

# RAO BULLETIN

## 1 May 2010

### THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES

- == Army Reserve Enrichment Camp ----- (RC Youth Program)
- == Mojave Desert Vet Memorial [03] --- (Supreme Court Ruling)
- == John David Fry Scholarship --- (VA Post-9/11 Child Benefit)
- == Tricare CRSC Travel Pay ----- (Overview)
- == SBA Vet Issues [10] ----- (Task Forces Activated)
- == Health Care Reform [32] ----- (Obama signs H.R.4887)
- == Veteran Appreciation Event ----- (Fun-4-All)
- == Military Discounts [02] ----- (Just Ask)
- == MCAS Futenma Okinawa ----- (Closure Issue)
- == DEERS Update & COA [01] ----- (How to)
- == Federal Tax Law Changes [01] ----- (2010 Summary)
- == Garnishment [01] ----- (Federal Benefits)
- == VA Suicide Prevention [09] ----- (18 Vet Suicides Daily)
- == VA Research ----- (85 Years of Medical Advances)
- == Congressional Pay/Benefits [05] ----- (2010 COLA)
- == Retiree On Base Dining ----- (Air Force FTI)
- == VA Geriatrics & Extended Care ----- (What is Available)
- == ALS [07] ----- (21st Century Snake Oil)
- == Arizona Vet Home ----- (Tucson Facility Grant)
- == North Carolina Veterans Home ----- (2 New Grants)
- == Hypertension [04] ----- (Salt Intake Factor)
- == Military Separation Bonus [01] ----- (Recoupment Resumed)
- == Military Stolen Valor [17] ----- (Falsely Claimed Disability)
- == VA Fraud Waste & Abuse [28] ----- (Louisville KY)
- == VA Fraud Waste & Abuse [29] ----- (East St. Louis IL)
- == VAMC Marion IL ----- (Hospital Threat Results)
- == VAMC Aurora CO ----- (2014 Opening)
- == COLA 2011 [02] ----- (FEB Inflation 0.5%)
- == VA Caregiver Program ----- (New Benefits)
- == Vietnam Memorial Wall [05] ----- (19 APR Services)
- == GI BILL [76] ----- (Living Stipends Outdated)
- == VA Claims Backlog [38] ----- (Fix Suggestions)
- == Tricare Autism Services Demonstration - (Program Extended)
- == Reserve Retirement Age [20] ----- (Sen. Graham Onboard)
- == Vet Jobs [17] ----- (House Hearing Inputs)
- == Airline Carry-On Restrictions [01] ----- (Fees)
- == Health Care Reform [31] ----- (Medical Loss Ratio)
- == USFSPA & Divorce [13] ----- (AZ H.B.2348 Signed)
- == Divorce & Federal Employee Benefits ----- (Impact)
- == Amended Tax Returns ----- (1040X)
- == Tricare Employer Health Plans [01] ---- (Final Rule Published)

- == Mental Health Screening ----- (Anonymous Self-assessment)
- == Medicare Reimbursement Rates 2010 [10] ---- (Cut Extension)
- == Mortgage Scams ----- (VA Warning)
- == Tricare Military Clinic Locator ----- (Online)
- == Back Pain [01] ----- (Massage Impact)
- == VA Phone Scam ----- (888- 555-1234)
- == SSA Reduced Benefits [01] ----- (New Retirement Ages)
- == Mobilized Reserve 26 APR 2010 ----- (2000 Decrease)
- == Medicare Fraud [38] ----- (16-30 Apr 2010)
- == Medicaid Fraud [13] ----- (16-30 Apr 2010)
- == Military History ----- (The Forgotten War)
- == Military History Anniversaries ----- (May 1-15 Summary)
- == Military Trivia ----- (Number 03)
- == Tax Burden for Montana Retirees ----- (2009)
- == Veteran Legislation Status 27 APR 2010 ---- (Where we stand)
- == Have You Heard? ----- (Pun comprehension)

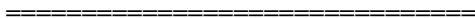


**Army Reserve Enrichment Camp:** Army Reserve Enrichment Camp (AREC) is a no cost five to seven day residential camping experience for youth who are dependents of an Army Reserve Soldier. It is organized by Army Reserve Child, Youth & School Services (AR CYSS) in partnership with an American Camping Association Accredited residential camp. AREC helps to reduce feelings of isolation among Army Reserve youth who do not typically live in communities with large numbers of military youth like those found near an installation. Campers participate in meaningful activities that build skills in leadership, independence, peer relationships, self esteem, adventure and exploration. Campers also develop skills to handle the rigors of deployment and have opportunities to share their personal experiences with other campers and adult advisors who staff the camps. Youth that have participated in camping activities have reported growth in the specific areas of: self-esteem, independence, leadership, friendship skills, adventure and exploration and spirituality. Through the camping experience, youth create a network of peers and adult advisors that serve to increase feelings of cohesion with the Army Reserve community and support during deployment.

This year’s Camps will be held for one-week at each of the following 17 locations: Alpine, AL, Boulder Creek, CA, Graford, TX, Granby, CO, Huguenot, NY, Jamesville, VA, Jamison, PA, Julian, CA, King, NC, Loretto, MN, Ocean Park, WA, Princeton, IN, Saipan, MP, Sandwich, MA, The North Shore of Oahu, HI, Toccoa, GA, Tulsa, OK. Each site will host 40-100 campers from the surrounding region. Campers will have the opportunity to interact with other Army Reserve connected youth, learn about the unique factors associated with being an Army Reserve dependent and most of all, and have fun! Ages (6 to 17) and dates vary by location. Camp activities such as ropes courses, boating, fishing, horse-back riding, and archery in conjunction with the unique factor of cooperative living offers an ideal youth development setting. Activities are designed to challenge and support youth in such a way that skills like independence, leadership, and peer relationships emerge. To register or obtain more information refer to [www.arfp.org/arec](http://www.arfp.org/arec) . LOGIN is required for registration. Registration deadline for June Camps is 15 MAY. For July Camps 15 JUN. Camper selection will be prioritized based on:

- Dependents of a Fallen Soldier.
- Dependents of a Wounded Soldier.
- Dependents of a Soldier Currently Deployed.
- First Time Campers .
- Returning Campers.

[Source: AL CT Dept msg. 28 Apr 2010 & [www.army.mil/standto/archive/2009/06/17](http://www.army.mil/standto/archive/2009/06/17) ++]



**Mojave Desert Veteran Memorial Update 03:** Veterans groups and the federal government have moved a few steps closer to winning its fight to keep an eight-foot-tall cross on a Mojave Desert hilltop as a memorial to fallen World War I service members. The US Supreme Court on 28 APR directed a federal judge in the long-running dispute to reexamine an earlier order that would force removal of the cross. The 5-to-4 decision left the high court sharply divided over the proper framework to resolve the dispute. But it suggests that five justices believe the cross should remain at its current location, where it has stood since 1934. The case, *Salazar v. Buono*, began when a former National Park Service employee, Frank Buono, filed a lawsuit challenging the location of the cross on public land within the Mojave National Preserve. The suit said the presence of a religious symbol on federal land violated the First Amendment's prohibition on government endorsement of religion. A federal judge and federal appeals court panel agreed and ordered the cross removed. Congress ordered public-private land swap Congress responded by transferring the public land around the cross to private owners while accepting similar private land for the preserve in return. The action sought to make the cross's location on Sunrise Rock a sanctuary of private property within the public preserve, thus eliminating or reducing any perception of government endorsement of religion.

The federal judge was not persuaded. The judge ruled that Congress was merely attempting to evade the court's earlier order that the cross be removed. The court then issued a permanent injunction blocking the government from implementing the congressionally authorized land swap. It is that injunction that the high court reversed. "The district court did not engage in the appropriate inquiry," Justice Anthony Kennedy wrote in a plurality decision. "By dismissing Congress's motives as illicit, the district court took insufficient account of the context in which the [land swap] statute was enacted and the reasons for its passage." He said, "Private citizens put the cross on Sunrise Rock to commemorate American servicemen who had died in World War I. Although certainly a Christian symbol, the cross was not emplaced on Sunrise Rock to promote a Christian message." Justice John Paul Stevens disagreed. "In my view the district court was right to enforce its prior judgment by enjoining Congress's proposed remedy – a remedy that was engineered to leave the cross intact and that did not alter its basic [religious] meaning," he wrote in a dissent joined by Justices Ruth Bader Ginsburg and Sonia Sotomayor.

Stevens said most judges would find it a clear establishment clause violation if Congress directed that a solitary Latin cross be erected on the National Mall in Washington as a World War I memorial. He said the transfer of land in the Mojave Desert perpetuated rather than cured the government's endorsement of a religious message. Kennedy said the district judge should have shown deference to Congress's prerogative to solve the dispute by weighing opposing interests. He said Congress faced a dilemma of having to balance the court's injunction to remove the cross against conveying disrespect for the war veterans who erected and maintained the memorial. "The land-transfer statute embodies Congress's legislative judgment that this dispute is best resolved through a framework and policy of accommodation for a symbol that, while challenged under the establishment clause, has complex meaning beyond the expression of religious views," Kennedy said. "The goal of avoiding governmental endorsement does not require eradication of all religious symbols in the public realm," Kennedy wrote. "A cross by the side of a public highway marking, for instance, the place where a state trooper perished need not be taken as a statement of governmental support for sectarian beliefs." He added, "The Constitution does not oblige government to avoid any public acknowledgment of religion's role in society."

In remanding the case, Kennedy's opinion suggests the federal judge should reassess the issues "in light of the policy of accommodation that Congress has embraced." It also suggests the judge should consider "less drastic relief than complete invalidation of the land-transfer statute. In addition, Kennedy says that signs might be appropriate indicating that the cross and the surrounding land are private. The cross is still standing on Sunrise Rock, but since the court-ordered injunction it has been concealed within a large wooden box. The case now goes back to the lower District court to give it a chance to see if any other legal alternatives exist. However, the High Court reminded the District Court that: "Respect for a coordinate branch of Government forbids striking down an Act of Congress except upon a clear showing of unconstitutionality." The cross will remain covered pending the District Court's review. Federal courts currently are weighing at least two other cross cases, a 29-foot cross and war memorial on Mt. Soledad in San Diego and Utah's use of 12-foot-high crosses on roadside memorials honoring fallen highway patrol troopers. [Source: Christian Science Monitor Warren Richey article 28 Apr 2010 ++]

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**John David Fry Scholarship:** Public Law 111-32, the Marine Gunnery Sergeant John David Fry Scholarship, amends the Post-9/11 GI Bill (chapter 33) to include the children of service members who die in the line of duty after Sept. 10, 2001. The

benefit is effective 1 AUG 09; the same day the Post-9/11 GI Bill took effect. Eligible children attending school may receive up to the highest public, in-state undergraduate tuition and fees, plus a monthly living stipend and book allowance under this program. Children of an active duty member of the Armed Forces who has died in the line of duty on or after September 11, 2001, are eligible for this benefit. A child may be married or over 23 and still be eligible. Eligible children:

- Are entitled to 36 months of benefits at the 100% level .
- Have 15 years to use the benefit beginning on his/her 18th birthday.
- May use the benefit until his or her 33rd birthday.
- Cannot use benefit before age 18, even if he or she has completed high school.
- Are not eligible for the Yellow Ribbon Program

Rules for eligible children serving, or who have served, in the Armed Forces:

- If the child is eligible under the Montgomery GI Bill Active Duty, Montgomery GI Bill Selected Reserve, and/or the Reserve Educational Assistance Program (REAP), then he or she must relinquish eligibility under one of those programs to receive benefits under Post-9/11 GI Bill.
- A child's character of discharge from his or her own service does not impact eligibility resulting from the line of duty death of a parent.
- A child on active duty will receive benefits at the active duty benefit rate (eligible for unlimited tuition and fees but not eligible for monthly housing allowance or books and supplies stipend).
- A child who meets the service requirements to transfer entitlement under Post-9/11 GI Bill may be eligible to transfer up to 36 months of entitlement to his or her dependents.

VA must begin issuing payments under this benefit no later than 1 AUG 10. This includes retroactive payments for eligible children enrolled during the period of 1 AUG 09 through 31 JUL 10. VA will begin accepting applications for this benefit 1 MAY, and will begin issuing payments to eligible children by 1 AUG 10. Children enrolled from 1 AUG 09 through 31 JUL 10 may receive retroactive payments for that time. Note: Children currently enrolled in school may apply for benefits under VA's Dependents' Educational Assistance Program. The program offers up to 45 months of education benefits. The application for this benefit is available online, and there is a link on the GI Bill website, [www.gibill.va.gov](http://www.gibill.va.gov). The link takes the user to VONAPP, the online application. Select VA Form 22-5490, Application for Dependents' Educational Assistance, to apply. If you are a son or daughter, under legal age, a parent or guardian must sign the application. For more information, call 1 (888) 442-4551 or visit the VA GI Bill Website at <http://www.gibill.va.gov>. [Source: [www.gibill.va.gov/documents/Fry\\_Scholarship.pdf](http://www.gibill.va.gov/documents/Fry_Scholarship.pdf) Apr 2010 ++]



**Tricare CRSC Travel Pay:** If you are a retiree and your Combat-Related Special Compensation (CRSC) Board has awarded you CRSC, you may be entitled to the CRSC travel benefit. Tricare Prime enrollees, including those enrolled in the US Family Health Plan, are also eligible for the Tricare Prime Travel Benefit. This benefit provides reimbursement for travel-related expenses when you must travel more than 100 miles from your referring provider's location to obtain medically necessary, nonemergency specialty care for a combat-related disability. Only reasonable, actual-cost travel expenses (e.g., lodging, fuel [rather than mileage], meals, parking, tolls) associated with receiving specialty care can be reimbursed. You are expected to use the least costly mode of transportation. Government rates will be used to estimate the reasonable costs for allowable expenses. To review the rates, visit [www.defensetravel.dod.mil/perdiem/pdrates.html](http://www.defensetravel.dod.mil/perdiem/pdrates.html). Please contact your Tricare Regional Office (TRO) for more information about reimbursable expenses and authorization requirements. To qualify, you must meet all of the following criteria:

- Be receiving retired, retired retainer, or equivalent pay; and
- Have been awarded a Combat-Related Special Compensation determination letter from your service's CRSC Board identifying the combat-related disability or disabilities; and
- Reside stateside and be covered under Tricare Standard or Tricare For Life; and
- Have been referred by your provider for specialty care that is more than 100 miles from your referring provider to obtain care for the combat-related disability

One non-medical attendant (NMA) may also be entitled to reimbursement of travel-related expenses. Your referring provider must verify in writing that an NMA is medically necessary and appropriate to travel with you. The NMA can be a parent, spouse, or other adult family member (age 21 or older) or a legal guardian. If the NMA is an active duty service member or a U.S. government employee, he or she may be entitled to temporary duty allowances (per diem and mileage) if on travel duty per their organization. Although travel orders are not required, you must submit a travel request via fax or mail in advance to your TRO with the following documentation:

- Copy of your CRSC determination letter identifying the combat-related disabilities.
- Your home address and referring provider's address.
- Referral for specialty care to treat the specified combat related disability.
- Statement (may be included in the referral) from the referring provider indicating that an NMA is medically necessary and appropriate, if applicable.
- Completed electronic funds transfer (EFT) authorization form for yourself and your NMA; form must be accompanied by a voided/canceled check or a copy of your savings account statement

You and your NMA must pay for travel expenses up front and then submit a claim for reimbursement. A separate claim must be submitted per trip, per qualified awardee or NMA. Only one individual can be reimbursed for each expense. All reimbursements are made through EFT. Claims should be submitted to the appropriate TRO via fax or mail. Email submissions will not be accepted.

Completed and signed claims forms are available online on the Forms Management Program Web site at [www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm](http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm). Each claim submission must include:

- Travel Voucher or Subvoucher (DD Form 1351-2) is appropriate for all travel reimbursements and is mandatory for lodging.
- Statement of Actual Expenses (DD Form 1351-3) is required in support of DD Form 1351-2 forms submitted by qualifying civilians (not employed by the U.S. government).
- Travel Voucher or Subvoucher (Continuation Sheet) (DD Form 1351-2c) may be used for continuation of DD Form 1351-2 expenses.
- Claim for Reimbursement for Expenditures on Official Business (SF Form 1164) may be used in place of DD Form 1351-2 if you are not filing for reimbursement of lodging expenses.
- Copy of the CRSC determination letter (if not provided prior to travel).
- Completed EFT authorization form (if not provided prior to travel).
- Documentation from the specialty care provider verifying he or she treated you for the specified combat-related disability and the date(s) of service; to view sample documentation, visit [www.tricare.mil/CRSC](http://www.tricare.mil/CRSC).
- Statement from the referring provider indicating the need for an NMA (if applicable and not provided prior to travel).
- Legible receipts (or comparable written documents) indicating the payment(s) made for reimbursable goods and services; receipts must include: Name of the company or vendor, date of transaction, items or services purchased, unit price, and total amount paid

The TRO staff will review your travel request and assist in locating a specialty provider or confirm that the requested specialist is a Tricare-authorized provider outside the 100-mile radius. If requests are not submitted in advance, the TRO considers travel reimbursement on a case-by-case basis. Submitting a request for reimbursement does not guarantee payment. For Information and assistance about eligibility, claims, and reimbursements contact your TRO at:

- Tricare Regional Office—North, 700 N. Moore Street, Suite 1200, Arlington, VA 22209 Tel: 1-866-307-9749 or 1-703-588-1867/1869 Fax: 1-703-696-3774 E-mail: [tronorth@tma.osd.mil](mailto:tronorth@tma.osd.mil) Web site: [www.tricare.mil/tronorth](http://www.tricare.mil/tronorth)
- Tricare Regional Office—South 7800 IH-10 West Suite 400 San Antonio, TX 78230 Tel: 1-800-554-2397 Fax: 1-210-292-3222 E-mail: [trosouthcs@tros.tma.osd.mil](mailto:trosouthcs@tros.tma.osd.mil) Web site: [www.tricare.mil/trosouth](http://www.tricare.mil/trosouth)
- Tricare Regional Office—West 401 West A Street, Suite 2100, San Diego, CA 92101-7908 Tel: 1-800-449-6408 Fax: 1-619-231-4246 E-mail: [trow-crdtravel@trow.tma.osd.mil](mailto:trow-crdtravel@trow.tma.osd.mil) Web site: [www.tricare.mil/trowest](http://www.tricare.mil/trowest).

[Source: [www.tricare.mil/tricaresmart/product.aspx?id=783&CID=0&RID=0](http://www.tricare.mil/tricaresmart/product.aspx?id=783&CID=0&RID=0) Fact Sheet Mar 2010 ++]

**SBA Vet Issues Update 10:** The Obama administration is renewing efforts to expand opportunities for veteran-owned small businesses, hoping that a little aid to those who own or want to own their own businesses will help fuel a larger boost in the U.S. economy. Two executive orders signed 26 APR by President Obama create task forces that will recommend specific improvements in how small businesses are created, including expanded access to capital, advice on how to cash in on lucrative federal contracts and better counseling so that businesses remain on a strong economic footing. One of the two task forces specifically will look at veteran-owned small businesses, including those owned by disabled veterans. Veterans' Affairs Secretary Eric Shinseki said veterans, especially those returning from Iraq and Afghanistan, have training and experience from the military that make them potentially strong small-businesses owners, including the ability to remain calm and innovative in a crisis, knowing how to take risks and knowing how to run a competent organization. There are, he said, "significant opportunities for good outcomes" if the federal government can provide assistance. Helping one veteran become a small-business owner has larger impacts on the economy, he said, because "veterans hire veterans. They know what they are getting."

Shinseki said the Veterans Affairs Department and other federal agencies have been trying to help small businesses through contracting. About 19% of VA contracts last year went to small businesses, 80% of them owned by veterans, he said. Karen Mills, head of the Small Business Administration, said one of the task forces being created by Obama will look at ways to improve outreach to small businesses so they can learn about more opportunities to compete for federal contracts. Mills noted that over the past 15 years, 64% of all new jobs created were created by small businesses. The two task forces are interagency groups that in some cases will be able to make policy changes to help small businesses. But some recommendations could require a change in law or additional funding to take effect. [Source: MarineCorpsTimes Rick Maze article 26 Apr 2010 ++]

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**Health Care Reform Update 32:** The Tricare Affirmation Act (H.R.4887), aimed at protecting people in the military health care program from being penalized for not having private insurance, was signed into law 26 APR by President Obama. The new law provides a specific exemption for Tricare beneficiaries and for nonappropriated-fund civilian employees of the Defense Department from a requirement of the Patient Protection and Affordable Care Act that will require people without minimal health cover to either buy private insurance or face a \$750 penalty. Tricare health insurance is specifically defined by the law signed Monday as minimal essential coverage, which provides an exemption from the penalty. Rep. Ike Skelton (D-MO), the House Armed Services Committee chairman who opposed the national health care reform law but was a key sponsor of the Tricare Affirmation Act, said he hopes this resolves questions by active-duty family members, retirees and their families about how national health reform might affect them. Signing the new law "reinforces that military health care coverage will not be adversely affected by the health care reform law," Skelton said. Skelton's committee will consider legislation in May that would extend to Tricare beneficiaries one of the provisions of the new health reform law that allows unmarried children to remain covered by a parent's insurance until age 26. That legislation is expected to be included in the 2011 defense authorization bill. [Source: AirForceTimes Rick Maze article 27 Apr 2010 ++]

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**Veteran Appreciation Event:** In a combined effort between Community Circles of Support for Veterans and their Families, Veterans Village of San Diego, and Fun-4-All Family Fun Center they want to show our Military, Veterans, and their Families how much they appreciate their dedication and selfless service to our country. To show their admiration for the men and women of America's Armed Forces and their families they are taking over the amusement park on Saturday, 15 MAY from 0900 to 1400 and offering its amenities (Miniature Golf, Go Karts, Bumper Boats, Batting Cages, and Arcade Games) to those who attend at no charge. Don't worry, they will feed you too. (No MREs). Everything will be at no cost provided you can prove that you are or were a member of the United States Armed Forces or a dependent of a service member (i.e. Military ID, Dependent ID, VA ID, DD-214 or Orders with Photo ID). Fun 4 All is located at 950 Industrial Boulevard , Chula Vista , CA 91911. You can preview what the amusement park has to offer at [www.fun-4-all.biz/fun-4-all-gallery.php](http://www.fun-4-all.biz/fun-4-all-gallery.php). [Source: Veteran Village of San Diego notice 15 Apr 2010 ++]

## **Military Discounts Update 02:** All these businesses offer military discounts; all you have to do is ask:

### **Restaurants**

- Arby's  A&W  Back Yard Burgers  Burger King  Captain D's  Chick-Fil-A  Cotton Patch
- Denny's  Dunkin' Donuts  Farmers Boy  IHOP (20 percent discount with military identification)
- Java Café  KFC  Long John Silver  Pancho's Mexican Buffet  Pizza Hut  Quizno's  Sizzler
- Sonic  Taco Bell  Whataburger

### **Services**

- AT&T  California Cryobank  Geico  Jiffy Lube  Meineke  Sears Portrait Studio

### **Travel and Leisure**

- Blockbuster  Movie theaters  Ripley's attractions and museums  Professional Sports teams

### **Products**

- Apple Computers  AutoZone  Barnhill's  Bass Pro Shop  Bath and Body Works
- Big 10 Tires  The Buckle  Champs Sports  Copeland's Sports  Dell
- The Discovery Channel Store  Dress Barn  The Finish Line  Foot Action  Footlocker
- Gadzooks  GNC  Goody's  Great Party  Happy Harry's  Home Depot  Hot Topic
- Jockey  Lerner  Lowe's  Michael's  NAPA Auto Parts  New York & Company  Pac Sun
- Payless Shoes  Play It Again Sports  Pure Beauty  Sally Beauty Supply  Spencer's Gifts
- Suncoast  Timberland Outlets  Wilson's Leather

**Cell Phone Service Discount** - All Federal employees are able to get a 15% discount on their personal cell phones by calling their carrier

and mentioning the "Federal Telecommunications Act of 1996 - Discount to Federal Employees Past and Present." You will need to know the military member's supervisor's name, phone number, and full address, so that his/her military status can be verified. Use the following contact numbers:

- Cingular - 800-319-6393
- Sprint - 877-812-1223
- T-Mobile - 866-646-4688
- Nextel - 800-639-6111
- Verizon - 800-865-1825

[Source: VA Frederick Service Office Maryland VSO msg. 26 Apr 2010 ++]

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**MCAS Futenma Okinawa:** A protest on the Japanese island of Okinawa calling for the closure of a United States military base attracted almost 100,000 people on 25 APR, after speculations that the Japanese government may back out of an election promise to force it off the island entirely. The base, Marine Corps Air Station Futenma, has been long criticized by the Japanese people, as it and other bases on the island have served as the location for most of America's 47,000 troops stationed in Japan. The US military presence on the island is seen by some as a legacy of Japan's defeat in World War II by the US. Japan's current prime minister, Yukio Hatoyama, pledged to move the base off of Okinawa entirely, and transfer 8,000 military personnel to Guam, superseding a 2006 agreement between the Japanese and American governments to move the base to a less urbanized part of Okinawa. Hatoyama said that he would make a decision about the matter by the end of May, and on 23 APR told Parliament that he would "stake his job" to do so. Opposition leaders in Japan have demanded that Hatoyama should resign as Prime Minister if he does not make a decision by the end of May.

According to media reports, Japanese Foreign Minister Katsuya Okada had met with U.S. Ambassador John Roos last week, and had told Roos that Tokyo was in favor of the most of the 2006 deal, a charge which Okada denied, saying that he had met with Roos, but that no concessions on the matter had been made. The reports inflamed Okinawans, and the mayor of Nago, Okinawa said that the government was "playing with the Okinawans' feelings." Support for Hatoyama's government has fallen sharply in recent months, to 30% approval from 70% late last year, as he has been criticized both in Japan and from the US for his handling of the situation. He has been unable to gain support for alternate sites for the naval base, and has thus far been unable to conduct talks with local officials

about the matter. Meanwhile, the US government has pushed for the 2006 agreement to be retained, as it is the only "viable" solution to the controversy. [Source: WikiNews article 26 Apr 2010 ++]

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**DEERS Update & COA Update 01:** To update DEERS with new dependents you must register them via a military facility through the means of a DD-1172 submission and the obtainment of a dependent's ID card for a new spouse or children age ten and over. For children under ten you need only the DD-1172 submission. You will be required to provide appropriate documentation to verify they are your dependents. Refer to Bulletin article on ID Card Obtainment to determine the best way for you to obtain one from your geographic area. To submit a change of address (COA) on yourself or any of your dependents there are a number of ways it can be accomplished. This is necessary because the address you have on file determines who will have to pay your claim, where you must submit it, and where new information on the various Tricare programs will be mailed. It can be done by:

- In person, find the nearest ID card office at [www.dmdc.osd.mil/rsl/owa/home](http://www.dmdc.osd.mil/rsl/owa/home);
- Online at [www.dmdc.osd.mil/appj/address/index.jsp](http://www.dmdc.osd.mil/appj/address/index.jsp) [Note: Access may not be available for your computer configuration];
- By phone at 1 (800) 538-9552 (1 (866) 363-2883 TTY/TDD);
- By faxing at 1 (831) 655-8317; or
- Mail address changes to: DMDC Support Office, 400 Gigling Road, Seaside, CA 93955-6771.

Your COA transmittal should include the following:

- (1) Sponsor's name and Social Security Number;
- (2) The address change you want to make (old and new address);
- (3) Names of other family members affected by the address change;
- (4) Effective date of the address information; and
- (5) Telephone number and area code including country code if overseas. Other information, such as the address or address change for geographically separated family members will be processed if you provide it.

For more information about DEERS, go to [www.tricare.mil/DEERS](http://www.tricare.mil/DEERS) . To learn more about the Tricare Overseas Program go to [www.tricare.mil/TOPcontract](http://www.tricare.mil/TOPcontract) . [Source: Tricare News 26 Apr 2010 ++]

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**Federal Tax Law Changes Update 01:** Many of the tax breaks in recent tax-relief bills were designed to be phased in over a number of years, or are indexed to inflation. To help you determine how these tax laws affect your long-term plans, the following explains the changes scheduled to come into effect in 2010 through 2017.

**Estate Tax Repealed** - The federal estate tax is scheduled to be eliminated for estates of individuals who die in 2010. It is expected that Congress will act to keep the tax alive.

**Roth IRA Conversions** - Starting in 2010, individuals with more than \$100,000 of modified Adjusted Gross Income are free to switch a traditional IRA to a Roth IRA. For conversions in 2010, taxpayers can spread the tax due over two years. Half the tax will be due in 2011, and the remaining half will be payable in 2012. Removing the limit on conversions effectively eliminates the income limit on contributions to Roth IRAs. A taxpayer with income too high to use a Roth will be able to contribute to a traditional IRA (which does not have income limits for contributions) and immediately convert to a Roth.

**Domestic Production Activities Deduction** - In 2010, this deduction increases to nine percent of qualifying business net income. This deduction applies to businesses engaged in construction, engineering or architectural services, film production, or the lease, rental or sale of equipment you manufactured. However, the rate remains 6% for oil and gas companies.

**State and Local Sales Tax Deduction** - The opportunity for itemizers to choose to deduct their state sales tax payments instead of deducting their state and local income taxes ends after 2009, unless Congress acts to extend it.

**Educators' Deduction** - This deduction for up to \$250 of classroom supplies purchased by educators lapses after 2009, unless Congress acts to extend it.

**Nontaxable Combat Pay Allowed for Earned Income Tax Credit (EITC)** - The election to include nontaxable combat pay in the calculation of earned income for the Earned Income Tax Credit is not available after 2009, unless Congress acts to extend it.

**Tuition and Fees Deduction** - The deduction for up to \$4,000 of college tuition and fees expires after 2009, unless Congress acts to extend it.

**Direct Donations of IRAs to Charity** - Beginning in 2010, the opportunity for IRA owners age 70½ to directly donate part of their IRA balance to charity will disappear, unless Congress acts to extend it.

**Additional Standard Deduction for Property Taxes** - Starting in 2010, non-itemizers will no longer be allowed to increase their standard deduction by up to \$1,000 of property taxes paid, unless Congress acts to extend this break.

**Limits on Deducting Farm Losses** - Beginning in 2010, the amount of farm losses you can enter to offset nonfarm income is capped at the greater of \$300,000 or your net farm income over the past five years. But this limit will apply only if you get federal farm payments or Commodity Credit Corporation (CCC) loans. You can take suspended losses in later years. The caps will also apply to partners and S firm owners.

**Exemptions for the Alternative Minimum Tax** - For 2010, the exemption levels drop to \$45,000 for married filing jointly, \$33,750 for singles and heads of household, and \$22,500 for married couples filing separately. Congress is likely to act in 2009 to prevent this from happening. Otherwise, more than 20 million filers will be added to the AMT rolls.

**Partial Exclusion for Unemployment Benefits** - For 2010, the first \$2,400 of unemployment benefits you receive is no longer tax-free.

**Sales Tax Deduction for New Vehicles** - Beginning in 2010, buyers of new vehicles no longer get a tax benefit for sales tax paid on new vehicles, unless they itemize and elect to deduct sales taxes instead of state income taxes.

[Source: Military.com Taxes Jan 2010 ++]

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**Garnishment Update 01:** The Treasury Department is releasing new rules preventing banks from seizing Social Security and other federal benefits from customers facing debt collectors. Federal law prohibits creditors from taking Social Security to recover a debt, but the law doesn't say how money deposited directly into bank accounts is to be protected. Banks that receive garnishment orders from debt collectors generally freeze customers' accounts. This triggers overdraft, bounced-check and other fees that the bank then withdraws from the customer accounts, which has included Social Security and veterans benefits. Customers often don't know they can file a claim to get their funds released; even when they do, the process can take weeks or months. The practice has been the subject of articles in The Wall Street Journal. "The rules address the increasing problem of account freezes and the hardships benefit recipients face when they cannot access life-line funds," an administration official says. "This provides financial institutions with clear, uniform sets of rules to follow when a garnishment order is received, and provides them with protection from liability."

The proposed new rules, published 14 APR in the Federal Register, will require banks that receive garnishment orders to review the accounts to see if they have received any direct deposits of federal benefits within the past 60 days. If so, they must establish a protected amount equal to the sum of the benefits deposited. So, if the person had two deposits of \$1,000 each, the protected amount is \$2,000, even if the person had spent the benefits. Under these rules, the banks and credit unions wouldn't have to worry about whether benefits money is co-mingled with other deposits, or if there is a co-owner on the account. Any amount above the protected amount would be handled according to the garnishment rules of each state. The rule doesn't prohibit states from establishing a higher protected amount. The new rule would help people like Kelly May, a 59 year-old disabled former genetic oncologist in Dothan, Ala. After Wachovia Bank froze her account in MAR 09, it took Ms. May four months to get her money released. The bank didn't return the

\$100 fee it took when it froze her account. "That's a lot of money to me," said Dr. May, whose sole source of income is \$1,400 a month in Social Security. A spokeswoman for Wells Fargo & Co., which owns Wachovia, says collecting the garnishment fee from the Social Security was standard procedure.

The rule "should protect most account holders," the administration official said. Financial institutions that follow these rules would be protected from lawsuits from creditors or account holders. "This balances the interests of the account holder and the institutions," the administration official said. The rule allows the financial institution to collect the customary garnishment fee, typically \$100, but it can't take the fee from the protected amount. Banks can continue to take overdraft and other fees from the protected amounts, however. The regulation would also require financial institutions to send a notice to the account holder detailing what happened, how much has been protected, and how much frozen, with information on how to contact the creditor, the court and the bank. The rule would be jointly issued by the Treasury and the four major benefit agencies: the Social Security Administration, the U.S. Dept. of Veterans Affairs, the Office of Management and Budget, and the Railroad Retirement Board. The new rules would protect Social Security benefits, Supplemental Security Income benefits, Veterans Administration benefits, Federal Railroad retirement benefits, Federal railroad unemployment and sickness benefits, Civil Service Retirement System benefits and Federal Employees Retirement System benefits. After comment period, the rule could become law later this year. "We view this as an important problem that needs to be rectified, and would issue a final rule as soon as possible," the administration official said. The National Consumer Law Center was the primary consumer group urging the Treasury to issue new rules. [Source: WSJ Ellen E. Schultz article 14 Apr 2010 ++]

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**VA Suicide Prevention Update 09:** Troubling new data show there are an average of 950 suicide attempts each month by veterans who are receiving some type of treatment from the Veterans Affairs Department. Seven percent of the attempts are successful, and 11% of those who don't succeed on the first attempt try again within nine months. The numbers, which come at a time when VA is strengthening its suicide prevention programs, show about 18 veteran suicides a day, about five by veterans who are receiving VA care. Access to care appears to be a key factor, officials said, noting that once a veteran is inside the VA care program, screening programs are in place to identify those with problems, and special efforts are made to track those considered at high risk, such as monitoring whether they are keeping appointments. A key part of the new data shows the suicide rate is lower for veterans aged 18 to 29 who are using VA health care services than those who are not. That leads VA officials to believe that about 250 lives have been saved each year as a result of VA treatment.

VA's suicide hotline has been receiving about 10,000 calls a month from current and former service members. The number is 1 (800) 273-8255. Service members and veterans should push 1 for veterans' services. Dr. Janet Kemp, VA's national suicide prevention coordinator, credits the hotline with rescuing 7,000 veterans who were in the act of suicide — in addition to referrals, counseling and other help. Suicide attempts by Iraq and Afghanistan veterans remains a key area of concern. In fiscal 2009, which ended 30 SEP, there were 1,621 suicide attempts by men and 247 by women who served in Iraq or Afghanistan, with 94 men and four women dying. In general, VA officials said, women attempt suicide more often, but men are more likely to succeed in the attempt, mainly because women use less lethal and less violent means while men are more likely to use firearms. Suicide attempts among veterans appear to follow those trends, officials said. [Source: ArmyTimes Rick Maze article 23 APR 2010 ++]

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**VA Research:** Veterans Affairs Deputy Secretary W. Scott Gould kicked off the National VA Research Week commemoration 22 APR, marking 85 years of ground-breaking research that's improving veterans' lives, including veterans of Iraq and Afghanistan. Gould praised participants at the forum for following in the footsteps of researchers who pioneered some of medical science's greatest achievements in areas ranging from spinal cord injuries to vascular research to stroke rehabilitation and traumatic brain injury treatment. From the first successful liver transplant to developing and testing effective tuberculosis treatments to developing the CT scan, pacemaker and other cutting-edge technologies, VA researchers have taken medical science to a new level — in some cases, literally. Gould noted one of the most recent experiments, carried by the space shuttle to the International Space Station, that could have a major impact on the human immune system's ability to help aging veterans fight off infections. Scientist-astronaut Dr. Millie Hughes-Fulford, director of the San Francisco VA Medical Center's Laboratory for Cell Growth, directed the

experiment. "Though Dr. Hughes-Fulford's T-cell experiment might be out of this world, the work of all our VA researchers achieves new heights in health care every day," Gould said.

Those achievements are noted in the most respected journals and honored on award stages from Washington to Stockholm, he said, noting that VA's Dr. Andrew Schally and Dr. Rosalyn Yalow received the Nobel Prize in physiology in 1977. "Almost daily, VA's research advances are making news," Gould said, recognizing a paper on robot-delivered stroke rehabilitation published last week in the New England Journal of Medicine. The study's chairman, Dr. Albert Lo, is a neurologist at the Providence VA Medical Center. Gould noted other areas where VA researchers are seizing opportunities to expand prevention, treatment and rehabilitation research, including areas that affect America's newest veterans returning home with combat injuries. "Our work with injured veterans returning from Iraq and Afghanistan — whose wounds are both seen and unseen — is making a huge difference not only in their quality of life, but in the quality of lives of countless others" who he said also will benefit from VA research into traumatic brain injury, spinal-cord-injury, post-traumatic stress disorder, diabetes, heart disease and other physical and mental health conditions.

Gould encouraged VA's clinical care and research communities to continue working together, putting \$1 billion in research funding for fiscal 2010 and 2011 to the best use in advancing clinical medical knowledge and providing new hope for veterans. "The rising tide of research lifts the prospects of better health for all veterans — from the aging warriors of the 'Greatest Generation' to the youngest soldiers of the latest generation," he said. Dr. Audrey Nelson, director of VA's Health Services Research and Development Center, said it's gratifying to see the innovative technologies and innovations VA is advancing make a difference. "There is nothing like seeing a patient using a new technology or a new intervention and really seeing how it changes their life," she said. "We really want to bring everybody back to as much full function as we can," said Dr. Roy Cooper, director of VA's Human Engineering Research Laboratories in Pittsburgh, Pa. "That is the goal of research: to provide that hope that everybody will return to their fullest capability." [Source: AFPC Donna Miles article 22 Apr 2010 ++]

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**Congressional Pay/Benefits Update 05:** On 23 APR the U.S. Senate passed legislation by U.S. Senator Russ Feingold (D-WI.) to cancel the automatic pay raise for members of Congress next year. Congress already enacted legislation ensuring there would be no raise in 2010 and Feingold's effort will do the same for 2011. Feingold does not accept pay raises during his term in office, following through on a pledge he made when he first ran for U.S. Senate. Feingold returns pay above the level he received after he was last elected and returns it to the U.S. Treasury. "Members of Congress have a lot of perks, but the one that stands out is their ability to raise their own pay," Feingold said. "Not many Americans have the power to give themselves a raise whenever they want, no matter how they are performing. Yet Congress has set up a system whereby every year members automatically get a pay increase without having to lift a finger. I refuse to be a part of that system, and I will continue to work to permanently end it. But in the meantime, Congress should at least give up its raise for next year. With so many Americans looking for jobs, and trying to figure out how to pay their bills, now is no time to give ourselves a taxpayer-funded pay raise." Feingold has regularly introduced legislation to end the automatic pay raise system. Last year, Senate Majority Leader Harry Reid (D-NV) ushered legislation through the Senate based on Senator Feingold's historic efforts to end the automatic pay raises for members of Congress. But the House of Representatives has not yet taken up the bill. A provision of Senator Feingold's Control Spending Now Act, legislation to slash the deficit by about one half trillion dollars over the next decade, would end the automatic pay raise system and save taxpayers \$80 million over the next ten years. [Source: TREA Washington Update 23 Apr 2010 ++]

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**Retiree On Base Dining:** Thanks to the Air Force's Food Transformation Initiative (FTI), retirees at six bases will soon be able to use military food service establishments previously reserved for active-duty Airmen. Retirees will pay the same market price as everyone else, and there will not be an added surcharge on top of the menu price. The six Air Force bases participating in the initiative are Elmendorf AFB, Alaska; Patrick AFB, Fla; MacDill AFB, Fla; Fairchild AFB, Wash; Little Rock AFB, Ark; and Travis AFB, Calif. This pilot program not only opens food establishments to all members of the base community, but customers will also see changes to food and beverage options, resulting in greater quality and variety, said Air Force Services Agency officials. Diners will see an overall increase in the variety and availability of healthy menu options on base. FTI will reinvigorate Air Force dining by hiring a contractor to transition to hybrid facilities on bases that will be open to the entire base populace, much like common business and

university campuses, services officials said. Many base dining facilities have use rates of less than 50 percent. Instead of closing these facilities, Air Force plans call for transforming operations. This transformation will preserve the mission of providing meals to Airmen and bringing positive changes to the way Airmen are fed on base, services agency officials said. While services officials are excited about the forthcoming changes, they emphasized things will not happen immediately and that each base will be different. The first phase of the program is about improving menu options, they said, and the total transformation will take time. Opening the transformed dining venues to retirees and base employees will restore a sense of community because everyone will be able to eat together, Mr. Floyd said. [Source: TREA Washington Update 23 Apr 2010 ++]



**VA Geriatrics & Extended Care:** The VA's Home and Community Based Care (HCBC), formerly known as Hospital Based Home Care, began in 1970 and provides long-term primary medical care to chronically ill Veterans in their own homes under the coordinated care of an interdisciplinary treatment team. It is composed of a the following vet care programs:

**Adult Day Health Care:** ADHC is a therapeutically oriented outpatient day program that provides health maintenance and rehabilitative services to frail elderly and functionally impaired veterans in a congregate setting. Individualized programs of care are delivered by an interdisciplinary team of health professionals and support staff with an emphasis on helping participants and their caregivers to develop the knowledge and skills necessary to manage care in the home.

**Community Health Nurse Coordinator:** CHNC provides clinical expertise in home and community coordination, provision of the continuity of care, and referral of patients to community agencies, VA programs, including skilled home health, home hospice, nursing home (community living centers), homemaker health aide, and adult day health care. They also function as a liaison to community agencies, as well as monitor their services. The CHNCs coordinate services for VA reimbursement (fee basis), as well as manage contracted programs for home and community care services.

**Community Residential Care:** CRC provides health care supervision to eligible veterans not in need of hospital or nursing home care but who, because of medical and/or psychosocial health conditions as determined through a statement of needed care, are not able to live independently and have no suitable family or significant others to provide the needed supervision and supportive care. The veteran must be capable of self-preservation with minimal assistance and exhibit socially acceptable behavior. The types of CRC settings may vary from a small family home to larger, more formal residential facilities. Care will consist of room, board, assistance with activities of daily living and supervision as determined on an individual basis. Case management will be provided by the local VA Facility. The cost of care is financed by the veteran's own resources. Placement is made in residential settings inspected and approved by the appropriate medical center but chosen by the veteran. The Medical Foster Home (MFH) program is a type of CRC. MFH's are generally distinguished from other CRC homes in that,

- 1) The home is owned or rented by the caregiver;
- 2) The MFH caregiver lives in the MFH and provides personal care and supervision;
- 3) There are no more than three residents receiving care in the MFH, including both Veterans and non-Veterans; and
- 4) MFH residents are enrolled in a VA interdisciplinary home care program.

**Home Based Primary Care:** HBPC is a home care program that provides comprehensive, interdisciplinary, primary care in the homes of veterans with complex medical, social, and behavioral conditions for whom routine clinic-based care is not effective. In contrast to other systems such as Medicare, home care targets Veterans with short-term remediable needs and provides episodic, time-limited and focused skilled services. HBPC targets patients with complex, chronic, progressive disabling disease and provides comprehensive longitudinal home care. The program is designed to serve the chronically ill through the months and years before death, providing primary care, palliative care, rehabilitation, disease management and coordination of care services. It is designed to meet the challenging needs and preferences of the Veteran, provide support for the family and caregiver. The HBPC Team is composed of a Medical Director, Program Manager, Nurse Practitioner, RN Case Manager, Social Worker, Pharmacologist, Psychologist, Registered Dietician, Rehabilitation Therapist (OT or PT), and Program Support Assistant.

The team goals are to promote the Veteran's maximum level of health and independence by maintaining the optimal physical, cognitive and psychosocial functioning. This will reduce the need for, and provide an acceptable alternative to, hospitalization,

nursing home care, emergency room and outpatient clinic visits, through close monitoring and creating a therapeutic and safe environment in the home. They will assist in the transition from a health care facility to home by providing Veteran caregiver education, guiding rehabilitation and use of adaptive equipment in the home, assisting the Veteran and his caregiver in adapting the home as needed for a safe and therapeutic environment, and arranging and coordinating support services. This will enhance quality of life through symptom management and other palliative care measures. HBPC is designed to meet the challenging needs and preferences of the Veteran, provide support for the family and caregiver. This program does not provide hospice care because it cannot provide 24-hour care, volunteers, etc. We can provide home based palliative care for terminally ill Veterans.

**Hospice and Palliative Care:** HPC collectively represent comfort-oriented and supportive services provided in the home, community, outpatient, or inpatient settings for persons with advanced life-limiting disease. It is a program that incorporates the physical, psychological, emotional, social, and spiritual needs of our Veterans. This program is designed to focus on the quality of life and comfort for a Veteran with an advanced disease that is life-limiting. Hospice and Palliative Care supports a balance of comfort measures, interventions and provides bereavement care to the Veteran's family. Hospice is a comfort based form of treatment often associated with specific characteristics of the Veteran receiving the care who has been diagnosed with a terminal condition with 6 months or less to live. Palliative care is a broader term that includes hospice care as well as other care that emphasizes symptom control, but does not necessarily require the presence of an imminently terminal condition or a time-limited prognosis. Palliative care may include a balance of comfort measures that vary across a wide spectrum. The goal of HPC is to achieve the best possible quality of life through the relief of suffering, control of symptoms, and restoration of functional capacity while remaining sensitive to personal, cultural, and religious values, beliefs, and practices.

**Purchased Home Health Care:** Formerly known as fee basis home care, this is a professional home care service that is purchased from private-sector providers at every VA medical center. The professional home care services cover mostly nursing services including medical, social services, occupational therapy, physical therapy, skilled nursing and speech and language pathology. Professional Skilled Home Care covers nursing services such as medical social services, occupational therapy, physical therapy, skilled nursing and speech-language pathology.

**Veteran-Directed Home and Community Based Services Program:** The VD-HCBS program provides veterans of all ages the opportunity to receive home and community based services in a consumer-directed fashion that enables them to avoid nursing home placement and continue to live in their homes and communities. Under the VD-HCBS program, the veteran and their family caregiver will: manage a flexible budget; decide for themselves what mix of services will best meet their personal care needs; hire their own personal care aides, including family or neighbors; and purchase items or services to live independently in the community. This program is offered as a special component to the Administration on Aging (AoA) Community Living Program (CLP). The AoA-VA joint partnership combines the expertise of AoA's national network of aging service providers with the resources of VA to provide veterans and their caregivers with more access, choices and control over their long-term care services. Currently, 7 states and 10 VA Medical Centers offer this program, which serves over 220 veterans, which includes some that are young and severely injured.

[Source: <http://www1.va.gov/geriatrics/HCBC> Apr 2010 ++]

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**ALS Update 07:** CBS's "60 Minutes" has aired a half-hour report about stem-cell treatments claimed to cure cancer, amyotrophic lateral sclerosis (ALS), multiple sclerosis, and Parkinson's disease. The report exposes medical con men who prey on dying victims. This treatment was marketed by Lawrence Stowe at Stowe Bio Therapy in La Mesa, California and administered in Mexico at the "Rio Valley Medical Center" operated by Frank J. Morales, whose medical degree came from CETEC, a Caribbean school that was later shut down for selling diplomas. After a hidden camera taped them attempting to persuade an ALS patient to pay \$125,000 for a "permanent fix," a CBS producer confronted the pair about what happened. That tape can be viewed at <http://www.cbsnews.com/stories/2010/04/16/60minutes/main6402854.shtml>. The program exposes Stowe as a psychopath who lies without batting an eyelash about the treatment and alleged credentials and affiliations. It is probably the finest character study of a quack in action ever broadcast. After learning about the situation, the FDA announced that it would investigate. The Stowe foundation's online response to this report is available at [www.thestowefoundation.org](http://www.thestowefoundation.org).

Stem cell therapy has great potential, but no commercial clinics should be regarded as trustworthy. A researcher affiliated with the International Society for Stem Cell Research has found more than 200 of them marketing through the Internet. Stowe promotes his treatments through the Stowe Foundation, a nonprofit corporation, founded in 2003 and "dedicated to the study of the human immune system and the body's natural ability to heal itself from chronic illness." In a brochure apparently intended to raise \$10 million from private investors, Stowe Biotherapy Inc. falsely claimed to have an "FDA-approved stem cell based approach to regenerative healing" and projected a net income of \$71 million by its third year of operation. Dr. Morales is a codefendant with Immunosyn Corporation and others in a class-action suit alleging that he sold the plaintiff an alleged multiple sclerosis cure that turned out to be water or a dilute salt solution with no active ingredients. [Source: CBS News & Consumer Health Digest #10-16 dtd 18 & 22 Apr 2010 ++]

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**Arizona Vet Home:** The Department of Veterans Affairs (VA) has approved a \$17.1 million grant for the new 120-bed Tucson State Veterans Home in Arizona. The grant will cover 65% of the total costs for the facility. This will be the second veterans' home for the state. VA operates major medical centers in Phoenix, Prescott and Tucson, as well as two dozen outpatient clinics and Vet Centers. The existing Arizona State Veteran Home (ASVH) facility is located at 4141 North S. Herrera Way, Phoenix, Arizona. This is a State owned and operated 200 bed Medicare certified skilled nursing facility built next to the Veterans Administration Medical Center and Steele Indian School Park. It provides long term care and rehabilitative needs of Arizona veterans. The 200 beds are divided into one hundred fifty long term care beds, a twenty five bed memory care unit and a twenty five bed Medicare/rehab focused unit. ASVH provides rehabilitative therapy seven days a week. A Snoezelen room, originated and developed in Holland, provides a quiet therapeutic stimulating visual environment for dementia residents. The facility furnishes a private telephone for local calls at bed side for each resident, WIFI, and cable TV at no cost to the veteran. Each resident room contains a TV and a DVD player with access to a one thousand DVD movie library.

Honorably separated Veterans including spouses and widows are eligible for admission. ASVH has an energetic and caring staff that provides nursing care, therapeutic recreation and social services to those who have served us. A Veterans Benefits Counselor is available onsite to assist the veteran resident in obtaining their veteran benefits/pension. Social Services are available to provide psychosocial support and discharge planning for residents and their families. Veteran seniors and their spouses who choose long-term care enjoy a vibrant, independent lifestyle with customized services to fit their needs. Resident veterans enjoy comfort, dignity and warm social connections. A variety of activities are planned and promoted, increasing the sense of community for each resident. An applicant must require skilled nursing care as determined by a physician. There must be documented evidence of the absence of tuberculosis. Admission information and forms may be obtained by calling the Admission Coordinator at (602) 509-2277. Close personal assistance is provided in completing the admission documents. For additional info refer to [www.azdvs.gov/services/phoenix\\_veteran\\_home/default.aspx](http://www.azdvs.gov/services/phoenix_veteran_home/default.aspx). [Source: VA News Release 20 Apr 2010 ++]

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**North Carolina Veterans Home:** The Department of Veterans Affairs has approved \$24.2 million in grants for new North Carolina state Veterans homes in Kinston and Swannanoa, with funds coming from the American Recovery and Reinvestment Act of 2009. The grants will cover 65% of the total costs for both 100-bed facilities. In Swannanoa, VA has approved a \$13.5 million grant and in Kinston, VA's grant totaled \$10.7 million. VA has targeted \$1.4 billion in Recovery Act funds to a wide range of issues affecting Veterans, from improvements in state cemeteries and the installation of energy-saving infrastructure in VA medical centers to the hiring of extra staff to process Veterans' claims for VA benefits. Last year, VA spent more nearly \$3.4 billion on behalf of the North Carolina's 770,000 Veterans. VA operates major medical centers in Asheville, Durham, Fayetteville and Salisbury, plus 11 outpatient clinics, five Vet Centers and four national cemeteries. North Carolina currently has two full-service, skilled nursing facilities for veterans located adjacent to the VA Medical Center in Fayetteville, NC and on the VA Medical Center campus in Salisbury, NC. For more information about state benefits for Veterans, contact the North Carolina Division of Veterans Affairs at <http://www.doa.state.nc.us/vets>

[Source: VA Press Release 21 Apr 2010 ++]

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**Hypertension Update 04:** A diet high in sodium increases the risk of increased blood pressure (hypertension), a major cause for heart disease and stroke, which are the first- and third-leading causes of death in the United States. Nationwide, 16 million men and women have heart disease and 5.8 million are estimated to have had a stroke. People who reduce their sodium consumption benefit from lower blood pressure and reduce their risk of developing other serious health problems. "It's important for people to eat less salt. People who adopt a heart-healthy eating pattern that includes a diet low in sodium and rich in potassium and calcium can improve their blood pressure," said Darwin R. Labarthe, M.D., Ph.D., director of the Centers for Disease Control and Prevention (CDC) Division for Heart Disease and Stroke Prevention, in a press release announcing the results of the study. "Reducing sodium intake can prevent or delay increases in blood pressure for everyone."

According to a study by the CDC released in MAR 09 most Americans consume more than double their recommended amount of sodium (salt) every day. CDC researchers also determined that more than two-thirds of American adults fall into groups that are at especially high risk for sodium intake. Those who are over age 40, black, or have high blood pressure should consume no more than 1,500 milligrams (mg) of sodium daily. The CDC recommends balancing that with 4,700 mg of potassium from eating potassium-rich fruits and vegetables. The 2005 Dietary Guidelines for Americans (viewable at [www.health.gov/dietaryguidelines/dga2005/document/default.htm](http://www.health.gov/dietaryguidelines/dga2005/document/default.htm)) which is published every five years, recommends that adults in general should consume less than 2,300 mg of sodium (approximately one teaspoon of salt) per day. Yet in 2005-2006, the estimated average daily intake of sodium for Americans two years old and older was 3,436 mg. Most of the sodium we eat comes from packaged, processed and restaurant foods. The CDC, along with other U.S. Health and Human Services agencies, including the Food and Drug Administration, will be working with major food manufacturers and chain restaurants to reduce sodium levels in the food supply. In the meantime, here are a few simple ways to reduce sodium in your diet:

- Eat more fresh fruits and vegetables (good sources of potassium).
- Cook meat and fish dishes yourself rather than buying high-sodium, packaged foods; save time by making larger quantities to freeze for later.
- Ask restaurants to prepare your food without added salt.
- Read the nutrition label on food in the grocery store; avoid products with high sodium levels.
- Put away the salt shaker and find healthier ways to spice up your food: Herbs, spices, and lemon juice add extra flavor without extra sodium.

[Source: About.com: Senior Living Apr 2010 ++]

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**Military Separation Bonus Update 01:** The Pentagon announced 20 APR that recoupment of several bonuses paid out as part of the post-Cold War personnel drawdown, suspended nearly a year ago pending a policy and legal review, will resume in AUG 2010. These separation payments and others, such as severance pay, were offered to active-duty servicemembers to reduce manpower in certain career fields, primarily during the 1990s. Federal law prohibits service members from receiving separation payments — such as Voluntary Separation Incentive, Special Separation Benefit and other benefits — and military retired pay for the same period of service. The recoupments affect those who received separation bonuses and subsequently joined the Ready Reserve or returned to active duty and earned retiree status, the Defense Finance and Accounting Service (DFAS) says. The monthly recoupment also could affect former spouses who receive Uniformed Services Former Spouse Protection Act payments from affected retirees, DFAS said. The resumption of all separation pay recoupment currently affects about 2,800 people; DFAS expects to handle about 50 new cases per month, spokeswoman Jan Wittry said. Wittry said she couldn't provide a meaningful average repayment across all programs because the amounts vary widely depending on a given retiree's circumstances. Congress has amended Sections 1174(h) and 1175(e) of Title 10, United States Code, to help limit the financial strain on military retirees as they repay their outstanding balances. The new statutes allow DFAS more flexibility to accommodate for financial hardship and modify payment plans. As a result, DFAS has reduced the maximum recoupment rate from 90% to 40%. DFAS also will consider more lenient repayment plans for retirees who are experiencing financial hardship. Affected retirees will receive notification letters at least 90 days before the recoupments resume. If they feel the rate of recoupment will create a financial hardship, they may request a more lenient repayment plan by providing financial information on the Financial Statement of Debtor form enclosed with the notification letter. [Source: MarineCorpsTimes William H. McMichael article 20 Apr 2010 ++]

**Military Stolen Valor Update 17:** A 26-year-old Army veteran who authorities say claimed to be disabled in service to bid on an Army contract has pleaded guilty to wire fraud and other charges. Skyler Tarquin Smith, from Huntsville AL, pleaded guilty in federal court 20 APR to wire fraud, making false statements to obtain an Army contract and wearing war medals he did not earn. Authorities say he claimed disability to bid on a contract to provide ballistic vests. A plea agreement shows Smith won a \$168,643 contract, then never delivered the vests. Investigators discovered Smith also falsely claimed to have received honors including a Purple Heart. In addition, Smith advertised and sold a \$13 cubic zirconia online for \$70,000 and provided fake appraisal and auction records to support his claims of ownership and the stone's worth. Sentencing will be scheduled this summer. [Source: ArmyTimes AP article 20 Apr 2010 ++]

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**VA Fraud Waste & Abuse Update 28:** A former Veterans Administration employee and nine other people have been sentenced for conspiring to steal nearly \$2 million in disability claims. U.S. District Judge Karen Coffman on 19 APR sentenced former Veterans Affairs service representative Jeffrey Allan McGill and Daniel Ryan Parker, a veteran and officer with the Disabled American Veterans, each to five years and eight months in federal prison. Eight other people received sentences ranging from probation to short prison sentences. Parker, McGill and a dozen other people pleaded guilty to a scheme for veterans to falsely claim to have suffered from bipolar disorder, hearing loss, frostbite, back injuries and other ailments and disabilities. Four others are awaiting sentencing in May. [Source: kypost.com AP article 21 Apr 2010 ++]

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**VA Fraud Waste & Abuse Update 29:** An Army veteran, who bilked the U.S. government by faking paralysis to get disability benefits and avoid being deployed to Iraq, was sentenced 23 APR to 6½ years in prison and ordered to repay more than \$300,000. Jeffrey Rush, 27, apologized at times tearfully to U.S. District Judge William Stiehl, who handed down the prison term prosecutors had requested. Stiehl, a Navy veteran of World War II and the Korean War, said that his own military past had no bearing on how he punished Rush. Rush pleaded guilty in November to two fraud conspiracy counts and one count apiece of mail fraud and making false statements to the Social Security Administration. Rush asked Stiehl for lenience for his ex-wife, who has pleaded guilty in the scheme and is scheduled to be sentenced on Monday. Authorities say the Rushes stuck to his bogus story that he had lost the use of his legs after a 2004 rollover crash, just weeks before his Army company from Kansas shipped off to Iraq without him. As part of the scheme Rush received \$107,857 in benefits from the Department of Veterans Affairs and \$28,730 from the Social Security Administration. The scam unraveled after the Rushes in 2005 sued Ford and the maker of the seat belts used in Rush's sport utility vehicle, blaming both companies for his purported paralysis and his wife's resulting "loss of consortium and conjugal relations." The Rushes went on to have a child in July 2006. [Source: ArmyTimes Jim Suhr article 23 Apr 2010 ++]

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**VAMC Marion IL:** An Army veteran who threatened a shooting rampage last year at the Marion Veterans Affairs hospital in southern Illinois has been ordered to spend a year and a day in federal prison. A judge also sentenced 30-year-old Mark Harmon of Shawneetown on 19 APR to three years of supervised release after his prison term. Harmon pleaded guilty in January to attempted possession of a firearm on federal property with the intent to commit a crime. Police at the VA hospital arrested Harmon last OCT 09 after he told a nurse by telephone that he was armed and was "going to fill that place with lead." Prosecutors say authorities found a loaded semiautomatic handgun, a magazine filled with 13 bullets and 13 loose rounds of ammunition in Harmon's truck. [Source: AP article 21 Apr 2001 ++]

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**VAMC Aurora CO:** Funding for the new Veterans Affairs hospital that will be built at Anschutz Medical Campus in Aurora was authorized by Congress on 21 APR, sealing the deal for the construction of the 67,000 square-foot facility, scheduled to open JAN 2014. Congress has authorized the use of \$800 million needed to fund the new hospital, which would replace the current

VA hospital in Denver. Colorado lawmakers had been waiting since SEO 08 for Congress to approve the final \$232 million needed to complete the project, and some local veterans have been waiting for decades for a new hospital to materialize in the Denver metro area. VA officials say they are pleased that total funding is now authorized for spending on the future 200-bed VA hospital that will be built on 31 acres. “The leadership of the Eastern Colorado Health Care System is extremely excited about the approval of the funding,” said VA Spokesman Jordan Schupbach. “We look forward to continue serving the veterans of this area with our new state-of-the-art facility.” A groundbreaking ceremony for the new VA hospital was held in August 2009, and VA officials say the facility could see an estimated 70,000 veterans in 2017. Congress has already appropriated \$307.3 million through 2010, and Colorado legislators are requesting \$450.7 million to be appropriated in 2011. The remaining funds will be appropriated after 2011. [Source: Aurora Sentinel Sara Castellanos article 21 Apr 2001 ++]

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**COLA 2011 Update 02:** Inflation jumped by half a percent in February. If that trend keeps up for the rest of the fiscal year, retirees would see about a 1.4-percent COLA for 2011. The Bureau of Labor Statistics announced the March CPI-W of 213.5 which is an increase of 0.5% from the January CPI-W of 212.5. The March CPI-W of 213.5 is now down 0.9% from the 2008 COLA base of 215.5. The 2008 COLA base will be used to calculate the 2010 COLA since there was no 2009 COLA as a result of negative inflation from the third quarter of 2008 to the third quarter of 2009. [Source: MOAA COLA Watch Apr 2010 ++]

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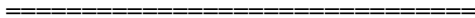
**VA Caregiver Program:** S.1963, the Caregivers and Veterans Omnibus Health Services Act, was approved by the Senate on 22 APR and sent to the President for signature. The house passed their version of the bill 21 APR by a vote of 419-0 but had amended it so it was returned to the Senate for approval of the changes. Under this bill people caring for severely disabled veterans will be eligible for a host of new benefits, including payment for some, as a result of a compromise reached between key congressional committees, the Veterans Affairs Department and the White House. The agreement, supported by major military and veterans groups, proposed training, education, counseling and mental health services for the primary caregivers of veterans whose disabilities are so great that they likely would be institutionalized if a friend or family member was not providing daily care. It also proposed full-day in-home respite care for veterans so caregivers can take a break. For the live-in (i.e. family) caregivers of severely disabled Iraq and Afghanistan veterans, the agreement provides VA health care under CHAMPVA for those who do not have other health insurance and a monthly living stipend to compensate them for what it would cost VA to provide similar care by contract. Rates would be set by VA, and would vary based on the level of skill of the caregiver and by regional costs.

The new benefits will take effect 270 days from the date the bill is signed into law, a delay intended to give VA time to fill in some of the details — like how much to pay and what kind of training should be provided to caregivers. No cost medical care and living stipends would not be provided to caregivers of veterans of other eras, at least not right away. The agreement called for caregivers of other veterans to receive information on how they might get health care and other help from public, private and nonprofit agencies if they do not have their own health benefits. But it holds out the possibility that they could also receive full benefits within two years if VA wants to expand the program. The bill requires independent oversight of the caregiver program. S.1963 also includes provisions to:

- Improve rural health care by authorizing stronger partnerships with community providers and the Department of Health and Human Services. These collaborations will allow VA to offer health care options to service members living far from the nearest VA medical facility.
- Requires the VA to establish a grant program for veteran service organizations to provide transportation options to veterans living in highly rural areas.
- Expands the number of places where homeless veterans may receive supportive services.
- Improve the health care services provided to female veterans at VA to include establishing a childcare pilot program, providing seven days of post delivery care to newborns, and training mental health professionals who care for women veterans affected by military sexual trauma.
- Create a pilot project for family dental care for veterans and survivors.
- Offer readjustment services and counseling to any veteran.

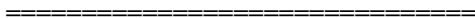
- Requires a much-needed and long-awaited study on veterans' suicide.
- Provide mental health referrals to anyone separated from the service who is ineligible for veterans benefits. An example would be a person that received a bad-conduct discharge.
- Creates a National Quality Management Officer to act as the principal officer responsible for the Veterans Health Administration's quality assurance program.
- Provides for a pilot program studying the use of community organizations and local and State government entities in providing care and benefits to veterans.
- Requires the VA to contract with the Institute of Medicine to study the health impact of Project Shipboard Hazard and Defense.
- Creates a pilot program, which would provide specified dental services to veterans, survivors, and dependents of veterans through a dental insurer.
- Prohibits the VA from collecting copayments from veterans who are catastrophically disabled.
- Provides higher priority status for certain veterans who are Medal of Honor recipients.
- Requires the VA to provide hospital care, medical services, and nursing home care for certain Vietnam-era veterans exposed to herbicide and Gulf-War era veterans who have insufficient medical evidence to establish a service-connected disability.
- Establishes a position for the Director of Physician Assistant Services in the central VA office reporting to the Chief of the Office of Patient Services.
- Creates a Committee on Care of veterans with traumatic brain injury.

[Source: ArmyTimes Rick Maze article 19 Apr 2010 ++]



**Vietnam Memorial Wall Update 05:** The Vietnam Veterans Memorial was initially conceived with one overriding purpose -- to bring long overdue honor and recognition to the men and women who served and sacrificed their lives in Vietnam. Because so many veterans met with ridicule and contempt upon returning home, it was hoped that the Memorial would be a place where that injustice could at long last be rectified. And, in great measure, it has been. Healings, restorations and reunions have all occurred there. The Wall has long spoken a silent but eloquent message for those who participated in the war as well as for all those whose lives were impacted by it. Today, the Memorial has transcended its role as a national symbol of reconciliation and stands as a living history lesson. The Memorial is unique in its ability to inspire exploration and reflection about this critical time in our nation's past, with a wiser eye toward the future. The more than 80,000 items that have been left at The Wall by visitors since its dedication in 1982 also offer a compelling picture of the Memorial's impact on society. As the founders of The Wall, the Vietnam Veterans Memorial Fund works to preserve the legacy of the Vietnam Veterans Memorial, to promote healing and to educate about the impact of the Vietnam War.

Each year, the Vietnam Veterans Memorial Fund honors men and women whose noncombat deaths are related to their service, through either emotional suffering caused by their service or complications associated with exposure to Agent Orange. Nearly 2,000 veterans have been honored since the annual memorial service began. This year services were held on 19 APR. For many of the participants, seeing their loved ones honored was an overdue but appreciated recognition for their sacrifice. Sisters, brothers, wives, daughters, sons, grandchildren, friends and volunteers took turns at the memorial service reading the names of 97 members of the armed forces who died as a result of their service in Vietnam. As family members read aloud the names of their loved ones, many noted the branch of service they were in, their rank and the dates served. Most also tacked on a too-common postscript: Agent Orange. These service personnel, many of whom died of cancer decades after the war ended, don't qualify to have their names etched onto the actual Vietnam Veterans Memorial wall in Washington. Under Defense Department guidelines, only men and women who died from wounds suffered in combat zones are eligible. The wall contains 58,261 such names. [Source: ArmyTimes Malia Rulon article 19 Apr 2010 ++]



**GI BILL Update 76:** In a sign of continuing problems with the Post-9/11 GI Bill, Veterans Affairs Department officials acknowledged 19 APR that living stipends being paid to students for the spring term are outdated because of problems with computing

the payments. On average, this means students are receiving about \$63 less a month than they should. In some cases, especially in high-cost areas, the losses could be significantly higher. The problem came to light just days before the Senate Veterans' Affairs Committee will hold a hearing about implementation problems for the new and problem-plagued education program, which launched 1 AUG 09.

Monthly living stipends, a key feature of the new benefit, are based on Basic Allowance for Housing rates paid by the Defense Department, which change each 1 JAN. The locality-based housing allowances increased by an average of 2.5%, this year with some rates jumping as much as 13.6%. For active-duty service members, the new rates were included in January paychecks. But VA spokesman Steve Westerfeld said the new rates will not be reflected in Post-9/11 GI Bill living stipends until JUL because of technological limitations.

VA hopes by July to implement the second phase of a new software system to automatically calculate and pay GI Bill benefits. Full implementation is expected in DEC. VA has been telling students who ask that retroactive payments of the difference between the 2010 and 2009 living stipend rates will be made once the software updates are made. Westerfeld said plans for the retroactive payments have not been publicly announced. How many students will be owed money is unclear. VA officials report that about 240,000 students are using GI Bill benefits for the spring term, but many are not eligible for the living stipend. Active-duty service members and their spouses, students enrolled only in distance learning classes and students who attend school only half time or less are not eligible for any living stipend. VA found itself unable to pay living stipends at all during much of the fall semester because of problems with eligibility and certification. VA officials ended up providing \$3,000 advance payments to veterans to help with expenses while problems were worked out. The department is now in recouping the \$3,000 advances from veterans. VA also is only now recovering from start-up problems that left schools waiting for months for tuition payments. For the spring term, the goal has been to process claims in 24 days. VA records show that about 66,000 claims are pending for the spring term, while more than 240,000 claims have been paid. [Source: ArmyTimes Rick Maze article 20 Apr 2010 ++]

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**VA Claims Backlog Update 38:** The Obama administration has made a priority of transitioning the Veterans Affairs Department into the new millennium, but a years-old backlog of claims remains. VA Secretary Eric Shinseki noted earlier this month that the department completed 974,000 claims last year but still received approximately 1 million new claims during the same period. The situation became even more complicated last AUG with the influx of education claims for the Post-9/11 G.I. Bill. Research by Veterans for Common Sense estimates the number of Iraq and Afghanistan veterans will total 600,000 by SEP 2010. The current claims backlog could discourage a new generation of veterans from seeking care, fears Brian Hawthorne, legislative spokesman for Student Veterans of America. Shinseki has promised to "break the back of the backlog this year," setting up pilot programs across the country to test the most successful procedures from different regional offices. But there's no one silver bullet that will create efficiency in all the bureaucracy's hospitals, clinics, nursing homes and rehabilitation centers. NationalJournal.com consulted different government officials and veterans groups about solutions to tackle the backlog and make the massive medical bureaucracy more accessible. They suggested the following eight ways to fix the VA claims backlog:

**1) Rely On IRS-Style Auditing System.**

2) **Computerize Records** - Computerization is a widely accepted solution to tackle the VA's mountains of paper claims, but it's proved difficult to actually implement such a system. Roger Baker, the VA's assistant secretary for information and technology, was charged last year with overseeing the creation of software to process education claims for the Post-9/11 G.I. Bill. He has expressed confidence in large-scale automation and software projects such as the Veterans Benefits Management System to improve work flow, calling them "the long-term solution" to the department's delays. But Paul Sullivan, spokesman for Veterans for Common Sense, testified before the House Committee of Veterans Affairs in FEB that the plan was an insufficient "update of previous failed computerization attempts" and lobbied for more comprehensive computerization planning. Hawthorne said the VA needs to completely stop taking paper claims and be forced to rely on and improve its computer processing.

3) **Improve Coordination With The Defense Department** - House Veterans' Affairs Committee member John Hall (D-NY) said the Defense Department has historically been too turf-conscious to effectively coordinate with the VA. "Seamless transition from active duty to veterans' status has not happened because of Defense Department's reluctance to overlap personnel to handle veterans'

matters," Hall said. "Secretary of Defense Robert Gates and Secretary Shinseki have a closer relationship than their previous counterparts, and I'm hopeful they'll share more information as we go forward." With that in mind, the Subcommittee on Disability Assistance, which Hall chairs, held a hearing in FEB to review two new programs established by the VA and Department of Defense. Hall said at the hearing that such efforts to organize benefits and records before discharge "would help significantly transform today's VA claims processing system so that we may soon play 'Taps' for the VA comp [compensation] & pen [pension] backlog."

4) **Stricter Turnaround Time For Claims** - The success of Shinseki's pilot programs at regional offices and other initiatives will depend on the department's ability to stick to their timelines. Since the VA missed a deadline to create comprehensive claims processing software in time for the G.I. Bill launch, Baker has made efforts to change the culture at the Department of Veterans Benefits and "establish a strict adherence to milestones."

"Missing a milestone has some really big implications within the organization," Baker said. "We're working on processes to improve our system development results, and it is no secret that they were not good when I walked in the door."

5) **Better Prioritize Claims** - Implementing education claims from the Post-9/11 G.I. Bill became a massive claims processing challenge for the VA, and Baker said finishing the simplest cases which had been waiting the longest was a key strategy in managing it. One successful example of prioritizing claims is alerting the VA to the cases of homeless veterans to expedite their cases, according to P.J. Walker, supervisor for the Veterans of Foreign Wars' National Service Office. Yet having worked as a claims adjudicator, Walker expressed concern about tying up the process by running too many simple claims at the risk of the more complex cases. "There has to be a balance until you get more trained decision makers on hand," Walker said. "Someone has to make the decision which claims get processed at which time. That can become a management nightmare. In moving the claims as fast as you can, they might overlook something that could be detrimental to the veteran."

6) **Improve Staff Quality in the Bureaucracy** - At the House Veterans Committee's 2010 Claims Summit in March, the National Association for Uniformed Services gave testimony calling for an increase in salaries and benefits to keep the existing experienced staff at the department. Yet some see the long-time established employees as more of a hindrance than a resource. Paul Sullivan, spokesman for Veterans for Common Sense, accused the Bush administration of excessive patronage appointments at the VA without regard for experience.

Walker said a larger problem is the loss of the previous generation of staff before the newer generation gains claims experience. "It takes them two to three years of training before they are prepared to help reduce the backlog," Walker said. "But we also need to change the culture of the VA and get modern thinkers who didn't come up in the VA who can think of new solutions to improve the claims backlog." Hawthorne contended there should be task forces for different types of claims to establish familiarity and expertise with different conditions such as Agent Orange to avoid errors and gaps in coverage.

7) **Increase Involvement With Outside Groups** - Many hands make light work, and the private sector could help manage simpler problems while the VA consults with veterans' groups to establish more efficient overall practices. Since the start of the wars in Iraq and Afghanistan, established veterans service groups have helped in numerous ways to make sure service members are aware of their eligibility and can take advantage of their benefits. And newer groups like Iraq and Afghanistan Veterans and Student Veterans of America have grown in recent years to provide transition and consultation for their base in the younger generation of veterans. Walcoff said the VA also used contractors to help with less complicated claims when it was inundated with college benefit claims at the launch of the Post-9/11 G.I. Bill in Fall 2009. Walker of the Veterans of Foreign Wars said veterans groups can independently appraise and in some cases appeal for better benefits on behalf of service veterans or widow dependents. "VA has begun to streamline some of their applications, but the word is getting around -- get a service organization to assist you to reduce the processing time to as little as possible," Walker said.

8) **Create Standardized Templates For Physicians.**

[Source: GovExec.com Tom Risen National Journal article 20 Apr 2010 ++]

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**Tricare Autism Services Demonstration:** Raising an autistic child presents a unique set of circumstances for parents. Autistic children often require special services which can be expensive. To help beneficiaries with an autistic child, Tricare

has extended the Enhanced Access to Autism Services Demonstration Project (ASD) for two years through 14 MAR 2012. The program was set to end in MAR 2010. The ASD program expands the number of available providers and lowers costs by reimbursing tutors providing applied behavior analysis (ABA) to eligible Tricare beneficiaries. These tutors must be working under the supervision of board-certified behavior analysts. ASD is an enhancement to Tricare's Extended Care Health Option (ECHO) program for those beneficiaries with certain diagnoses for autism spectrum disorders. Participation is voluntary. You can find out more about the benefits under the autism demonstration project by calling your ECHO case manager. For TriWest these can be found at [www.triwest.com/beneficiary/echo/contacts.aspx](http://www.triwest.com/beneficiary/echo/contacts.aspx). For more information on ECHO refer to [www.tricare.mil/ECHO](http://www.tricare.mil/ECHO). Children eligible for ASD are those who meet the indicated criteria:

- Diagnosed with Autistic disorder, Asperger's syndrome, childhood disintegrative disorder, or pervasive developmental disorder – not otherwise specified (PDDNOS)
- Have an active duty sponsor (including activated Guard and Reserve members)
- Live in the United States
- Age 18 months or older
- Enrolled in the sponsor's service Exceptional Family Member Program (EFMP)
- Registered in or registering into Tricare's ECHO program through their Tricare regional provider

[Source: Tricare News Release 21 Apr 2010 ++]

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**Reserve Retirement Age Update 20:** Sen. Lindsey Graham (R-SC) told the National Guard Association of the United States (NGAUS) leadership in mid- APR that early retirement credit is his "top priority" and wants to work with the association to find a legislative solution. Retired Maj. Gen. Gus Hargett, NGAUS president, was joined in the senator's office by Richard Green, NGAUS legislative director, and Pete Duffy, NGAUS deputy legislative director. They left encouraged by the lawmaker's words. The issue, of course, is to give retirement credit to Guardsmen for time served on active duty back to 9/11. The current law credits only active-duty service since January 2008, when the law was enacted. Bills addressing the issue are moving through both chambers of congress with the biggest hurdle being mandatory spending limits. But Graham's support is crucial. He holds a key leadership position as ranking member on the Senate Armed Services personnel subcommittee. The former judge advocate general for both the Guard and Reserve was one of the primary sponsors of a successful effort to get affordable Tricare for the reserve components. And last year he helped lead the effort to authorize Tricare for gray area retirees. [Source: NGAUS Washington Report 20 Apr 2010 ++]

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**Vet Jobs Update 17:** Retired Navy Reserve Capt. Marshall Hanson said at a 15 APR hearing before the House Veterans Affairs subcommittee on economic opportunity that, "Civilian employers are increasingly not hiring those in service." In tough times, employers need little reason to turn a candidate away. For some, a link to the military is enough. Hanson is legislative director of the Reserve Officers Association. Among the obstacles veterans face today, panelists said, are employers' misconception of post-traumatic stress disorder, fear that a reservist will be deployed, and/or ignorance of how military job skills translate into the civilian world. Some of the inputs made by other panelists at the hearing included:

- Justin Brown, a legislative associate with Veterans of Foreign Wars said, "The military needs to translate its persuasive enlistment campaigns into the widespread marketing of veterans' skills to employers. One unemployed veteran is too many". Veterans shouldn't aim simply to break even with nonveterans on unemployment statistics.
- Raymond Jefferson, assistant secretary of the Veterans' Employment and Training Services, said he envisions more engagement with the private sector. "We should be talking to rooms full of employers instead of one on one," he said. But the government should do its part to hire more veterans as well, panelists said.
- Timothy Embree of Iraq and Afghanistan Veterans of America said, "Remove those employed by VA and DoD and there aren't a whole lot of veterans working in the government."
- Phil Rones, deputy commissioner of the Bureau of Labor Statistics, tempered the high veteran unemployment numbers by saying they're not that different from nonveterans, he said, "Recent press reports have noted the high unemployment rate for

18- to 24-year-old male” veterans of the current wars, which was 21.6% in 2009,— only slightly higher than the rate for nonveterans of that age, 19%.”

Veterans’ employment will be a hot-button issue for Congress going into the fall elections, according to congressional aides. Sen. Patty Murray (D-WA), a member of the Senate Democratic leadership who serves on the veterans’ affairs and appropriations committees, is working on a comprehensive jobs bill for veterans that will try to improve transition services for people leaving the military, help veterans open their own small businesses, increase federal aid to state-based employment programs and allow the new Post-9/11 GI Bill to be used for apprenticeships and vocational training programs. [Source: AirForceTimes Natalie Bailey article 19 Apr 2010 ++]

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**Airline Carry-On Restrictions Update 01:** In a remarkable gesture to fee-weary air travelers, five major U.S. airlines are committing to actually not charge a fee for something -- the sacred carryon bag. The announcement 18 APR comes despite the fact that some of those same airlines are expected to report first-quarter losses next week amid significantly higher fuel prices and the beating they took from the heavy February snowstorms. Add-on fees for things like checked bags, pillows and food are a key revenue stream for them. For 26 large U.S. airlines, so-called ancillary fee revenue accounted for 6.9% of their total operating revenue in the third quarter of 2009, up from 4.1% a year earlier, the most recently available government data shows. But major carriers risk alienating customers if they follow Spirit Airlines' lead and impose a fee on carryon bags. The small Florida airline in August will begin charging customers up to \$45 to place a bag in an overhead bin. Other fees haven't stopped people from flying, but many of those fees can be avoided. It would be hard for many travelers to avoid a carryon bag fee.

New York Sen. Charles Schumer (D-NY) said that American, Delta Air Lines, United Airlines, US Airways and JetBlue Airways each have committed to him that they would not institute fees for carryon bags. He said he was hopeful other carriers would follow suit. Notably absent from the list was Continental Airlines, which is said to be in merger talks with United. It wasn't immediately clear how long the airlines had pledged not to charge for carryons. Schumer said he planned to meet with Spirit Airlines leadership in the coming week. He will have an uphill battle changing Spirit's mind, however. Ben Baldanza, Spirit's president and CEO, told The Associated Press that his airline still plans to go forward with its carryon bag fee. "Our plan was never predicated on anyone matching us," Baldanza said. "The fact that other people are saying they won't has never changed our view that this is right." He said the decision by the five major carriers actually puts pressure on those airlines because Spirit has lowered its fares more than the price of the new fee. "We knew we took a risk with this strategy, but we believe on balance it's one that our customers will buy into," Baldanza said.

Schumer and five other Democratic senators -- Jeanne Shaheen of New Hampshire, Ben Cardin of Maryland, Amy Klobuchar of Minnesota, and Robert Menendez and Frank Lautenberg of New Jersey -- are supporting legislation that would tax airlines if they charged carryon bag fees. Schumer said the legislation would move forward until it becomes clear that no airline will institute the charges. [Source: Salon Newsletter Harry R. Weber article 19 Feb 2010 ++]

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**Health Care Reform Update 31:** The Department of Health and Human Services (HHS) took its first step toward implementing a provision of healthcare reform law that requires insurance companies to report how much they spend on clinical services versus other nonmedical costs, such as executive salaries. This is the so-called medical-loss ratio. HHS Secretary Kathleen Sebelius wrote to state insurance commissioners requesting input on the law's requirement that insurance companies report the proportion of premium dollars spent on clinical services, quality, and other costs. If the amount spent on medical services and quality is less than 85% for large group plans and 80% for small group and individual plans, the insurance company must send beneficiaries an annual rebate. The reporting requirement takes effect this year, but insurance companies don't have to start providing rebates until 2011. The law also calls for the creation of a new process to review increases in insurance premiums. Insurance companies are immediately required to justify premium increases. [Source: MedPage Today | Washington Week Emily P. Walker article 19 Apr 2010 ++]

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**USFSPA & Divorce Update 13:** Arizona, Governor Jan Brewer on 15 APR 210 signed H.B.2348. It goes into effect 90 days after the signing (i.e. 15 JUL 2010). The federal protection of a wounded veteran's disability compensation is now incorporated into state law. As a result Arizona courts may no longer indemnify a wounded veteran's former spouse of any reduction in his or her apportionment of a veteran's retainer pay resulting from the veteran's waiver of MRP for VA disability compensation. Furthermore, no Arizona court may repackage a veteran's disability compensation as alimony - an indirect means of diverting the wounded veteran's benefits. H.B.2348 did not encounter a single nay vote, which underscores the bipartisan nature of this legislation - a rare example of how opposing political philosophies truly unite together behind our disabled veterans. In other action the Oklahoma State Senate will be voting on H.B.1053 within the next 2 weeks. Also, A ULSG an appeal has been filed with the U.S. Supreme Court to overturn a Montana Supreme Court ruling that gave an ex-wife a future share of an active duty serviceman's military retirement pay. The specific issue being appealed is the Montana court upheld the trial court's decision to use the "time-rule" of a simple overlap of the military service and the marriage rather than basing the division on his rank and years of service at the time of divorce. The effect would give the ex-wife the benefit of any increase due to post-divorce longevity and increases in rank.

The latest statistics have been obtained from DFAS through the Freedom of Information Act of uniformed veterans with income taken directly from their retainer pay. They show the Impact as of 1 APR 2010 of the Uniformed Services Former Spouses' Protection Act (USFSPA) on retired members of the uniformed services which includes: U.S. Army; U.S. Navy; U.S. Marine Corps; U.S. Air Force; U.S. Coast Guard; Commissioned Corps of NOAA; and Commissioned Corps of PHS. Data is provided by pay grade, sex, percent of division of pay, and length of time court ordered division of pay had been in effect. The data shown does not include an equal or greater number who are paying directly to a former spouse. A second attachment included with this Bulletin shows the number and amount of monthly garnishments by state. It reveals that DFAS distributes approximately \$77 million monthly, almost one billion dollars per year to former spouses from retired veterans retainer pay. Over the past six months, DFAS data shows there has been an average increase of 304 veterans monthly added to the ranks of USFSPS victims. This number reflects only those married ten years or more and does not include those making direct payment to the ex-spouse. For additional info on this issue refer to [www.ulsg.org](http://www.ulsg.org). [Source: ULSG Newsletter 18 Apr 2010 ++]

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**Divorce & Federal Employee Benefits:** If you experience a separation or divorce as a federal employee, below you will find the various actions you may need to take for each of the following programs: Federal Employees Health Benefits (FEHB) Program, Federal Employees Dental and Vision Insurance Program (FEDVIP), Federal Flexible Spending Account Program (FSAFEDS), Federal Long Term Care Insurance Program (FLTCIP), and Federal Employees' Group Life Insurance (FGLI).

**Federal Employees Health Benefits (FEHB) Program**

- If you have a Self and Family FEHB enrollment in FEHB, your spouse is eligible to continue coverage under your enrollment while you are legally separated or in the process of getting a divorce or an annulment. Once the divorce or annulment is final, your ex-spouse loses coverage at midnight of the day the divorce or annulment is final, subject to a 31-day extension of coverage. You can find more information in the FEHB Handbook at [www.opm.gov/insure/health/reference/handbook/fehb10.asp#Divorce%20or%20Separation](http://www.opm.gov/insure/health/reference/handbook/fehb10.asp#Divorce%20or%20Separation).
- After the divorce or annulment is final, your ex-spouse cannot remain covered as a family member under your Self and Family enrollment (even if a court order requires it). Your ex-spouse may be eligible to enroll under Spouse Equity, or Temporary Continuation of Coverage (TCC), or convert to an individual policy with your carrier. For more information refer to the former spouses section of the FEHB Handbook from OPM at [www.opm.gov/insure/health/eligibility/former\\_spouses.asp](http://www.opm.gov/insure/health/eligibility/former_spouses.asp).
- If you have a Self and Family FEHB enrollment and there are no other eligible family members, the divorce is a Qualifying Life Event. Within 60 days of the date of your divorce or annulment, you can change to a Self Only enrollment. At the same time, you can change plans or options.
- If you have a Self and Family enrollment and other eligible family members on the enrollment, you must contact your FEHB plan to let them know the date of the divorce or annulment and have them remove your ex-spouse. You do not need to

complete a SF 2809 (Health Benefits Election Form) or obtain any agency verification in these situations. However, your plan may ask for a copy of the divorce decree as proof.

- More information from OPM can be found in the "frequently asked questions" on separation and divorce at [www.opm.gov/insure/health/faq/divorce.asp](http://www.opm.gov/insure/health/faq/divorce.asp).

#### **Federal Employees Dental and Vision Insurance Program (FEDVIP)**

- If your spouse is currently covered under your FEDVIP enrollment, that coverage will continue until the final date of divorce or until the effective date of an Open Season change. You cannot remove your spouse outside of an Open Season just because you are separating or in the process of divorce.
- Once you are divorced, your ex-spouse will not be eligible as a family member under your enrollment in FEDVIP. There is no Spouse Equity, temporary continuation of coverage (TCC), or the right to convert to an individual policy in the FEDVIP Program.
- If you have him/her listed as your "One" under a Self Plus One enrollment or under your Self and Family enrollment, you must remove him or her from your FEDVIP enrollment immediately upon the effective date of the divorce through your BENEFEDS account at <http://www.BENEFEDS.com>. Even if you do not remove him/her from your account, he/she is not covered after the divorce and you are responsible for any benefits paid in error on his/her behalf.
- If the divorce means your coverage should now be a Self Only or Self Plus One enrollment, you can decrease your enrollment type from 31 days before to 60 days after the date he/she moved out as a "Qualifying Life Event" at <http://www.BENEFEDS.com>. Don't miss these dates or you will have to wait until the next Federal Benefits Open Season to make the change and may be paying a higher premium for coverage you cannot use.
- If you do not have access to a computer, call BENEFEDS at 1 (877) 888-3337, TTY 1 (877) 889-5680.

**Federal Employees' Group Life Insurance (FEGLI) Program** - Unless you've assigned your coverage, you can reduce or cancel coverage at any time. Benefits may also be paid based on a valid court order. If you have Family Option-C and don't cancel it, coverage continues on your spouse until the marriage is terminated. Option-C benefits are not payable even if you continue to pay Option-C premiums. You should notify your human resources office or retirement system promptly after the termination of your marriage. You also can change your designation at any time without prior notice to any beneficiary.

#### **Federal Flexible Spending Account Program (FSAFEDS)**

- You may be able to enroll in an FSAFEDS health care flexible spending account and/or dependent care account or change your current election(s) from 31 days before the event to 60 days after the event (if your agency participates in FSAFEDS). For the health care account, you must also be eligible to enroll in the FEHB Program. Your requested change must be consistent with the event and you cannot enroll or increase your election(s) after October first (you would have to wait until Open Season).
- If it is a legal separation, you may be able to enroll in an FSAFEDS health care flexible spending account and/or dependent care account or change your current election(s) from 31 days before the event to 60 days after the event (if your agency participates in FSAFEDS). For the health care account, you must also be eligible to enroll in the FEHB Program. Your requested change must be consistent with the event and you cannot enroll or increase your election(s) after October first (you would have to wait until Open Season).
- For possible options refer to the "Qualifying Life Event" from FSAFEDS.com at <https://www.fsafeds.com/forms/qscform.pdf> or call FSAFEDS at 1 (877) 372-3337, TTY: 1 (800) 952-0450.

**Federal Long Term Care Insurance Program (FLTCIP)** - A change in marital status does not affect your coverage or premiums, but may affect your eligibility to apply if you are no longer a qualified relative of an employee or annuitant. If you are currently paying the premiums for your spouse and now no longer wish to pay premiums for an ex-spouse, you should contact Long Term Care Partners at 1-800-LTCFEDS (1-800-582-3337) to make other billing arrangements.

[Source: My federal Retirement article Apr 2010 ++]

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**Amended Tax Returns:** You can make a change or an adjustment to a tax return you've already filed by filing an amended return. Here are the top 10 things from the Internal Revenue Service (IRS) about amending your federal tax return:

1. If you need to amend your tax return, use Form 1040X, Amended U.S. Individual Income Tax Return.
2. Use Form 1040X to correct previously filed Forms 1040, 1040A or 1040EZ. The 1040X can also be used to correct a return filed electronically. However, you can only paper file an amended return.
3. You should file an amended return if you discover any of the following items were reported incorrectly: filing status, dependents, total income, deductions or credits.
4. Generally, you do not need to file an amended return for math errors. The IRS will automatically make the correction.
5. You usually do not need to file an amended return because you forgot to include tax forms such as W-2s or schedules. The IRS normally will send a request asking for those documents.
6. Be sure to enter the year of the return you are amending at the top of Form 1040X. Generally, you must file Form 1040X within three years from the date you filed your original return or within two years from the date you paid the tax, whichever is later.
7. If you are amending more than one tax return, prepare a 1040X for each return and mail them in separate envelopes to the IRS campus for the area in which you live. The 1040X instructions list the addresses for the campuses.
8. If the changes involve another schedule or form, you must attach it to the 1040X.
9. If you are filing to claim an additional refund, wait until you have received your original refund before filing Form 1040X. You may cash that check while waiting for any additional refund.
10. If you owe additional tax for 2009, you should file Form 1040X and pay the tax as soon as possible to limit interest and penalty charges. Interest is charged on any tax not paid by the due date of the original return, without regard to extensions.

Note: Helpful Link on IRS.gov Topic 308 - Amended Returns <http://www.irs.gov/taxtopics/tc308.html>

[Source: My Federal Retirement article 13 Apr 2010 ++]

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**Tricare Employer Health Plans Update 01:** On 9 APR the Tricare Management Activity published a final rule to prohibit employers from offering financial or other incentives to certain Tricare-eligible employees. The TMA rule implements a provision contained in the fiscal year 2007 Defense Authorization Act that treats Tricare in the same manner as employers are currently prohibited from offering incentives to Medicare-eligible employees. Many employers, including State and local governments, have begun to offer their employees who are Tricare-eligible a Tricare supplement as an incentive not to enroll in the employer's primary Group Health Plan. According to TMA, these actions drain resources from higher national security priorities. The new rule is effective June 18. To view the final rule published in the Federal Register refer to <http://edocket.access.gpo.gov/2010/2010-8162.htm>. [Source: NAUS Weekly Update 16 Apr 2010 ++]

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**Mental Health Screening:** The Defense Department has contracted with a nonprofit organization to provide anonymous phone or online mental health self-assessments to veterans, servicemembers and their families. The mission of Massachusetts-based Military Pathways is to help combat a national suicide crisis that since 9/11 has claimed the lives of approximately 1,900 men and women in the active-duty, Guard and Reserve forces, and continues to claim the lives of approximately 6,400 veterans of all wars

every year. The program is designed to help individuals identify their own symptoms and access assistance before a problem becomes serious. The self-assessments address post traumatic stress, depression, generalized anxiety disorder, alcohol use and bipolar disorder. The self-assessments are a brief series of questions that, when linked together, help create a picture of how an individual is feeling. Once an assessment is completed, individuals receive referral information to local health agencies, to include those operated by DOD and the Department of Veterans Affairs. To take a mental health screening, visit <http://www.militarymentalhealth.org>. or call 1-877-877-3647. The whole process should not take more than 10 minutes. To learn more about the organization, including information on how to become more involved refer to [www.MilitaryPathways.org](http://www.MilitaryPathways.org). [Source: [mentalhealthscreening.org/military](http://mentalhealthscreening.org/military) Apr 2010 ++]



**Medicare Reimbursement Rates 2010 Update 10:** Congress enacted legislation 15 APR that will stave off an impending 21% cut in Medicare reimbursements to physicians until 1 JUN. The House voted 289 to 112 to enact a bill aimed at postponing, at least temporarily, the reduction in payments mandated by the sustainable growth rate (SGR) formula -- a Medicare accounting scheme that links Part B reimbursement rates to increases in the gross domestic product (GDP). The 21% cut officially took effect a APR, but Medicare has held off paying claims since then in anticipation of Congressional action, so that doctors have yet to feel the sting. The Senate approved the postponement several hours earlier by a vote of 59 to 38. The bill earned the support of 54 Democrats, three Republicans and two Independents.

The SGR provision is part of a much broader bill that would temporarily extend funding for several federal programs that have expired, including extended unemployment benefits, COBRA health insurance subsidies for the unemployed, and the national flood insurance program. Senators have been locked in a partisan debate over the so-called "extenders" bill since March, with Republicans objecting because the \$18 billion bill is not paid for. Democrats, meanwhile, said passing the bill was an emergency matter because most of the federal programs that the bill would extend technically expired on 1 APR. Congress has already voted several times this year to push the 21% cut in reimbursement down the road. The most recent reprieve -- during which doctors received no increase in payments but no cuts -- expired on 1 APR. For the second time this year, the Centers for Medicare and Medicaid Services (CMS) stepped in and instructed contractors to hold claims for medical services performed on or after 1 APR for the first 10 business days of the month. That grace period ended this time 14 APR. On the morning of 15 APR a spokesperson for CMS said the agency would start processing claims for medical services provided on or after 1 APR at the new, lower reimbursement rate. But that could not happen until CMS' processing systems are all updated to reflect the lower rates.

Now with zero percent update in Medicare reimbursement approved through May, doctors should be safe for another month-and-a-half. Once that expires, Congress may approve another temporary measure, although physicians' groups and advocates for seniors have been pushing Congress to stop approving short-term fixes and enact a substitute for the flawed SGR formula. The formula, originally designed to match increases in physician payments under Medicare to the growth in the GDP, would actually have resulted in reductions in Medicare payments for years as medical costs have inflated far more quickly than the GDP. Every year, at the last minute, Congress has postponed the cuts, generally substituting small increases in payments instead. [Source: [MedPage Today](http://MedPage Today) Emily P. Walker article 15 Apr 2010 ++]



**Mortgage Scams:** If it's Too Good to Be True, It Is! The VA issued the following warning from the Office of Security and Law Enforcement's National White Collar crime Center the about a new mortgage rescue (fraud) scam that is appearing all over the country. "You're having trouble paying your mortgage bill. The possibility of foreclosure is weighing heavily on your mind. Sitting at your computer, you think all hope is lost until you come across an email that reads: 'Get the professional help you need to keep your home and have peace of mind. What if I told you that we have plenty of lenders who can lower your rate so drastically that when all is said and done, you wind up paying only 1/3 of what you're used to paying!'" What do you do?

Some individuals see this as the perfect opportunity to solve all of their problems. Instead, they fall victim to mortgage rescue scams. Mortgage modification and rescue scams are still on the rise. Typically, these scams take place via emails and phone calls. They all promise the same thing: modifying mortgage rates, rescue from foreclosure, help in stopping bankruptcy or just help getting your home sold. Scammers claim they can do wonders for any mortgage problem but, of course, they charge a fee up front. They say

they will talk to lenders for you as well. But once the fee is paid, everything changes. Some scammers have victims sign what they think are new loan papers. Instead, they are documents that sign over the ownership of the property. Others have you simply surrender your home in order to help sell it faster. Most, though, are simply after the money. As with most scams, there are dire consequences associated with falling for any type of mortgage scheme.

- Victims will be asked to give personal and tax information which provides scammers with the ammunition they need to commit identity theft.
- If the scammers do talk to lenders, they will most likely misrepresent the victim, causing more harm than good.
- Some victims will be led to believe that everything is going smoothly until they start receiving default notices in the mail for missing their required monthly payments. Communication stops and scammers suddenly become inaccessible.
- Last but not least, victims will ask scammers for refunds but all they'll get is the run-around.

According to data pulled from the Internet Complaint Search and Investigation System (ICSIS), there were 241 mortgage-related complaints from 1 JN 09 to 26 FEB 2010. Of those 241 complaints, 114 involved actual monetary losses. A closer examination of those complaints showed one case that generated 18 complaints and losses totaling \$93,075. Another one triggered 21 complaints and losses totaling nearly \$58,000. Further investigation could reveal an even greater number of complaints and much higher monetary losses. For information on avoiding scams, go to [www.ic3.gov](http://www.ic3.gov) and click on Internet Crime Prevention Tips or Internet Crime. The Internet Crime Complaint Center (IC3) accepts online Internet crime complaints from either the person who believes they were defrauded or from a third party to the complainant at [www.ic3.gov/complaint/default.aspx](http://www.ic3.gov/complaint/default.aspx). We can best process your complaint if we receive accurate and complete information from you. They request that you provide the following information when filing a complaint:

- Your name, mailing address, and telephone number.
- The name, address, telephone number, and Web address, if available, of the individual or organization you believe defrauded you.
- Specific details on how, why, and when you believe you were defrauded.
- Any other relevant information you believe is necessary to support your complaint.

[Source: TREA Washington Update 2 Apr 2010 ++]

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**Tricare Military Clinic Locator:** Moved to a new location and need to find a doctor? Not sure if your nearest military clinic is accepting new patients? It used to take a phone call or car trip to answer these questions. Now, you can find a military clinic accepting new patients online using the TriWest Healthcare Alliance Corp. enhanced Military Clinic Locator at [www.triwest.com](http://www.triwest.com). Click on "Beneficiary" and then select "Military Clinic" at the top of the page. Enter your address and you'll see a color-coded map of all the options in your area within seconds. The Military Clinic Locator will also walk you through your next steps, including enrollment. If you are eligible for Tricare Prime based on your location, the Military Clinic Locator will provide contact information for the closest available military treatment facility. If the Military Clinic Locator determines you're not eligible for Tricare Prime based on your location, the tool will inform you about other possible Tricare plan options. While you're online, you can also register for a secure [triwest.com](http://www.triwest.com) account. If you've just registered or have an existing account, you can "Go Green" to reduce clutter and support the environment by choosing to receive some of your Tricare correspondence electronically. Learn more at [www.triwest.com/paperless](http://www.triwest.com/paperless).

You can also use the Beneficiary Web Enrollment (BWE) Web site for a number of purposes. The BWE site is a secure portal linked to the Defense Enrollment Eligibility Reporting System (DEERS). If you are an eligible stateside beneficiary, BWE allows you to update your contact information for DEERS and Tricare at the same time, without visiting a Tricare Service Center or mailing a paper form. Through the BWE site, you can enroll in Tricare Prime and select a primary care manager. If you're already enrolled in Tricare Prime, you can use BWE to manage your family members' enrollment and order replacement Tricare enrollment cards. Learn more about BWE at [www.tricare.mil/bwe](http://www.tricare.mil/bwe) or [www.triwest.com/bwe](http://www.triwest.com/bwe). [Source: Tricare Health Matters Issue 3 | 2010 article ++]

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**Back Pain Update 01:** Most people have experienced back pain and many hope that massage will relieve it. But not all forms of massage have been scientifically proven to help against low back pain. That is what the German Institute for Quality and Efficiency in Health Care (IQWiG) pointed out in information published on their website. Back pain often affects the lower back and can be a big physical and psychological burden. "The cause of back pain is not always immediately clear," explains Professor Peter Sawicki, the Institute's Director. "But low back pain usually gets better on its own within a few weeks." Back pain is only rarely caused by a more serious health problem. If low back pain does not get better on its own, massage therapy could be a worthwhile option. "Research suggests that classic massage, Thai massage and acupressure can relieve low back pain that has lasted longer than several weeks," says the Institute's Director. In classic (Swedish) massage the affected area of skin and muscles are massaged, in Thai massage the limbs are pulled and stretched, and acupressure involves applying pressure to certain points on the body. "But relying on massage alone does not appear to be the best approach when it comes to back pain", adds Sawicki. Research indicates that people could benefit more if they combine massages with exercises and stretching. In some trials this combination of approaches led to better pain relief and mobility compared to massage alone. "Not all forms of massage have been scientifically proven to help against chronic back pain though," concludes Sawicki. "So it is worth finding out about the different techniques before deciding to have a certain type of massage." An overview of the most common forms of massage is now available on the Institute's website [www.informedhealthonline.org](http://www.informedhealthonline.org) . It provides the public with easy-to-understand information about current medical developments and research on important health issues. [Source: IQWiG Press Release 23 Mar 2010 ++]

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**VA Phone Scam:** The Department of Veterans Affairs is warning veterans not to give credit card numbers, bank routing information or any personal and financial information over the phone to callers claiming to update, confirm, or verify VA-related information. VA does not call veterans and ask them to disclose personal financial information over the phone. A veteran targeted by scammers alerted VA, saying that someone called claiming to be with the VA pharmacy and asking a lot of questions. The caller ID indicated that the incoming call was from (888) 555-1234. There are a number of scams associated with this number, and it's been reported that the callers will call repeatedly and become aggressive. They will claim to be a VA employee and say a medical card has expired and that the veteran must send a check for a certain dollar amount for a renewal. In other versions, the caller says that a bank account is listed on a public computer, and in order to get it removed, the caller needs to verify the veteran's bank information. Be leery of any calls originating from this number. VA has not changed its process for dispensing prescriptions or for enrollment. Veterans with questions about VA services should call (877) 222-8387 or the nearest VA medical center. [Source: AL Online Updates 14 Apr 2010 ++]

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**Social Security Reduced Benefits Update 01:** As a general rule, early retirement will give you about the same total Social Security benefits as full retirement over your anticipated remaining lifetime, but in smaller amounts to take into account the longer period you will receive them. If your full retirement age (FRA) is older than 65 (that is, you were born after 1937), you still will be able to take your retirement benefits at age 62, but the reduction in your benefit amount will be greater than it is for people retiring now. A table at [www.ssa.gov/retire2/agereduction.htm](http://www.ssa.gov/retire2/agereduction.htm) shows in dollars the reduced monthly benefit in two month increments you can expect to receive in if you retire earlier than age 67. You must be at least 62 for the entire month to receive benefits. The maximum benefit for a spouse is 50% of the benefit the worker would receive at FRA. The percentage reduction for a spouse should be applied after the automatic 50% reduction. If your FRA is 67, the reduction for starting your benefits at the end of the month after your birth date would be at age:

- 62 is about 30 percent;
- 63 is about 25 percent;
- 64 is about 20 percent;
- 65 is about 13 and 1/3 percent; and
- 66 is about 6 and 2/3 percent.

The earliest a widow or widower can start receiving Social Security survivors benefits based on age will remain at age 60. If you are not entitled to a higher amount on your own record, the amount you will get is a percentage of the deceased spouse's basic Social

Security benefit. The percentage depends on your age. If you are FRA or older, you will receive 100% of the deceased spouse's basic Social Security benefit. If you are insured on your own record and the benefit on the deceased spouse's record is higher, you also will receive the difference between your benefit and the deceased spouse's benefit. A widow or widower can receive full benefits at age 65 or older (if born before January 2, 1940) or reduced benefits as early as age 60. The age for receiving full benefits is increasing for widows and widowers born after 1939 until it reaches age 67 for people born in 1962 and later. If you decide to delay your benefits until after age 65, you should still apply for Medicare benefits within three months of your 65th birthday. If you wait longer, your Medicare medical insurance (Part B) and prescription drug coverage (Part D) may cost you more money. [Source: [http://ssa-custhelp.ssa.gov/cgi-bin/ssa.cfg/php/enduser/std\\_alp.php?p\\_sid=U8dOpMYj](http://ssa-custhelp.ssa.gov/cgi-bin/ssa.cfg/php/enduser/std_alp.php?p_sid=U8dOpMYj) Apr 2010 ++]

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**Mobilized Reserve 26 APR 2010:** The Department of Defense announced the current number of reservists on active duty as of 6 APR 2010. The net collective result is 2000 fewer reservists mobilized than last reported in the 6 APR 09 Bulletin. At any given time, services may activate some units and individuals while deactivating others, making it possible for these figures to either increase or decrease. The total number currently on active duty from the Army National Guard and Army Reserve is 101,746; Navy Reserve, 6,427; Air National Guard and Air Force Reserve, 17,270; Marine Corps Reserve, 6,379; and the Coast Guard Reserve, 834. This brings the total National Guard and Reserve personnel who have been activated to 132,476, including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel who are currently activated may be found at <http://www.defense.gov/news/d20100427ngr.pdf>. [Source: DoD News Release No.27427 dtd 27 Apr 2010 ++]

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### **Medicare Fraud Update 38:**

- **Miami FL** - Ihosvany Marquez on 13 APR confessed to overseeing a criminal operation that submitted at least \$61 million in false claims to Medicare for the treatment of patients with HIV, AIDS, cancer and a variety of other ailments at eight Miami and Orlando-area health clinics. Medicare paid nearly \$24 million of the bogus claims. The returns were so good that Marquez spent millions of dollars on jewelry, watches, luxury cars and race horses. As part of his plea agreement, he admitted to laundering the healthcare fraud proceeds through a Miami-area car dealership and through two Miami check cashing stores, Pelly Box Lunch and La Bamba Check Cashing. He and an unidentified number of co-conspirators, all of whom were indicted separately, concealed their involvement in the scheme by recruiting nominee or "straw" owners for each healthcare clinic they operated. The nominal owners, mostly from the closely knit Cuban immigrant community, were paid large sums of cash to sign corporate and bank records and other documents before fleeing the country to avoid arrest.
- **Newport Beach VA** - Glen R. Justice, 65, who lives in Corona del Mar, indicated in a plea agreement 14 APR that he is ready to plead guilty to five counts of health-care fraud related to his cancer-treatment practice. Justice charged companies and Medicare up to \$1 million for injectable cancer medications that he never administered. Justice runs the Fountain Valley-based Pacific Coast Hematology/Oncology Medical Group and is scheduled to enter a plea 3 MAY. From 2004 to OCT 09, he inflated health insurance claims by reporting he had given his patients more expensive injectable medications for their cancer than he actually had administered. Despite office staff objections, and authorities serving a search warrant on his business in late 2006, Justice persisted. Each count of health-care fraud carries with it a maximum sentence of 10 years in prison.
- **Los Angeles** - A Long Beach man has pleaded guilty to running a scheme that bilked the Medicare system of more than \$11 million. Michael Martinez pleaded guilty 19 APR in Los Angeles federal court to conspiracy to commit health care fraud and making false statements. Martinez recruited relatives and associates of an Orange County street gang to head phony medical equipment companies that billed Medicare \$11.2 million for motorized wheelchairs and other equipment. Martinez will face up to 10 years in federal prison when he's sentenced in July.
- **Miami FL** - Ernesto Angel Montaner and his son, Ernesto Montaner, are accused of operating a network of physical rehabilitation clinics in Miami-Dade bilking more than \$2.8 million from Medicare for the elderly and disabled between 2003 and 2008. The father, indicted on 22 APR, fled to Costa Rica in FEB 09. His indictment represents the second time he has been charged with healthcare fraud. In the late 1990s, he was acquitted of participating in a massive home healthcare scheme that led to the convictions of former Republican state Sen. Alberto Gutman, his wife, Marci, and several others for submitting

\$15 million in false bills to Medicare. In the latest case he, his son, and a third defendant, Jose Antonio Varona, operated four local clinics and paid kickbacks to Medicare beneficiaries. The three defendants allegedly used their Medicare card numbers to bill the taxpayer-funded program for physical and occupational therapy services that were not provided to patients. They also are accused of paying kickbacks to owners of Miami-Dade assisted living facilities, home healthcare agencies and other clinics to obtain Medicare referrals. The three defendants also used "unlicensed" and "unqualified" therapists and assistants to carry out the scheme.

- **Detroit MI** - Dr. Toe Myint was sentenced 26 APR in Detroit to 6 years in prison, to pay more than \$3.1 million in restitution jointly with co-defendants, and to serve two years of supervised release following his prison term for participating in a conspiracy to defraud the Medicare program. A patient recruiter was also sentenced to 40 months in prison for his role in the conspiracy. In addition patient recruiter Terrence Hicks was sentenced to 6 years in prison, to pay more than \$4.9 million in restitution jointly with co-defendants, and to serve three years of supervised release following his prison term. Between OCT 06 and MAR 07, Myint, Hicks and their co-conspirators caused more than \$4.2 million in false and fraudulent claims to be submitted to the Medicare program for services supposedly provided by Myint at Sacred Hope Center Inc., a purported infusion clinic. Medicare actually paid more than \$3.1 million of those claims. Hicks also worked at a second, related infusion clinic, called Xpress Center, Inc., which billed an additional \$2.3 million in false and fraudulent claims to Medicare. To date, 11 defendants have pleaded guilty or have been convicted at trial for their roles in the two fraudulent clinics. Daisy Martinez, an owner of Sacred Hope and Xpress Center, was sentenced in MAR 2010 to 8 years in prison.
- **Houston TX** - A husband-wife doctor team from Kemah relinquished more than \$44 million in assets while pleading guilty on 26 APR to health care fraud charges accusing them of prescribing one or more controlled substances to nearly every patient they saw and then coercing many into signing blank forms for narcotics that were never administered. Dr. Arun Sharma and his wife, Dr. Kiran Sharma, bilked the federal government out of millions for at least a decade, authorities said. The couple forfeited all assets previously seized by the government - including their home in Kemah, \$1.5 million in cash, and numerous investment accounts and other parcels of real estate bought with proceeds. The case is part of the continuing push by federal and state authorities to crack down on health care fraud prevalent in major metropolitan areas such as Houston. Another physician, Dr. Christina Clardy, who practiced in Houston for 30 years, was charged last month with engaging in organized crime at two recently closed pain clinics that she directed. In addition, 23 other health care workers were arrested around the Houston area last July, accused of making \$16 million in fraudulent Medicare claims.

[Source: Fraud News Daily reports 16-30 Apr 2010 ++]

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## Medicad Fraud Update 13:

- **Brooklyn Park MN** - Patrick D. Osei, owner of Advance Home Health, admitted 20 APR in federal court in Minneapolis to paying kickbacks to lure referrals to his company. Also, that he submitted claims to the federal Department of Health and Human Services for personal care assistance services that were never provided. The estimated losses due to Osei's actions totaled between \$200,000 and \$400,000. The fraud included claims for one client of 5,352 hours of care from OCT 07 to late SEP 09, when fewer than five hours were provided. Medicaid paid Advance \$84,497.54 for the claim. That client was paid \$800. Sentencing for Osei has yet to be scheduled. He faces a maximum penalty of five years in prison.
- **Attleboro MA** – Susanne Jordan, age 52, and Bruce Fields, age 33, were indicted on 16 APR for allegedly making false statements to the Massachusetts Medicaid program (MassHealth), causing the program to pay for over \$100,000 in benefits to which the two individuals were not entitled. A Bristol County Grand Jury returned indictments charging them each with Medicaid False Claims and Larceny by False Pretenses. Mr. Fields falsely claimed he provided personal care attendant services when an investigation uncovered that at the time the services were allegedly provided, was incarcerated at various facilities in Massachusetts and Rhode Island." Susanne Jordan was approved to receive assistance under the MassHealth Personal Care Attendant (PCA) program and employed Fields as her personal care attendant in 1999. Jordan and Fields submitted fraudulent timesheets to the Massachusetts PCA program, certifying that Fields provided PCA services to Jordan.
- **Montgomery AL** - A 57-year-old man who operated dental clinics in Fort Deposit and Evergreen pleaded guilty to three counts of attempting to defraud the Alabama Medicaid Agency. Montgomery County Circuit Court Judge Truman Hobbs sentenced Robert Pierre Antoine Louis on 22 APR to one year imprisonment on each count, suspending the sentence and handing Louis six years of probation. An investigation determined that, in the fall of 2008, Louis approached administrators

at several schools offering to perform free dental screenings. Authorities say Louis billed Medicaid for the services, but that they later discovered he had not performed the services for which he billed or that the services that he performed were not eligible for reimbursement.

- **Minneapolis-St. Paul MN:** Sabrina Marie Peterson and Crecida Marie Cade, personal care assistants for Advance Home Health pleaded guilty 28 APR in connection with a scheme that defrauded Medicaid of at least \$200,000. Patrick D. Osei, the firm's owner pleaded guilty to a charge last week. The scheme involved submitting false claims to the state Department of Human Services to get Medicaid payments for services not delivered. Between \$200,000 and \$400,000 was lost. Peterson, 38, of Minneapolis, admitted to participating from SEP 07 to OCT 09. Cade, 47, admitted to one count of defrauding Medicaid during the first three months of 2008. Both said they paid recipients to help in the scheme and got paid for hours they didn't work. Peterson could receive up to five years in prison while Cade could get up to 10 years.

[Source: Fraud News Daily reports 16-30 Apr 2010 ++]

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**Military History:** The invasion of South Korea by North Korea came as a complete surprise to the US; Dean Rusk of the State Department had told Congress on June 20 that no war was likely. However, a CIA report in early March had predicted a June invasion. US officials had previously publicly stated that America would not fight over Korea, and that the country was outside of American concern in the Pacific. This attitude may have encouraged the North or given Syngman Rhee in the South a motive to gain US support. On hearing of the invasion, Truman agreed with his advisors to use US airstrikes, unilaterally, against the North Korean forces. He also ordered the Seventh Fleet to protect Formosa. The US gained a United Nations mandate for action because the Soviets were boycotting the Security Council while the (Nationalist controlled) Republic of China held the Chinese seat. Without the Soviet veto and with only Yugoslavia abstaining, the UN voted to aid South Korea. The US would have fought whatever the outcome, and Douglas MacArthur later told Congress "I had no connection with the UN whatsoever". US forces were eventually joined during the conflict by troops from fifteen other UN members: Australia, New Zealand, the United Kingdom, France, Canada, South Africa, Turkey, Thailand, Greece, the Netherlands, Ethiopia, Colombia, the Philippines, Belgium, and Luxembourg. (Truman would later take harsh criticism for not obtaining a declaration of war from Congress before sending troops to Korea. Thus, "Truman's War" was said by some to have violated the spirit, if not the letter, of the United States Constitution.)

The US forces were suffering from demobilization which had continued since 1945. Excluding the Marines, the infantry divisions sent to Korea were at 40% of paper strength, and the majority of their equipment was found to be useless. The Americans organized Task Force Smith, and on July 5 engaged in the first North Korean/American clash of the war. In initial stages of the war, North Korea's troops overwhelmed South Korean forces and drove them to a small area in the far South around the city of Pusan. This became a desperate holding action called the Pusan Perimeter. Upon the entrance of US and UN forces, American General Douglas MacArthur, as UN commander in chief for Korea, ordered an invasion far behind the North Korean troops at Inchon. United Nations troops drove the North Koreans back past the 38th parallel and continued on toward the Yalu River border of North Korea and China. This brought the communist Chinese into the war. The communist Chinese had issued warnings that they would react if the UN forces encroached on the frontier at the Yalu River. Mao sought Soviet aid and saw intervention as essentially defensive. "If we allow the US to occupy all of Korea... we must be prepared for the US to declare... war with China", he told Stalin. Zhou Enlai was sent to Moscow to add force to Mao's cabled arguments.

Mao delayed his forces while waiting for Russian help, and the planned attack was thus postponed from 13 October to 19 October. Soviet assistance was limited to providing air support no nearer than sixty miles (96 km) to the battlefield. The MiG-15s in PRC colors were an unpleasant surprise to the UN pilots; they held local air superiority against the F-80 Shooting Stars until the newer F-86 Sabres were deployed. The Soviet role was known to the US but they kept quiet as to avoid any international and potential nuclear incidents. A Chinese assault beginning on October 19, 1950, under the command of General Peng Dehuai with 380,000 People's Liberation Army troops repelled the United Nations troops back to the 38th parallel, the pre-conflict border. The Chinese assault caught US troops by surprise, as war between PRC and the United States had not been declared. The United States XX Corp retreat was the longest retreat of a US unit in history. The Marines, on the northern side of the peninsula, fared better, mainly due to better training and discipline. On January 4, 1951, communist Chinese and North Korean forces captured Seoul. The battle of Chosin Reservoir in winter was a terrible defeat for the United Nations troops, who were mainly American Marines. The situation was such that MacArthur mentioned that atomic weapons may be used, much to the alarm of American allies.

MacArthur was removed from command by President Harry S. Truman in 1951. The reasons for this are many, and well documented. They include MacArthur meeting with Chiang Kai-shek in the role of a US diplomat. MacArthur also was wrong at Guam when President Truman asked him specifically about Chinese troop buildup near the Korean border. Furthermore, MacArthur openly criticized the Commander in Chief during press conferences. He also was rude, and flippant when speaking to Truman. The rest of the war involved little territory change and lengthy peace negotiations (which started in Kaesong on July 10 of the same year). A cease-fire established a demilitarized zone (DMZ) around the 38th parallel, which is still defended today by North Korean troops on one side and South Korean and American troops on the other. No peace treaty has yet been signed, fifty years later. Newly-elected US President Dwight D. Eisenhower on November 29, 1952 fulfilled a campaign promise by traveling to Korea to find out what could be done to end the conflict. Korea was officially a police action, not a war, in US parlance. 600,000 Koreans had died and perhaps a million Chinese. US troops suffered about 50,000 fatalities, roughly equal to the Vietnam conflict, but in a much shorter time. Later neglect of remembrance of this war, in favor of the Vietnam War, World War I and II, has caused the Korean War to be called the Forgotten War or the Unknown War. [Source: [www.korean-war.info/history](http://www.korean-war.info/history) Apr 2010 ++]

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## Military History Anniversaries:

- May 01 1863 - Civil War: Battle of Chancellorsville, VA (29,000 injured or died)
- May 03 1926 - US marines land in Nicaragua (9-mo after leaving), stay until 1933
- May 04 1942 - WWII: Battle of Coral Sea begun (1st sea battle fought solely in air)
- May 05 1864 - Civil War: The Battle of the Wilderness begins in Spotsylvania County, Virginia.
- May 05 1916 - US marines invade Dominican Republic, stay until 1924
- May 05 1945 - WW II: Admiral Karl Dönitz, President of Germany after Hitler's death, orders all German U-boats to cease offensive operations and return to their bases.
- May 06 1863 - Civil War: The Battle of Chancellorsville ends with the defeat of the Army of the Potomac by Confederate troops.
- May 06 1942 - WWII: On Corregidor, the last American forces in the Philippines surrender to the Japanese.
- May 06 1945 - WWII: Axis Sally delivers her last propaganda broadcast to Allied troops (first was on December 11, 1941).
- May 07 1864 - Battle of Wilderness ends (total losses: USA-17,666; CSA-7,500)
- May 07 1915 - WWI: German submarine U-20 sinks RMS Lusitania, killing 1,198 people including 128 Americans. Public reaction to the sinking turns many formerly pro-Germans in the United States against the German Empire.
- May 07 1942 - WWII: During the Battle of the Coral Sea, United States Navy aircraft carrier aircraft attack and sink the Japanese Imperial Navy light aircraft carrier Shoho. The battle marks the first time in the naval history that two enemy fleets fight without visual contact between warring ships.
- May 07 1945 - WWII: General Alfred Jodl signs unconditional surrender terms at Reims, France, ending Germany's participation in the war. The document takes effect the next day.
- May 07 1960 - Cold War: U-2 Crisis of 1960 - Soviet leader Nikita Khrushchev announces that his nation is holding American U-2 pilot Gary Powers.
- May 08 1942 - WWII: The Battle of the Coral Sea comes to an end with Japanese Imperial Navy aircraft carrier aircraft attacking and sinking the United States Navy aircraft carrier USS Lexington. The battle marks the first time in the naval history that two enemy fleets fight without visual contact between warring ships.
- May 08 1945 - WWII: Combat in Europe ends - V-E Day. German
- May 09 1951 - Korean War: Air raid on Chinese positions at Yalu River
- May 10 1797 - 1st Navy ship, the "United States," is launched
- May 10 1801 - First Barbary War: The Barbary pirates of Tripoli declare war on the United States of America
- May 11 1943 - WWII: American troops invade Attu Island in the Aleutian Islands in an attempt to expel occupying Japanese forces.
- May 11 1944 - WWII: The Allies start a major offensive against the Axis Powers on the Gustav Line.

- May 12 1780 - Revolutionary War: Charleston, South Carolina is taken by British forces., 1864 - American Civil War: the Battle of Spotsylvania Court House: thousands of Union and Confederate soldiers die in "the Bloody Angle".
- May 12 1865 - Civil War: The Battle of Palmito Ranch: the first day of the last major land action to take place during the Civil War, resulting in a Confederate victory.
- May 12 1962 - Douglas MacArthur delivers his famous "Duty, Honor, Country" valedictory speech at the United States Military Academy.
- May 13 1945 - WWII: US troops conquer Dakeshi Okinawa
- May 14 1863 - Civil War: The Battle of Jackson takes place.
- May 15 1962 - Vietnam: US marines arrive in Laos.
- May 15 1972: The U.S. Army Ryukyu Islands (Okinawa) reverted to the full control of Japan but the U.S retained its rights to nuclear free bases.

[Source: Various Apr 2010 ++]

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## Military Trivia:

- The cause of the brief undeclared war that broke out between Honduras and El Salvador in July 1969 was El Salvador's victory over Honduras in the three game World Cup soccer play-off. The war is known as the Soccer War.
- The Battle of Waterloo lasted about nine and a half hours.
- Lela Rogers, the famous backstage mother of actress Ginger Rogers, was a Marine sergeant during World War I.
- During World War II Russia declared war on Japan on August 8, 1945--two days after the U.S. bombed Hiroshima.
- The Oscars handed out at Academy Award ceremonies during World War II were made out of wood--gilded wood because of wartime conservation efforts. After the war, they were replaced by real Oscars.
- Soldiers of the Netherlands, whose army was fully unionized in the 1960s, do not have to salute officers and are paid overtime for KP and other undesirable assignments.
- Napoleon Bonaparte financed his invasion of Russia in 1812 with counterfeit money. He printed it at a factory he set up in Paris and used it to purchase military supplies.
- During World War II England's King George VI issued an edict for Buckingham Palace and Windsor Castle to cut down on the use of fuel. He decreed that tubs could be filled with no more than five inches of water--and had lines painted at the five-inch level to make the depth of his commitment clear.
- When World War II ended in 1945 almost eleven million (10,795,775) enlisted men and women were in the nation's armed services?
- A military contractor talking about a "manually powered fastener-driving impact device" is referring to a hammer.
- In a military contract a "portable, hand-held communications inscriber " is a pencil.
- In the 1990's the tiny European principality of j Andorra allocated its entire national defense budget of \$5 for bullets (blanks), for ceremonial salutes to guest dignitaries.
- Until the very late nineteenth century British sailors were forbidden to use a fork because it was considered both unmanly and harmful to discipline?
- In a poll taken of American servicemen in Europe during World War II, Country singer Ray Acuff beat out Frank Sinatra as their favorite singer. Subsequently, military correspondent Ernie Pyle wrote of a Japanese attack that was preceded by the battle cry: "Te hell with Roosevelt! To hell with Babe Ruth! Go hell Roy Acuff.
- As a young naval officer serving in World War II, President-to-be Lt. Richard M. Nixon set up the only hamburger stand in the South Pacific. At Nixon's Snack Shack, he served free hamburgers and Australian beer to flight crews.

[Source: [www.triviacountry.com/19\\_Military\\_Trivia.htm](http://www.triviacountry.com/19_Military_Trivia.htm) Apr 2010 ++]

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**Tax Burden for Montana Retirees:** Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than

offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden. Following are the taxes you can expect to pay if you retire in Montana:

**State Sales Tax:** No general sales tax. A new 3% tax on accommodations and campgrounds is added to the 4% tax on rental vehicles.

**Gasoline Tax:** 27.8 cents/gallon

**Diesel Fuel Tax:** 28.6 cents/gallon

**Cigarette Tax:** \$1.70 cents/pack of 20

**Personal Income Taxes**

**Tax Rate Range:** - 1%; High - 6.9%

**Income Brackets:** 7. Lowest - \$2,500; Highest - \$15,600

**Personal Exemptions:** Single - \$2,140; Married - \$4,280; Dependents - \$2,140

**Additional Exemptions:** 65 or older - \$2,040

**Standard Deduction:** (2008) 20% of AGI. If single not less than \$1,780 or more than - \$4,010; If married filing jointly not less than \$3,560 or more than \$8,020.

**Medical/Dental Deduction:** Federal amount

**Federal Income Tax Deduction:** Full

**Retirement Income Taxes:** Montana taxes all pension and retirement income received while residing in Montana to the extent it is taxable on the federal return. Tier I and Tier II Railroad Retirement benefits are 100% exempt from Montana income tax. The state allows a pension and annuity income exemption of up to \$3,600 per individual, if certain income limitations are met. Early distributions from an IRA do not qualify for this exemption. Social Security benefits taxable in Montana may be different from what is taxable federally. You will need to complete Worksheet VIII - Taxable Social Security Benefits to determine your Montana taxable social security.

Regarding interest income earned, there is a partial interest exemption for taxpayers age 65 or older. If you are single and age 65 or older at the end of the calendar year, you can exempt up to \$1,600 of the interest income that you reported in your federal adjusted gross income. If you are married and filing a joint return with your spouse and at least one of you is age 65 or older at the end of the calendar year, you can exempt up to \$1,600 of the interest income that you reported in your federal adjusted gross income. If you are married and filing your return separately and are age 65 or older at the end of the calendar year, you can exempt up to \$800 of the interest income that you reported in your federal adjusted gross income. Please note, however, that you are not allowed to exclude interest income earned by and reported by your spouse. For the purpose of this exclusion, when you determine the amount of your interest income, you should consider distributions commonly called dividends on deposits or share accounts as interest. Under no circumstances can you exclude more interest income than what you have reported in your federal adjusted gross income.

Montana taxes some retirement benefits. If you have reported taxable retirement income on the federal income tax return, you may be entitled to a partial exemption of this income. Tier I and Tier II Railroad Retirement benefits are 100% exempt from Montana taxation. Also, if you have received a disability pension, which is identified as a distribution code 3 on your 1099R, you should use the state's disability pension worksheet to determine your deduction instead of the retirement income exclusion.

If you have received retirement income other than Tier II Railroad benefits, you should complete state form W, Worksheet IV in order to determine the amount of your exclusion. Your retirement exclusion is limited to the lesser of your taxable retirement income that you received or \$3,600, as long as your federal adjusted gross income is \$30,000 or less and you are filing a single return, filing jointly with your spouse and only one of you have taxable retirement income, or you are filing as head of household. If both you and your spouse have received retirement income and you are filing jointly with your spouse, and your federal adjusted gross income is \$30,000 or less, you both can exclude the lesser of your taxable retirement income that you receive personally or \$3,600 each for a maximum of \$7,200. If you are filing your income tax return separately on the same form, or on separate forms, the lesser of your retirement income or \$3,600 applies separately to both spouses as long as your separately state federal adjusted gross income is \$30,000 or less.

**Retired Military Pay:** See above. Survivor benefits are taxed following federal tax rules.

**Military Disability Retired Pay:** Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal

income tax, but there is no guarantee of total protection.

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

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

### **Property Taxes**

All property (real or personal) is subject to state and local taxes. The assessed valuation of real property is based on 100% of its fair market value, then reduced by a phase-in factor and taxed as a percentage thereof. The state established the tax rate to determine the assessed valuation while local taxing units establish the mill levies to determine the property tax. Personal property is also taxed, the most common being motor vehicles. All residential properties receive a 34% exemption (for 2008) but residents must file for the exemption. Residential property of certain disabled veterans, and the spouses of deceased veterans, is exempt from property taxation. Montana property owners can have their property taxes reduced if they meet certain qualifications. Any homeowner or renter age 62 or over can apply for a credit if they have lived in Montana for 9 months, occupied a residence for 6 months, and had a gross household income of less than \$45,000. For a better understanding of property taxes refer to <http://unclaimedproperty.mt.gov/revenue/forindividuals/property/aboutpt.asp>.

### **Inheritance and Estate Taxes**

There is no inheritance tax and no estate tax is due for deaths occurring in 2005 and thereafter.

Note: The state has a statutory provision for automatic adjustment of tax brackets, personal exemptions or standard deductions to the rate of inflation. For further information, visit the Montana Department of Revenue site <http://revenue.mt.gov/revenue> or call (406) 444-6900. [Source: [www.retirementliving.com](http://www.retirementliving.com) Apr 2010 ++]

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**Veteran Legislation Status 27 APR 2010:** For or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111<sup>th</sup> Congress refer to the Bulletin's Veteran Legislation attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-mail; signing a petition; or making a personal visit, Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting legislators know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> your legislator's phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to [http://www.thecapitol.net/FAQ/cong\\_schedule.html](http://www.thecapitol.net/FAQ/cong_schedule.html) for dates that you can access your legislators on their home turf. [Source: RAO Bulletin Attachment 27 Apr 2010 ++]

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### **Have You Heard?** Pun Comprehension:

The ability to make and understand puns is considered to be the highest level of language development. Test your pun comprehension:

- A vulture boards an airplane, carrying two dead raccoons. The stewardess looks at him and says, "I'm sorry, sir, only one carrion allowed per passenger."

- Two fish swim into a concrete wall. One turns to the other and says, "Dam!"
- Two Eskimos sitting in a kayak were chilly, so they lit a fire in the craft. Unsurprisingly it sank, proving once again that you can't have your kayak and heat it too.
- Two hydrogen atoms meet. One says, "I've lost my electron." The other says, "Are you sure?" The first replies "Yes, I'm positive."
- Did you hear about the Buddhist who refused Novocain during a root canal? His goal: transcend dental medication.
- A group of chess enthusiasts checked into a hotel and were standing in the lobby discussing their recent tournament victories. After about an hour, the manager came out of the office and asked them to disperse. "But why?", they asked, as they moved off. "Because," he said, "I can't stand chess-nuts boasting in an open foyer."
- A woman has twins and gives them up for adoption. One of them goes to a family in Egypt and is named "Ahmal." The other goes to a family in Spain, they name him "Juan." Years later, Juan sends a picture of himself to his birth mother. Upon receiving the picture, she tells her husband that she wishes she also had a picture of Ahmal. Her husband responds, "They're twins! If you've seen Juan, you've seen Ahmal."
- A group of friars were behind on their belfry payments, so they opened up a small florist shop to raise funds. Since everyone liked to buy flowers from the men of God, a rival florist across town thought the competition was unfair. He asked the good fathers to close down, but they would not. He went back and begged the friars to close. They ignored him. So, the rival florist hired Hugh MacTaggart, the roughest and most vicious thug in town to "persuade" them to close. Hugh beat up the friars and trashed their store, saying he'd be back if they didn't close up shop. Terrified, they did so, thereby proving that only Hugh can prevent florist friars.
- Mahatma Gandhi, as you know, walked barefoot most of the time, which produced an impressive set of calluses on his feet. He also ate very little, which made him rather frail and, with his odd diet, he suffered from bad breath. This made him ... a super calloused fragile mystic hexed by halitosis.
- And finally, Patriot Humor sent ten different puns to their subscribers, with the hope that at least one of the puns would make them laugh. No pun in ten did.

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"I didn't know before I got there and they told me all this -- that Rome had Senators. Now I know why it declined."

--**American humorist Will Rogers (1879-1935)**

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