

- > RAO Bulletin
- > 15 October 2008
- >
- >
- >
- > THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES
- >
- >
- > == VA Presumptive POW Diseases [01] ----- (Updated List)
- > == Veteran Legislation 2008 ----- (S.3023 Omnibus Bill Passes)
- > == Traumatic Brain Injury [04] ----- (Rating Changes)
- > == COLA 2009 [04] ----- (5.9% Projected)
- > == Combat Vet Health Care [03] ----- (Combat Vet Eligibility)
- > == SBP Paid Up Provision [06] ----- (SBP Counter)
- > == Arlington National Cemetery [04] ----- (New Media Policy)
- > == 110th Congress Schedule [01] ----- (At a Standstill)
- > == YMCA Memberships ----- (New DoD Program)
- > == Tuberculosis ----- (Overview)
- > == Tuberculosis [01] ----- (Philippine Alert)
- > == Medicare Part D [27] ----- (2009 Plan Reassignments)
- > == Mobilized Reserve 7 OCT 08 ----- (6,299 Increase)
- > == Medicare Premiums 2009 [04] ----- (Frozen)
- > == VA Health Care Funding [16] ----- (Ending Delays)
- > == Tricare Uniform Formulary [26] ----- (BAP Mtg Results)
- > == Continuing Resolution ----- (What it is)
- > == CT Vet Property Tax ----- (Disability Verification Letter)
- > == VA Claims Backlog [19] ----- (Changes Coming)
- > == Purple Heart ----- (POW Eligibility)
- > == TRS [10] ----- (Permanent Benefit)
- > == CA Vet Legislation ----- (Recently Signed)
- > == Medicare Fraud [10] ----- (Detection Efforts Beefed Up)
- > == Military History Anniversaries ----- (October Summary)
- > == Military ID Cards [02] ----- (New Requirements)
- > == NDAA 2009 [07] ----- (Approved)
- > == Vet Spouse Federal Employment ----- (Who's Eligible)
- > == VA Fraud [13] ----- (Pittsburgh PA)
- > == Tomb of the Unknowns [01] ----- (Replacement Alternative)
- > == Arlington National Cemetery [03] ----- (Expansion Plans)
- > == Filipino Vet Inequities [10] ----- (One-Time Payment)
- > == Tricare Reserve/Guard Buy In [01] ----- (SA 5281)
- > == VFW Finance Officer Indicted ---- (\$120,000 Embezzlement)
- > == VA Benefits Advisory Committee ----- (Membership)
- > == GI Bill [29] ----- (Change Preparations)

- > == GI Bill [30] ----- (Private Sector Involvement)
- > == DOD Disability Eval System [11] --- (Army Not Complying)
- > == Social Security Fund Depletion [07] --- (Action Needed Now)
- > == Credit Card Late Fees ----- (Tripled in 10 years)
- > == Credit Card Late Fees [01] ----- (How to Avoid)
- > == VA Clothing Allowance ----- (Overview)
- > == Veteran Legislation Status 13 OCT 08 ---- (Where we Stand)
- > == Editor's Note [1] ----- (RAO's Computer Status)

>
>

> VA PRESUMPTIVE POW DISEASES UPDATE 01: The Department of Veterans Affairs presumes that specific disabilities diagnosed in certain veterans were caused by their military service. If one of these conditions is diagnosed in a former POW, VA presumes that the circumstances of his/her service caused the condition, and disability compensation can be awarded. This includes DIC education and CHAMPVA for spouses of veterans rated 100% or surviving spouses late-veterans that died from discussed medical problems. Disabilities may be presumed under the circumstances described and for the conditions listed as follows:

>

> (1) Imprisoned for any length of time, and disability at least 10 percent disabling:

- > . psychosis
- > . any of the anxiety states
- > . dysthymic disorder
- > . organic residuals of frostbite
- > . post-traumatic osteoarthritis
- > . heart disease or hypertensive vascular disease and their complications
- > . stroke and its residuals

>

> (2) Imprisoned for at least 30 days, and disability at least 10 percent disabling:

- > . avitaminosis
- > . beriberi
- > . chronic dysentery
- > . helminthiasis
- > . malnutrition (including optic atrophy)
- > . pellagra
- > . any other nutritional deficiency
- > . irritable bowel syndrome
- > . peptic ulcer disease
- > . peripheral neuropathy
- > . cirrhosis of the liver

> [Source: County of Humboldt Veterans Service office 12 Oct 08 ++]

>
>

> VETERAN LEGISLATION 2008: After months of delay, the Senate passed an omnibus veterans' benefits bill on 16 SEP that includes bigger benefits for veterans and their families, expanded home loans and a variety of other programs. The bill, S.3023, had passed the Senate Veterans' Affairs Committee in June but lingered in limbo because of disputes over dozens of details. With congressional leaders aiming to end this legislative session of Congress soon, passage of the Senate bill was essential for any hope of passing a compromise bill in conjunction with the House this year. The Senate passed the bill by voice vote and with no debate. Sens. Daniel Akaka (D-HI), chairman of the veterans' committee, and Richard Burr of North Carolina, the committee's ranking Republican, said the bill passed by the Senate includes a host of compromises and includes the following provisions:

>

> - It would order VA to simplify what it tells veterans when it denies benefits claims or asks for more information. "Notification letters to veterans about the status of their claims have become increasingly long, complex and difficult to understand," Akaka said. "These notification letters must be simplified. They should use plain and ordinary language rather than bureaucratic jargon. Veterans should not be subjected to confusing information as they seek benefits."

> - It would temporarily extend an increase in veterans' home loans through the end of 2011. The temporary measure allows loans of up to \$730,000, but it is due to expire at the end of 2008. Akaka said extending the loan limits for several more years "would enable more veterans to utilize their VA benefit to purchase more costly homes."

> - It would apply the maximum loan limit to home refinancing, and let homeowners refinance with a veterans' loan if they have 5% equity in their homes instead of the current 10% requirement.

> - It would require more federal help for service members who have problems with employment and re-employment rights. Under the bill, the Labor Department would investigate more complaints and federal agencies would provide more assistance. The bill calls for mandatory training for federal human resources workers in the Uniformed Services Employment and Reemployment Rights Act. Burr said every employer should obey the law, but the federal government has a particular responsibility to be a model employer. "The federal government should make sure that not a single returning service member is denied proper reinstatement to a federal job," Burr said. "Unfortunately, this is not happening yet."

> - It would grant spouses of severely injured disabled veterans up to 20 years after the veterans are discharged to use education benefits, twice the time currently allowed.

> - It would prevent the Department of Veterans Affairs from making changes in its disability rating schedule without first notifying Congress. Burr said the current ratings system is "riddled with outdated criteria that do not track with modern medicine," especially in the areas of combat stress and traumatic brain injuries. VA has been working on several studies that

could lead to an overhaul, but many veterans and lawmakers remain concerned that a change could result in lower benefits. Burr said the bill would "make sure these studies do not get put on a shelf to collect dust" by requiring a report to Congress on the findings and what action is planned by VA.

> [Source: NavyTimes Rick Maze article 19 Sep 08 ++]

>

>

> TRAUMATIC BRAIN INJURY UPDATE 04: The Dept. of Veterans Affairs announced changes to its schedule for rating disabilities for Traumatic Brain Injury (TBI), the "signature wound" of Iraq and Afghanistan. A VA press release noted, "Traumatic brain injuries result in immediate effects such as loss or alteration of consciousness, amnesia and sometimes neurological impairments." In some cases "prolonged or even permanent problems with a wide range of impairment in such areas as physical, mental and emotional/behavioral functioning may occur." People with TBI may experience headache, sleep difficulties, decreased memory and attention, slower thinking, irritability, and depression. 22,000 veterans presently are being compensated for TBI, including 5,800 Iraq and Afghanistan veterans. Those already receiving compensation for TBI injuries can be reevaluated under the new rating schedule criteria. The VA stressed, however, that veterans with the "most severe" forms of TBI would not receive much, if any, extra compensation because the current rating schedule provides adequate compensation in such cases. The rating schedule change mainly has the potential to affect those with mild or relatively moderate TBI who may have been assigned low or modest ratings in the past. Under the new rules, TBI ratings will be based on the degree of "cognitive impairment" and other "residuals" of TBI. These may include mild to severe loss of memory, attention, concentration, judgment, motor activity, visual spatial orientation, ability to communicate and other functions. The rating schedule goes into effect in late October. Because of the complexity of each individual evaluation, it's not possible to assert that a particular person or particular condition would receive a particular rating increase.

[Source: MOAA Leg Up 26 Sep 08 ++]

>

>

> COLA 2009 UPDATE 04: The Bureau of Labor Statistics (BLS) of the U.S. Department of Labor reported 16 SEP that the Consumer Price Index for All Urban Consumers (CPI-U) decreased 0.4% in August, before seasonal adjustment. The August level of 219.086 (1982-84=100) was 5.4% higher than in August 2007. The Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) decreased 0.5 percent in August, prior to seasonal adjustment. The August level of 215.247 (1982-84=100) was 5.9% higher than in August 2007. Using seasonally adjusted data the BLS found that energy prices were down 3.2% from July and food prices were up 0.6%. Energy prices continue to have the most effect on the CPI. If the September CPI-W remains unchanged from the August CPI-W, the December COLA would be 5.9%. This would

be the highest COLA since the early 1980s. SEP 08 CPI data are scheduled to be released on 16 OCT at 0830 EST and can be viewed at www.bls.gov/cpi.
[Source: MOAA News Exchange 24 Sep 08 ++]

>

>

> COMBAT VETERAN HEALTH CARE UPDATE 03: The Department of Veterans Affairs

(VA) utilizes the Department of Defense (DOD) "Combat Zones" listing of designated hostile fire or imminent danger pay areas in establishing whether or not veterans' are eligible for this category of health care. Although DOD Hostile Fire or Imminent Danger pay existed prior to 11 NOV 98, only proof of such pay after 11 NOV 98, is acceptable. The table provided at <http://www.va.gov/healtheligibility/Library/pubs/CombatOperations> should assist in the determination of combat veteran eligibility. The following definitions are applicable in determining combat veteran status:

>

> a.) Combat Veteran. A combat veteran is a veteran who served on active duty in a theater of combat operations during a period of war after the Persian Gulf War or in combat against a hostile force during a period of hostilities after November 11, 1998.

> b.) Combat Zones. Combat zones are designated by an Executive Order from the President as areas in which the United States (U.S.) Armed Forces are engaging or have engaged in combat. An area usually becomes a combat zone and ceases to be a combat zone on the dates the President designates by Executive Order.

> c.) Minimum Active Duty Service Requirement. The minimum active duty service requirement is the shorter of the following two periods: (1) The full period for which they were enlisted, called or ordered to active duty, or (2) Twenty-four months of continuous active duty. NOTE: There remain categories of veterans who are expressly excluded by statute from the minimum active duty service requirement; e.g., veterans who were discharged or released from active duty for a disability incurred or aggravated in line of duty, those discharged or released from active duty under an early out or hardship discharge, etc.

> d.) Hostilities. Hostilities refers to conflict in which the members of the Armed Forces are subjected to danger comparable to the danger to which members of the Armed Forces have been subjected in a theater of combat operations during a period of war. To determine whether a period of hostilities is within the scope of this special authority, VA relies upon the same citation and criterion used to determine eligibility for VA Readjustment Counseling Service contained in 38 U.S.C., Section 1712A(a)(2)(B), as it applies to veterans in service after November 11, 1998. More specifically, criteria used to determine whether a veteran's service meets the qualifications required by statute include:

>

> (1) Receipt of an expeditionary medal or other DOD authorized combat

related medal. Note: A certificate of award, or presentation of a medal, in and of itself, will not suffice for VA health care eligibility verification purposes without the submission of supporting documentation (such as DD 214, Proof of Receipt of Hostile Fire or Imminent Danger Pay, proof of exemption of Federal tax status for Hostile Fire or Imminent Danger Pay after November 11, 1998), other military service records or orders indicating combat service.

> (2) Service in a location designated by an Executive Order as a combat zone;

> (3) Receipt of DOD Hostile Fire or Imminent Danger pay or combat pay tax exemption for serving in the area subject to hostilities; or

> (4) Other factors as may be defined in policy and regulation by the Secretary of Veterans Affairs.

> e.) Hostilities or Imminent Danger Pay. Hostile fire pay is defined as pay to anyone exposed to hostile fire or mine explosion, while imminent danger pay is paid to anyone on duty outside the United States area who is subject to physical harm or imminent danger due to wartime conditions, terrorism, civil insurrection, or civil war.

> f.) Medals. Afghanistan Campaign Medal, Iraq Campaign Medal, Armed Forces Expeditionary Medal; Global War on Terrorism Expeditionary Medal (does not include Global War on Terrorism Medal); Kosovo Campaign Medal; Southwest Asia Campaign Medal; and other DOD-authorized combat related medals.

> [Source: VHA Directive 2008-054 Addendum A 9 Sep 08 ++]

>

>

> SBP PAID UP PROVISION UPDATE 06: As of this month, SBP payments ended for retirees who are at least age 70 and have paid 30 years (360 cumulative months) of SBP premiums. This affects 137,000 retirees, who will see their retired pay go up in the November checks. The net increase in the check won't be quite as much as the premium, because retired pay is taxable, whereas the SBP premiums were deducted before taxes. In December, DFAS will display an "SBP Counter" on a retiree's Retiree Account Statement. It will show the total months of SBP premiums paid to date, so individuals can better project when their premiums will end. [Source: MOAA Leg Up 10 Oct 08 ++]

>

>

> ARLINGTON NATIONAL CEMETERY UPDATE 04: Army Secretary Peter Geren recently signed a new media policy for Arlington National Cemetery that calls for the creation of an oversight board to include representatives from the cemetery, the Army and the media. Media coverage of funerals at Arlington became an issue in April, when the Washington Post ran a column about how the media was kept so far away from the funeral of a Marine killed in Iraq that reporters could not hear the service. Under the new policy, family members will have three options for media coverage of their loved-ones' funerals: No coverage, visual coverage, or visual coverage and

limited audio coverage. [Source: NAUS Weekly Update 8 Oct 08 ++]

>

>

> 110TH CONGRESS SCHEDULE UPDATE 01: The House stands adjourned until 11 a.m. on Saturday, 3 JAN 09. The Senate remains open but only plans to conduct pro forma sessions until the General Election is completed. During a pro forma session, the Senate is called to order for literally about 30 seconds, but no business is conducted. The Senate Majority Leader called the pro forma sessions to prevent the President from using his Constitutional authority to appoint people to his administration when Congress is adjourned. They are scheduled to reconvene for normal business on Nov. 17. Indications are that legislators - election winners and losers alike - may be called back to work in mid-November. Starting in January, we'll have to get new bills introduced on our key issues and work to get our legislators to renew their cosponsorships. [Source: NAUS Weekly Update 8 Oct 08 ++]

>

>

> YMCA MEMBERSHIPS: The Department of Defense announced 1 OCT that families of deployed members of the National Guard and Reserve, active duty service members on independent duty and their families, and active duty service members and their families assigned to selected bases would be eligible for fully funded family memberships at participating YMCAs in their local community. The new program, which is effective immediately, was unveiled in a signing ceremony presided by Under Secretary of Defense for Personnel and Readiness David S.C. Chu. Also signing the document was Assistant Secretary of Defense for Reserve Affairs Thomas F. Hall and the Executive Director of the Armed Services YMCA, retired Navy Rear Adm. Frank Gallo. The YMCA memberships for Guard and Reserve families will be available while the service member is deployed for a minimum of six months. The deploying service member will also be eligible for three months pre- and post-deployment membership to help promote family participation. Active duty families assigned to independent duty stations, such as recruiting and ROTC assignments and not currently receiving support from the service component will also be eligible for memberships at participating YMCAs. Single service members are eligible for fitness center memberships up to \$50 a month. Active duty families at selected bases will also be eligible for YMCA memberships as part of a pilot program.

>

> Memberships will be issued on a first come, first served basis with 300 to 450 family memberships available per joint base location. The selected bases are: Lackland AFB/Randolph AFB/Ft. Sam Houston TX; Langley AFB, Va.; McCord AFB/Ft. Lewis, Wash.; Ft. Carson CO; Pearl Harbor/Hickam AFB HI; Naval Weapons Station, Charleston S.C.; McGuire AFB/Ft. Dix/Lakehurst Naval Air Engineering Station, N.J.; Anacostia NAS /Bolling AFB, Washington, D.C.; Ft. Myer/Henderson Hall, Va.; Elmendorf AFB/Ft.

Richardson, Alaska; and Andrews AFB/Naval Air Facility D.C., Md. Additionally, 32 hours a month of gratis respite child care will be available for families of deployed National Guard and Reserve and geographically dispersed active duty service members in 10 states with YMCA child care programs preapproved by DoD. Respite Child Care is currently available at participating YMCAs in Indiana, Maryland, Montana, North Carolina, New York, Ohio, Pennsylvania, Tennessee, Virginia and Washington. DoD is working with the Armed Services YMCA on ways to expand the number of YMCA child care programs eligible to offer respite care in order to meet this critical need. Participating YMCAs have agreed to cap their monthly fees and waive all joining fees so there is no cost for service members and their families for membership. Some classes may have fees associated with them and if so, the service member will be responsible for those costs. Signing up for the program requires a YMCA/DoD eligibility form, a copy of deployment orders and military ID. The YMCA/DoD eligibility form is available at <http://www.militaryonesource.com/>. A completed eligibility form, a copy of deployment orders (where applicable) and the military ID are all that are needed for the local YMCA to process memberships. [Source: DoD News Release 3 Oct 08 ++]

>

>

> TUBERCULOSIS: Tuberculosis (TB) is a contagious disease. Many years ago, this disease was referred to as "consumption" because without effective treatment, these patients often would waste away. Today, of course, tuberculosis usually can be treated successfully with antibiotics. Like the common cold, it spreads through the air. Only people who are sick with TB in their lungs are infectious. (Active TB). When infectious people cough, sneeze, talk or spit, they propel TB germs, known as bacilli, into the air. A person needs only to inhale a small number of these to be infected. Left untreated, each person with active TB disease will infect on average between 10 and 15 people every year. But people infected with TB bacilli will not necessarily become sick with the disease. It is also possible to have the TB bacilli in your system, but it is under the control of your immune system and is not currently active so you are not infectious (Latent TB). The immune system "walls off" the TB bacilli which, protected by a thick waxy coat, can lie dormant for years. When someone's immune system is weakened, the chances of becoming sick are greater. Statistically:

> - Someone in the world is newly infected with TB bacilli every second.

> - Overall, one-third of the world's population is currently infected with the TB bacillus.

> - 5-10% of people who are infected with TB bacilli (but who are not infected with HIV) become sick or infectious at sometime during their life. People with HIV and TB infection are much more likely to develop TB.

>

> Most challenging for health officials are new forms of multi-drug resistant tuberculosis and complicated cases in which the patient has other

conditions, including diabetes and HIV/AIDS. First and foremost, people have to have health-seeking behavior. If you think that you, or someone you know, may be infected, seek treatment as soon as possible. People infected with tuberculosis disease may experience any of the following signs and symptoms:

> - Cough for more than 2 weeks

> - Nausea / weakness / fatigue

> - Rapid weight loss

> - Fever and/or night sweats

> - Chest pain

> - Hemoptysis - the coughing up of blood. The blood may appear as pinkish froth, mucus with a bloody streak or clot, or pure blood. Hemoptysis may be the result of forceful coughing or a sign of a serious respiratory illness.

>

> If you are experiencing any of the above signs and symptoms of tuberculosis, see your doctor immediately.

> Ask your doctor or nurse if you have other questions about latent TB infection or TB disease. For more information on the signs and symptoms of TB refer to <http://www.cdc.gov/features/tbawareness/>.

> [Source: CDC website www.cdc.gov Oct 08 ++]

>

>

> TUBERCULOSIS UPDATE 01: Tuberculosis (TB) remains a major public health concern in the Philippines. According to the World Health Organization (WHO), the Philippines has the ninth highest number of tuberculosis cases in the world and the second highest in southeast Asia. Globally, there were more than nine million new cases and about 1.7 million deaths from the disease in 2006; the WHO estimates there are more than 14 million people living with TB, which kills 75 Filipinos each day, according to the Department of Health. TB ranked sixth amongst the 10 leading cause of morbidity and mortality in Philippines. [Source: ACS Manila Newsletter Oct 08 ++]

>

>

> MEDICARE PART D UPDATE 27: The official numbers have not yet been released, but it appears that well over one million low-income people with Medicare will be randomly reassigned to a new Part D drug plan for 2009 because their current plan will no longer qualify for a full premium subsidy. An analysis revealed that, nationwide, there will be a total of 308 [prescription drug plans] qualified to serve low-income Medicare beneficiaries in 2009, almost 200 fewer than in 2008. These almost-200 plans covered approximately 1.3 million individuals who will now need to be reassigned. That number is up from 1.2 million individuals who CMS reassigned in 2008 and 250,000 individuals in 2007. In New York State alone, over a quarter million low-income people, most of whom used to receive stable, comprehensive drug coverage under Medicaid, are enrolled in plans with premiums that are rising above the benchmark used to calculate the

premium subsidy. Over 150,000 are in five plans that were assigned new low-income enrollees for the first time in 2008, but will be losing them to competing plans at the end of the year. About one-third of these people are getting bumped from one plan to another for the second time. That means that, in New York alone, for the second year in a row, tens of thousands of low-income people with Medicare will find themselves in a new plan, with a new list of excluded or restricted drugs. Anyone who managed to receive prior authorization for their medicines when they started a new plan last January will have to go through the same bureaucratic nightmare with the new company this January.

>

> This year's plan is not required to transfer records to next year's plan and next year's plan is not required to look at the medication history of its new enrollees. This is nuts. The lives being dealt around to insurance companies like cards at a poker table include the most vulnerable people who receive Medicare. They are more likely to have a mental illness or a cognitive impairment, such as dementia. They are more likely to be widowed and live alone, without the benefit of a caregiver who could help them choose a plan that covers their drugs. An appeals system that regularly frustrates experienced advocates, including trained lawyers, is an insurmountable challenge for people who will learn at the pharmacy counter in January that their diabetes or blood pressure medicine is not covered under the new plan.

>

> There are some simple short-term solutions that the next administration can enact to lessen this problem (the Bush administration has already refused to take these steps):

>

> - The benchmark used to determine the maximum premium subsidy should be calculated on the basis of the real cost of providing prescription drug coverage.

> - The excess subsidies that Medicare private health plans use to buy down their drug premiums should not be used to depress the maximum premium subsidy.

> - If the benchmark were calculated based on the real cost, it would raise the subsidy level, increase the number of full-subsidy plans and reduce the number of low-income people facing reassignment.

> - People should be reassigned to the plan that covers the highest number of their drugs with the fewest restrictions.

> - Computer-savvy consumers can use Medicare.gov to pick the plan that best suits their needs. Low-income people with Medicare who have difficulty navigating the plan selection process deserve the same care and attention when the government picks their plan for them.

>

> These are helpful solutions, but they are band-aids at best. Instability is built into the privatized structure of Part D. Low-income people with

Medicare need the same choice that all people with Medicare deserve-a stable, affordable drug benefit under Original Medicare. [Source: Asclepios Weekly Medicare Consumer Advocacy Update 9 Oct 08 ++]

>

>

> MOBILIZED RESERVE 7 OCT 08: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 7 OCT 08 in support of the partial mobilization. The net collective result is 6,299 more reservists mobilized than last reported in the Bulletin for 10 SEP 08. 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. The total number currently on active duty in support of the partial mobilization of the Army National Guard and Army Reserve is 94,117; Navy Reserve, 6,205; Air National Guard and Air Force Reserve, 12,101; Marine Corps Reserve, 7,790; and the Coast Guard Reserve, 734. This brings the total National Guard and Reserve personnel who have been mobilized to 120,947 including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at <http://www.defenselink.mil/news/Oct2008/d20081007ngr.pdf> . [Source: DoD News Release 857-08 8 Oct 08 ++]

>

>

> MEDICARE PREMIUMS 2009 UPDATE 04: Medicare has announced that the JAN 09

Part B premiums and annual deductible (\$135) will remain at the current 2008 rates. This one-time relief from annual premium increases was possible because of an accounting change that shifted a piece of the Medicare budget from Part B (doctor visits) to Part A (hospital treatment). However, income thresholds for imposing higher, means-tested premiums will rise about 3.7% (from \$82,000 to \$85,000 for an individual). That will ease the impact of the continuing phase-in of means-tested premium increases for certain higher-income Medicare-eligibles. Individuals with adjusted gross incomes above \$85,000 (\$170,000 for a married couple) will still see a Part B premium increase in 2009. Also, the Part A (hospital care) annual deductible will be \$1,068, an increase of \$44. That covers beneficiaries' costs for the first 60 days of a Medicare-covered hospital stay, with patients facing daily co-pays beyond that point. Following are the Part B 2009 premiums showing income thresholds for individuals & couples, Part B Monthly Premium to be paid, and Beneficiary Share of total Part B Cost:

>

>

> - Under \$85,000 Under \$170,000 \$96.40 25%
> - \$85,001 - \$107,000 \$170,001 - \$214,000 \$134.90 35%
> - \$107,001 - \$160,000 \$214,001 - \$320,000 \$192.70 50%
> - \$160,001 - \$213,000 \$320,001 - \$426,000 \$250.50 65%
> - Above \$213,000 Above \$426,000 \$308.30 80%

> [Source: MOAA News exchange 8 Oct 08 ++]

>

>

> VA HEALTH CARE FUNDING UPDATE 16: The chairs of the House and Senate Veterans' Affairs committees have introduced legislation, to be taken up next year, to ensure timelier and fully funded budgets for the VA health care system. Proponents say passage of the Veterans Health Care Budget Reform Act (H.R. 6939 and S. 3527) also might lead to a gradual reopening of VA health care to thousands of priority group 8 veterans. These are veterans with no service-connected ailments and, by government standards, adequate income. Priority group 8 enrollments were stopped in 2003. The thrust of the VA health budget reform bill, however, is to approve VA health care funds a year in advance and end a disturbing pattern by Congress of passing VA budgets months after the budget year begins 1 OCT. These two- and three-month delays have forced VA hospitals and clinics to operate with funds frozen at previous year levels, creating supply and staff shortages, hiring freezes, and delays in equipment purchases. The health care budget reform bill would put the VA health care budget under an "advance appropriation" schedule. If it were in effect this year, Congress would be passing a VA health budget now to take effect OCT 09. Part 2 of the package would improve the level of VA health care funding by requiring the department to use a new actuarial model that quite accurately can project the per capita cost of providing health care to the VA's enrolled-patient population. The GAO would be tasked with verifying the accuracy of VA health care cost projections each year. Therefore, if the VA proposed a health budget short of requirements, the White House would feel the political heat and would have to explain both to Congress and to veterans why health services were being targeted for reductions.

>

> This legislation is an innovation from the Partnership for Veterans Health Care Budget Reform (PVHCBR), a group of eight veteran-service organizations: AMVETS, the Blinded Veterans Association, Disabled American Veterans, Jewish War Veterans, the Military Order of the Purple Heart, Paralyzed Veterans of America, the American Legion, VFW, and Vietnam Veterans of America. In introducing their plan as a bill, Rep. Bob Filner (D-CA) chair of the House committee, called it a "historic new approach to guarantee that our veterans have access to comprehensive, quality health care." Sen. Daniel Akaka (D-HI), Senate committee chair, said it would end VA budgets that are "untimely and unpredictable." A bipartisan group of cosponsors came forward in both chambers. Joining Akaka were Sens. Olympia Snowe (R-ME), Tim Johnson (D-SD), Mary Landrieu (D-LA), Russ Feingold (D-WI), Ted Stevens (R-AK), Lisa Murkowski (R-AR), and John Thune (R-SD). Cosponsors with Filner in the House were Reps. Walter Jones (R-NC), Michael Michaud (D-ME), and Phil Hare (D-IL). The veterans' group partnership choose a new path toward VA health care budget reform after Congress declined year after year to back a law that would mandate full funding of the VA health

care system for every veteran needing care. Lawmakers argued it would limit congressional prerogatives. It also would expand VA entitlements in violation of the pay-as-you-go budget rule that the cost of any new entitlement be offset by a cut in another entitlement account or by raising taxes.

>

> One proponent of VA budgeting reform is Bob Perrault, who served as director of three VA medical centers before retiring from the Veterans Health Administration in 2004 as its top business officer. Perrault says that in every year he can remember as the director of those medical centers, congressional delays in passing a VA health care budget resulted in disruptive shortages and inefficient spending patterns. "We'd stopped buying equipment. We'd stopped doing maintenance just to try to maintain [staff] as long as we could," Perrault says. Patient waiting lists would grow, and dedicated staff got blamed for management lapses, when the real culprit was Congress. Until VA health budgets are reformed, even veterans' advocates say it isn't practical to swing open the doors of VA health care again to priority group 8 veterans. If that happens, says Peter Dickinson, a consultant to Disabled American Veterans and former staff member on the House Veterans' Affairs Committee, "we could be in danger of returning to the days of '03 and '04, when more than 300,000 veterans waited six months or longer to get an appointment." Ironically, this year, a day before the new fiscal year began, Congress passed and the president signed into law the Consolidated Security, Disaster Assistance and Continuing Appropriations Act (H.R. 2638). It raised VA spending to \$94.35 billion in fiscal 2009 NDAA, an increase of \$6.75 billion or 7.7%. Two-thirds of that increase, \$4.1 billion, is for health care. This won praise from veteran service organizations. Proponents say passage of the Veterans Health Care Budget Reform Act next year could make legislative performances - like this one on behalf of veterans - the rule rather than the exception. [Source: MOAA Observation Post Tom Philpott article 10 Oct 08 ++]

>

>

> TRICARE UNIFORM FORMULARY UPDATE 26: On 17 SEP the Beneficiary Advisory

Panel (BAP) met to provide comments to the Department of Defense (DoD) Pharmacy and Therapeutics Committee's (P&T Committee) recommendations on formulary status, pre-authorizations, and the effective date for a drug's change from formulary to non-formulary status. Moving a drug to non-formulary status means it will still be available to beneficiaries, but usually at a higher price. It may also require medication authorization.

Current and new drugs were reviewed. The BAP's recommendations were:

> . Self-monitoring blood glucose system test strips (SMBGS): SMBGS recommended for the Uniform Formulary were: Accu-chek Aviva, Precision Xtra, Freestyle Lite, and the Ascensia Contour. All others were designated as non-formulary. Under this recommendation, beneficiaries who currently use

designated non-formulary SMBGS will be given a free formulary SMBGS meter of their choice. All of the BAP members felt the implementation time of 120-days was inadequate and voted against it.

> . Overactive Bladder Drugs: Oxybutynin patch (Oxytrol) was designated to move from non-formulary to formulary status. Two drugs were designated to be moved to the non-formulary status: tolterodine IR (Detrol) and trospium IR (Sanctura) following a 90-day implementation period.

> . Newly Approved Drugs: Two drugs, Desvenlafaxine (Pristiq) used to treat depression and Nisoldipine geomatrix (Sular geomatrix) for the treatment of hypertension, were designated as non-formulary with a 60-day implementation period. These medications were only recently introduced, so relatively few beneficiaries are taking them.

> The recommendations will be submitted to the Assistant Secretary of Defense (Health Affairs) for final decision.

> DoD will notify all beneficiaries currently taking the medications being moved to the third tier so they and their doctors can consider alternative medications available at the lower copay. Information on alternative medications can be found via www.tricareformularysearch.org. A doctor who believes it is important for a patient to take the third-tier medication can provide "medical necessity" justification to Tricare. If approved, the patient will continue receiving the medication at the lower copay. For a complete list of formulary medications, go to:

<http://www.tricareformularysearch.org/dod/medicationcenter/default.aspx>. For additional information on this or other BAP meetings, refer to

<http://www.tricare.mil/pharmacy/bap/>. [Source: NMFA Government & You E-News 7 Oct 08 ++]

>

>

> CONTINUING RESOLUTION: None of the 12 annual appropriations bills have been enacted into law this year so Congress has provided a Continuing Resolution (CR) for the President to sign. A CR is a type of appropriations legislation used by the United States Congress to fund government agencies if a formal appropriations bill has not been signed into law by the end of the Congressional fiscal year. The legislation takes the form of a joint resolution, and provides funding for existing federal programs at current or reduced levels. The national government's budget calendar runs from 1 OCT thru 30 SEP of each year. Each federal department, agency and program is authorized to spend congressionally specified amounts of money. That money cannot be spent, however, unless it is explicitly appropriated for a given purpose. For example, an agency might be authorized to spend \$2 billion on a program, but it does not actually have that money to spend until it is appropriated for that program. Each year, the Congress must pass and the President must sign 12 separate appropriations bills by 1 OCT to fund all of the national government's departments, agencies and programs for the following year. If the Congress and President fail to pass all of the appropriations bills, there will be some agencies and programs that do not

have the money appropriated to them that they are authorized to spend. In other words, there will be no money to spend on some legally established programs and national government functions. In most instances, the Congress and the President will agree to a Continuing Resolution which temporarily funds the programs and agencies for which appropriations bills have not been passed. A CR must be passed by both houses of Congress and signed by the President. Generally, a CR funds agencies or programs for a month or two at the same funding level as the previous year. The main purpose of a CR is to keep the government running long enough for the Congress and President to work out an agreement on all 12 appropriations bills. [Source: EANGUS Minuteman Update 25 Sep 08 ++]

>

>

> CT VET PROPERTY TAX: Governor M. Jodi Rell announced 30 SEP that she has directed the Connecticut Department of Veterans Affairs and the Office of Policy and Management to help ensure disabled service-connected veterans receive their annual property tax abatement benefits. Governor Rell was notified today by the United States Department of Veterans Affairs (USVA) of a change the federal government made in the procedure when it comes to disabled veterans filing the proper tax abatement paperwork with their tax assessors' office. Upon receiving this background today from the USVA on the change in the filing procedure, Governor Rell immediately notified town assessors and their respective mayors and first selectmen. She said the state Department of Veterans Affairs (DVA) and the Office of Policy and Management will work closely with the USVA and local tax assessors to ensure that disabled service-connected veterans receive their required annual tax abatement documentation and have time to file it with their local municipality. Governor Rell will also be contacting the USVA to protest the short notice given to disabled veterans and tax assessors regarding how the federal government verifies veteran disability ratings for local tax purposes.

>

> In a change to past procedure, disabled service-connected veterans must now individually request a letter from the USVA verifying their service-connected disability which in turn must be submitted to their local tax assessor. Previously, the USVA automatically issued VA Form 20-5455, "Statement from Benefit Payment Records," annually to all eligible disabled veterans. Effective 1 JUL 08, the USVA converted to a new payment records system which will no longer allow the traditional VA Form 20-5455 to be issued. Disabled Connecticut veterans must now request a disability verification letter from the USVA's Regional Office in Newington by emailing their name and claim number to pctc.vbahar@va.gov or by faxing a signed request to (860) 665-7654. Disabled veterans who do not have convenient access to email or a fax machine may also provide their name and claim number through the Connecticut DVA Veteran Information Line at 1-866-928-8387. Disabled

> veterans may also visit one of the Connecticut Department of Veterans' Affairs (CTDVA) district offices in Bridgeport, Newington, Norwich, Rocky Hill or West Haven for assistance. CTDVA staff will be able to submit requests for disability verification letters to the USVA on behalf of disabled veterans.

>

> Governor Rell and the Office of Policy Management (OPM) are notifying each local tax assessor of this change in USVA procedure and documentation and asking that tax assessors allow disabled veterans additional time to submit their disability verification letters this year. Most municipalities require documentation for tax abatement purposed to be submitted by 1 OCT. OPM will also help field questions from local assessors and resolve issues on behalf of disabled veterans. "In this tough economy, we must all work together to ensure our veterans obtain all the financial benefits they have so richly earned," said Governor Rell. "Working with our Federal partners, hopefully we can develop a more streamlined system that reduces the annual documentation requirements for disabled veterans, the USVA and our local tax assessors." [Source: Norwalk Plus magazine article 30 Sep 08 ++]

>

>

> VA CLAIMS BACKLOG UPDATE 19: Lawmakers have high expectations that they can reduce the backlog and processing time for veterans' benefits claims through a combination of new procedures, including two pilot projects. The Veterans Benefits Improvement Act of 2008, which passed Congress on Saturday and is being prepared for submission to the White House for President Bush's signature, pushes the Department of Veterans Affairs to use electronic filing and processing of claims to try to improve the speed of claims decisions, reduce the disparity in decisions involving similar issues and cut the number of claims decisions that end up being overturned. The bill also creates a new authority to provide a temporary disability rating for some veterans who have severe and multiple disabilities that are not fully healed. Stabilized and unstabilized disabilities that have an impact on employment could be considered in assigning the temporary rating that would be used to provide disability compensation during the first year after leaving the military.

>

> One of the pilot projects ordered by the compromise bill requires special, expedited treatment for disability claims where the veteran had the help of a veterans' service officer to prepare the paperwork. This one-year test would be carried out in at least 10 regional offices. A second pilot project, to run over three years in at least four regional offices, would have processors and veterans use a checklist when submitting claims in an effort to bring more organization and uniformity to the claims process. The bill also gives VA one year to develop a program using information technology to process claims that would allow veterans to file applications and to track the progress of their claim online. Several provisions in the

bill were drawn from a claims modernization bill sponsored by Rep. John Hall (D-NY) and Sen. Hillary Clinton (D-NY) that attempts to improve training for VA workers who are processing claims and to change how employees are evaluated. Hall said processing a first-time claim by a disabled veteran can take 180 days and even longer if a veteran appeals the initial decision. The long processing time is part of the reason there is a backlog of about 400,000 claims awaiting a decision by VA.

>

> Over the last two years, members of the House and Senate veterans' affairs committees have tried to push VA to process claims more quickly while also complaining about the rate of mistakes in claims and evidence that similar claims are decided differently between VA regional offices. In the report accompanying the benefits bill, the two committees say they want a process that is perceived as fair by veterans, but realize "it is unreasonable to expect states to have exactly the same average compensation or percentage of veterans receiving compensation." The bill requires a report - due one year from now - that looks at variances in benefits between regional offices and between veterans of different states to determine whether the differences are justified. [Source: NavyTimes Rick Maze article 2 Oct 08 ++]

>

>

> PURPLE HEART: Congressman Bob Filner announced on 7 OCT that the Purple Heart will be presented posthumously to all prisoners-of-war who die in captivity. The revised policy allows retroactive award of the Purple Heart to qualifying prisoners-of-war since 7 DEC 41. Posthumous award will be made to the deceased service member's representative, as designated by the secretary of the military department concerned, upon application to that military department. The legislation that makes this possible is Filner's bill, Honor Our Fallen Prisoners of War Act, passed by Congress in 2006. The Department of Defense announced its complete implementation 6 OCT. "The law now presumes that the death of all service members who die in captivity was the result of enemy action or the result of wounds incurred in action with the enemy during capture and imprisonment," said Congressman Filner. "Before passage of my bill, prisoners of war who died during imprisonment of wounds inflicted by an instrument of war were eligible for posthumous Purple Heart recognition, but those who died of starvation, disease, abuse, freezing or other causes during captivity were not. There should be no false distinction indicating more courage or more sacrifice by some prisoners of war over others," said Filner. The Honor Our Fallen Prisoners of War Act had over 200 co-sponsors and broad bi-partisan support in Congress. In addition, many major Veteran Service Organizations supported the bill, including the American Legion, the Military Order of the Purple Heart, and the American Ex-Prisoners of War. The Senate bill was introduced by Senator Barbara Boxer. "The inspiration for my bill came from Wilbert 'Shorty' Estabrook, who was imprisoned for more than three years during the Korean

War, and Rick and Brenda Tavares. Brenda's uncle, Corporal Melvin Morgan, died in Korea of starvation and beatings in 1950 at the age of 20," said Filner. Each military department will publish application procedures and will ensure that they are accessible to the general public. Family members with questions may contact the Services: Army Military Awards Branch (703) 325-8700, Navy Personnel Command Retired Records Section (314) 592 -1150, Air Force Personnel Center (800) 616-3775, and Marine Corps Military Awards Branch (730) 784-9340. For further information, media representatives should contact Eileen Lainez, (703) 695-3895, eileen.lainez@osd.mil. [Source: Filner Press Release 7 Oct 08 ++]

>

>

> TRS UPDATE 10: Eligible families of activated National Guard and Reserve members will continue to save up to \$300 in annual deductibles now that a Tricare "demonstration" program is a permanent benefit. Eligible family members of Guard and Reserve personnel activated for more than 30 days under federal orders in support of a contingency operation are made eligible for Tricare Standard and Tricare Extra, which have annual deductibles. While they may be eligible to enroll into Tricare Prime or Tricare Prime Remote for Active Duty Family Members, which have no deductibles, many may choose to stay with Tricare Standard or Extra. Introduced as one of the first Tricare healthcare enhancements after Sept. 11, 2001 to assist the increasing number of National Guard and Reserve service members activated to support the Global War on Terrorism, the benefit waiving annual deductibles has been a demonstration project for over seven years. "The demonstration has worked well and the benefit is not changing," said the Deputy Director of TRICARE Management Activity, Maj. Gen. Elder Granger. "We simply want to make sure our Guard and Reserve families know this is a permanent benefit now that final federal regulation has been published."

>

> Guard or Reserve families often meet annual deductibles under their commercial plans before they get activated. Waiving the Tricare Standard and Extra deductibles means eligible families will not have to pay additional deductibles under Tricare. The annual deductible for Standard and Extra is \$300 for families. The published regulation also contains provisions that make it easier for Reserve and Guard members to continue to see their family physicians by potentially increasing the amount that can be paid to out-of-network health care providers. Since eligibility for Tricare benefits is determined by the services, to ensure family members are eligible for the Tricare Reserve Family Benefit, activated Reserve and Guard members should visit their local military ID card issuing facility and update their information in the Defense Enrollment Eligibility Reporting System (DEERS). [Source: Tricare News Release No. 08-99 2 Oct 08 ++]

>

>

> CA VET LEGISLATION: Secretary Johnson on 30 SEP 08 praised Governor Schwarzenegger for recognizing the needs of today's veterans by signing the following legislation that acknowledges their many contributions to our nation:

>

> - SB 1675 by Senator Dave Cox (R-Fair Oaks) provides that a Resolution of Issuance approved by the Veterans' Debenture Finance Committee may give the Department of Veterans Affairs the discretion to structure the terms and conditions of any issuance of Revenue Bonds for the CalVet Home Loan Program.

> - SB 1401 by Senator Joe Simitian (D- Palo Alto) requires the Department of Veterans Affairs and the Military Department to develop plans to reach out to Guard members or veterans returning to California from combat and assist them in obtaining a screening for Post Traumatic Stress Disorder and Traumatic Brain Injury.

> - AB 3083 by the Assembly Committee on Veterans Affairs requires the Department of Health Care Services (DHCS), in conjunction with the Department of Mental Health (DMH), to seek all available federal funding for mental health services for veterans. The bill also extends mental health services provided by the Adult and Older Adult Mental Health System of Care Act to include veterans, and requires counties to provide mental health services to veterans to the extent such services are available to other adults. The bill defines a serious mental disorder or illness (SMI) to include bipolar disorder and post-traumatic stress disorder (PTSD), and requires DMH to include services for veterans within target population service standards.

> - SB 1353 by Senator Gloria Negrete McLeod (D-Montclair) authorizes a state employee who is a member of the National Guard or Reserves to receive specified compensation benefits for four additional years, if ordered to serve on and after September 11, 2001, as a result of the War on Terrorism.

> - SB 1534 by Senator Jim Battin (R- La Quinta) authorizes uniformed public safety personnel in California to wear decorations or medals authorized by the Military and Veterans Code, the U.S. Armed Forces, the National Guard or the Military Reserve or Naval Militia on and around Veterans Day and Memorial Day.

> - AB 190 by Assembly Speaker Karen Bass (D- Los Angeles) authorizes, after local approval, veterans whose vehicles display one number of military special-recognition license plates to park in metered parking spaces without charge.

> - AB 2049 by Assemblymember Lori Saldaña (D-San Diego) requires the Superintendent of Public Instruction to convene a task force to review and make recommendations regarding the Interstate Compact on Educational Opportunity for Military Children and to report to the Legislature by 1 JAN 09.

> - AB 3065 by the Committee on Veterans Affairs enables veterans who have retired from active military service, were honorably discharged from active

duty with a service-connected disability or honorably discharged from active duty to apply for state civil service promotional examinations.

> - SB 1495 by Senator Christine Kehoe (D-San Diego) allows a taxpayer to retain the disabled veteran's property tax exemption in the case of a partial loss of the taxpayer's home due to a misfortune or calamity, and a full or partial loss due to a major disaster for which the governor has declared a state of emergency.

> - AB 2171 by Assemblymember Paul Cook (R-Yucca Valley) which begins the process towards the construction of the Purple Heart Memorial in State Capitol Park in Sacramento .

> - SB 1455 by Senator Dave Cogdill (R-Modesto), which authorizes the creation of the Gold Star Family License Plate and allows a family member of a member of the U.S. Armed Forces killed on active duty to apply for the plate containing a gold star and the words "Gold Star Family." As a token of the state's appreciation for their sacrifice, the bill provides a special waiver of fees for Gold Star Families.

> [Source: VA DVA Veteran News 30 Sep 08 ++]

>

>

> MEDICARE FRAUD UPDATE 10: The Centers for Medicare and Medicaid Services announced 6 OCT it is ramping up efforts to detect fraud that costs the agency millions in fake billing for home health services and durable medical equipment never delivered. CMS officials said the agency is launching a national recovery audit contractor program that will track businesses whose billing for Medicare services trends higher. CMS also is taking additional steps in specific states where fraud is the most rampant. "Because Medicare pays for medical services and items without looking behind every claim, the potential for waste, fraud and abuse is high," CMS Acting Administrator Kerry Weems said in a statement. "By enhancing our oversight efforts we can better ensure that Medicare dollars are being used to pay for equipment or services that beneficiaries actually received while protecting them and the Medicare trust fund from unscrupulous providers and suppliers." Durable medical equipment suppliers, who provide such equipment as oxygen supplies or power wheelchairs, have faced increasing heat as lawmakers search for areas of Medicare's budget to trim and Senate Republicans make fighting Medicare fraud their major healthcare focus.

>

> CMS estimates that \$1 billion of the \$10 billion it made in payments for durable medical equipment from APR 06 to MAR 07 were improper, in part due to fraud, according to a recent Government Accountability Office report. Both the GAO and the Health and Human Services inspector general have urged CMS to beef up its fraud detection efforts on the equipment industry. Durable medical equipment suppliers, represented by the American Association of Homecare, agree with CMS' announcement Monday, a spokesman said. During a three-year demonstration program in six states, the recovery audit contractors that CMS now plans to use nationwide recovered \$900 million in

overpayments. The agency also plans to verify with beneficiaries delivery of home health services or durable medical equipment for which Medicare was billed and keep an even closer eye on durable medical equipment suppliers in Florida, California, Texas, Illinois, Michigan, North Carolina and New York as well as home health agencies in Florida. In those states, equipment suppliers' claims will be scrutinized more closely, and CMS will make unannounced visits to ensure the companies are in business. [Source: Congress Daily Anna Edney article 6 Oct 08 ++]

>

> **MILITARY HISTORY OCTOBER ANNIVERSARIES:** Significant October Events in Military History are:

>

> 1781 - British troops under General Lord Charles Cornwallis surrendered to General Washington at Yorktown, Virginia, effectively ending the American Revolution.

> 1775 - The US Navy was established.

> 1901 - The first British Navy submarine was commissioned.

> 1944 - Battle of Leyte Gulf

> 1950 - The invasion of North Korea started.

> 1952 - Battle of Hill 598 began, Korean War

> 1957 - The Soviet Union launched Sputnik I, first man-made earth satellite.

> 1962 - The U.S. began its blockade of Cuba to compel the Russians to remove long-range missiles aimed at the U.S.

> 1964 - The Chinese exploded their first atomic bomb.

> 1965 - The Battle of the La Drang Valley, Vietnam War.

> 1968 - The Bombing of North Vietnam ended.

> 1969 - Battle of Loc Ninh, Vietnam War

> 1971 - Operation Jefferson Glenn, the last major operation in which US ground forces participated in Vietnam

> 1973 - Egypt and Syria launched military offensive against Israel

> 1983 - Terrorist attack on Marine Barracks, Beirut

> 1983 - Operation Urgent Fury, Grenada

> 1993 - Battle of Bakhara Market, Mogadishu, Somalia

> 2000 - Bombing of the USS Cole by Al-Qaeda terrorists

> 2001 - Operation Enduring Freedom began in Afghanistan

> 2001 - War on Terror Began

> [Source: VetJobs Veteran Eagle Oct 08 ++]

>

>

> **MILITARY ID CARDS UPDATE 02:** Homeland Security Directive 12 now requires retirees and family members seeking to renew or replace a military identification card to provide two types of ID. Retirees and family members needing identification cards must have two of the following types of current identification -- one of which must include a photo:

> . Driver's license or ID issued by a state or outlying U.S. commonwealth

or possession ID card issued by federal, state or local government agencies or entities.

- > . School ID card with a photograph
- > . Voter's registration card
- > . U.S. military ID card
- > . U.S. passport
- > . Certificate of U.S. citizenship
- > . Certificate of naturalization

>

> For persons younger than 18, who are unable to present a document previously listed, they may bring:

- > . School record or report card
- > . Clinic, doctor or hospital record
- > . Day-care or nursery school record

>

> The above listing is not all inclusive. A list of acceptable documents can be found at <http://www.uscis.gov/files/form/I-9.pdf>. [Source: VetJobs Veteran Eagle Oct 08 ++]

>

>

> NDAA 2009 UPDATE 07: Defense spending and authorization measures have been cleared by Congress and are on their way to the President for signature. Last week, Senate leaders were looking at a list of 300-plus amendments when the FY2009 Defense Authorization Bill (S. 3001) came to the floor for action. A flap over pork barrel spending forced Senate leaders to drop almost all amendments to the FY 2009 Defense Authorization Bill in order to get it passed. The measure was pushed through the Senate by unanimous consent on 27 SEP. The bill authorizes \$531.4 billion in base Defense Department spending, along with an additional \$68.6 billion in emergency war spending, and:

>

- > . Authorizes a 3.9% across-the-board pay raise for military personnel;
- > . Authorizes fiscal 2009 active-duty end strengths for the Army and Marine Corps of 532,400 and 194,000, respectively, an increase of 7,000 soldiers and 5,000 Marines from 2008 authorized levels;
- > . Authorizes an increase of 2,110 full-time support soldiers for the Army National Guard above the Administration's request;
- > . Authorizes \$124.8 billion for military personnel costs in fiscal 2009, including costs of pay, allowances, bonuses, death benefits, and permanent change of station moves;
- > . Requires payment of previously authorized bonuses to the survivors of members who die on active duty and to individuals who are retired or separated for combat-related disabilities;
- > . Authorizes new accession and retention bonuses for psychologists and other mental health professionals;
- > . Authorizes \$25 billion for the Defense Health Program, which includes

the \$1.2 billion necessary to prohibit any increase in TRICARE fees in 2009;

- > . Prohibits for 1 year the increase of any premium, deductible, and copayment under TRICARE;
- > . Increases the cap on benefits under the Extended Health Care Option program for all qualified families from \$2,500 per month to an annual cap of \$36,000;
- > . Authorizes the Secretary of Defense to establish programs, including tuition assistance, to assist spouses of active-duty service members in obtaining education and training required for a degree, credential, or professional licensure in order to expand their employment and portable career opportunities;
- > . Authorizes pilot programs to evaluate the need for more flexibility in military career progression that would allow service members to leave active service for up to three years, retain health care coverage, and return with the same grade and years of service;
- > . Requires the Secretary of Defense to establish a task force on suicide prevention;
- > . Provides \$55 million in Department of Defense (DOD) supplemental impact aid for schools;
- > . Requires the Secretaries of Defense and the Veterans' Affairs to continue the operations of the Senior Oversight Committee to oversee implementation of Wounded Warrior initiatives and requires that they establish jointly a center of excellence in the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations, as well as a center of excellence in prevention, diagnosis, mitigation, treatment, and rehabilitation of hearing loss and auditory system injuries;
- > . Fully funds Army and Marine Corps readiness and depot maintenance programs to ensure that forces preparing to deploy are trained and their equipment is ready;
- > . Supports the President's budget request for the Army's Future Combat Systems and recommends provisions to improve program management and oversight; and,
- > . Requires the Secretary of Defense, in consultation with the Chairman of the Joint Chiefs and the Chief of the National Guard Bureau, to develop a strategic plan to enhance the role of the National Guard and Reserve, taking into account the report of the Commission on the National Guard and Reserve and the recently introduced National Guard Empowerment Act and State-National Defense Integration Act of 2008.

> [Source: AUSA Legislative Newsletter 29 SEP 08 ++]

>

>

> VETERAN SPOUSE FEDERAL EMPLOYMENT: In SEP 08 President Bush issued an

order granting federal agencies the authority to bypass competitive hiring regulations to appoint spouses of military service members to civilian government jobs. "It shall be the policy of the United States to provide for

the appropriately expedited recruitment and selection of spouses of members of the armed forces for appointment to positions in the competitive service," Bush's executive order stated. The order allows agency heads to make noncompetitive appointments to the following groups of people:

> - Spouses of military service members who are on active duty under orders that authorize a permanent change of station move assuming the spouse is moving, too.

> - Spouses of totally disabled retired or separated members of the armed forces.

> - Widows or widowers (who have not remarried) of service members killed on active duty.

>

> The order follows Bush's proposal in his State of the Union address in January that Congress work to expand benefits for military families. "Our military families ... endure sleepless nights and the daily struggle of providing for children while a loved one is serving far from home," Bush said. "We have a responsibility to provide for them. So I ask you to join me in expanding their access to child care, creating new hiring preferences for military spouses across the federal government, and allowing our troops to transfer their unused education benefits to their spouses or children."

[Source: GOVExec.com Tom Shoop article 29 Sep 08 ++]

>

>

> VA FRAUD UPDATE 13: A Pittsburgh woman pleaded guilty 29 AUG to stealing her dead mother's VA benefits for more than two years. Laurie Davin withdrew more than \$38,000 from her mother's bank account from FEB 05 to OCT 07 She pleaded guilty to theft of government property before U.S. District Judge David S. Cercone. According to the prosecution, Ms. Davin's mother, Helen Lang, was receiving the dependency payments on behalf of her husband. But Ms. Lang died on 3 FEB 05, and the payments should have stopped. Under what is known as the "Death Match" project, investigators with Veterans Affairs inspector general's office found that money was still being deposited to Ms. Lang's account. When confronted, Ms. Davin told investigators that she was having financial problems and that her mother had lived with her for 10 years and contributed toward household expenses. The woman also said she was trying to sell her home, support her daughter in college and was working two jobs at the time. She also had recently filed bankruptcy. Ms. Davin had power of attorney over her mother's account and used an ATM card to make 144 withdrawals before she stopped. Judge Cercone set sentencing for 15 DEC 08. [Source: Pittsburgh Post-Gazette Paula Reed Ward article 16 Sep 08 ++]

>

>

> VA FRAUD UPDATE 14: Three Lowell MA residents residing in the same household are facing federal charges that they bilked disabled vets living at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford MA out of thousands of dollars through identity fraud. Wilfredo Hernandez, 41, has

been indicted on charges of conspiracy to commit fraud, identity fraud and access-device fraud, as have his 60-year-old mother, Gladys Hernandez, and his 27-year-old girlfriend, Jessica Rivera. The Hernandezes were both released on a \$10,000 unsecured bond 29 SEP after their initial appearance in federal court. Rivera will appear before the court 9 OCT. Federal investigators allege that Wilfredo Hernandez, who worked at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford as a custodian for about 20 years, and Rivera, a nurse's assistant for about seven years, stole credit-card information, bank-account numbers and blank checks from a handful of veterans. They then shared the stolen information with Gladys Hernandez before using it to pay bills and purchase goods online and by telephone, the indictment says. They also allegedly made out the stolen checks to other family members, who would then hand over that amount in cash.

>

> The trio's indictment lists four veterans who were allegedly targeted. They are permanent residents of the hospital "due to the extensive nature of their disabilities," the indictment says. The trio initiated the fraud in AUG 07, when they used one veteran's information to apply for a credit card with Capital One, the indictment says. There appears to have been no further activity until 5 OCT 07, when Wilfredo Hernandez allegedly accessed the Sovereign Bank account of a second veteran to initiate a \$350 payment toward his cell-phone bill. That veteran's bank accounts were then targeted six more times over the next two months for another \$2,430. Federal officials say the trio used that money as cash or applied it toward cell-phone and cable bills. A third veteran's credit card was also used in NOV/DEC 07 to purchase \$1,758.96 worth of products from cable shopping channels QVC and Home Shopping Network, the indictment says. The trio allegedly targeted the Ocean Bank account of the fourth veteran once, in PCT 07, attempting to initiate an electronic payment of \$4,947 to the CMD Wholesale clothing company. The thefts were uncovered in JAN 08, when relatives of the veterans reported the unusual bank activity to the hospital, the indictment says. The case was then investigated by officials from the Veterans Administration and U.S. Secret Service. If they are convicted, the Hernandezes and Rivera face up to 15 years in prison, along with three years of supervised release and a \$250,000 fine. [Source: Lowell sun Alexandra Mayer-Hohdahl article 30 Sep 08 ++]

>

>

> ALS UPDATE 05: On 23 SEP 08 the Department of Veterans Affairs (VA) announced that all veterans with amyotrophic lateral sclerosis (ALS) would become presumptively compensable for the illness. This would apply to all veterans with 90 days or more of continuously active service in the military regardless of when or where they served. VA will provide disability pay, lifetime health care and death benefits. The 10-year cost for death and disability benefits is projected at \$505,839,000, said Tom Pamperin, the

deputy director of the compensation and pension service at the Veterans Affairs Department. That figure does not include health care costs. VA Secretary Peake based his decision primarily on a NOV 06 report by the National Academy of Sciences' Institute of Medicine (IOM) on the association between active-duty service and ALS. The report, titled Amyotrophic Lateral Sclerosis in Veterans: Review of the Scientific Literature, analyzed numerous previous studies on the issue and concluded, 'there is limited and suggestive evidence of an association between military service and later development of ALS.' Studies indicate veterans are twice as likely to develop ALS as people with no history of military service. "This is a disease that progresses rapidly, once it is diagnosed. There simply isn't time to develop the evidence needed to support compensation claims before many veterans become seriously ill. My decision will make those claims much easier to process, and for them and their families to receive the compensation they have earned through their service to our nation."

>

> ALS, also called Lou Gehrig's disease, is a neuromuscular disease that affects about 20,000 to 30,000 people of all races and ethnicities in the United States, is often relentlessly progressive, and is almost always fatal. It causes degeneration of nerve cells in the brain and spinal cord that leads to muscle weakness, muscle atrophy, and spontaneous muscle activity. Currently, the cause of ALS is unknown, and there is no effective treatment. The new interim final regulation applies to all applications for benefits received by VA on or after 23 SEP 08, or that are pending before VA, the United States Court of Appeals for Veterans Claims or the United States Court of Appeals for the Federal Circuit on that date. VA will work to identify and contact veterans with ALS, including those whose claims for ALS were previously denied, through direct mailings and other outreach programs. The government expects 416 new cases among veterans in 2009, and a total of about 700 a year qualifying for the benefits. In some cases their survivors will qualify for death benefits. The death and disability benefits alone are expected to cost about \$23 million in 2009. For more information on VA's disability compensation program, go to www.va.gov or call 1-800-827-1000. [Source: New York times Dennis Grady article 23 Sep 08 ++]

>

>

>

> TOMB OF THE UNKNOWNNS UPDATE 01: U.S. Senator Daniel K. Akaka (D-HI), Chairman of the Veterans' Affairs Committee, reacted today to a joint report from the Departments of the Army and Veterans Affairs on alternatives to replacing the Tomb Monument at the Tomb of the Unknowns at Arlington National Cemetery. The report was required under the National Defense Authorization Act for Fiscal Year 2008, due to an amendment co-sponsored by Akaka and Senator Jim Webb (D-VA). Among other findings, the report which is available at http://veterans.senate.gov/public/media/unknown_soldier_letter.pdf outlines

several possible means of repairing and preserving, rather than replacing, the now-weathered monument at the tomb. Akaka said, "Many of our most treasured American symbols, from the Liberty Bell to the original Star-Spangled Banner, are physically worn and weathered by time. This does not diminish their value or significance. I am pleased that the Departments of Army and Veterans Affairs have determined a number ways to repair this national treasure, rather than replacing it with a replica. I urge them to pursue the best means of preserving the Tomb for future generations Americans". The Tomb of the Unknowns, located at Arlington National Cemetery, is a monument to honor those servicemembers who do not return from battle. It stands as a tangible tribute to their service, as well as a place for their families and others to contemplate their absence. The Tomb Monument sits above the tombs for the unknowns from World War I, World War II, and the Korean Conflict. Over time, the Tomb Monument has aged to show signs of natural wear, including developing a number of cracks. [Source: Sen. Akaka Press release 17 Sep 08 ++]

>

>

> ARLINGTON NATIONAL CEMETERY UPDATE 03: Arlington National Cemetery, the

final resting place for more than 340,000 soldiers, presidents and other distinguished Americans, has moved a step closer to adding thousands of grave sites. On 16 SEP Arlington County officials approved a 4.3-acre land swap with the federal government that will allow the cemetery to add as many as 3,440 burial sites. The move is part of expansion plans set forth more than four decades ago that military officials say will allow burials to continue until 2060. After that, plans are less clear. The 4.3-acre portion will convert Navy Annex land west of the Pentagon to grave sites. Arlington County's Southgate Road would have divided the new cemetery space. The county will swap land that includes the road for a comparable piece of the annex that the county can use for a potential history complex and for redevelopment along Columbia Pike. The exchange is scheduled for 2011, although that timeline could change, federal and local officials said.

>

> George W. Dodge, president of the Arlington Historical Society said, "It's not just a cemetery now; it's a shrine. It's a shrine to valor and the sacrifices American men and women have made. Given the space constraints, there are only a finite number of days or years it can stay open . . . so acreage becomes an issue. You can trace the history of this country through all the interments there. It's like a walk through history. If it's cut off at some point, you're going to lose that." Soldiers from the Revolutionary War to the Iraq war have been buried on the 624-acre grounds, including William Russell, a colonel from the Virginia regiment who was present during the winter at Valley Forge. Presidents William H. Taft and John F. Kennedy are there, as are North Pole explorers Robert Peary and Matthew Henson. Dirt dug from graves today is moved nearby to help prepare future sites.

Officials estimate that each acre can accommodate 600 to 800 graves. In other expansion plans, the cemetery is building a wall along Route 110 that will hold 6,500 niches for cremated remains. A third project will add sites near Fort Myer. And what happens a half-century from now, when the land runs out? "It's hard to say," said Kaitlin Horst, a cemetery official. "I don't know that that's been discussed at this point. We're working on the three we have now, and I guess we'll cross that bridge when we get to it." [Source: Washington Post Michael Laris article 18 Sep 08 +]

>

>

> **FILIPINO VET INEQUITIES UPDATE 10:** In a compromise that could end a contentious debate over whether the U.S. still owes a debt to Filipinos who served alongside American troops in World War II, the House Veterans Affairs Committee approved a plan 17 SEP for a one-time payment to surviving veterans instead of an annual pension. But if veterans were to take the payments spelled out in HR 6897 - \$15,000 for U.S. citizens and \$9,000 for noncitizens - they would waive the right to ever receive another pension for their World War II service if the federal government were to someday pass a more generous bill. About 18,000 Filipinos would qualify for payments under the bill, according to estimates prepared by the Congressional Budget Office. Disagreement over the pensions and how to pay for them has been the chief cause of deadlock on veterans' benefits legislation. The Senate passed a benefits bill, S 1315, that included the Filipino pensions, but there was no final vote on the House's bill, HR 760, because of complaints about a plan to grant special pensions to Filipino Scouts and other veterans who worked with the U.S. in World War II - \$3,600 a year for single veterans and \$4,500 for married veterans. Some lawmakers and veterans' groups said the \$221 million annual cost would be better spent on immediate needs for U.S. veterans and their families, especially Iraq and Afghanistan combat veterans.

>

> Rep. Bob Filner (D-CA), the House Veterans' Affairs Committee chairman and one of the staunchest advocates for providing pensions for Filipino veterans, is the chief sponsor of the compromise bill. Rep. Steve Buyer of Indiana, the committee's ranking Republican, opposed the initial pension bill and is the sponsor of the amendment calling for veterans who accept the one-time payment to waive the right to receive future benefits for the same period of service. Filner said he is not happy about the one-time payment, which would be provided only if money is available. A lump-sum payment is "a more practical" way to pay the benefit, he said, but added: "It is clearly not the most just or equitable, and for that I am disappointed." Buyer still is not completely on board, expressing concern that providing payments to Filipinos could lead French, Italian and other nationalities who helped in World War II to also seek benefits from the U.S. Committee aides, who asked not to be identified, said House leaders have indicated support for the compromise, allowing the House to vote on an issue that has delayed work on

other veterans' legislation. Whether the one-time payment becomes law will depend on what happens in the Senate, where Sen. Daniel Akaka, the Senate Veterans' Affairs Committee chairman, has placed a high priority on providing pensions to Filipinos who helped the U.S. military. Aides to Akaka said the senator has not endorsed the new House proposal. [Source: ArmyTimes Rick Maze article 18 Sep 08 ++]

>

>

> TRICARE RESERVE/GUARD BUY IN UPDATE 01: An amendment to the 2009 National

Defense Authorization Act co-sponsored by Sens. Clinton (D-NY), Smith (R-OR), Sessions (R-AL), and Graham (R-SC) has been made. It would authorize all Gray Area Retirees (Reserve Component retirees who have not attained the age of 60) and their families, now only eligible to receive Reserve Retirement Pay and TRICARE at age 60, to purchase TRICARE Standard coverage at a premium equal to the full cost of coverage to the Department of Defense as determined by the Secretary of Defense on an actuarial basis. This coverage is to be made available no later than 1OCT 09. The Senate Armed Services Committee has included SA 5281 as a managers' amendment to S. 3001 (NDAA) which gives it an excellent chance of being included in the Senate's NDAA that will be sent to a Joint Conference with the House NDAA Reservist who would like to contact their Senator on this issue can do by entering their zip code at <http://www.ngaus.org/tier2.asp?bid=11635> to access a preformatted message that can be forwarded via email to their legislator. [Source: NGAUS Legislative Alert 16 Sep 08 ++]

>

>

> VFW FINANCIAL OFFICER INDICTED: The former chief financial officer of the New Mexico state branch of the Veterans of Foreign Wars (VFW) is accused of using a debit card to steal more than \$120,000 from the organization. Joe Salas has been indicted by a grand jury on 652 counts of embezzlement and fraud. Authorities allege that Salas, who had been the organization's financial officer since 1997, had a debit card issued in his name from the VFW's account and used it for personal expenses. Tires, gasoline, airline tickets, jewelry and other items were purchased. Salas' daughter, Claudine Sanchez, was indicted on 15 theft-related counts. Authorities allege she received VFW checks from her father for personal expenses. After learning of the allegations, a national VFW board banned Salas from being a member anywhere in the country for the rest of his life. The VFW was forced to close its state headquarters in Albuquerque because of the stolen funds. The headquarters is now in Ruidoso and there is no office in Albuquerque. The organization also hasn't been able to issue as many youth scholarships or calling cards to troops overseas. [Source: ArmyTimes AP article 17 Sep 08 ++]

>

>

> VA BENEFITS ADVISORY COMMITTEE: A newly formed Benefits Advisory Committee for the Department of Veterans Affairs (VA) will help improve VA's compensation system, especially recommending ways to update and improve the medical evaluations used for disability compensation. The committee consists of knowledgeable and experienced veterans, advocates and experts in areas such as disability claims adjudication, vocational rehabilitation, disability programs management, workers compensation, rehabilitative medicine and mental health research who will provide advice and counsel to the Secretary. Retired Army Lt. Gen. James Terry Scott will chair the Advisory Committee on VA Disability Compensation and Related Benefits. A partner at Watson & Associates of Coleman, Texas, he served as chairman of the independent Veterans' Disability Benefits Commission, one of several recent commissions to examine the needs of today's combat veterans. The new 11-member VA panel will advise Secretary Peake through periodic reviews of VA's disability evaluation regulations, as well as make recommendations on legislative changes to VA benefits that address the impact of veterans' disabilities on quality of life, the need for transition assistance and the potential for successful rehabilitation. The committee is expected to hold a series of public meetings and invite testimony. It will also submit periodic progress reports, the first of which is expected within six months of its first meeting. Meetings will be announced in the Federal Register. Membership of the VA Advisory Committee on Gulf War Veterans includes:

- > § Lt. Gen. James Terry Scott (ret.) of Coleman, Texas. Partner at Watson & Associates, a financial services firm. He also teaches political science at Howard Payne University in Brownwood, Texas. He is a member of the Board of Directors of CALIBRE Corp., a technical services company based in Alexandria, Va.
- > § Charles Battaglia of Alexandria, Va. Member of the board of directors for the Wounded Warrior Project. A retired naval officer, he previously served as executive director of the 2005 Defense Base Closure and Realignment Commission and also as a senior staff member of the U.S. Senate, serving in several positions.
- > § Robert J. Epley of Waxhaw, N.C. Independent consultant working in the areas of strategic planning, training, performance management and the operations of federal entitlement programs. Mr. Epley served with VA for 31 years, most recently as director of the Compensation and Pension Program.
- > § Lt. Gen. Thomas Carney (ret.) of Alexandria, Va. Member of board of directors of CALIBRE Corp. He has been an independent consultant to numerous companies, include CALIBRE, since his retirement in June 1994. Previously, Carney was chief executive officer for the Library of Congress. He spent 31 years on active duty in the Army.
- > § Maj. Daniel Gade of Athens, Ga. Former associate director for domestic policy for the White House's Domestic Policy Council, where he was responsible for disability and health care issues, as well as matters relating to active military personnel and veterans. As an Army officer, he was the first person in this position to be on active duty since the post

was created in 2001.

> § Robert Burke, PhD, of Bethesda, Md. Associate professor and chair of the Department of Health Services Management and Leadership, and director of the Wertlieb Educational Institute for Long-Term Care Management at George Washington University.

> § Bonnie Carroll of Anchorage, Alaska. National director for Tragedy Assistance Programs for Survivors (TAPS), the national veterans service organization that provides peer support, grief and trauma resources and information, casualty casework assistance and crisis intervention for veterans and their families. An Air Force reservist, she previously served as the deputy senior advisor for programs in the Ministry of Communications, Coalition Provisional Authority, in Baghdad, Iraq, and as the deputy White House liaison for VA.

> § Dr. Ronald Blanck of Fenwick Island, Del. Vice chairman of Martin, Blanck and Associates. Prior to joining the firm in June 2006, Dr. Blanck served as president of the University of North Texas Health Science Center at Fort Worth, Texas, from August 2000 until June 2006. He is an Army veteran, finishing his career as the Surgeon General of the Army and commander of the U.S. Army Medical Command.

> § Deneise Turner Lott of Jackson, Miss. Administrative judge with the Mississippi Workers' Compensation Commission since November 1988. She is currently senior judge and is the first woman to hold that position. She was engaged in private law practice with an emphasis on disability claims before joining the commission as a staff attorney.

> § Edward R. Reese Jr. of Washington, D.C. National service director for the 1.3 million-member Disabled American Veterans. A disabled Army veteran of the Gulf War, Reese works at DAV's National Service and Legislative Headquarters in Washington.

> § Dr. Richard T. Katz of St. Louis. Professor of clinical neurology at Washington University School of Medicine with an appointment to the Barnes Jewish Hospital. He is a primary reviewer of several different medical journals and has interests in evaluation of disability and assessment of pain.

> [Source: VA Media Relations 17 Sep 08 ++]

>

>

> GI BILL UPDATE 29: In the remaining 3½ months of the Bush administration, the nominee to head the Veterans' Benefits Administration knows he cannot put much of a dent in the backlog of benefits claims, nor significantly reduce the time it takes for claims to be processed. But retired Rear Adm. Patrick Dunne, nominated to be VA's undersecretary of benefits, said 17 SEP he will concentrate on setting the stage so things work more smoothly for the next administration. Getting VA ready to pay Post-9/11 GI Bill benefits when that program takes effect on 1 AUG 09, is a top priority, Dunne said. Continuing to prepare for a future paperless claims system and completing a review of disability ratings issues so the next administration could reform

benefits are two other things he'd like to get done in the remaining months of the Bush presidency. Dunne, currently VA's acting benefits director, appears to have strong support among members of the Senate Veterans' Affairs Committee. But congressional aides, speaking on the condition of anonymity, said getting a full Senate vote on the nomination could be difficult because of concerns among some senators about veterans' issues not directly related to Dunne. The aides would not name the senators. Sen. Daniel Akaka (D-HI), veterans' committee chairman, strongly endorsed Dunne. The committee's ranking Republican member, Sen. Richard Burr of North Carolina, also endorsed Dunne, saying the nominee could help set in motion changes at VA to help veterans in the future.

>

> Dunne said harnessing technology to help process claims and allowing veterans to file electronic claims and to send e-mail to claims processors are keys to a faster, more accurate system. But he said technology is not a cure-all. "I intend to ensure that every Veterans Benefits Administration employee has the requisite training to be effective in his or her job," Dunne said. "Technology is not the magic wand that will deliver benefits rapidly and accurately. Rather, we need a well-trained work force that can effectively use those tools." The issue of harnessing technology is creating a controversy over implementation of the Post-9/11 GI Bill because VA is turning to an outside contractor to develop a software program to process claims, make tuition payments directly to colleges and universities, and make payments for living expenses and book allowances. Dunne said VA does not have a payment system configured to handle such benefits, which is why it is turning to the private sector for help, adding that VA is preparing backup plans in case the contractor is not ready by 1 AUG. Akaka said outsourcing benefits on a permanent basis "would be ill-advised" and hopes VA plans to cancel the contract as soon as it can. But Burr said he is comfortable with using outside companies to process claims; he said his own experience in helping constituents showed that government payment systems are far from error-free. [Source: AirForceTimes Rick Maze article 18 Sep 08 ++]

>

>

> GI BILL UPDATE 30: The Department of Veterans Affairs (VA) announced today that it will rely upon its own workforce to set up the information technology programs needed to implement the educational benefits of the new Post-9/11 GI Bill. The Department's announcement came after VA officials did not receive enough proposals from qualified private-sector contractors to create an information technology program that implements the new benefit. At no time did VA consider contracting out responsibility for actually administering this educational assistance. "Many private contractors were apparently reluctant to offer proposals because of external misconceptions as to the scope of the work involved. While it is unfortunate that we will not have the technical expertise from the private sector available to assist

us in developing the information technology solution, the VA can and will deliver the benefits program on time," said Secretary of Veterans Affairs Dr. James B. Peake. Patrick W. Dunne, the Under Secretary for Benefits said, "The Post-9/11 GI Bill is unusually complex, with payments being tailored to tuition costs and going to both students and educational institutions. Some benefits are determined by a school's zip code, and others by in-state rates for tuition." Dunne said the Department would have been remiss if it had failed to assess the ability of the private sector to assist VA to set up the technology aspects of the program's implementation. The Post-9/11 GI Bill will provide educational assistance to veterans, military members, reservists and National Guard members who have served since Sept. 11, 2001. By law, the new benefits are scheduled to start on Aug. 1, 2009. [VA News Release 10 Oct 08 ++]

>

>

> DOD DISABILITY EVALUATION SYSTEM UPDATE 11: In JAN 08 Congress ordered

the Pentagon to drop its disability ratings rules and strictly follow the VA's criteria in assigning ratings to injured and wounded service members. In March, the Army said it would comply. All the other services were to follow suit. The change in law was among the most significant changes to emerge in the wake of 2007's Walter Reed scandal. Veterans' groups hailed the change, having complained for years that the military had shortchanged wounded combat veterans on their disability ratings and compensation. But seven months later, the Army still isn't living up to its promise, at least not when it comes to assessing troops suffering from post-traumatic stress disorder. The VA ratings schedule says PTSD sufferers should receive a minimum 50% disability rating from the rating agency and then be reassessed within six months to determine if the initial evaluation should be changed for the longer term. But a number of soldiers suffering from PTSD have been given disability ratings of just 10%, and then separated from service without the required follow-up assessment. Worse, the Pentagon seems to be gearing up for a broader policy change that would take this approach to PTSD across all the armed services, according to veterans' advocates.

>

> This should hardly come as a surprise - it is just the latest in a string of unconscionable decisions coming from the office of Pentagon personnel chief David Chu. This is the same executive who sought to cut combat pay for troops in the war zones and once proposed shunting off the Defense Department's obligations for military retirees onto the VA. Over the past three years, he has advocated doubling and tripling some of the health care fees paid by many military retirees. And just a few weeks ago, Chu narrowed the definition of "combat related" to reduce the number of disabled troops who might benefit under another provision of the 2008 Defense Authorization Act, which says some disabled troops do not have to return any severance pay they receive from the military before they can draw disability

payments from VA. Chu's definition of combat related is significantly narrower than the one already in use to determine eligibility for a separate program for disabled retirees called Combat Related Special Compensation.

>

> Lawmakers had assumed defense officials would use the definition already in place and were stunned to find a new and narrower interpretation. Indeed, Sen. Ben Nelson, D-Neb., already has drafted an amendment to the pending 2009 defense authorization bill directing the Pentagon to use the more generous definition of combat related for both programs. A similar retroactive correction is needed to force the Pentagon to live up to its legal responsibilities regarding the assignment of disability ratings for all medical conditions - including PTSD. A central theme coming out of the Walter Reed hearings was the need to get the Defense Department and VA to share a single government standard in assessing disabilities. Congress' intent was to make the VA standard apply across the board. The Pentagon needs to comply with that direction. [Source: ArmyTimes Editorial 17 Sep 08 ++]

>

>

> SOCIAL SECURITY FUND DEPLETION UPDATE 07: Our Social Security system, enacted in 1935, has certainly withstood the test of time. Having paid benefits to over 100 million retired and disabled workers and their families, Social Security has indisputably had a positive impact on our society. It's also indisputable, however, that the system has required occasional adjustments to continue functioning well. The last time was in 1983, following a period of slow economic growth and very high inflation that had drained the trust fund. Without the 1983 legislation, timely benefit payments could not have been made starting in JUL 83. The law was changed in April, and just in time. According to Social Security's 2008 trustees' report, released in March, the program won't face a 1983-type crisis for many years, but the program's cash flow is projected to move into the red in 2017, the first of several critical dates cited by the trustees. While reasonable people can debate the significance of 2017 or even 2041 (the projected date of trust fund exhaustion), the underlying financial picture is not in dispute. Social Security needs a course correction to continue fulfilling its mission.

>

> Some people believe that concerns about Social Security's financial soundness are entirely attributable to the baby boomers, who began claiming Social Security retirement benefits just this year, with millions more to come over the next two decades. But the baby boomers are only part of the problem - and a temporary part. Long after all the baby boomers have departed, Social Security's income will cover only about three-fourths of its cost. This permanent imbalance is partly attributable to increasing longevity. As beneficiaries live longer, their total expected benefits increases. Without action, Social Security's income won't keep pace with

these ever-increasing benefit obligations. Social Security's retirement age is part of the problem. While Social Security's financial soundness could be restored in many different ways, the American Academy of Actuaries (AAA) believe that any solution package should include increases in the retirement age. The Social Security Amendments of 1983 raised the normal retirement age from 65 to 67 over three decades. But it's frozen at 67 for all workers born after 1959. We shouldn't stop there. Holding the retirement age constant is a certain prescription for future financial problems. Raising it to reflect increasing longevity would contribute to solving those problems. The AAA believes that a financially sound Social Security system must accommodate future increases in longevity. The most direct way to do that would be to extend the currently scheduled increases in Social Security's retirement age. The time to enact this change is now.

>

> Public policymakers sometimes wait until the last minute to take necessary action. But in the case of Social Security, waiting will limit the available options - and tend to force solutions that emphasize sudden changes that are more likely to involve tax increases. The last two times Congress made significant changes to Social Security, in 1977 and 1983, the legislation included near-term and long-term provisions involving both tax increases and reductions in the growth of benefits. Regardless of the kinds of changes ultimately enacted into law, the sooner policymakers act, the more options they will have. Tax increases could be phased in more gradually, and reductions in benefit growth could be spread across a much larger population of beneficiaries, making individual reductions relatively smaller and less painful. Enacting legislation sooner would also allow individuals sufficient time to modify their own financial planning - adjusting to changes in Social Security. The AAA points out that delay will only make the changes ultimately needed to restore Social Security's financial soundness less attractive, more painful and more precipitous. Timely action can make the solutions more acceptable to all concerned. The Academy is committed to continuing its thought leadership in this area and stands ready to assist policymakers in their efforts to return the Social Security program to long term financial soundness. For more information, contact Steve Sullivan, Director of Communications, at Sullivan@actuary.org or (202) 785-7889. [Source: AAA Position Statement Aug 08 ++]

>

>

> **CREDIT CARD LATE FEES:** If you think that using your credit card is costing you more lately, you're probably right. The credit card late fees that credit card companies charge when you pay your bill past the due date nearly tripled between 1994 and 2004, according to Money magazine. During those same years, credit card company revenues declined due to competition and financial markets that favored consumers, which forced many companies to lower their interest rates. To compensate, credit card companies found creative ways to increase other charges. Among the worst are credit card

late fees, because in addition to the charge itself:

- > . You could end up with a punitive increase in your interest rate.
- > . You could receive a demerit on your credit report that may affect your other accounts.

>

> Many companies now use a tiered penalty system that is based on your monthly balance, so the more you owe, the bigger the late fee if your credit card payment is late. In 1994, the average credit card late fee was \$12.55. By 2004, the average credit card late fee had risen to \$32.65. And on top of that, your credit card company may exact further punishment by jacking up your interest rate as high as 41%. Sometimes hidden in the fine print of your credit-card agreement is a feature called "universal default," which allows your credit card company to raise your interest rate even if you pay your bill on time. Here's how universal default works: if you are late with a payment to any creditor, other creditors whose agreements with you include a "universal default" clause can increase your interest rate even if your record with them is perfect. Meanwhile, the credit card companies have made it harder for you to avoid making late payments by steadily reducing the length of traditional grace periods. In 1994, the average grace period for credit card bills was 27 days. By 2004, that figure had shrunk to 20 days. [Source: Sharon O'Brien - About.com Senior Living Guide 9 Sep 08 ++]

>

>

> CREDIT CARD LATE FEES UPDATE 01: Credit card companies may be advertise lower interest rates to lure new customers, but over the past decade credit card fees have nearly tripled. These six tips can help you save money on your credit cards by avoiding credit card late fees.

> 1. Pay your bills twice monthly - With grace periods shrinking, scheduling two bill-paying sessions every month can help you stay ahead of the game. Also, request a due date that is easy to remember and works well with when you get paid and the due dates on your other bills

> 2. Automate your payment - An automatic payment will help you avoid credit card late fees by making sure your payments are always on time. Be sure to designate a monthly amount that will cover your minimum payment and pay down a part of the principal. If you only pay the minimum payment each month, you will never get rid of the debt.

> 3. Pay by Phone - If you usually send your credit-card company a check by mail, consider paying by phone if your due date is getting close. Although some credit-card companies charge a fee for payments made by phone, typically \$15 or less, that's usually cheaper than paying the credit card late fee.

> 4. Talk to Your Credit-Card Company - If you're charged a credit card late fee by your credit card company, but you usually pay on time, call and complain. Many credit companies will waive credit card late fees at least once for customers with good payment records.

> 5. Read the Fine Print - Checking out all of the conditions and

restrictions associated with your card will help you avoid credit card late fees. In particular, find out if your credit card is subject to "universal default". If it is, consider switching to a card that doesn't have a universal default clause as part of its agreement.

> 6. Add Up the Cost and Resolve to Be Debt-Free - Sometimes when people get in a cycle of late payments, they stop thinking about the extra cost. If you often pay credit card late fees, add up how much those fees cost you in a year. You may be surprised at how much money you could put into savings if you weren't giving it away to credit card and other finance companies for late fees. The best way to avoid credit card late fees and other credit card charges is to pay off your balance every month, and to make sure the payment is on time. That may be easier said than done, but living debt-free is a worthwhile goal you can achieve with careful planning, patience, and consistent effort.

> [Source: Sharon O'Brien - About.com Senior Living Guide 9 Sep 08 ++]

>

>

> VA CLOTHING ALLOWANCE: In accordance with PL 110-111 Veterans, who because

of a service-connected disability, wear or use a prosthetic or orthopedic appliance (including a wheelchair) which tends to wear out or tear clothing, and veterans, who because of a service-connected skin condition use a medication that causes irreparable damage to outer garments, are eligible for payment of an annual clothing allowance. The allowance as of 1 DEC 07 for 2008 was \$677 per year. It is recommended that you mark your calendar and apply for your 2009 allowance by 1 JUN 09 to allow ample time for VA to process it and avoid missing the 1 AUG cutoff date. To qualify for annual payment, eligibility must be established as of 1 AUG of the year for which payment is claimed.

> 1. Qualifying appliances would include an artificial limb, rigid extremity brace, rigid spinal or cervical brace, wheelchair, crutches or other appliance prescribed for the claimant's service-connected disability. Soft and flexible devices, such as an elastic stocking are not included.

> 2. Qualifying medications would include any medication, prescribed by a physician for a service-connected skin condition, which causes permanent stains or otherwise damages the veteran's clothing.

>

> If you have previously submitted a claim for disability compensation, send your application on VA FORM

> 21-8678 May 03 to the Prosthetic and Sensory Aids Service (121), at your local VA Medical Center. If you have not made application for disability compensation, send the form to the VA regional office nearest your home. The form can be downloaded from www.vba.va.gov/pubs/forms/21-8678.pdf, you can ask VA to send you one, or you can pick one up at your VA clinic. If your support device wasn't issued by VA, you will need to get your VA doctor to do a certification for you that the support is necessary for you. [Source:

VFW Post 11447 & www.va.gov Sep 08 ++]

>

> HAVE YOU HEARD: A farmer's three daughters leave one night for dates with their new boyfriends, one an Airman, the other a Soldier, and the third a Sailor. The girls all bring their dates home that night, and the next morning, the farmer wakes up bright and early at 05:30 to cook breakfast and meet the boys his daughters have brought home.

>

> - The Marine comes down at 5:45, clean, pressed, and spit-shined, eats two eggs, an apple, and a glass of milk, says, "Thank you for breakfast, sir", and leaves.

> - The Airman comes down looking fairly squared-away at 06:30, eats three eggs, two slices of bacon, two pieces of toast, and has a glass of orange juice. He says, "Thanks for the chow" and walks out the front door.

> - At 10:00, the farmer gets tired of sitting inside, so heads to the back yard to do some chores, when the Sailor comes dashing out of the house, dress white top stained, neckerchief missing, one shoe in one hand and a scorched old cup of coffee in the other, and yells "Later!" on his way out of the yard and down the street.

> His daughters come down a short time later, and he asks them all for accounts of their evenings. The girl who'd been out with the Airman says, "He was a perfect gentleman. He bought me dinner and a couple of drinks, gave me a hundred dollars to buy myself something nice, and retired at 22:00 to the spare bedroom to sleep". The girl who'd been out with the Soldier said, "He was a nice guy, we each paid for our own meals, and he tried to sneak a kiss off me. He was sort of drunk, so I let him sleep in my bed, while I took the floor, but, he did give me fifty dollars to buy myself something nice". The third daughter, looking ragged and worn down, talking about her date with the Sailor, says, "That asshole! He came over last night smelling like booze, and finished a bottle of whiskey he'd brought with him. He passed out on my bed last night after repeatedly trying to get my pants off, and this morning he borrowed a hundred bucks 'til payday."

>

>

> VETERAN LEGISLATION STATUS 13 OCT 08: Refer to the Bulletin's House & Senate attachments for or 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 other members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The member who introduces the 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 also review a copy of each

bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d110/sponlst.html>. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting our representatives know of veteran's feelings on issues. At the end of some listed bills is a web link that can be used to do that. You can also reach his/her Washington via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> 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. Refer to http://www.thecapitol.net/FAQ/cong_schedule.html for future times that you can access your representatives on their home turf. [Source: RAO Bulletin Attachment 13 Oct 08 ++]

>

> Editor's Note: This is provided for anyone considering replacing their computer and/or avoiding the problems I have encountered up to this time. It is also an update on the RAO's ability to continue publishing the Bulletin:

>

> As noted in my 1 OCT message there was no 1 OCT Bulletin due to my HP computer's failure. I took it to Best Buy to determine the problem and they sent it to HP promising to have the problem identified and the estimated cost for repair back to me in 3-4 days. After 7 days of me calling them I was told the motherboard in my \$2000 laptop was bad and it would cost \$872 to repair it. Also, my one year manufacturer's warranty was no good because I took it in for repair one year and one day after I purchased it and regardless the manufacturer's warranty was only good in the country in which I purchased it (i.e. Philippines). I declined the repair and requested they expedite the return of the computer. This took another 5 days vice the 2 days they said. I was able to establish they had not sent it to the HP manufacture but instead sent it to one of their Best Buy local shops which had a HP representative in it. Thus, they refunded \$45 of the \$85 I paid to have it evaluated. I received about 500 messages from subscribers with recommendations on how to proceed.

>

> - Most advised not replacing my XP system with VISTA. I decided VISTA is inevitable and continuing to avoid it will only lead to problems in the future. I had XP installed in my last VISTA computer and although I was eventually operational it lead to many problems. Plus I was not able to burn a recovery CD because of the bastardized XP installation on top of VISTA.

> - Many relayed various methods of obtaining my lost files. My external hard drive had most of my Word files but none of the 9000 Outlook files nor

my Eudora address book data. These are buried somewhere in my hard drive.

> - Many offered some form of reimbursement for my cost in restoring things. I appreciate the offers but it is the RAO/Bulletin's policy not to accept donations.

> - Many suggested I use a Desktop vice a Laptop because of the heat problems that, in my opinion, caused the failure. That is not realistic because I travel between the U.S. and the R.P and need the capability of putting out the Bulletin from either location. Also, I find there does not seem to be a heating problem in my new HP laptop with has double the RAM and greater processing speed.

> - About 50 of the messages advised against dealing with Best Buy for various reasons. These I took to heart and switched to Circuit City.

>

> After some consternation I decided to buy a new HP Pavilion dv1000us 4GB RAM 15.4" screen unit with a 3 year warranty for \$1285. This is a very nice computer. Since I was not provided with MS CDs when I purchased my last computer I also bought a special military edition of MS 2007 Office Standard with Word/Excel/PowerPoint/Outlook for \$79 at the March AFB BX to install vice the \$300 Best Buy/Circuit City wanted. This is good for downloads to 3 computers and is still in stock if anybody wants to pick one up. I had Circuit City transfer my old hard drive data to the new computer. That night I discovered the new computer's hard drive was defective. The next day they replaced it with another new computer and downloaded everything into it. I took it back a second time and they were able to locate and download 8000 of my 9000 missing outlook files.

> I then decided to install the Norton 360 Version 2.0 Upgrade/PC Jumpstart Service online. Big mistake. For \$139 I allowed them to take control of my computer online and they did the installation along with cleaning up whatever was in my hard drive that was making VISTA so slow for Word use. After they were done Word under VISTA was almost as fast as under XP. However, in the process they deleted all my Eudora email addee files with the add/delete/COA changes I had installed over the last 2 weeks. When I called them back I went through 4 layers of technicians who were unable to restore this data. However, in the process they took my hard drive back to what was in my data base after they installed Norton but before they cleaned things up. This resulted in a 3-4 seconds delay after typing something in before I could shift my cursor to another line item or function. Because of the weekend and Canada's Thanksgiving holiday (Norton's location) on the 13th, I had to wait for a callback from a 5th level tech to proceed with locating the missing data and resolve the VISTA speed issue. Murphy took over with the brush fire in Riverside CA which burned my TWC server's fiber optic lines and keep me offline for another 3 days. Upon attempting to reactivate neither my modem nor my wireless would operate. This led to 15 hours of telephone troubleshooting by Norton (Canada), HP (Philippines), and the states which included one conference call. Finally on the afternoon of the 16th I was able to return online and proceed with putting out this

Bulletin. Fortunately I was able to put it together before Norton got involved. [10/14/08]

>

>

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

> Director, Retiree Assistance Office, U.S. Embassy Warden & IRS VITA Baguio City RP

> PSC 517 Box RCB, FPO AP 96517

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

> Email: raoemo@sbcglobal.net Web:

http://post_119_gulfport_ms.tripod.com/rao1.html

>

AL/AMVETS/DAV/FRA/NAUS/NCOA/MOAA/USDR/VFW/VVA/CG33/DD890/AD3

7 member

>

> BULLETIN SUBSCRIPTION NOTES:

> == To subscribe first add the above RAO email addree to your address book and/or white list and then provide your full name plus either the post/branch/chapter number of the fraternal military/government organization you are currently affiliated with (if any) "AND/OR" the city and state/country you reside in so your addree can be properly positioned in the directory for future recovery. Subscription is open to all veterans, dependents, and military/veteran support organizations. This Bulletin was sent to 65,931 subscribers.

> == To automatically change your email addree or remove yourself from Bulletin distribution click the below or send a message which includes your full name plus your old & new email.

>

>

>

>

>

>

> _____

> Change address / Leave mailing list:

<http://ymlp134.com/u.php?YMLPID=gquyswgsgybjqbgjjm>

> Hosting by YourMailingListProvider

>