14 MAR 07. Total number currently on active duty in support of the partial mobilization for the Army National Guard and Army Reserve is 62,879; Navy Reserve 6,174; Air National Guard and Air Force Reserve 4,983; Marine Corps Reserve 5,559; and the Coast Guard Reserve 301. This brings the total National Guard and Reserve personnel, who have been mobilized, to 79,896, including both units and individual augmentees. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at http://www.defenselink.mil/news/Mar2007/d20070328ngr.pdf. [Source: DoD News Release 28 Mar 07 ++]

SBP SSA OFFSET UPDATE 09:

Survivor Benefit Plan (SBP) annuitan ts who currently do not receive 50% of their deceased spouse's SBP annuity base amount will soon see their annuity increase. The increase, which goes into effect 1 APR will appear in annuitants' May 2007 deposit. Survivors who already receive 50% or more of their late spouse's annuity base amount will not see an increase this April, but they may see one next April. By April 2008, all survivors will receive the full 55% of their late military retiree's pay covered by SBP. Public Law 108-375, which was implemented on 1 OCT 05 established the phased elimination of the Social Security offset and the two-tier annuity computation for surviving spouses under the Survivor Benefit Plan/Reserve Component Survivor Benefit Plan (SBP/RCSBP). [Source: MOAA News Exchange 28 Mar 07 ++]

NATIONAL UNIFORM CLAIM COMMITTEE:

The Veterans Health Administration (VHA) has been named to the National Uniform Claim Committee (NUCC), a key organization in the health care industry. The NUCC develops the paper claim form for professional billing to insurers (currently, the CMS 1500). Comprising both payers and providers, the NUCC selected VHA as a Provider member. VHA has a vital interest in policies affecting professional health care claims. During fiscal year 2006 VHA submitted 4.8 million claims to third-party payers for reimbursement of professional nonservice-connected care of veterans. The VA Health Administration Center (HAC), which processes approximately two million professional claims per year as a payer for VHA programs, most recently worked with the NUCC to update the Revised 08/05 Version of the CMS 1500 Health Insurance Claim Form currently under national implementation. Officially, NUCC is "a voluntary organization created to develop a standardized data set for use by the non-institutional health care community to transmit claim and encounter information to and from all third-party payers." The NUCC is chaired by the American Medical Association, with the Centers for Medicare and Medicaid

Services as a critical partner. The NUCC is formally named in the HIPAA (Health Insurance Portability and Accountability Act) legislation as one of the organizations to be consulted on national standards for health care transactions. For additional info on the NUCC refer to www.nucc.org. [Source: Office of the Secretary of Veterans Affairs News Release 27 Mar 07 ++]

ANGIOPLASTY VS. DRUGS:

For patients with clogged arteries who have not yet had a heart attack, the widely used surgical treatment of balloon angioplasty with the insertion of a stent is no better than conventional drug treatment. Researchers from the Department of Veterans Affairs told a meeting of the American College of Cardiology on 26 MAR that in a study of more than 2,000 patients, those receiving only drug therapy had the same number of heart attacks, strokes and deaths as those who received the drugs and underwent artery-opening angioplasty. The only difference was a slight improvement in quality of life for those receiving angioplasty because of fewer chest pains, known as angina. The findings deal a blow to the stent industry, which sells an estimated $3.2 billion worth of stents each year in the United States. As many as 65% of the estimated 1 million stenting procedures performed each year occur in such patients at a cost of about $40,000 per surgery.

Experts cautioned that the results do not apply to patients who have suffered a heart attack because of a blockage in the coronary artery. Numerous studies have shown that angioplasty is the gold standard for such patients, and physicians urge that it be implemented as soon as possible to re-open the artery and restore blood flow to the heart. But in nonemergency situations, the drugs act fast enough to for estall the need for angioplasty. Stent makers said the study provided little new information, did not include the newest generation of drug-eluting stents and did not address the key issue of whether stents prevent the need for further angioplasties. They also argued that the device's greatest benefit is improving quality of life. The study published online 26 MAR by the New England Journal of Medicine is the first large analysis examining its value for those with what is known as stable disease.

The study, called the Courage Trial, enrolled 2,287 patients at 15 VA medical centers and another 35 hospitals in the U.S. and Canada. It was sponsored primarily by the VA and the Canadian Institutes of Health Research. Many of the researchers involved have received consulting and lecture fees from major drug companies. All the patients had at least a 70% blockage of their coronary artery and chest pains several times per week. Most also had high cholesterol and high blood pressure, and many had diabetes. All of the patients were placed on multiple medications, including beta-blockers, ACE inhibitors and diuretics to lower blood pressure, statins to decrease cholesterol and blood thinners to prevent clots. The patients also were counseled about lifestyle programs for smoking cessation, increased exercise and a better diet. The drug treatments typically costs about $1,500 a year. Half the patients underwent angioplasty, and many of them received a stent—a wire-mesh tube inserted into the artery to hold it open after the balloon is withdrawn. The balloon and the stent are threaded into the coronary artery through a small incision in the groin.

After an average of 4.6 years of monitoring, there were 211 deaths, heart attacks or strokes in the group receiving angioplasty and 202 in the group receiving only drug therapy. The only difference between the two groups was that angioplasty patients had fewer symptoms of angina. After three years, 67% of those in the angioplasty group were free of angina, compared with 62% in the medication-only group, according to the study. Stent makers tended to scoff at the study. Dr. Donald Baim of Boston Scientific Corp. argued that the results "don't really tell us much that we didn't already know." Some

cardiologists who specialize in the procedures also argued that the study did not focus on the sickest patients who are most likely to benefit and that the main purpose of angioplasty in many is to alleviate chest pain, not to prevent heart attacks. Some Wall Street analysts agreed about the study's limited impact, but only because they don't anticipate it will depress sales any more than they've fallen already. Sales of stents have been declining since last year over concerns that deadly clots might form around a small percentage of the most popular devices after they are implanted and that bypass surgery might have a significant survival advantage over stents in some patients. Analysts say cardiologists are more reticent about recommending the procedure. [Source: Los Angeles Times article 27 Mar 07 ++]

TRAUMATIC BRAIN INJURY UPDATE 03:

Veteran Construction 1 (VETCON 1), a joint venture between a Serviced-Disabled Veteran-Owned Small Business (SDVOSB) and an Alaskan Native corporation, marks the first time a SDVOSB has been selected to build a VA facility as a prime contractor. VA's Center for Veterans Enterprise (CVE) played a vital role in turning the venture into reality. After receiving an email from Alaskan Native Corporation CCI Inc., looking to team with another small business, CVE found a suitable SDVOSB to fit the bill. They contacted the president of Metropolitan Enterprise, Inc., and in just three weeks were able to bring the two businesses together to win a $31 mill ion contract. The facility in Menlo Park CA , is one of four that will be built at VA poly-trauma centers to house separate education and diagnosis screening programs for Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD) in support of the VA Medical Centers throughout the country. Ground breaking was 27 MAR 07. For more information about CVE and its services to veterans in business refer to www.VetBiz.gov. [Source: Office of the Secretary of Veterans Affairs News Release 27 Mar 07 ++]

DIABETES UPDATE 03:

The 19th annual American Diabetes Alert Day was 27 MAR 07. The American Diabetes Association has asked everyone to help spread the word by informing their family, friends, and co-workers about the seriousness of diabetes, particularly when diabetes is left undiagnosed or untreated. Sixty million Americans are unaware they have diabetes or are at risk for developing type 2 diabetes. Your risk for type 2 diabetes increases as your get older, gain too much weight, or if you do not stay active. Diabetes is more common in African Americans, Latinos, Native Americans, Asian Americans and Pacific Islanders. Risk factors for type 2 diabetes include:

- Having high blood pressure (at or above 130/80)
- Having a family history of diabetes.
- Having diabetes during pregnancy or having a baby weighing more than nine pounds at birth.

What can you do? Encourage those at risk for developing type 2 diabetes to take the American Diabetes Risk Test and, if they score high, to schedule an appointment to see their doctor. The test is available in English or Spanish at http://main.diabetes.org/site/R?i=8wJAwa5nKOQBw1q8n750xQ. Here they can also review information on the link between Diabetes and heart disease and stroke. [Source: American Diabetes Alert 27 Mar 07 ++]

TRICARE EMERGENCY FACILITY USE:

Tricare beneficiaries are normally required to use only authorized providers if they expect their claims to be paid. However, in geographic areas other than the Philippines or Puerto Rico

there are established guidelines for emergency conditions under which a regional contractor can honor claims submitted by beneficiaries on the use of unauthorized facilities. These are outlined in the Tricare Reimbursement Manual 6010.55-M, August 1, 2002 General Chap. 1 Section 29. Claims must be for medically necessary services and supplies rendered in the emergency situation. Medically necessary inpatient emergency services are those that are necessary to prevent the death or serious impairment of the health of the patient, and that because of the threat to the life or health of the patient, necessitate the use of the most accessible hospital available that is equipped to furnish the services. In the case of inpatient psychiatric emergencies, payment will be extended when the p atient is determined to be at immediate risk or serious harm to self or others as a result of a mental disorder and requires immediate continuous skilled observation at the acute level of care. When a case qualifies as an emergency at the time of admission to an unauthorized institutional provider and the provider notifies the managed care support contractor of the admission, payment can be extended for medically necessary and appropriate care until a transfer is medically feasible (i.e., coverage will be extended up to the point of discharge or until a medically appropriate and legally authorized transfer can be initiated). The timing of the transfer will be based on the availability of authorized facility beds.

Requisites for reimbursement of emergency inpatient admissions to unauthorized facilities are:

a.) At the time of admission to an unauthorized institutional provider, the beneficiary's condition must meet the defi nition of medical or psychiatric emergency as prescribed in 32 CFR 199.2.

b.) The contractor must be notified as soon as possible after the emergency admission (preferably within 24 hours) so that arrangements can be made to transfer the beneficiary once the emergency no longer exists, or until such time as a medically appropriate and/or legally authorized transfer can be initiated.

c.) The provider must submit the necessary medical records and other documentation required in the processing and payment of emergency inpatient admissions. These are essential in substantiating that an emergency condition did exist at the time of the admission and that care provided to the beneficiary after the emergency no longer existed, but before a medically appropriate transfer could be initiated, was medically necessary. Refusal to submit the appropriate medical documentation will result in the denial of payment for the entire stay in the facili ty, including the emergency portion of the patient's care.

d.) A determination must also be made that treatment was received at the most accessible (closest) hospital available that was equipped to furnish the medically necessary care.

[Source: TRICARE Area Office-Pacific Feb 7 ++]

MARINES' MEMORIAL ASSOCIATION:

The Marines' Memorial Association (MMA) was established in 1946 as a living memorial to the Marines who lost their lives in the Pacific during World War II. Its mission is to maintain a living memorial honoring Marines and other veterans of the United States Armed Forces, including Regular and Reserve Components, the U.S. Coast Guard, the U.S. Merchant Marine, and their reserves; to educate and perpetuate the achievements and the sacrifices of these veterans, and to aid and assist these veterans. The non-profit organization offers membership to former and retired members of all branches of the U.S. Armed Forces. It presently is

composed of over 21,000 worldwide members. Yearly membership rates are free for active duty and their spouses. Veterans and family members pay $20 annually. Spouse membership is free and sponsoring parents may also include their children. The Association sponsors annual scholarships to recognize qualifying students who have demonstrated scholastic aptitude, community involvement and civic spirit. The MMA maintains the Marines' Memorial Club located in the heart of downtown San Francisco which boasts some of the best rates and most spectacular views in the bay area. The 12-story Beaux-Arts structure's history dates back to 1926 and the décor retains the character and elegance of old San Francisco. It is two blocks from cable cars, Union Square and the theatre district and offers rooftop dining, a library/museum, ballroom accommodations, 138 rooms/suites, business center, locale and health club (with pool), and pet acc ommodations. http://www.marineclub.com/leatherneckssteakhouse.htm Access to the club and its Leatherneck Steakhouse is limited to sponsored guests and members of the Marines' Memorial Association. Membership includes reciprocal club privileges at over 150 private clubs throughout the world. For more information on the association and its club refer to www.marineclub.com or call (415) 673-6672. [Source: Military.com 26 Mar 07 ++]

MEDICARE FRAUD:

Attorney General Bill McCollum announced 22 MAR the arrest of a Miami-Dade psychiatrist on charges that she defrauded the Florida Medicaid program and several other benefits services out of more than $1 million. Investigators with the Attorney General's Medicaid Fraud Control Unit believe Moraima Trujillo was involved in a scheme that defrauded the Florida Medicaid program, the Medicare program, the Veteran's Administration and several private employers during a year-long period. Inve stigators acted upon information received from the State of Florida Agency for Health Care Administration. A review of documents from Trujillo's facility revealed that between JAN & DEC 04, Trujillo billed the Medicaid and Medicare programs for the treatment of Medicaid and Medicare recipients at the same time she was supposedly performing similar functions for the Veteran's Administration and several other employers. Throughout the year 2004, there were 207 days on which Trujillo submitted time reports to several employers and billings to the Medicaid and Medicare programs claiming to have worked between 20 and 40 hours on each day. Trujillo is currently being held at the Miami-Dade County jail. She is charged with one count each of grand theft and organized scheme to defraud, both first-degree felonies. If convicted of both charges, she faces up to 60 years in prison and a $20,000 fine. The Medicaid Fraud Control Unit also seize d funds from several bank accounts controlled by Trujillo pursuant to the Florida Contraband Forfeiture Act.

To assist citizens in reporting Medicare Fraud the Office of the Inspector General maintains a hotline, which offers a confidential means for reporting vital information. The Hotline can be contacted at: 1(800) 447-8477)/ 1(800) 223-2164 Fax, HHSTips@oig.hhs.gov, or Office of the Inspector General. HHS TIPS Hotline, P.O. Box 234, Washington, DC 20026. If you are attempting to report specific information proving Medicare fraud, please provide as much identifying information as possible regarding your concern. Such information should include subject's name, address and phone number etc. Details regarding the allegation should include the basics of who, what, when, where, why, and how. It is current Hotline policy not to respond directly to written communications.

The Federal False Claims Act Act (31 U.S.C. Sections 3 729-33) is 20 years old this year, and remains the most important tool the Government has to fight fraud against U.S. taxpayers. The False Claims allows a private individual or "whistleblower", with knowledge of past or present Medicaid fraud to sue on behalf of the state government to

recover stiff civil penalties and triple damages. The person bringing the suit is formally known as the "Relator." If the suit is successful, it not only stops the dishonest conduct, but also deters similar conduct by others and may result in the Relator's receipt of a substantial share of the state government's ultimate recovery as much as 30% percent of the total. Examples of Medicaid provider fraud include:

- Billing for services not rendered: A provider bills Medicaid for treatments or procedures which were not actually performed, such as for X-rays and blood tests; for care allegedly given to patients who have died or who are no longer eligible ; or for care allegedly given to patients who have transferred to another facility.

- Billing for unnecessary services: A provider misrepresents or falsifies a patient's diagnosis and symptoms on recipient records and billing invoices to obtain payment for unnecessary services, including transporting Medicaid patients by ambulance when it is not medically necessary.

- Substitution of generic drugs: A pharmacist fills a recipient's prescription with a generic drug or an over-the-counter drug but bills Medicaid for a higher cost name-brand drug.

- Kickbacks: A Medicaid provider (such as a hospital, a transportation company or a laboratory) offers or pays kickbacks to another Medicaid provider's employees for referring a Medicaid recipient to the provider as a patient or client. A provider (such as a doctor or a hospital) requests and receives kickback payments from Medicaid providers (physical therapists, pharmacies or laborator ies) in exchange for referring Medicaid business to the providers. Payments may be in the form of cash, vacation trips, or merchandise.

- Double billing: A provider bills both Medicaid and the recipient (or private insurance) for the same service, or two providers bill for the same service.

- Other unauthorized billings: A provider charges a Medicaid recipient for a service which is covered by and should be billed to Medicaid, or charges a recipient the difference between the provider's usual fee and what Medicaid pays.

[Source: Florida Attorney General's Office News Release 22 Mar 07 ++]

VET HOME PATIENT NEGLECT:

The Arizona State Veteran Home on Phoenix provides long-term care to as many as 200 veterans. Most are ages 70 to 94 and fought in World War II and the Korean War. It is one of the few places for veterans to get skilled nursing and long-term care. Patients can get that type of care from Veterans Affairs facil ities, but those VA patients have more serious disabilities. The facility has recently been fined $10,000 after state investigators found cases of "substantial" patient neglect, according to documents obtained Friday by local newspaper reporters. Gov. Janet Napolitano, who was informed of the situation late Friday afternoon, said that the problems are unacceptable and has ordered a full review. "Our veterans deserve the very best care," she said. "All necessary action will be taken to ensure that." The Arizona Department of Veterans' Services, which runs the Phoenix nursing home, has already fired five people, including the head of the facility, and vowed to fix what it deemed a culture of incompetence. During what was supposed to be an unannounced routine inspection 5 FEB, Arizona Department of Health Services inspectors found:

• A patient's colostomy bag not being emptied and the patient left in soiled bedclothes for 50 minut es after activating a call button. Nurses are supposed to answer call buttons within five minutes but ignored calls for help.

• A patient was dragging herself down the hallway in a urine-soaked nightgown because no one would answer her call button.

• Patients were left unsupervised while smoking to the point that they were burning their clothes.

• One patient's penis was damaged so much by a catheter that it faced "erosion," according to the state inspectors report.

The inspectors classified the facility on 9 FEB as being in "immediate jeopardy," which is a situation that can be a danger to residents' health or safety. Inspectors would not leave the facility until employees came up with a plan for smoking patients, some of whom were wandering the hallways and had their clothes burned by cigarettes. Former Gov. Jane Hull hired Pat Chorpenning in 1999 to fill the position of Director of Veterans' Services in Arizona in part to fix problems at the home. At that time, state inspectors found that 43 veterans, nearly a fourth of the 196 residents, had been physically restrained in wheelchairs or beds with straps and vests unnecessarily or against doctors' orders. A 72-year-old man was restrained for seven weeks.

Chorpenning, in response to the recent inspection results said, "This is probably the worst survey that we have had as far as the veterans' home is concerned. I think to a large degree there was a lot of complacency on the part of leadership, and I think there's been some complacency on the part of individuals within specific areas of the home. I think, above everything else, I haven't stayed on top of it as much as I should have. The agency has moved swiftly to fix the situation and that, at this point and time, virtually every issue that has been raised has been addressed, and we have put systems in place to correct every single thing that has been raised." According to Chorpenning they are updating care plans and training for nurses. A new leadership team meets every morning and evening to ensure that duties are being completed, and that as part of a new effort to monitor the situation, he and other officials are continually stopping by the facility to ensure changes are being instituted. Mary Wiley, director of licensing services for the state health department said that addition to the federal fine, the facility could also face fines from the state. The home passed its last state inspection in FEB 06. There were no complaints about care at that time, Wiley said.

While Patrick F. Chorpenning remains department director, he is being separated from any action that has to do with operation of the home according to a spokesman for Governor Napolitano. State House Speaker Jim Weiers said legislators will investigate but it was apparent that Chorpenning should be fired or at least suspended. In another state Alabama's Veterans Affairs commissioner W. Clyde Marsh is closely monitoring that state's three centers. He has personally visited the homes in Alexander City, Huntsville and Bay Minette and routinely checks with agency workers charged with inspecting the homes. At a Veterans Affairs board meeting, Marsh declared the homes to be in good condition, but added state officials want to make them better. "We will be looking at skilled nursing care, an Alzheimer's unit and assisted-living type care," Marsh said. "The need is there." For additional info on these two Veterans homes refer to www.azvets.com/ASVH.HTM & http://members.tripod.com/~warveterans. [Source: The Arizona Republic Jodie Snyder article 24 Mar 07 ++]

TRICARE EOBs:

As of 1 JUN 04 all Tricare claims started being processed by either Palmetto Government Benefits Administrators or by Wisconsin's Physicians Service. The Expl anation of Benefits, or EOB, is the statement you receive after you file a claim with Tricare or a claim has been filed on your behalf by the doctor. This statement is a summary of the action taken on your claim—how much of the bill was paid by Tricare and how much is your responsibility to pay which you may have already paid at the time of service. In the TRICARE Handbook, Chapter 14, "How to File a Claim," is available a state-by-state listing of claims administrators (including small-region exceptions), with addresses and toll-free phone numbers. No matter which processor handles your claim, the EOB will always include:

- In boldface, the statement, "THIS IS NOT A BILL."

- A "Claim Number," which is a handy piece of information to have available if you ever must call about or discuss your claim.

- The report of your "Beneficiary Liability," which is the dollar-amount that you owe: You can expect to be billed that amount by your doctor, or you might already have paid your portion of the bill at the time of treatment.

- On the back, instructions for disputing a decision and filing an appeal, if you believe that your claim has been incorrectly processed or denied.

- Contact information for your regional contractor.

Beginning 1 APR 07, claimants will no longer be mailed a paper copy of their Tricare for Life (TFL) EOB if their Medicare patient liability has been paid and there is no further out-of-pocket payment due from them. In cases where they still have a liability they will receive an EOB. TFL providers will continue to receive paper copies of the TFL EOB for all their patients. Though TFL beneficiaries will no longer get a copy of their EOB in the mail when their Medicare patient liability has been paid, they can print a copy if they sign up to receive an email when any of their claims process. This email service begins 1 APR 07 for those who sign up for this feature. When you receive a notification you will be able to access the TRICARE4u.com website and view and/or print a copy of your EOB. This is the same EOB you would have received through the mail. In addition, you may contact Customer Service toll free at 1(866) 773-0404 to request a hardcopy Explanation of Benefits be mailed to you. To receive this electronic notification, register on TRICARE4u.com. Registering is easy and only takes a few minutes. Simply log onto www.TRICARE4u.com and click on "Register as a Beneficiary/Sponsor". If you have questions about the registration process, call 1-866-773-0404. For those requiring a Telecommunications Device for the Deaf (TDD) use 1(866) 773-0405.

On the up side elimination of mailing paper EOB's will be a cost savings to the government.
On the down side:

- The change places the burden of tracking EOBs on the beneficiary.

- The limited advance notice of the policy cha nge will leave many beneficiaries wondering why they are not receiving an EOB. Especially for those residing overseas where it is not uncommon to experience excessive delays in receiving EOBs.

- Many elder TFL beneficiaries will no longer be able to

track their EOB's because they do not have a computer, are not computer literate, or are just too old/ill/feeble to follow the new guidelines.

- Many older generation beneficiaries who are uncomfortable with dealing with or receiving medical services on line will no longer review their EOBs

- The change in policy could potentially lead to additional expense to the Tricare program through increased provider fraud. Many of those who are most familiar with the services provided will no longer be able to discover and report double-billing or other irregularities through their EOBs. Provider's who are familiar with their patient's limitations could be tempted to improperly bill for ser vices with reduced potential of it being reported.

- The extremely small type used on the www.TRICARE4u.com website will be difficult to follow for elderly beneficiaries who are visually challenged.

WPS is advising beneficiaries who call expressing their dissatisfaction with the new short notice policy change to contact their Congressional representatives on the subject. [Source: USDR Action Alerts 24 MAR & MOAA News Release 28 Mar 07 ++]

BASE DECALS:

Vehicle decals will no longer be required to enter Air Force bases in the United States, according to Air Force officials. A February memo issued by Air Combat Command (ACC) instructed installation commanders to discontinue registering privately owned vehicles and issuing decals. The suggested effective policy date is March 15, though the dates are left to the discretion of commanders. The change has already taken effect at Cannon AFB, Hill AFB UT, and ACC. Maj. Thoma s Crosson, a public affairs officer for ACC at Langley Air Force Base, VA., said that in the pre-9/11 era, vehicle decals were the key to base admittance, security guards often simply waving cars through upon seeing the stickers. However 9/11 brought about heightened security, including 100% identification checks at the gates of military bases. Since 9/11, every base has someone at the gate checking IDs. Whether you've got a sticker or not, you have to show your ID. So why have the decals? There are 1.66 million vehicles registered with the Air Force. In 2005, $727,000 was spent just printing decals. Each installation has to provide personnel to register those vehicles. "Essentially it's a cost-saving measure," Crosson said. "It's also a manpower measure." Most people will notice no change

The Air Force is taking the lead in this initiative. The other Services are interested in the Air Force proposal, but are further behind in the staffing process. After checking the ID card, military gate sentries will render salutes as appropriate when force protection and traffic conditions permit. Visitors will continue to follow the entry procedures established at each Air Force installation. Air Force Security Forces will check for compliance randomly at the gates and during traffic enforcement for all requirements for insurance, state registration, safety inspections, etc? Motorcycle operators will still need to comply with base safety standards and have required training before being allowed to ride on AF installations. Commanders at all levels will also enforce compliance. Air Force drivers will have to comply with the entry requirements of other Service installations. This might require getting a visitor's pass. Drivers who frequently visit other Service installations may want to consider registering their vehicle at that installation, if allowed to do so.

[Source: Clovis News Journal 4 Mar 07 ++]

REFERRAL BONUS UPDATE 02:

Effective 15 MAR the Referral Bonus Program is expanded to include Department of the Army Civilians. This recruiting incentive currently pays Soldiers and Army retirees $2,000 for referring applicants who enlist in the Regular Component of the Army, Army Reserve, or Army National Guard; complete basic training; and graduate advanced individual training. Prior to the new recruit's first meeting with a recruiter, the referral must be made by the Army Civilian at https://www.usarec.army.mil/smart/ or, for Army National Guard recruits, at www.1800goguard.com/esar The Secretary of the Army may pay a bonus to any Soldier, Army retiree, or Army Civilian who refers to an Army recruiter a person who has not previously served in the Armed Forces and enlists in either the Active Army, Army National Guard or the Army Reserves. The referrer may not be an immediate family member and the Soldier, retiree or Army Civilian referring may not be serving in a recruiting or retention assignment. Lt. Gen. Michael Rochelle, Army Deputy Chief of Staff G-1 said, "There are 240,000 Army Civilians, and as the Army Civilian Creed notes, they are dedicated members of the Army Team, they support the mission, and they provide stability and continuity during war and peace and I know they are directing deserving youth to recruiters now. This will not only encourage them but also reward them for their service." For more information about this incentive program, visit https://www.usarec.army.mil/smart/ or call toll free (800) 223-3735, ext. 6-0473. For the Army National Guard, the referrer must either submit the referral through a process via the ESAR (every Soldier is a recruiter) on-line portal www.1800goguard.com/esar or via the toll-free number (866) 566-2472. [Source: ENGUS Minute Man Update 23 Mar 07 ++]

SBP LEGISLATION:

On 20 MAR Sen. Bill Nelson (D-FL) and Rep. Henry Brown (R-SC), re-introduced their bills, S. 935 and H.R. 1589, respectively, to end two major survivor benefit inequities. Both bills would end the unfair deduction of VA-paid dependency and indemnity compensation (DIC) from SBP. Nelson's bill would also accelerate the effective date of paid-up status for retirees who have paid SBP premiums for 30 years and attained the age of 70. Rep. Jim Saxton's (R-NJ) H.R. 784 addresses this in the House. Both bills would make paid-up coverage effective 1 OCT 07 (vs. 1 OCT 08 under current law). Survivors of active duty and retired members who die of service-connected causes now have DIC ($1,067 per month) deducted from SBP.

In a joint statement to the President of the Senate upon introducing S.935 Sen. Nelson said, "... Back in 1972, Congress established the military survivors' benefits plan—or SBP—to provide retirees' survivors an a nnuity to protect their income. This benefit plan is a voluntary program purchased by the retiree or issued automatically in the case of service members who die while on active duty. Retired service members pay for this benefit from their retired pay. Upon their death, their spouse or dependent children can receive up to 55% of their retired pay as an annuity. For over five years, I've been talking about the unfair and painful offset between SBP and the Department of Veterans Affairs' Dependency and Indemnity Compensation, or DIC, which is received by thesurviving spouse of an active duty or retired military member who dies from a service-connected cause. Under current law, even if the surviving spouse of such a service member is eligible for SBP, that purchased annuity is reduced by the amount of DIC received. Another inequity in the current system is the delayed effective date for 'paid-up status' under SBP. We should act to correct these injustices this year.

We have made progress, but even with the important changes made over the last few years, the offset still fails to take care of our military widows and surviving

children the way it should. We have considered and adopted increased death gratuity benefits for the survivors of our troops lost in this war, and we have changed the law to enable these survivors to automatically enroll in SBP. However, now we see the pain caused when at the same moment a widow is enrolled in SBP she is hit with the DIC offset. The SBP offset is no less painful for the survivors of our 100% disabled military retirees. SBP is a purchased annuity plan. Before coming to the U.S. Senate, I served as Insurance Commissioner for the State of Florida, and I know of no other purchased annuity program that can then turn around and refuse to pay you the benefits you purchased on the grounds that you are getting a different benefit from somewhere else.

Our Federal civil servants receive both their purchased survivor income protection annuity and any disability compensation for which they may be entitled—without offset. Why on earth would we treat our 100% disabled military retirees any differently, especially after they have given the best years of their lives and their health in service to the Nation? Let me be clear about this: survivors of servicemembers are entitled in law to automatic enrollment in SBP; 100 percent disabled military retirees purchase SBP. Survivors stand to lose most or even all of the benefits under SBP only because they are also entitled to DIC."

The retired community and The Military Coalition which represents them believe strongly that, if military service caused a retired member's death, DIC should be added to the SBP benefit the retiree paid for, not substituted for it. There are about 61,000 survivors affected by the DIC offset. The paid-up SBP initiative would affect 172,000 Greatest Generation retirees. Retirees can help end these SBP inequities by going to the MOAA website http://capwiz.com/moaa/issues/bills/, scrolling down to "Survivor Issues" and clicking on H.R. 1589, S. 935, and H.R. 784 to send your legislators a suggested-message urging them to cosponsor these important bills. [Source: MOAA Leg Up & TREA News Flash 23 Mar 07 ++]

AFRH UPDATE 02:

The Government Accountability Office (GAO) requested that the Defense Department investigate allegations against the historic Armed Forces Retirement Home (AFRH) in the heart of the nation's capital that has housed four U.S. presidents, including Abraham Lincoln. The GAO said patients may be at risk because of health-care problems. Tim Cox, the facility's chief operating officer Cox acknowledged that the home has experienced incidents consistent with a nursing home environment. In a statement released 21 MAR he said, "Resident care is the paramount concern at the Armed Forces Retirement Home here, and allegations of poor conditions are without merit. Half its residents are older than 80, and many are frail and suffer from chronic health conditions." Mr. Cox noted a particularly troublesome incident involving maggots in the leg wound of an 87-year-old resident that occurred in August. "Our medical staff discovered it and immediately took remedial action," Mr. Cox said. The fact that the resident had refused medical treatment was no excuse for the incident, and that eight health-care workers were fired after an investigation showed they had failed to meet the home's standards of care.

The home is getting a close evaluation. Assistant Secretary of Defense for Health Affairs Dr. William Winkenwerder sent a team of doctors on an unscheduled visit to the campus 21 MAR to assess conditions for themselves, Mr. Cox explained. In addition, legislative staffers are expected to visit the facility to see firsthand the care and security its staff provides. "We welcome these visits," Mr. Cox said. More than 1,100 enlisted military veterans live at the home. Mr. Cox said the home offers the amenities of a retirement community plus an extensive health-care system, ranging from a wellness

clinic for those who live independently to assisted living to long-term and hospice care. Congress consolidated the U.S. Soldiers' and Airmen's Home here with the U.S. Naval Home in Gulfport, Miss., in 1991, creating the Armed Forces Retirement Home as an independent establishment in the executive branch of the federal government. Ravaged by Hurricane Katrina, the Gulfport campus closed in 2005. Nearly 400 residents of the Gulfport facility were relocated to the Washington campus. For info on the AFRH refer to www.afrh.gov. [Source: American Forces Press Service Donna Miles article 22 Mar 07 ++]

STROKE UPDATE 02:

New studies confirm that transient ischemic attacks (TIA) sometimes called a "ministroke" are an important warning of more serious things to come. Almost 10% of people who have a TIA will have a major stroke within a week, and another 20% within three months. When certain risk factors like advanced age or high blood pressure are present, that figure goes up. The symptoms of ministroke are identical to those of full-blown stroke, which kills 200,000 Americans a year. Stroke is the third-leading cause of death after heart disease and cancer, and the number one cause of adult disability. About 85% of major strokes and all TIAs are ischemic meaning they're caused by a clot or plaque that blocks the blood flow to the brain. They are treated with clot-busting medications. The other 15% of strokes are "hemorrhagic," caused by a flood of blood into the brain. Imaging tests can detect brai n changes in up to half of those who have had a TIA, but these ministrokes appear to leave no permanent damage. Chances of damage are greater in the case of a major stroke, when the brain has been deprived of blood for a longer period and brain cells have died.

Unlike major stroke, which can cause paralysis, impaired memory, speech or vision loss, or death, TIAs are not fatal. Nor do they leave any permanent disability. The body resolves a TIA without any intervention, sometimes in just a few minutes. People either brush off their symptoms or are so relieved when they disappear that they don't do what doctors say is crucial: get to an emergency room as fast as possible. Immediate diagnosis and treatment are crucial to prevent a devastating subsequent stroke. New guidelines developed by doctors in the clinical neurology department at Britain's Oxford University can help determine which TIA patients are most likely to have a maj or stroke. Called the "ABCD" test, the scoring system takes into account (A) age, (B) blood pressure, (C) clinical symptoms, such as weakness or headache, and (D) duration of the TIA. The Oxford scientists have urged that the test become standard practice in evaluating TIA patients. They say that people at the highest risk are those over age 60 who have blood pressure above 140 over 90, have weakness on one side or speech disturbance during a TIA, and symptoms that lasted an hour or longer. TIA patients with such symptoms are sometimes hospitalized for more intensive testing and treatment. [Source: AARP Bulletin Feb 07 ++]

VDBC UPDATE 15:

At their March meeting the Veterans Disability Benefits Commission (VDBC) Chairman Terry Scott, (LTG USA, Ret.) tabled any recommendation regarding SBP/DIC, concurrent retirement pay and disability compensation until a future meeting. As reported in the past, five options are under consideration, including:

1. Endorsing an offset of military retirement by VA disability compensation for everyone. (Pre-CRDP policy);

2. Endorsing the current tiered CRDP/CRSC approach;

3. Endorsing full concurrent receipt of both

longevity retired pay and VA compensation for those with 20 plus years of service;

4. Endorsing the current election of CRDP and CRSC and expand tiered approach to 20 plus YOS for retirees rated 10-40%; and

5. Endorsing the previous option and extending CRSC and CRDP criteria to Chapter 61 retirees with less than 20 years of service.

The Commission did decide not to consider option one, and Chairman Scott requested staff to compile potential cost estimates on the four remaining issue options and provide commission members with potential compensation tables for disabled retirees. The VDBC final report will include a number of research topics in the form of issue papers ranging from disability compensation, pension, survivor and dependent benefits. The VDBC meets monthly in the Washington DC area and the final report is due to Congress by 1OCT 07. For more information on VDBC refer to www.vetscommission.org. [Source: FRA News Bytes 23 Mar 07 ++]

MILITARY PAY TAX BILL:

The Armed Forces Tax Relief Act A bill HR 1559 exempting all military pay and benefits from federal income taxes was introduced 18 MAR in the House of Representatives by Rep. John Culberson (R-TX). Culberson is not the first person to propose federal tax exclusions for all service members. Similar legislation has rarely received any serious attention in Congress, because the drop in federal tax revenues would have to be made up by increasing taxes on other Americans, or by cutting spending on federal entitlement programs, such as Medicare, Medicaid, Social Security and military and federal civilian retired pay — all unpopular choices for politicians, according to House aides working on military personnel issues. The aides asked not to be identified because they are not authorized to speak to reporters. The measure was referred to the House Ways and Means Committee, where it is one of several military-related tax measures introduced since the new session of Congress started in January. It is, by far, the most ambitious because it would expand tax exclusions to everyone on active duty. Currently, such exclusions are limited to active-duty members only while serving in combat zones.

Under Culberson's bill, National Guard and reserve members would still be taxed on their military pay while in a drilling status. Under his bill, all military compensation — including basic pay, special pays and bonuses — would not be counted as income for tax purposes for active-duty members. Military retired pay would still be taxable. The bill would apply to income received in calendar year 2007. Several bills have been introduced since January that are aimed at helping mobilized Guard and reserve members and their employers by providing tax breaks for making up lost salary while mobilized, hiring temporary replacement workers and for lost production. Just last week, two bills were introduced to provide tax exemptions of up to $2,000 for military members and their families. Both of those bills are sponsored by Rep. Christopher Carney (D-PA) a Navy Reserve officer:

- One would allow a combat-zone tax break for the spouses of deployed service members. When a military member spends a cumulative 90 days in a combat zone, or is hospitalized for combat injuries, their spouses could receive a federal tax deduction of 2% of their adjusted gross income, up to a maximum of $2,000.

- The second would give all active-duty service members, and reservists on inactive duty training, the same exclusion, also capped at $2,000 a year.

Carney's bills, like Culberson's, are awaiting decisions by the House Ways and Means Committee, which is responsible for passing all tax-related legislation, about whether to package proposed legislation into a single military-related tax bill, or to consider the proposals as it passes a more general collection of tax changes. A decision on how to proceed is unlikely before the House of Representatives approves an overall spending and revenue plan, which could happen within two weeks. [Source: NavyTimes Rick Maze article 21Mar 07 ++]

MEDAL OF HONOR DAY:

The United States Congress has designated March 25th of each year through Public Law 101-564 as National Medal Of Honor Day, a day dedicated to Medal of Honor recipients. Conceived in the State of Washington, this holiday should be one of our most revered. Members of the U.S. Senate and House of Representatives met on 21 MAR with 31 recipients of the Medal of Honor as part of an effort to acknowledge the nation's greatest heroes and highlight this year's first ever national "Medal of Honor Day" The date was chosen because it was on March 25 in 1863 that the first Medals of Honor were presented to six Union soldiers. The medal was originally authorized in 1861 for sailors and Marines, and the following year for Army soldiers as well. Since then, more than 3,400 Medals of Honor have been awarded to members of all services and the Coast Guard, as well as to a few civilians who distinguished themselves with valor. Almost half of thes were Civil War soldiers. Since the beginning of World War II, only 846 Medals of Honor have been awarded. Over half that number died in their moment of heroism. Only 328 soldiers, sailors, marines and airmen from Pearl Harbor to Somalia have survived to actually wear the Medal. Today only 111 of them are still with us.

National Medal of Honor day is celebrated in some communities, however for the most part the occasion comes and goes with little notice. Patriotic Americans are encouraged to commemorate this day by:

- Fly your flag on this day.

- As a gesture of your appreciation, take a few moments in the week prior to National Medal of Honor Day to mail a "Thank You" card to one of our living Medal of Honor recipients. You can find a list of the living as well as information on writing to them at You can find a list of the living as well as information on writing to them at www.homeofheroes.com/hallofheroes/1st_floor/wall/2living.html.

- Most newspapers are not aware that this special day exists. Why not tip your local media to the occasion. Before you do, check out www.homeofheroes.com/hometownheroes/index.html for Medal of Honor recipients from your city and state as well as any who might be buried in your city. This information can give your media a "local angle" that can increase the probability that they will consider doing a story to remind Americans of our heroes.

- Consider doing something in your local schools, or even on a civic level, if there is a Medal of Honor recipient living near your location.

- If there is a Medal of Honor recipient buried in your home town, get a school class, scout troop, or other youth organization to "adopt a grave site".

The Congressional Medal of Honor Society is the organization chartered by the U.S. Congress to represent the affairs and concerns of those few Americans who wear the Medal of

Honor. Refer to www.cmohs.org for additional info on their organization and awardees. All matters related to the Medal of Honor should be directed to the CMOH Society at: Congressional Medal of Honor Society, 40 Patriots Point Road, Mt. Pleasant, SC 29464 Tel: (843) 884-8862/1471F [Source: Senate Committee On Veterans' Affairs msg. 22 Mar 07 ++]

TRICARE/CHAMPUS FRAUD UPDATE 05:

An indictment has been filed by the Department of Justice against Health Visi ons Corporation and all Health Visions owned facilities. On 16 MAR HQ TRICARE Management Activity (TMA) notified Philippine Tricare beneficiaries of their decision to suspend claim payments associated with a large number of Philippine providers who either used HVC as a billing agent or those who contracted with HVC to provide health care services affiliated/associated with HVC. This affected all claims received on or after 8 NOV 06 for medical services from these providers regardless of when the services were provided. This payment suspension was put in place for an indefinite period of time as determined by HQ TMA. The suspension of claims payments also applied to beneficiary-submitted claims seeking reimbursement for services which were obtained from those same providers. After review HQ TMA decided to remove a large number of these providers fated with their services w ill be processed under normal claim processing procedures until further notice. The suspension of payments remains in effect for the following Philippine Institutional providers:

Divine Shepard

Philippine International Hospital

Riverfront International Hospital

St John The Baptist Hospital

Subic Bay Medical Center

Total Life Care

For the foreseeable future, and until otherwise notified, Tricare Area Office Pacific (TAO-P) recommends that Philippine beneficiaries not seek TRICARE services from the providers whose claims are under suspension. If a beneficiary does seek services from these providers, any submitted claim will be pended, and not reimbursed, until the situation is resolved with the particular provider. TAO-P recommends that beneficiaries seek TRICARE services from any of the other certified Philippine providers who are not on the claims-suspended list. More detailed information can be found on the TA O-P website: http://tpaoweb.oki.med.navy.mil by clicking on the "TRICARE in the Philippines" button. There you will find a NOTICE to all beneficiaries, a listing of the providers under this suspended claims action, a list of authorized providers, and some other important links. TAO-P regrets the inconvenience these actions may cause beneficiaries and providers, but they are necessary to ensure the overall integrity of the TRICARE program as it is implemented and managed in the Philippines.

If there are any specific questions in regard to the "Suspension of Claims Payment" list, contact the WPS Overseas Claims Processor via (608) 301-2310/2311, or secure email: Questions via WPS' website at www.tricare4u.com, or by writing to: WPS/TRICARE Overseas, P.O. Box 7635, Madison, WI 53707. As usual, for general TRICARE customer service questions, contact my TRICARE

Pacific Regional Customer Service Center (RCSC) at Regional Custome r Service Center (RCSC), TAO-P, Camp Lester, Okinawa via phone 0730-1630 M-F Japan Standard Time COMM: (81) 6117-43-2036, DSN: 643-2036, TOLL FREE: 1-888-777-8343, Option 4 or EMAIL: . [Source: Chief, Program Operations (TAO-P) Lt Col Tony Ingram msg. 16 & 22 Mar 07 ++]

FILIPINO VET INEQUITIES:

A number of issues affecting Filipino veterans who served in WWII are being addressed in the 110th Congress. During WWII the Philippines was a Commonwealth of the U.S. making their soldiers part of the U.S. allied forces. Many are former members of the Philippine Scouts, a U.S. Army unit. Others formed the resistance against Japanese troops after U.S. forces surrendered at Bataan. Upon termination of hostilities Washington broke wartime promises dating back to 1946 that the soldiers could become U.S. citizens and enjoy the same pension and medical benefits as American troops. The federal government has since b elatedly fulfilled some of those commitments, but only in the past two decades and only in fits and starts. Some issues continue to remain unresolved It took Washington 45 years after the war to offer veterans a proper chance to obtain citizenship. There are as many as over 50,000 Filipino veterans of World War II alive today. Some 10,000 are said to live in the United States. Most are in their 70s and 80s.

Many of these elderly veterans, including those wounded in battle and awarded the Bronze Star and other medals, are living their last years far from their children and grandchildren because of U.S. immigration rules. Veterans and their backers say the need to reunite divided families only grows more urgent given the advancing age of the veterans. The Immigration Act of 1990 allowed each veteran to bring only one immediate family member to the United States. The shortcomings of that law have left the sons and daughters of the veterans with little choice but to get in line for immigration visas along with everyone else if they want to live in the U.S. On average, they must wait about 20 years because so many Filipinos hope to emigrate and the limits are set by nationality. Sen. Daniel K. Akaka (D-HI) introduced legislation in the last to years to remedy the situation. It would allow children of Filipino World War II veterans to sidestep the immigration waiting list. The measure died last year when it was included in a large omnibus immigration bill that was derailed by disagreements over a border fence and making English the national language. According to an Akaka spokesman Akaka is optimistic the Senate will pass the reunification legislation this year. The Veterans Affairs Committee, which Akaka chairs, plans to hold hearings on the issue next month coinciding with the 65th anniversary of the Bataan Death March on 9 APR.

Other lawmakers plan a bill that would give full pension and disability benefits to those Filipino veterans who have been denied the same benefits as former American soldiers. If enacted it would give many the opportunity to return to the Philippines to live near their families. However, it is necessary for those in poor health to continue to reside in the U.S. to access the medical care, medicines, and therapy available at veterans' facilities. There are no VA hospitals in the Philippines and only one Outpatient Clinic located in Manila which most could not access. At present the following legislation has been introduced in Congress to address Filipino inequities:

- S.0057: Filipino Veterans Equity Act of 2007. A bill to amend title 38, United States Code, to deem certain service in the organized military forces of the Government of the Commonwealth of the Philippines and the Philippine Scouts to have been active service for purposes of benefits under programs administered by the Secretary of Veterans Affairs. Sponsor: Sen. Inouye, Daniel K. [HI] (introduced 1/4/07).

- S.0066: A bill to require the Secretary of the Army to determine the validity of the claims of certain Filipinos that they performed military service on behalf of the United States during World War II. Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07).

- S.0671: Filipino Veterans Family Reunification Act. A bill to exempt children of certain Filipino World War II veterans from the numerical limitations on immigrant visas. Sponsor: Sen. Akaka, Daniel K. [HI].

- H.R.0760: Filipino Veterans Equity Act of 2007. A bill to amend title 38, United States Code, to deem certain service in the organized military forces of the Government of the Commonwealth of the Philippines and the Philippine Scouts to have been active service for purposes of benefits under programs administered by the Secretary of Veterans Affairs. Sponsor: Rep Filner, Bob [CA-51] (introduced 1/31/07).

[Source: Associated Press Audrey McAvoy article 22 Mar 07 ++]

VA FACILITY MAINTENANCE:

The Veterans Affairs' vast network of 1,400 health clinics and hospitals is beset by maintenance problems such as mold, leaking roofs and even a colony of bats, an internal review says. The investigation, ordered two weeks ago by VA Secretary Jim Nicholson, is the first major review of the facilities conducted since the disclosure of squalid conditions at Walter Reed Army Medical Center . A copy of the report was provided to The Associated Press. Democrats newly in charge of Congress called the report the latest evidence of an outdated system unable to handle a coming influx of veterans from Iraq and Afghanistan. Investigators earlier this month found that the VA's system for handling disability claims was strained to its limit. Sen. Patty Murray, D-Wash., a member of the Senate Veterans Affairs Committee said, "Who's been minding the store?" They keep putting Band-Aids on problems, when what the agency needs is major triage." The report found that 90% of the 1,100 problems cited were deemed to be of a more routine nature: worn-out carpet, peeling paint, mice sightings and dead bugs at VA centers. The other 10% were considered serious and included mold spreading in patient care areas. Eight cases were so troubling they required immediate attention and follow-up action, according to the 94-page review. Some of the more striking problems found and noted in the report were:

1) Deteriorating walls and hallways were common, requiring repair, patch and paint in 30 percent of patient areas in Little Rock AR.

2) Roof leaks throughout the VA clinic in White City OR requiring continuously repair, mold clean up, spraying and/removal of ceiling tiles." Also, large colonies of bats residing outside the facility that sometimes flew into the attics and interior parts of the building. Of benefit is that the bats keep the insect pollution to a minimum.

3) Secondhand smoke from an outside smoking shelter sometimes infiltrated the building through the women's restroom in Oklahoma City

4) Numerous unspecified "environmental conditions" affected the quality of the building in New York 's Hudson Valley , with the private landlord repeatedly refusing to fix problems. The VA is taking steps to relocate to another facility.

5) Roof leaks or mold at facilities such as Hudson Valley NY; North Chicago IL; Indianapolis IN; Puget Sound WA; Portland OR ; and Fayetteville AR..

VA's Acting Under Secretary for Health Michael Kussman said he special review of all facilities concludes most deficiencies involve "normal wear and tear." He noted that most of the maintenance issues identified in the special report did not involve areas providing direct pati ent care. The overwhelming majority of issues identified are the kinds of items you would expect to find — and see being addressed — in an organization with nearly 150 million square feet of space where 1 million patients come each week. Kussman said the Department's $519 million maintenance budget for this year, coupled with $573 million proposed for next year, should take care of any maintenance shortcomings. If further funds are needed, VA pledged to work with congressional committees to identify how to best address those needs. "VA facilities are inspected more frequently than any other health care facilities in the nation," Kussman said. "We will continue to monitor closely the progress of corrective action identified by this special report."

Veterans groups said they were concerned about the findings but also appreciated the VA's aggressive efforts to identify problems. "We now expect these problems to be corrected imm ediately and not shelved due to insufficient funding or because the proper care and treatment of our wounded veterans is no longer in the national spotlight," said Joe Davis, spokesman of Veterans of Foreign Wars. In response, Nicholson this week ordered "immediate corrective action" to fix problems, with full accounting provided to the VA. [Source: Associated Press Hope Yencarticle 22 Mar 07 ++]

VETERANS BENEFIT PROTECTION ACT:

The H.R. 5549 Attorneys for Veterans Act was passed in the 109th Congress after lengthy negotiations and compromise between the House and Senate Veteran Affairs committees and signed into law. Basically it gave veterans the right to hire an attorney to represent them in furthering their claims only after the VA had issued an initial decision on their claim and the claimant had appealed. The Disabled American Veterans (DAV) organization, which provides free representation for veterans in appeal cases, w as opposed to that legislation fearing that among other things attorneys would unduly charge for their services on such claims. DAV recently sent out a letter to their Commanders and members on the subject. They were urged to sign the petitions and send them to Congress in an effort to repeal the "Attorneys for Veterans" legislation passed last year through the newly submitted Veterans' Benefits Protection Act" H.R. 1318 in the 110th Congress.

On 19 MAR, Senator Larry Craig (R-ID), who favors "Attorneys for Veterans" and who was mentioned in the DAV's letter, responded via letter to the DAV regarding their claims in an effort to correct what appears to be a "misrepresentation" of his involvement and support of the legislation. Among other things he said that he believes veterans to be mature, responsible, and capable enough to decide for themselves whether or not to hire legal representation. That the legislation only gives veterans the option of do so and they should not be discouraged from availing of free assistance provided by many veteran service organizations. His letter can be viewed at www.vawatchdog.com/07/nf07/nfMAR07/nf032007-8.htm.

Additionally, commentary from an attorney who represents veterans in the VA claims process was received that said, "I believe Senator Craig wrote a very well reasoned response to the DAV. The only thing I would have added is since the new law only allows attorney representation after a denial by the VA Regional Office and the submission of a Notice of Disagreement, attorney representation would only occur after a Veterans' Service Organization

(VSO) (if the veteran was so represented) has failed to obtain a favorable decision. I believe this is a very important point. If the veteran first obtained VSO representation [from the DAV, for example], and that representation failed to obtain a favorable result, why shouldn't the veteran then be allowed to seek other representation, if he or she so chooses?" [Source: VA Watchdog dot Org Larry Scott article 20 Mar 07 ++]

ECHO TAPS WORLDWIDE:

Hundreds of volunteer brass players are being recruited to perform the 24 notes of "Taps" on 19 May 07, in recognition of Armed Forces Day at National Cemeteries, State Veterans Cemeteries and American Battle Monuments Cemeteries overseas. The event, called "Echo Taps Worldwide," is being organized by the VA National Cemetery Administration and Bugles Across America to honor and remember American veterans through a worldwide performance of Taps. Organizers also hope the event will interest brass players in volunteering to perform Taps at the military funerals of veterans throughout the year. Each day, America loses about 1,800 of its veterans, primarily those who fought in World War II and Korea. In honor of them and the service they provided, it is important that our Nation preserves the tradition of a live bugler to play final military honors. During the event, players will form a line through the cemetery and perform a cascading version of Taps. Brass players of all ages are encouraged to perform at the cemetery of their choice. Schools and other organizations are also invited to participate in the tribute as performers or support volunteers. Volunteer buglers and trumpeters must register through the VA's website, which is attached to the "Echo Taps" website www.echotaps.org.

The first large "Echo Taps" event occurred In May 05, when 674 brass players from 30 states lined 42-miles of road between Woodlawn National Cemetery in Elmira, NY, and Bath National Cemetery in Bath, NY. Playing "Taps" in cascade, it took nearly three hours from the first note played at Woodlawn to the final note of Taps sounded at the National Cemetery at Bath. In 2006, players performed "Echo Tap s" at 52 National Cemeteries and State Veterans Cemeteries across the Nation on Veterans Day in preparation for the upcoming effort. The Armed Forces Day event in 2007 will involve buglers around the world to include participants at American Battle Monument Cemeteries overseas. Thomas Day, a Marine veteran who founded Bugles Across America in 2000 said, "A live bugler performing Taps is an expression of the Nation's appreciation for the service of each veteran. With more than 600,000 veterans dying each year, we are always looking for new volunteers to perform this valuable service. Echo Taps Worldwide will honor America's 40 million veterans who have served over the course of our history and draw attention to the need for more buglers to perform "Taps" as part of final military honors. [Source: TREA Update 12 Jan 07 ++]

RECRUITER MISCONDUCT UPDATE 02:

The military is considering installing surveillance cameras in recruiting s tations across the country, the most dramatic of several new steps to address a rise in misconduct allegations against military recruiters—including sexual assaults of female prospects and bending the rules to meet quotas. In a letter to Congress a top Pentagon personnel official outlined the initiatives, which also include a ban on recruiters meeting with prospective recruits of the opposite sex unless a supervisor is present. Recruiters may also be required to give potential recruits "applicant's rights cards," spelling out what a recruiter can and cannot do to get them to enlist, and the military may set up a hot line to report violations, according to the letter. Together, they mark the Pentagon's most forceful attempt to address what government investigators say is an increase in the number of recruiters using

questionable tactics and in some cases breaking the law while trying to fill the Pentagon's need for new soldiers and Marines. In the 7 MAR letter Michael L. Dominguez, principal deputy undersecretary of defense for personnel and readiness, wrote that at least one branch of the service is "assessing the feasibility of video surveillance" to prevent abuses.

All services have examined their programs and have instituted several new facets," Dominguez reported. The military has more than 20,000 recruiters, thousands of whom serve on the "front lines" of recruitment at schools, malls, sporting events, and other gathering places for young people. They are required to sign up at least two recruits a month, a struggle in healthy economic times and when public approval for the war in Iraq is at an all-time low. Since the military is seeking to increase its ranks by 92,000 troops over the next five years, the Army and Marine Corps will add more recruiters. But the pressure to put more men and women in uniform probably will not diminish. While cases of recruiter misconduct are considered rare, a Government Accountability Office investigation using Defense Department data last year found that substantiated cases of recruiter wrongdoing rose from about 400 in 2004 to 630 in 2005.

The August 2006 report also found that cases of sexual harassment of potential recruits or falsifying medical records more than doubled from 30 instances to 70. Examples of misconduct include making unrealistic promises to recruits, fraternizing with them during off hours, offering them cash or other incentives to enlist, and generally "coercive behavior," according to Beth J. Asch, a researcher at the government-funded Rand Corporation who specializes in military recruiting issues. Criminal behavior includes underage drinking and sexual harassment. Recruiters have also been cutting corners to find enough bodies to meet their quota, some analysts say, turning a blind eye to problems that would ordinarily disqualify prospects from joining the Army: scrapes with the law, single parenthood, medical problems, and drug abuse. "The biggest problem is looking the other way on narcotics use" among prospective recruits, said Alan Gropman , a professor at the National Defense University in Washington.

Both analysts and the Pentagon said sexual misconduct is among the most pressing issues of recruiter wrongdoing. An investigation by the Associated Press found that in 2005, at least 80 male recruiters were disciplined for abusing female potential recruits. More than 100 young women who had expressed interest in joining the military reported that their recruiters had victimized them, the AP investigation found. The abuse included rape on couches in recruiting offices, assaults in government cars, and groupings en route to military entrance exams. The commander of the US Army Recruiting Command, Major General Thomas P. Bostick , issued an updated policy prohibiting recruiters from being alone with a potential applicant of the opposite sex. Instituting the "buddy system," the 14 MAR directive requires that during the recruiting process there will be at least one qualifying person present at all times whenever a recruiter meets with a prospect, applicant, or future soldier of the opposite gender. The Army command is implementing this policy "primarily to maintain the integrity of the recruiting process and enhance the credibility of that process with potential recruits, parents/guardians, communities, and school officials," according to the directive. [Source: Boston Globe Bryan Bender article 19 Mar 07 ++]

WRAMC UPDATE 07:

As House lawmakers worked to halt the planned closure of Walter Reed Army Medical Center, Sen. John Warner (R-VA) proposed a more modest change in the military's plans. The former chairman of the Senate Armed Services Committee said he w anted to accelerate construction projects at two other Washington-area military hospitals, which would absorb Walter Reed patients when the facility closes in 2011. Doing so would provide a "seamless turnover" for

wounded troops, Warner said during a Senate Armed Services Committee hearing on the Army's fiscal 2008 budget proposal. Warner also warned against overturning the base closure law to keep Walter Reed open, arguing that it would be a precedent-setting move that would spur lawmakers to try to halt other base closings. "I think it makes great sense," acting Army Secretary Preston (Pete) Geren said of Warner's proposal. The House Appropriations Committee on Thursday approved an amendment to the fiscal 2007 supplemental spending bill that would delay Walter Reed's closure until the end of the war. It passed as part of a manager's package of amendments. "This was a dumb, dumb thing," Rep. Ray LaHood, R-Ill., the amendment's sponso r, said of the decision to close Walter Reed. Many of the base closing decisions "were dumb," he said, "but this was the dumbest." [Source: GOVEXEC.com Daily Briefing 15 Mar 07]

BUG SAFETY (CHILDREN):

Summer Safety tips.

– Don't use scented soaps, perfumes or hair sprays on your child.

– Avoid areas where insects nest or congregate, such as stagnant pools of water, uncovered foods and gardens where flowers are in bloom.

– Avoid dressing your child in clothing with bright colors or flowery prints.

– To remove a visible stinger from skin, gently scrape it off horizontally with a credit card or your fingernail.

– Insect repellents containing DEET are the most effective.

The concentration of DEET in products may range from less than 10% to over 30%. The benefits of DEET reach a peak at a concentration of 30%, the maximum concentration currently recommended for infants and children. DE ET should not be used on children under 2 months of age. The concentration of DEET varies significantly from product to product, so read the label of any product you purchase. [Source: COPS Newsletter Spring 06 http://cops.cc/programs/resources]

WRAMC UPDATE 06:

It was reported 15 MAR that there is a strong movement in Congress to try and reverse the decision of the Base Realignment and Closure Commission and remove Walter Reed Army Hospital from the list of military installations to be closed. The House Appropriations Committee passed the $124 billion Iraq/Afghanistan war supplemental spending bill and included in it an amendment authored by defense subcommittee chairman John Murtha of Pennsylvania that would prohibit Walter Reed Army Medical Center from being closed for the duration of the war in Iraq. The amendment was supported by both Democrats and Republicans on the committee. In question is what effect it will have on t he BRAC process. BRAC has worked because it has been impenetrable, at least until now. No member of Congress wants to see a military installation closed in his or her district or state. The BRAC process has been successful because it has managed to close installations that were deemed unnecessary by preventing individual members of Congress from stopping the final decisions made by the BRAC Commission. By taking Walter Reed off the closing list a precedent may have been set that could have unintended consequences in future BRAC efforts. It should be noted that the reprieve for Walter Reed is conditional. Once the Iraq war is over it is very possible that Walter Reed will rejoin the

list of installations scheduled to be closed. [Source: TREA Washington Update 16 Mar 07 ++]

MILLENNIUM COHORT STUDY:

The Millennium Cohort Study was designed to evaluate the long-term health effects of military service, specifically deployments. The Department of Defense realized after the 1991 Gulf War that there was a need to collect more information about the long-term health of service members. The Millennium Cohort Study was designed to address that critical need, and the study was underway by 2001. Funded by the Department of Defense, and supported by military, Department of Veterans Affairs, and civilian researchers, almost 108,000 people have already participated in this groundbreaking study. The Millennium Cohort is comprised of two unique groups, the 2001 Cohort of 77,047 individuals and the 2004 Cohort of over 30,000 individuals. As force health protection continues to be a priority for the future of the United States military, the Millennium Cohort Study will be providing a crucial step towards enhancing the long-term health of military service members.

The Millennium Cohort Study at the Naval Health Research Center is launching its third enrollment effor t. They will be contacting nearly 300,000 service members encouraging them to fill out the 2007 survey. The study will monitor the health of more than 150,000 members who served in all branches US military, making this the largest prospective military health study in the history of the United States armed forces. The survey will include active duty, veteran, and military retiree participants. This effort will span more than 20 years, and participants will be surveyed every three years, for self-reported health data. The results of this study have far-reaching potential and will shape policy on military service benefits and health care for years to come. Study information and documents are available for viewing at the Millennium Cohort website http://www.millenniumcohort.org. [Source: NAUS Weekly Update 16 Mar 07 ++]

NDAA 2008:

Representatives of several Military Coalition members testified for two hours before the House Ar med Services Military Personnel Subcommittee on 15 MAR, answering the Subcommittee's questions about priority issues for active duty, Guard/Reserve, and retired members and their families and survivors. Chairman Vic Snyder (D-AR) asked each representative what their priorities would be for inclusion in the FY2008 Defense Authorization Act, which the committee will be drafting next month. The Coalition representatives cited:

- Ensuring proper care, support, and smooth transition from military to VA services for wounded warriors and their families.

- Ensuring the services have enough manpower to meet their mission requirements and ease terrible stresses on active duty, Guard and Reserve families due to high deployment rates.

- Rejecting disproportional, budget-driven health fee increases and putting standards in law for military health benefits that recognize career military members' pre-payment of extraordinary, up-front premiu ms through decades of service and sacrifice.

- Correction of Survivor Benefit Plan (SBP) inequities for "greatest generation" retirees and widows of members who die as a result of service.

- More progress in eliminating the disability offset to earned military retired pay.

- Continued progress in restoring full pay comparability for active duty, Guard and Reserve members who are paying such a high price in the current conflict'

Rep. John McHugh (R-NY), the Subcommittee's senior Republican, indicated the Subcommittee's strong sympathy with the concurrent receipt and SBP issues, but said it was unlikely that the Budget Resolution now being crafted by congressional leaders would provide enough budget headroom to permit full fixes. He asked whether the Coalition would be willing to consider interim steps to make additional progress.

MOAA Government Relations Director Col Steve Strobridge (USAF-Ret) responded that t he Coalition had worked with the Subcommittee in the past on such efforts and would be willing to do so again as an alternative to making no progress at all. He highlighted the particular inequity facing combat-wounded members forced into medical retirement before attaining 20 years of service and urged the Subcommittee to at least "vest" retired pay for those members at 2.5% of pay times their years of service. Strobridge also indicated the importance of providing assistance to widows suffering deduction of VA survivor benefits from their SBP annuities, and highlighted the traumas many suffer as the Defense Finance and Accounting Service demands that they repay large amounts of previously paid SBP. [Source: MOAA Leg Up 16 Mar 07]

TAX ON HOME SALE:

Many people remember the pre-1997 rules that required taxpayers to purchase a more expensive home within two years of the sale of a primary residence to defer capital gains. After a ge 55, taxpayers could downsize and receive a one-time capital gain exclusion of up to $125,000. The Taxpayer Relief Act of 1997 significantly changed primary residence tax treatment, making it potentially much more beneficial for taxpayers. The new rules allow for an exclusion from income taxes on up to $500,000 in gain on the sale of a personal residence if married, filing jointly and up to $250,000 for single filers under Internal Revenue Code Section 121. To qualify for this exclusion, taxpayers must meet these requirements:

- Ownership. You (or your spouse, if married) must have owned the house for at least two of the previous five years.

- Use. The home must have been used as the primary residence for two out of the previous five years. If you are married, both of you must meet this requirement. If one spouse does not, the exclusion is only $250,000. Servicemembers who meet the ownership test above may suspend th e use requirement for up to 10 years if they are on qualified, official, extended duty for 90 days or more and are serving more than 50 miles from the primary residence or are living in government housing. IRS Publication 3, The Armed Forces' Tax Guide (pages 11-12), explains this provision in detail.

- Frequency. You may only use this exclusion every two years. If one spouse has sold a primary residence within the past two years, the exclusion is limited to $250,000.

These rules turn the primary residence back into a powerful investment tool, particularly in areas with significant price appreciation. For example, assuming you meet all requirements. If you bought your home in 1985 for $200,000 and have made $50,000 in improvements, your cost basis would be $250,000. If you sell the home for $800,000, paying a

6% real estate commission ($48,000) and incurred $15,000 in fix-up and miscellaneous expenses, your final effective s ales price (sales price less selling costs) is $737,000. Their gain on the sale, then, is $737,000 minus $250,000 (basis), or $487,000. If you are married, filing jointly, and meet all requirements, you can exclude the entire gain from income taxes. A home must be a primary residence to qualify for this valuable exclusion. Vacation homes and rental properties do not qualify under this provision. For taxpayers who don't meet all requirements but sell the primary residence because of job relocation, health issues, or unforeseen circumstances, a reduced exclusion might be available. IRS Publication 523 is the primary source for determining tax treatment for home sales. You can download the publication at www.irs.gov. [Source: MOAA Financial Forum May 06]

COLA 2008 UPDATE 04:

The Bureau of Labor Statistics announced the February 2007 Consumer Price Index (CPI), which is the metric used to calculate the annual cost-of-living ad justment (COLA) for military retired pay and annuities. The CPI had its third straight increase of FY2007 - 0.5% above January's CPI. However, the CPI still stands 0.3% below its starting point at the beginning of the fiscal year five months ago. This year's cumulative -0.3% through February is the lowest rate of inflation recorded for the first five months of any fiscal year for the past 30 years. But inflation could turn around quickly in the next seven months. The next quarter may give a clearer picture of where inflation may end up for 2007. The lowest COLA military retirees and annuitants received in the last 30 years was 0% in 1985. That year, Congress consciously eliminated the COLA for federal retirees and survivors to save money. The lowest COLAs based on actual inflation occurred in 1986 and 1998 at 1.3%. [Source: MOAA Leg Up 16 Mar 07]

VBDR:

Department of Defense, through Defense Threat Reduction Agency (DTRA) as the Executive Agent, provides dose estimates for veterans who participated in the 1945-1946 occupation of Hiroshima or Nagasaki, Japan, and in U.S. sponsored atmospheric nuclear testing between 1945 and 1962. These dose reconstructions are used by the VA to evaluate and decide veterans' claims filed under the provisions of Public Law (PL) 98-542 and implementing regulations in Title 38 of the Code of Federal Regulations, part 3.311. In 1977 the radiation exposure military personnel received as a result of their participation in above-ground nuclear weapons tests became a national issue. A front page article was published in the Sunday paper supplement, Parade Magazine, about a report of an increased incidence of leukemia in veterans who had taken part in a nuclear weapons test at the Nevada Test Site. This test, Shot Smoky, was part of the Plumbbob Series conducted at the Nevada Test Site.

The Parade Magazine story was an initia ting event for the need to assess doses for veterans who participated in nuclear weapons testing. Each of the military services, Army, Navy, Air Force and Marine Corps quickly set up offices under the coordinating direction of the Defense Nuclear Agency (DNA), a legacy agency of the current DTRA to collect information on veterans who participated in weapons tests, information on their radiation exposures, and to respond to the significant number of inquiries that resulted. These offices were called Nuclear Test Personnel Review (NTPR) offices with the service name in front.

These offices coordinated the initial services' responses to the individual veterans and assisted DNA in responding to the Veterans Administration (Department of Veterans Affairs as of 1989), Congress, news media and the public.

Early on it was recognized that personnel dosimetry information for the

veterans was fragmented between the services, DNA and the Nevada Test Site. DNA was designated the responsible Department of Defense organization to address the radiation exposures of the veterans for all of the services as well as to coordinate the services' other NTPR activities. Since individual radiation exposure information often was not available, the need for a program of individual veteran's radiation dose reconstruction became apparent early in the NTPR program and was initiated by and performed under the guidance of DNA. In 1987 the functions of the individual service NTPR offices were incorporated into a single NTPR office at DTRA, where responsibility for the dose reconstruction program and the NTPR program currently reside.

In DEC 03 Congress directed the Secretaries of DoD and VA under Section 601 of Public Law (PL) 108-183 to appoint an advisory board to provide on-going independent review and oversight of the Dose Reconstruction (DR) Program. That board is titled the Veterans' Advisory Board on Dose Reconstruction (VBDR) and under its charter is tasked to advise DoD and VA as follows :

(a) Conduct periodic, random audits of dose reconstructions and decisions on claims for radiogenic diseases;

(b) Assist the VA and DTRA in communicating to veterans information on the mission, procedures, and evidentiary requirements of dose reconstruction;

(c) Carry out other activities with regard to review and oversight of the Dose Reconstruction Program as specified jointly by the Secretaries; and

(d) Make recommendations on modifications to the mission and procedures of the Dose Reconstruction Program as the Advisory Board considers appropriate as a result of the audits.

The Committee is made up of medical, scientific and Atomic Veteran personnel. In MAR 07 they held a public meeting in Las Vegas NV at which the Committee unanimously voted to advise Congress to abolish the DR program. This program has, for the most part, worked to deny Atomic Veterans' Claims (with the exception of a limited number of cancers approved by Congress). Abolishing this time consuming, expensive, program will open the way for justice for numerous Atomic Veterans suffering from several medically recognized radiological diseases with the criteria being medical and not political. For additionally info on the VDBR refer to www.vbdr.org. [Source: eVeterans News 19 Mar 07 ++]

SUPPLEMENTAL APPROPRIATIONS ACT 2007:

The proposed House bill provides $1.7 billion for initiatives to address the healthcare needs of OIF/ OEF veterans, particularly those suffering from traumatic brain injury and post traumatic stress disorder. Funding is also included to address facility deficiencies so the Department of Veterans Affairs does not have to defer facility maintenance and upkeep in order to provide quality health care services. Congressman Chet Edwards (D-TX-17), Chairman of the House Appropriations Committee sent a Dear Colleague communication to members of Congress on 15 MAR which details the VA funding included in the Emergency Supplemental Appropriations bill. A summary of the initiative follows:

- $6.3 million to support the Department announced initiative to establish polytrauma support clinic teams at each of the 21 regional health care networks to improve case management of veterans. This funding will prevent veterans from falling through the cracks once they return home;

- $20 million for a pilot program authorized in 1996 to use contract physicians for disability examinations. This funding will allow a veteran to see a physician closer to home for the initial disability visit thereby shortening the claims process time and make it easier for the veteran and his/her family;

- $62 million to hire additional compensation claims personnel to expeditiously handle the claims of vet erans returning from OIF/OEF as well digitizing all combat unit records. Both initiatives will shorten the time it takes to process a compensation claim as well as reduce the current backlog of claims;

- $35 million to upgrade information technology systems to include programs that effectively screen all patients for traumatic brain injury and PTSD;

- $35 million to advance research in areas most impacted by the global war on terror, such as traumatic brain injury, PTSD, and prosthetics;

- $30 million for a new Level I comprehensive polytrauma center. Congress established four Level I comprehensive polytrauma centers in 2005, which are the rehabilitation centers where active duty and veterans go after they leave the hospital and before they go home;

- $45 million to upgrade facilities at the existing four Level I and 17 Level II polytrauma centers;

- $100 million for contract mental health care. This funding allows the Departm ent to contract with private mental health care providers to ensure that OIF/OEF veterans are seen in a timely and least disruptive fashion, including members of the Guard and Reserve;

- $56 million to ensure the Department has sufficient funds to maintain an adequate supply of state-of-the-art prosthetics for veterans;

- $228.9 million directed for treatment of OIF/OEF patients. In fiscal year 2006, the Department underestimated the number of OIF/OEF patients in the system by 40 percent. While the Committee understands the Department has revised the model used to calculate these projections and expects to track their estimates more closely, year-to-date information suggests the model may still be immature so this funding provides for a higher level of patients;

- $250 million for medical administration to ensure there are sufficient personnel to support the growing number of OIF/OEF veterans and to maintain a high level of servic e to all veterans in the system. This account funds the support staff such as appointment and records clerks that increase physician efficiency and improve access to care;

- $550 million for non-recurring maintenance which will allow the Department to make some headway in addressing the $5 billion backlog identified in their Facility Condition Assessment. The bill also includes $260 million for minor construction to address the backlog of projects at locations throughout the country. These amounts are intended to prevent the Department from experiencing a situation similar to that found at Walter Reed; and

- $23.8 million to complete a spinal cord injury center, already under construction.

[Source: eVeterans News 19 Mar 07 ++]

WILL ROGERS MEMORIAL MUSEUM:

Will Rogers, the American Cowboy-Humorist, comedian, social commentator, vaudeville performer, and actor was probably the greatest political sage this country has eve r known. He died in a plane crash with Wylie Post in 1935 at the age of 54. At the time of his death he was America's most widely read newspaper columnist, between his daily "Will Rogers Says" telegrams which he composed daily to address each day's news and his weekly column. His Sunday night half-hour radio show was the nation's most-listened-to weekly broadcast. In both, he expressed his disappointment with big government and the effect it had on the nation, particularly during the Depression era. His wit was often caustic: as he explained, "There's no trick to being a humorist when you have the whole government working for you." Nevertheless, he identified with the Democratic Party saying "I don't belong to any organized party. I'm a Democrat," and was a vocal supporter of Franklin Delano Roosevelt. At one point, he was even asked to run for governor of Oklahoma, the party hoping to benefit from his immense popularity.

In t he United States Capitol Building each state is allowed to have two statues. In memorial he was given this honor by the state of Oklahoma. It is said that as Presidents walk by the Will Rogers statue on the way to give a State of the Union speech it is good luck to rub the shoes on the statue. The Will Rogers Memorial Museum is located at 1720 West Will Rogers Blvd, Claremore Ok 74018 Tel: (918) 341-0719 wrinfo@willrogers.com. It is open 365 days a year 0800-1700. Admission to the nine galleries, three theaters, interactive television, and special children's museum is by voluntary contributions. For additional info refer to www.willrogers.org. Following are some examples of his wit:

1. Never slap a man who's chewing tobacco.

2. Never kick a cow chip on a hot day.

3. There are 2 theories to arguing with a woman...neither works.

4. Never miss a good chance to shut up.

5. Always drink upstream from the herd.

6. If you find yourself in a hole, stop digging.

7. The quickest way to double your money is to fold it and put it back in your pocket.

8. There are three kinds of men: The ones that learn by reading. The few who learn by observation. The rest of them have to pee on the electric fence and find out for themselves.

9. Good judgment comes from experience, and a lot of that comes from bad judgment.

10. If you're riding' ahead of the herd, take a look back every now and then to make sure it's still there.

11. Lettin' the cat outta the bag is a whole lot easier'n puttin' it back.

12. After eating an entire bull, a mountain lion felt so good he started roaring. He kept it up until a hunter came along and shot him. The moral: When you're full of bull, keep your mouth shut.

About Growing Older…

First ~ Eventually you will reach a point when you stop lying about your age and start bragging about it.

Second ~ The older we get, the fewer things seem worth waiting in line for

Third ~ Some people try to turn back their odometers. Not me, I want people to know "why" I look this way. I've traveled a long way and some of the roads weren't paved.

Fourth ~ When you are dissatisfied and would like to go back to youth, think of Algebra.

Fifth ~ You know you are getting old when everything either dries up or leaks.

Sixth ~ I don't know how I got over the hill without getting to the top.

Seventh ~ One of the many things no one tells you about aging is that it is such a nice change from being young.

Eighth ~ One must wait until evening to see how splendid the day has been.

Ninth ~ Being young is beautiful, but being old is comfortable.

Tenth ~ Long ago when men cursed and beat the ground with sticks, it was called witchcraft. Today it's called golf

And finally ~ If you don't learn to laugh at trouble, you won't have anything to laugh at when you are old.

[Source: eVeterans News 19 Mar 07 ++]

FUTURE FOR VETS COMMISSION:

The Commission on the Future for America's Veterans began operating in SEP 06 as a private, independent, analytical body to examine the needs of veterans 20 years in the future, and develop recommendations for how the federal government should meet those needs. Over the next 15 months, the Commission will be holding meetings and conducting research to develop and deliver recommendations to the President, the Congress, and the America public by Memorial Day 2008. The Commission was created by the Veterans Coalition, an organization that includes The American Legion, Veterans of Foreign Wars (VFW), Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA), AMVETS, Vietnam Veterans of America, Blinded American Veterans Foundation, Jewish War Veterans, and Military Order of the Purple Heart. The Commission is currently engaged in a multi-state tour actively seeking input from military veterans, veterans' experts, and other Americans interested in supporting veterans. The

tour began at Charleston WV in JAN 07, continued for 3 days in mid-MAR in Tampa FL, goes to San Diego CA at the end of May, and then on to Cincinnati OH in July.

The centerpiece of their Tampa visit was an open, public "town hall" meeting held in which hundreds of Florida residents were able to speak directly to the Commission about their experiences with

VA today and their hopes for its future. This “town hall” meeting, called “Conversations on the Future for America’s Veterans”, was webcast live over the Internet. During the week, the Commission conducted tours of the VA nursing home at Bay Pines and the polytrauma and spinal cord injury units at the Haley VA hospital in Tampa. The Commission also heard several hours of expert testimony about the future of VA research, academic affiliations, and information man agement and technology. Among the experts who spoke to the Commission were: Dr. Steven Scott, Medical Director, Tampa Polytrauma Rehabilitation Center; Dr. Joel Kupersmith, VA Chief of Research and Development; Dr. Paul Tibbits, VA Deputy Chief Information Officer; Dr. Malcolm Cox, Chief Academic Affiliations Officer; Dr. Jordan J. Cohen of the American Association of Medical Colleges; Dr. Lynn Wecker, Associate Dean for Research at the University of South Florida College of Medicine; and Mr. Gary Ewart, Director of Research at Friends of VA Research.

Managing Commissioner Harry N. Walters in a press release said that, “the Commission on the Future for America’s Veterans has taken major strides towards its goal of developing a vision and plan for how this nation can best deliver needed benefits and services to our veterans far into the future.” Harry Walters previously served as Administrator of Veterans Affairs under President Ro nald Reagan. For additional information on the commission’s work refer to www.future4vets.org. Among other items the site provides a summary of healthcare, benefits, transition, catastrophic disability, National Guard and Reserve issues under review by the Commission. [Source: VA Secretary VSOL Office Kevin Secor msg 19 Mar 07 ++]

DFAS DEATH NOTIFICATION UPDATE 01:

The Death of a Military Retiree or Annuitant can be reported to Defense finance and Accounting Service at either (800) 269-5170 or (800) 321-1080 07-1930 EST M-F. You need to have the decedent’s Social Security Number (SSN) and the date of death when you call. If reporting by mail send to DFAS U.S. Military, Retirement Pay, P.O. Box 7130, London, KY 40742-7130 or Fax: (800) 469-6559 for retirees and U.S. Military, Annuitant Pay, P.O. Box 7130, London, KY 40742-7131 or Fax: (800) 982-8459 for Annuitants. Send one photocopy of a death certificate which indicates t he cause of death. DFAS will take steps to close out the pay account to prevent any overpayments. If the decedent was a retiree enrolled in the Survivor Benefit Plan (SBP) and/or the Retired Serviceman’s Family Protection Plan (RSFPP), additional steps will be taken to initiate pay accounts for eligible survivors. Designated beneficiaries of retirees should expect a Standard Form 1174 (SF-1174) and, if applicable, SBP/RSFPP-related forms in the mail within seven to ten business days of reporting the death. For assistance call either of the numbers listed above or refer to www.dod.mil/dfas/retiredpay/reportingdeathofmilitaryretireeorannuitant.html. Telephone numbers of other government offices which may need to be contacted are:

- Social Security Administration (SSA) at (800) 772-1213.

- Defense Enrollment Eligibility Reporting System (DEERS) at (800) 538-9552.

- If the deceased was receiving disability compensation or Dependency Indemnity Compensation (DIC), notify the Department of Veterans Affairs (DVA) at (800) 827-1000.

- If the deceased was a civil servant or retired civil servant, notify the Office of Personnel Management (OPM) toll-free at (888) 767-6738.

- If the deceased was enrolled in DVA-sponsored insurance such as National Service Life

Insurance (NSLI) or Servicemembers' Group Life Insurance (SGLI), notify them at (800) 669-8477.

Those living near a military installation may be able to receive help with administrative matters from a Casualty Assistance Officer (CAO) or Retired Activities/Affairs Office (RAO). Note that these services are not available at all military installations/geographic locales. Those living in the Philippines can call the VA Regional Office from 08-1600 M-F at 528-6300 [embassy operator], 528-2500 [direct line] or for outside Metro Manila you may call toll free at 1-800-1-888-5252. To notify SSA call (63-2) 523-1001ext. 6228 To notify either SSA or VA by mail send to 1201 Roxas Boulevard - Ermita 1000 – Manila. Some additional toll-free numbers you may find useful are:

Armed Forces Benefit Association (AFBA): (800) 776-2322

Army & Air Force Mutual Aid Association (AAFMAA): (800) 522-5221

Burial at Sea: (888) 647-6676 (option 4)

Funeral Honors: (877) 645-4667

Military Benefit Association: (800) 336-0100

Officers Benefit Association: (800) 736-7311

Uniformed Service Benefit Association: (800) 368-7021

[Source: DFAS Mar 07 ++]

RETURNING GWT HEROES TF:

On 6 MAR 07 the President directed VA Secretary Nicholson to establish an Interagency Task Force on Returning Global War on Terror Heroes. The Task Force will consist of Secretaries, or their designees, from the Departments of Veterans Affairs, Defense, Labor, Health and Human Services, Housing and Urban Development, and Education. The Director, Office of Management and Budget, and the Administrator, Small Business Administration, will also serve on the Task Force. The mission of the Task Force is to:

(a) Identify and examine existing Federal services that currently are provided to returning Global War on Terror service members;

(b) Identify existing gaps in such services;

(c) Seek recommendations from appropriate Federal agencies on ways to fill those gaps as effectively and expeditiously as possible using existing resources; and

(d) Ensure that in providing services to these service members, appropriate Federal agencies are communicating and cooperating effectively, and facilitate the fostering of agency communications and cooperation through informal and formal means, as appropriate.

The Task Force is focused on improvements using existing executive authority and resources. The Commission will report its recommendations to the President via the Secretary of Defense

and the Secretary of Veteran affairs and will provide a final report no later than 30 JUN 07. To further their study on how to enhance combat veteran services and reduce red tape they are inviting feedback from those concerned. People can email their comments to the task force at TFHeroes@va.gov or fax comments to 202-273-9599. Task Force information and mailing address can be obtained on the VA home page, www.va.gov/taskforce. The Web page allows active duty service members, veterans, family members and others to comment directly to the task force on the accessibility, timeliness and delivery of services. Comments will be studied by the task force, used in the panel's evaluation of gaps in service and form the basis of recommended solutions. Under the terms of the executive order creating the task force, the group has 45 days to complete their mission. [Source: VA Press Release 15 Mar 07 ++]

HEPATITIS & LIVER CANCER:

Some 200 million people worldwide are infected with the hepatitis C virus of which nearly 5 million of these are in the U.S. Each year about 230,000 new hepatitis C infections are recorded. Hepatitis is the inflammation of the liver, usually from a viral infection but sometimes from toxic agents. Five known viruses cause inflammation of the liver resulting in hepatitis A, B, C, D or E. Hepatitis C is the single most significant cause of liver disease and liver transplants, spreading through contact with infected blood and other body fluids. Viral hepatitis symptoms are similar, no matter the type. Some people infected with hepatitis C show no symptoms but can infect others without knowing it. Symptoms can take up to 20 or 30 years to appear. They include jaundice, fever, loss of appetite, fatigue, dark urine, joint pain, abdominal pain, diarrhea and nausea. Rarely will viral hepatitis alone cause liver failure and death. Rather, those wit h chronic hepatitis C infection are more susceptible to liver failure, or cirrhosis, and liver cancer. Increases in the rate of liver cancer over the past two or three decades may well be due to hepatitis C virus acquired during the 1960's and 1970's. The risk of Hepatitis C, as well as other blood-borne diseases can be lowered through lifestyle precautions. Other risk factors are beyond a person's control. Most at risk are people who:

= Are hemodialysis patients;

= Have ever injected drugs;

= Have jobs that expose them to human blood;

= Received a blood transfusion before July 1992;

= received clotting factors made before1987;

= Have had sexual contact with an infected person; or

= Have has multiple sex partners.

Several blood tests can determine if you have been infected with hepatitis C. Your doctor may order just one or combination of these tests. Two drugs currently approved for treatment re interferon and ribavirin, which can be taken alone are in combination. No vaccinations are currently available. In 1998 VA opened a national registry to identify patients with hepatitis C and track their clinical status with the goal of improving care. A recent study of nearly 1300 patients at 20 VA medical centers found a hepatitis C infection rate of 5.4%. The figure for Vietnam veterans was more than double that. Another study found that up to 70% of

new hepatitis-C patients are unable to begin antiviral therapy due to alcohol or substance abuse, or depression. A VA web site has been developed to share the latest hepatitis C information at http://hepatitis.va.gov/. [Source: American Legion Magazine Dec 04]

VA HEPATITIS "C" WEB SITE:

The VA maintains a comprehensive Web site on hepatitis C at www.hepatitis.va.gov. It was developed through collaboration between the Department of Veterans Affairs (VA) and the University of California at Sa n Francisco's Center for HIV Information (CHI). The site has a user friendly section for veterans and non-medical employees that includes general information and links to other Web sites. It also offers information for health care providers that is searchable by topic and includes best practices, guidelines and slides. Hepatitis C is the most common blood borne infection in the United States, affecting 2% of the population. VA cares for more hepatitis C patients than any other medical system, with more than 200,000 patients since 1996. The department has the largest screening, testing and care program for hepatitis C in the nation. [Source: VA Press Release 23 FEB 04 ++]

MILITARY RETIREMENT TAXATION:

1. In most cases, retired pay is fully taxable. The amount deducted from your pay for federal withholding tax is based on the number of exemptions you indicate on either your pay data form or your W-4 after retirement. To change your withholding tax status or to request an additional withholding amount after retirement you must forward an IRS Form W-4 to DFAS Cleveland Center or use the Employee Member Self Service on the DFAS Web Site www.dod.mil/dfas. Air Force retirees can visit their local Financial Services Office or Air Force Base to change their Federal Income Tax Withholding information. Some Navy Personnel Support Detachments (PSDs) and Army Retirement Service Offices (RSOs) also offer this service.

2. Disability retirement payments (Not VA Disability) are taxable for:

- Members with total military service after September 24, 1975, or

- Members Who were in the service before this date but were not on active military service or under binding written commitment to become a member of the armed services on September 24, 1975.

3. Disability retirement payments are nontaxable for:

- Members with military service or under binding written commitment to become a member of the armed services on September 24, 1975, or

- Members whose disability retirement has been deemed as combat-related, regardless of their active military service. For these retirees only that portion of your pay which would have been received under the actual percentage of disability calculation is nontaxable

4. The amount of taxable income may be further reduced by any SBP cost and deduction for dual compensation (federal civil service federal employment). If your disability retirement was combat-related, you are not subject to the provisions of dual compensation. If, after retirement, you waive a portion of your pay in favor of VA compensation, your taxable income will be reduced by the grater of amount of VA compensation or the amount of percentage of disability calculation.

5. Retired/retainer pay is not subject to FICA (Social Security) deductions, nor is your retired pay reduced when you become entit led to social security payments.

6. State tax withholding is on a voluntary basis and must be in whole dollar amounts. $10.00 is the minimum monthly amount. Before making your request in writing, you must contact the taxing authority in the state in which you have established residence to determine if you are required to pay state income tax.

[Source: New Mexico e-Veterans News 6 Feb 06]

AWARDS REPLACEMENT UPDATE 01:

A few rules and nice-to-know items related to obtaining replacement medals are:

1. Award emblems pre-dating World War I are neither stocked nor issued any longer by the military. Examples are the Civil War Campaign Medal, Mexican Border Service Medal and Spanish War Service Medal.

2. The military services do not issue or replace insignia of rank, branch and organization as well as other “brass” items or cloth insignia patches; Foreign Individual awards such as the French Legion de Honneur, the Republic of Vietnam Campaign Medal with “1960” device, and the Israeli Parachutist Badge; Miniature suspension medals for U.S & and foreign decorations and service medals (except for Coast Guard decorations). Such items are normally used for formal wear. They must be purchased from private dealers who sell military Insignia and memorabilia, war surplus stores or uniform outlets.

3. Certificates of achievement and appreciation of local design cannot be replaced. Stocks of these and other certificates printed by battalion, squadron, group or corps command-en are not maintained.

4. Award emblems of deceased veterans are replaced for the legal next-of-kin — surviving spouse, eldest child, father or mother, eldest grandchild.

5. The Army will engrave, on a free-of-charge basis, the name of the veteran on the reverse of all suspension medals for personal decorations and the Good Conduct Medal. The Navy, Marine Corps and Air Force engrav e only the Medal of Honor and some personal decorations awarded posthumously.

6. Replacement and “conversion” award emblems are sent via postal channels in boxes that are packaged and wrapped accordingly.

7. Lapel buttons depicting personal decorations are included in the same container as the suspension medal and bar ribbon device.

8. Except for the lapel buttons for WWI and WWII Victory Medals, which do not accompany suspension medals, there are no lapel buttons authorized or issued for service ribbons, campaign medals or unit awards.

9. With few exceptions, each military department will not issue or replace an emblem authorized or awarded by another military department. This

usually occurs when a person switched from one service to another and received awards from both or was awarded a decoration or service medal by another service.

10. There is no individual emblem for persons whose unit was cited only once by the French g overnment at the level of the Croix de Guerre. The same holds true for units cited once by the Belgian government Members of units cited twice or more are authorized the French or Belgian Fourragere, a braided shoulder cord.

11. The sale and unauthorized wear of federal full-size suspension medals for personal decorations and service medals is illegal and violates the United States Code, Title 18~ It is punishable by a $250 fine, six-month imprisonment or both.

12. State National Guard organizations and Junior and Senior ROTC have unique systems of awards and decorations. Since most of these National Guard and ROTC awards are not permitted to be worn on the uniform while on federal status, they are not issued or replaced as outlined in this article.

13. The following awards consist of bar ribbon devices only.

(a) All unit awards —Presidential Unit Citation, Valorous Unit Award, and Navy and Meritorious Unit Commendations.

(b) Army Service Ribbon, NCO Professional Development Ribbon, Overseas Service Ribbon and Army Reserve Components Overseas Training Ribbon.

(c) Navy Sea Service Deployment Ribbon, Navy and Marine Corp Overseas Service Ribbon, Marine Corps Reserve Ribbon, Navy “E” Ribbon, Fleet Marine Force Ribbon, Navy Arctic Service Ribbon and Naval Reserve Sea Service Ribbon.

(d) Outstanding Airman of the Year, Air Force Recognition Ribbon, Air Force Overseas Ribbons, Air Force Longevity Service Ribbon, Air Force NCO Professional Military Education Ribbon, Basic Military training Honor Graduate, Small Arms Expert Marksmanship Ribbon and Air Force Training Ribbon.

[Source: NEW MEXICO e-VETERANS NEWS - Issue 15, 8 May 05]

AWARDS REPLACEMENT UPDATE 02:

The following sample application letter can be used to request replacement awards:

1. Submission by Veteran:

PLACE Address shown for appropriate military department

I request that I be issued all award emblems to which I am entitled. I have attached a copy of my separation document (DD Form 214).

My social security number is:

My former service numbers are:

My VA claim number is:

Date and place of birth:

Full name, Phone number

Street address (or P.O. Box), City, State and Zip Code

2. Submission by Next-of-Kin:

PLACE Address shown for appropriate military department I request that I be issued all award emblems to which (Full name of veteran) was entitled. I am the (Relationship) and the legal next-of-kin of the deceased veteran. A copy of his or her separation document (DD Form 214) is enclosed.

His (or her) social security number was:

His (or her) former service numbers were:

His (or her) VA Claim number was:

His (or her) date of death was:

His (or her) date and place of birth were:

Full name of next of kin, Phone number Street address (or P.O. Box), City, State and Zip Code

Note 1: Some of the above information may be omitted if it is shown on accompanying separation documents.

Note 2: The above letters may be modified to ask for only specific emblems rather than all to which a veteran is entitled.

Note 3: It is also helpful to add a paragraph if the veteran is entitled to such things as "conversion" awards or unit awards for specific organizational assignments. If new certificates for personal decorations are being requested, the letters should so state in an additional line or paragraph. [Source: New Mexico e-Veterans News 8 May 05]

VETERAN LEGISLATION STATUS 31 MAR 07:

Refer to the Bulletin attachment for a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress. 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. A cosponsor is a member of Congress who has joined one or more members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The first member to sign onto a bill is considered the sponsor. Members subsequently signing on are called cosponsors. 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, determine its current status, the committee it has been

assigned to, and if your legislator is a sponsor or cosponsor of it. The key to increasing cosponsorship is letting our representatives know of veterans feelings on issues. At the end of some listed bills is a web link that can be used to do that. Otherwise, you can locate on http://thomas.loc.gov who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making.

Lt. James “EMO” Tichacek, USN (Ret) Director, Retiree Assistance Office, U.S. Embassy Warden & VITA Baguio City RP PSC 517 Box RCB, FPO AP 96517 Tel: (760) 839-9003 or FAX 1(801) 760-2430; When in RP: 0915-361-3503 or FAX 1(801) 760-2430 Email: raoemo@sbcglobal.net. When in Philippines raoemo@mozcom.com Web: http://post_119_gulfport_ms.tripod.com/rao1.html AL/AMVETS/DAV/FRA/NAUS/NCOA/MOAA/USDR/VFW/VVA/CG33/DD890/AD37member

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