

RAO BULLETIN

15 October 2011

Website Edition

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THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES

- == VA Women Vet Programs [14] ----- (New PSA)
- == VA Homeless Vets [24] ---- (Outreach Campaign Launched)
- == VA Homeless Vets [25] ----- (Female Residence Opens)
- == VA Sexual Assaults [04] ** ----- (Incident Reporting)
- == JCSDR [05] ** ----- (Veterans Programs Cut Road Map)
- == Stolen Valor [48] ----- (Terry Richard Calandra)
- == Mobilized Reserve 27 SEP 2011 ----- (1137 Decrease)
- == Tricare RP Demo Project [01] ----- (SOS Approved List)
- == Agent Orange Guam [02] ----- (White House Petition)
- == Tricare Pharmacy Policy [08] ----- (Injunction Filed)
- == Overseas Military Mail ----- (Delivery Time)
- == Overseas Holiday Mail 2011] ----- (Deadlines)
- == Iraq/Afghan Wars ----- (Pew Poll Results)
- == Diabetes [08] ----- (Single Diabetes/Cholesterol Pill)
- == Traumatic Brain Injury [20] ---- (VA Awareness Campaign)
- == DoD/VA Coordination ----- (Shortfalls)
- == VA Headstones & Markers [07] ----- (H.R.2305)
- == Tricare Vaccines [01] ----- (As of 16 AUG 2011)
- == NDAA 2012 [03] ----- (Senate Hold-up)
- == Prostate Cancer [14] ----- (USPSTF on PSA Testing)
- == AFRH [05] ----- (Rooms)
- == Veterans Day 2011[01] ----- (Applebee's Free Dinners)
- == Veterans Day 2011[02] ---Wounded Warrior Proj Campaign)
- == Heart Disease [02] ----- (Salt Impact)
- == End of Life Surgery ----- (Study Results)
- == VA Mental Health Care [04] ----- (SCVA Survey Results)
- == VA OEF/OIF [02] ----- (Pentagon Casualty Reporting)
- == PTSD [79] ----- (Stellate Ganglion Block)
- == VA Home Loan [31] ----- (Illegal Fees)
- == Medicine Drug Fraud ----- (Doctor Shopping)
- == TSP [23] ----- (SEP 2011)
- == Virus HEV68 ----- (CDC Report)
- == DoJ Fraud, Waste, & Abuse ----- (\$16 Muffins)

- == DoJ Fraud, Waste, & Abuse [01] ----- (\$16 Muffin Fallout)
- == VN Veterans Memorial ----- (Washington State Controversy)
- == CA Vet Legislation [07] ----- (AB 697| AB 1084 | SB 813)
- == Vet Toxic Exposure ~ Lejeune [24] ---- (EPA Ruling on TCE)
- == VA Home Loan [30] ----- (Fee Confusion)
- == Vet Jobs [37] ----- (U.S. Customs and Border Protection)
- == VA Blue Water Claims [19] ----- (Agent Orange Equity Act)
- == GI Bill [106] ----- (Predatory For-Profit Schools)
- == Military Retirement System [09] - (VFW Online Poll Results)
- == Tricare Prime [09] ----- (New Adjusted Annual Fees)
- == Tricare Data Breach (SAIC) [01] ----- (Tapes Left In Car)
- == Tricare Data Breach (SAIC) [02] ----- (DoD Lawsuit)
- == Varicose Veins [01] ----- (Closure Procedure)
- == Vietnam Veterans Memorial [09] ----- (Wall Stats)
- == Tax Letters & Notices ----- (What to do if you get one)
- == WWII Vets [08] ----- (Jack Anderson)
- == Veteran Hearing/Mark-up Schedule ----- (As of 13 Oct)
- == Vet Toxic Exposure~TCE ----- (Whiting Field NAS)
- == Saving Money ----- (Cooling Tips)
- == Notes of Interest ----- (1-14 OCT 2011)
- == Medicaid Fraud [49] ----- (1-14 OCT 2011)
- == State Veteran's Benefits ----- (Oklahoma)
- == Military History ----- (Wake Island)
- == Military History Anniversaries ----- (Oct 16-31 Summary)
- == Military Trivia [37] ----- (Crazy Cold War Projects)
- == Tax Burden for Hawaii Retirees ----- (As of Oct 2011)
- == Veteran Legislation Status 12 OCT 2011----- (Where we stand)
- == Have You Heard? ----- (No Nursing Home for Me!!!)
- Attachment - Veteran Legislation as of 12 OCT 2011
- Attachment - Oklahoma State Veteran's Benefits
- Attachment - GI Bill Predatory for-Profit Schools
- Attachment - USN Force Levels
- Attachment - Wake Island

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VA Women Vet Programs Update 14: The Department of Veterans Affairs is taking its internal culture-change message to the public with a new video about the vital role women play in the military and the importance of providing women Veterans with high quality health care. VA's Women Veterans Health Strategic Health Care Group recently completed a 60-second public service announcement (PSA) that challenges viewers to rethink pre-conceived notions about women Veterans. This video features images of women in service to our country: they drive supply trucks, participate in reconnaissance missions, walk safety patrols, and operate helicopter machine guns. "When these brave women complete their service and become Veterans, we want them to know that VA is there to meet their health care needs," said Dr. Patricia Hayes, Chief Consultant of the VA's Women Veterans Health Strategic Health Care Group. "At the same time, we want the public to recognize the contributions of women Veterans and the benefits they have earned through their service to the Nation." The PSA is available for viewing on YouTube at http://www.youtube.com/watch?feature=player_profilepage&v=BOP5DCgixPE and at <http://www.va.gov>. Broadcast organizations interested in obtaining a broadcast-quality version of the PSA should contact VA's Office of Public Affairs (202-461-7600).

The number of women using VA has doubled in the past decade, and that increase is expected to continue into the next decade. More than half of the women using VA health care have a service-connected disability. These range from combat PTSD to missing limbs. The PSA gives a sampling of the service-connected disabilities women Veterans must cope with on a daily basis. The PSA was developed for nationwide release from a new employee orientation video --- available at <http://www.womenshealth.va.gov> -- created as part of VA's ongoing efforts to change its culture to be more understanding and accommodating of women Veterans and honor the important service they have given our country. "VA's goal is to provide the highest quality care for every Veteran, regardless of gender. Part of this initiative has been educating staff so they understand and appreciate that it is their job to make sure women Veterans receive the best care anywhere," said Hayes.

In addition to new employee orientation, VA is spreading its culture-of-change message to current employees through posters, conferences, and e-mail messaging. VA health care providers are all given the opportunity to participate in a ground-breaking mini-residency program in Women's Health for Veterans. This program has already educated more than 1,100 VA providers on the latest knowledge in gender-specific health care. For more information about VA programs and services for women Veterans, visit: <http://www.va.gov/womenvet> and <http://www.womenshealth.va.gov>. [Source: VA News Release 13 Oct 2011 ++]

VA Homeless Vets Update 24: As part of its drive to end homelessness among Veterans by 2015, the Department of Veterans Affairs is launching a nation-wide outreach initiative, "Make the Call," to spread the message about its special programs to help homeless Veterans and their families to 28 communities across the nation in October. "Those who have served this nation as Veterans should never find themselves on the streets, living without care and without hope," said Secretary of Veterans Affairs Eric K. Shinseki. Shinseki noted that 28 communities - from Atlanta to Hawaii - will host special programs this fall highlighting local services for homeless Veterans, their families and those at risk of becoming homeless. "Working with our partners in state and local government, the non-profit and the private sectors, we can restore our homeless Veterans and their families to the lives of dignity they've earned," Shinseki added.

This fiscal year, VA expects to spend \$3.4 billion to provide health care to homeless Veterans and \$800 million in specialized homeless programs. The latest studies say more than 75,000 Veterans are homeless on a typical night, and about 135,000 spend at least one night a year in a homeless shelter. VA is encouraging family, friends and citizens in the community to "Make the Call" and help prevent and end homelessness among Veterans. Since March 2010, VA has offered a toll-free telephone number, staffed around the clock by trained professionals, to help homeless Veterans, their families and at-risk people. The number is 877-4AID-VET (or 877-424-3838). Recently, VA has transformed its efforts in the fight against homelessness. It is changing from a program focus upon

temporary, shelter-based services, to prevention, employment, permanent housing, and help to families and Veterans at risk of becoming homeless. The special awareness and outreach programs in the 28 selected communities are in:

- * Alaska - Anchorage, Oct. 12
- * Arizona - Phoenix, Oct. 18-19
- * California - San Francisco, Oct. 19; Los Angeles and San Diego, Oct. 12
- * Colorado - Denver, Oct. 14
- * District of Columbia - Oct. 14
- * Florida - Miami, Oct. 21
- * Georgia - Atlanta, Oct. 29
- * Hawaii - Kauai, Oct. 14; Oahu, Oct. 17
- * Illinois - Chicago, Oct. 12
- * Louisiana - New Orleans, Oct. 22
- * Massachusetts - Boston, Oct. 20
- * Michigan - Detroit, Oct. 12
- * Missouri - St. Louis, Oct. 17
- * Montana -- Billings, Oct. 11
- * Nevada - Las Vegas, Oct. 6
- * New York - Canandaigua, Oct. 12; New York Harbor, Oct. 21
- * North Carolina - Fayetteville, Oct. 12
- * Ohio - Cleveland, Oct. 12
- * Pennsylvania - Lebanon, Oct. 12
- * South Dakota - Sioux Falls, Oct. 12
- * Tennessee - Memphis, Oct. 11
- * Texas - Houston, Oct. 20; Dallas, Oct. 18
- * Washington - Seattle, Oct. 12

More information about VA's programs for homeless Veterans, at-risk Veterans and their families is available at <http://www.va.gov/homeless>. [Source: VA News Release 12 Oct 2011 ++]

VA Homeless Vets Update 25: New York Capital Region's first residence for female homeless veterans opened in Ballston Spa 10 OCT amid other developments for women who have served in the military. The Guardian House, the second shelter in New York strictly dedicated to female veterans, debuted with two full-time residents. The home has 10 beds and will expand to 12 in the coming weeks. The agency operates the women's home at 1214 Route 50 collaboratively with its male veterans' transitory home, the VET House in Ballston Spa, which it has run for 22 years. The Guardian House is working with the Department of Veterans Affairs and other organizations to locate homeless female veterans. As residents of the home, the women can try to reintegrate into society with the assistance of mental health and substance counseling, job training and other services. The home's supporters raised about \$300,000 in private donations over three years and received a \$212,000 grant from the VA to purchase the home, make repairs and furnish it. One of the driving forces behind the home was county Supervisor Joanne Yepsen. The Saratoga Springs Democrat is now spearheading a Women Veterans Symposium Oct. 17 in the state Military Museum on Lake Avenue in Saratoga Springs. The event aims to identify struggling female veterans so they can be connected to services and programs.

Also, the Stratton VA Medical Center in Albany in the coming months will open a women's wellness center on its eighth floor, where former female military personnel will access gender-specific care through a single physician for the first time. Women now make up 2,300, or 8 percent, of patients at the VA hospital, up from 4 percent, and the VA wants to increase that number to 14 percent. Women comprise an estimated 14 percent of all military personnel. The VA does not know exactly how many homeless female veterans there are in the state. Female veterans face many of the same stress-related combat illnesses as their male counterparts, but they are also vulnerable to sexual attacks and trauma. About 12 percent of homeless veterans under age 34 are female. Sometimes, the women have children, which creates an additional set of problems. On 8 OCT 342 veterans who are homeless or at risk of becoming homeless visited the 23rd annual Stand-Down for Homeless Veterans event at the

Colonie Elks Lodge 2192. Local hospitals and medical students examined the veterans for health problems and connected them up with the VA. At least 28 of the veterans were women. Those seeking to apply for a bed in the Guardian House should contact Patricia Whitaker-Torres at (518) 885-0091, Ext. 109. [Source: Times Union Dennis Yusko article 4 Oct 2011 ++]

VA Sexual Assaults Update 04: The House of Representatives wants a 1 MAR deadline for the Veterans Affairs Department to improve how it tracks sexual assaults in its hospitals and clinics. Acting in response to a June report from a congressional 11 OCT passed by voice vote a bill ordering the centralized collection of reports of sexual assaults or other safety incidents at VA medical facilities... **Military times copyrighted material. To read entire article refer to <http://www.navytimes.com/news/2011/10/military-sexual-assaults-va-hospitals-reporting-101111w/>. If unable to access request copy from raoemo@sbcglobal.net.** [Source: NavyTimes Rick Maze article 11 Oct 2011 ++]

JCS DR Update 05: Congressional researchers have supplied the Senate Veterans' Affairs Committee with a list of veterans programs cut since 1980 in the name of deficit reduction, providing a potential road map for what lawmakers could recommend as part of the current effort to reduce federal spending by \$1.2 trillion over 10 years. ... **Military times copyrighted material. To read entire article refer to <http://www.navytimes.com/news/2011/10/military-veterans-benefits-programs-old-cuts-101211w/>. If unable to access request copy from raoemo@sbcglobal.net.** [Source: NavyTimes Rick Maze article 12 Oct 2011 ++]

Stolen Valor Update 48: Terry Richard Calandra, 62, now of Belvidere, was sentenced to a year of probation 11 OCT for pretending to have won the Silver Star, the Distinguish Service Cross and two Purple Hearts for his service in Vietnam in the U.S. Army in 1969. He even enlisted the help of then-U.S. Sen. Arlen Specter to have the Silver Star upgraded to a U.S. Congressional Medal of Honor. As recently as 2008, Specter said his office was working to get the recognition for Calandra, who claimed to have grabbed a grenade to save six other soldiers during Vietnam. Calandra told agents he made up the story because "he liked how it felt to be a hero, that it boosted his ego and was an addiction." He said he was sorry for lying but proud that his story helped raise money for veterans through the Military Order of the Purple Heart. Before he made up his war stories, he had a hard time soliciting donations for flowers, memorials and help for veterans, he told authorities.



Terry Richard Calandra

Calandra told FBI investigators he was wounded twice by booby traps. He also told investigators the story about the live grenade, which he claimed to have grabbed, put in a ditch and jumped on, using his body as a shield to protect the other soldiers. He later admitted he heard about a battle on March 23, 1969, and lied about his involvement in it. He claimed he was in a morphine-induced state when a general pinned a Silver Star and Purple Heart medals to his pillow and told another officer Calandra was in line for a Medal of Honor. As far back as 1998, he and friends lobbied for him to receive the highest military honor. Specter agreed to help him win the honor in August 2008. By December 2008, he was the subject of an FBI "stolen valor" investigation. "They came to me and handed me a box with a Silver Star in it," Calandra told The Express-Times at the time. "My (Distinguished Service Cross) came to me in the mail. ... I have nothing to hide." He later admitted his Distinguished Service Cross is a replica he bought in a military magazine. Calandra pleaded guilty to making false statements. U.S. District Court Judge Mary A. McLaughlin ordered Calandra to serve a year of probation, pay a \$500 fine and to forfeit the phony medals. "I'm shocked. I'm at a loss for words," said retired Warren County Clerk Terry Lee, who started the local Rolling Thunder motorcycle veterans' organization with Calandra. Lee said he worked on "many, many" veterans projects with Calandra, including construction of the Warren County War Memorial. "I've served in many ceremonies with him," Lee said. "Hoisted a lot of MIA/POW flags with him." [Source:

Mobilized Reserve 27 SEP 2011: The Department of Defense announced the current number of reservists on active duty as of 27 SEP 2011. The net collective result is 1137 fewer reservists mobilized than last reported in the 1 OCT 2011 RAO Bulletin. At any given time, services may activate some units and individuals while deactivating others, making it possible for these figures to either increase or decrease. The total number currently on active duty from the Army National Guard and Army Reserve is 70,251; Navy Reserve 4,719; Air National Guard and Air Force Reserve, 11,145; Marine Corps Reserve, 5,681; and the Coast Guard Reserve, 674. This brings the total National Guard and Reserve personnel who have been activated to 92,470 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/d20110927ngr.pdf>. Reservists deactivated since 9/11 totals 824,853. [Source: DoD News Release No. 867-11 dtd 11 Oct 2011 ++]

Tricare RP Demonstration Project Update 01: Effective November 28, 2011, International SOS should have in place a network of providers in the Philippines for TRICARE Standard and TFL beneficiaries. In an effort to combat fraudulent incidences with claims, TRICARE beneficiaries residing in the Philippines must seek care with one of the providers on the approved list. These providers will submit the claims to the overseas claims processor. If a beneficiary is unable to see a network provider because there are none in their area, they must request a waiver from International SOS to see a provider outside of the network. To contact International SOS you can call +81-6117-43-2036 [315-643-2036 (DSN)] or 1-888-777-8343 option 4, email tpao.csc@med.navy.mil, or refer to <http://www.tricare.mil/pacific>. TRICARE Standard beneficiaries who choose to access providers from the approved list pay only their annual deductible and cost share amounts. Beneficiaries choosing to use a health care provider not on the approved list and without a waiver are responsible for all charges and won't be reimbursed by TRICARE. The demonstration would be conducted under 10 U.S.C. 1092. The demonstration is slated to run for 3 years from the implementation date. [Source: TMA BCAC Update 7 Oct 11 ++]

Agent Orange Guam Update 02: Veterans and their families who were on Guam during the Vietnam War and were exposed to Agent Orange have launched a petition drive, calling on the Obama Administration to launch a full investigation into the matter. One such veteran hopes the White House will listen and

learn from his story. "I'm Master Sergeant Leroy Foster," the man said, introducing himself. "I'm retired from the U.S. Air Force. I came over to Guam during the Vietnam War 412 with the 99th Air Force Base and I was assigned to at that time it was the 3960th Combat Support Group. I think it was the 819th Support Squadron converted to the 43rd Supply Squadron." According to Foster, he arrived to Guam in September 1968. "I was assigned to the Fuel Division and I worked on fuel tank farms refueling aircrafts, B-52s. They had me spraying Agent Orange herbicides."

Foster is one of many veterans who say they were exposed to Agent Orange on Guam during the Vietnam War and have signed a petition calling on President Barack Obama to launch an investigation. Foster says it wasn't too long after working in the fuel tank farms on Guam his health began to deteriorate and just got worse through his military career and into retirement. "Sometime in 1978, not realizing that it was all connected to Agent Orange, I ended up having some severe health problems right up 'til I retired from active duty. But they discovered I had spongiosis. I was denied employment after I retired from active duty because I'm paralyzed from my waist down." He added, "[I] had strokes and heart attacks not knowing what happened to me, and then in July 2009, the Agent Orange Commission released Agent Orange Update and I realized then what was happening to me and it was from those herbicides that I sprayed over there in Guam from and on Andersen AFB and off-base."

A total of 5,000 signatures are needed in order to get the White House's attention. Currently there are only 589 people who have signed the petition as of 11 OCT. If you would like to read the petition you can read it at <https://www.whitehouse.gov/petitions#!/petition/investigation-full-disclosure-where-and-when-agent-orange-herbicides-were-used-outside-vietnam/rQdBtRyd> . To sign the petition you must be registered which can be done on the <https://www.whitehouse.gov/petitions> site. Once registered you can sign any of the other petitions listed if you so choose. The deadline to get the required number of signatures is 22 OCT. Meanwhile, Congresswoman Madeleine Bordallo supports the initiative, telling KUAM News that individuals who may have been exposed to these chemicals deserve to have this matter investigated fully. [Source: KUAM News Nick Delgado article 8 Oct 23011 ++]

Tricare Pharmacy Policy Update 08: Express Scripts, the company that manages Tricare's pharmacy benefit, has filed an injunction against Walgreens to stop the retail drugstore giant from issuing what Express Scripts says are "disparaging" statements about the contractor and distributing information about their ongoing contract dispute. The legal motion, filed last month in U.S. District Court in Chicago, centers largely on Walgreens customers who receive their pharmacy benefits through Medicare under a separate contract managed by Express Scripts. But the filing also addresses letters that Walgreens sent to Tricare beneficiaries in early September informing them of the breakdown of contract negotiations. Those letters, which told Tricare members that Walgreens will be dropped from the Tricare pharmacy network after Dec. 31, apparently violated the current contract because Express Scripts says they constitute advertising. The letters also "suggest that Express Scripts has refused "several options that would allow Walgreens to continue serving" Tricare members, according to the injunction. "Publication of false promotional and marketing materials will greatly disrupt the orderly transition of tens of thousands of plan participants' prescriptions," Express Scripts' legal complaint states. In the injunction, Express Scripts takes issue with a statement in the Walgreens letter saying Express Scripts customers will no longer be able to fill their prescriptions at Walgreens after Dec. 31. "In fact, there is nothing that would prohibit Walgreens from filling a valid prescription from any Express Scripts member, even if Express [Scripts] is no longer under a network pharmacy provider agreement," the complaint states. That may be true, but Tricare customers who fill their prescriptions at a non-network pharmacy must pay full retail price and then submit a claim for reimbursement. [Source: Veterans-For-Change Newsletter 9 Oct 2011 ++]

Overseas Military Mail: Most USPS special services, such as certified mail, registered mail, insured mail, certificate of mailing, return receipt, restricted delivery and return receipt for merchandise are available in the military postal service. Collect on Delivery (COD) and Signature Confirmation are not available. The DOD does not, nor have any plans to censor mail. Current laws protect the privacy of mail once it is placed within the postal system. Custom officials under customs laws may open packages. Most areas of the Middle East have been

authorized Free Mail for personal correspondence being sent from the service member overseas back to the United States. Family members sending mail to service members in a free mail zone must pay for postage. The general public can't send care packages to deployed service members as they did during past conflicts. Families and friends may still send packages to servicemembers if they have a name and address however, they may not use appropriated funds. The Military Postal Service Agency (MPSA) can't provide names and addresses of service members. The USDA publishes guidance on food items recommended for care packages. Also, care packages must comply with customs regulations for the country in which the service member is located. Following is the standard delivery time in days for mail to reach servicemembers stationed overseas:

Standard Transit Times (days)

	Priority Letters	SAM Parcels	Surface Parcels	Surface Parcels
Iraq	11-13	10-12	20-24	N/A
Kuwait	11-13	11-13	20-24	N/A
Afghanistan	10-12	11-13	20-24	N/A
Germany	7-9	5-7	18-22	30-45
Japan	8-10	9-11	18-21	30-45
Korea	8-10	18-21	18-21	30-45

Listed transit times (from the chart above) are measured from the local post office (Anywhere, USA) to arrival at a military postal unit overseas. This transit time includes three to four days to go from the local post office to the U. S. Postal Service "gateway" (New York or San Francisco). Parcel post, however, can take 7 to 10 days to reach the gateways. At the gateway mail is sorted, bagged, and tagged to arrive at a military postal unit overseas. While commercial aircraft are very consistent, there could be a large variation in transit times due to military aircraft schedules, weather, transportation and military operations in theater, or movement of a service member's unit.

For Navy and Marine forces on board ships after processing at the Military Gateway, mail is flown to a Fleet Mail Center such as the one in Bahrain or Sigonella (Italy). FPO mail is sorted and transported to the individual ships by various means (often by small aircraft called Carrier Onboard Delivery (COD), to an aircraft carrier), often in conjunction with a supply mission. Vessels other than aircraft carriers normally get their mail during port visits or by re-supply ship if remaining at sea for longer periods of time. [Source: <http://hqdainet.army.mil/mpsa/faq.htm#q10> Oct 2011 ++]

Overseas Holiday Mail 2011: The Naval Supply Systems Command's (NAVSUP) Postal Policy Division mail-by dates for pre-Dec. 25 delivery of holiday cards, letters, and packages were announced 27 SEP. The dates are as follows:

Shore APO/FPO/DPO AE zips 090-098 (except 093); AA zips 340; AP zips 962-966

- Express Mail: Dec. 17
- First-Class Mail (letters/cards and priority mail): Dec. 10
- Parcel Airlift Mail: Dec. 3
- Space Available Mail: Nov 26
- Parcel Post: Nov. 12

Shore APO/FPO/DPO AE ZIP 093

- Express mail Military Service: N/A
- First-Class Letters/Cards/Priority Mail: Dec. 3
- Parcel Airlift Mail: Dec. 1
- Space Available Mail: Nov. 26
- Parcel Post: Nov. 12

For mail addressed from all shore FPOs (except 093):

- Express Mail Military Service: Dec. 17
 - First-Class Mail (Letters/cards, priority mail): Dec. 10
 - Parcel Airlift Mail: Dec. 3
 - Space Available Mail: Nov. 26
- 1) Express Mail Military Service (EMMS) is available from selected military post offices. If mailing to an APO/FPO address, check with your local post office to determine if this service is available.
 - 2) Parcel Airlift Mail (PAL) is a service that provides air transportation for parcels on a space-available basis. It is available for Parcel Post items not exceeding 30 pounds in weight or 60 inches in length and girth combined. The applicable PAL fee must be paid in addition to the regular surface rate of postage for each addressed piece sent by PAL service.
 - 3) Space Available Mail (SAM) refers to parcels mailed to APO/FPO addresses at parcel post rates that are first transported domestically by surface and then to overseas destinations by air on a space available basis. The maximum weight and size limits are 15 pounds and 60 inches in length and girth combined. From overseas locations, items mailed at Parcel Post rates are sent to CONUS by air on a space available basis. The maximum weight and size limit are 70 pounds and 130 inches in length and girth combined.

It is also recommended that customers check with their local civilian or military post office for information on size restrictions and possible need for customs declaration forms. Additionally, customers are advised that certain mail restrictions apply and some items can not be mailed. Examples are: switchblade knives, pornography, controlled substances, and explosive or incendiary devices. If in doubt as to what can or cannot be sent through the mail, contact your local civilian or military post office. As a final note, customers are cautioned that packages must not be mailed in boxes that have markings related to any type of hazardous material, such as bleach, alcohol, or cleaning fluids. Parcels found by the U.S. Postal Service with such markings or labels on the outside of the box will not be processed. [Source: Navy News 28 Sep 2011 ++]

Iraq/Afghan Wars: One in three U.S. veterans of the post-9/11 military believes the wars in Iraq and Afghanistan were not worth fighting, and a majority think that after 10 years of combat America should be focusing less on foreign affairs and more on its own problems, according to an opinion survey released 5 OCT. The findings highlight a dilemma for the Obama administration and Congress as they struggle to shrink the government's huge budget deficits and reconsider defense priorities while trying to keep public support for remaining involved in Iraq and Afghanistan for the longer term. Nearly 4,500 U.S. troops have died in Iraq and about 1,700 in Afghanistan. Combined war costs since the Sept. 11, 2001, terrorist attacks have topped \$1 trillion.

The poll results presented by the Pew Research Center portray post-9/11 veterans as proud of their work, scarred by warfare and convinced that the American public has little understanding of the problems that wartime service has created for military members and their families. The survey also showed that post-9/11 veterans are more likely than Americans as a whole to call themselves Republicans and to disapprove of President Obama's performance as commander in chief. They also are more likely than earlier generations of veterans to have no religious affiliation. The Pew Research Center, a nonpartisan organization that studies attitudes and trends, called the study the first of its kind. The results were based on two surveys conducted between late July and mid-September. One polled 1,853 veterans, including 712 who had served in the military after 9/11 but are no longer on active duty. Of the 712 post-9/11 veterans, 336 served in Iraq or Afghanistan. The other polled 2,003 adults who had not served in the military. The Pew survey found

- Nearly half of post-9/11 veterans said deployments strained their relationship with their spouses, and a similar share reported problems with their children. On the other hand, 60 percent said they and their families benefited financially from having served abroad in a combat zone. Asked for a single word to

describe their experiences, the war veterans offered a mixed picture: "rewarding," "nightmare," "eye opening," "lousy."

- Veterans are ambivalent about the net value of the wars, although they generally were more positive about Afghanistan, which has been a more protracted but less deadly conflict for U.S. forces.
- One-third of post-9/11 veterans said neither war was worth the sacrifices; that was the view of 45 percent in the separate poll of members of the general public.
- Fifty percent of veterans said Afghanistan was worth it, whereas the poll of civilians put it at 41 percent.
- Among veterans, 44 percent said Iraq was worth it. That compares with 36 percent in the poll of civilians.
- Former servicemembers who were seriously wounded or knew someone who was killed or seriously wounded, 48 percent said the war in Iraq was worth fighting, compared with 36 percent of those veterans who had no personal exposure to casualties.
- Exposure to casualties had an even larger impact on attitudes toward the war in Afghanistan. Fifty-five percent of those exposed to casualties said Afghanistan has been worth the cost to the U.S., whereas 40 percent of those who were not exposed to casualties held that same view.
- Isolationist inclinations among post-9/11 war veterans. About 6-in-10 said the United States should pay less attention to problems overseas and instead concentrate on problems at home. In a Pew survey conducted earlier this year, a similar share of the general public agreed.
- A cultural gap between the military and the general public. Although numerous polls have shown that Americans hold the military in high regard, the respondents in the Pew research acknowledged a lack of understanding of what military life entails.
- Only 27 percent of adult civilians said the public understands the problems facing those in uniform, and the share of veterans who said so is even lower -- 21 percent.

There are about 98,000 U.S. troops in Afghanistan, where the conflict began with a U.S. led invasion on 7 OCT, 2001. Obama campaigned for the presidency in 2008 on getting out of Iraq and ramping up the military campaign in Afghanistan. He is on track to have all U.S. troops out of Iraq by the end of this year, and in July he announced that he would pull 10,000 troops out of Afghanistan this year and 23,000 more by next September. [Source: Associated Press Robert Burns article 5 Oct 2011 ++]

Diabetes Update 08: The FDA has approved a fixed-dose combination tablet that combines the diabetes drug sitagliptin with simvastatin, under the brand name Juvisync. It's the first product with drugs for diabetes and high cholesterol in a single pill, the agency. Sitagliptin is a DPP-4 inhibitor sold as Januvia, first approved in 2006 as an adjunct to diet and exercise. Simvastatin (Zocor) is one of the most popular statin drugs for reducing total and LDL cholesterol. In the short term, the combination product will come in three strengths, all with 100 mg of sitagliptin and 10, 20, or 40 mg of simvastatin. The FDA advised physicians to consider other drugs that patients may be taking when deciding which strength to prescribe. The FDA noted that statins can exacerbate hyperglycemia in patients with type 2 diabetes. "This risk appears very small and is outweighed by the benefits of statins for reducing heart disease in diabetes," the agency said. "However, the prescribing information for Juvisync will inform doctors of this possible side effect. The company will also be required to conduct a post-marketing clinical trial comparing the glucose lowering ability of sitagliptin alone compared to sitagliptin given with simvastatin." Common side effects associated with the combination include upper respiratory infections, rhinitis, sore throat, headache, muscle and stomach pain, constipation, and nausea. The product's retail price has not yet been disclosed. [Source: MedPage Today John Gever article 7 Oct 2011 ++]

Traumatic Brain Injury Update 20: The Department of Veterans Affairs has launched a campaign to increase awareness about Traumatic Brain Injury (TBI) and services provided by the VA for Veterans

and Servicemembers recovering from TBI and co-occurring complex injuries. The campaign debuted with a 25-minute documentary highlighting individual stories of recovery for some of the most severely injured and wounded Veterans through the VA Polytrauma System of Care at the Hunter Holmes McGuire VA Medical Center in Richmond, Va. The documentary and other videos can be viewed at <http://www.polytrauma.va.gov>. "The stories of true courage and determination are an inspiration to all who watch this documentary," said Secretary of Veterans Affairs Eric K. Shinseki. "The stories go beyond their injuries resulting from combat or vehicle accidents by highlighting their heroic roads to recovery, aided by VA's system of care. I encourage everyone to take the opportunity to watch the video."

VA has released a series of products to promote awareness of TBI and services available to Veterans, including public service announcements (<http://www.polytrauma.va.gov/multimedia-library/multimedia-library>) featuring Golden Globe, Emmy, and Screen Actors Guild SAG Award winner and Academy Award nominee Gary Sinise. The pieces highlight the fact that effects of TBI can range from mild to severe, lasting for a brief or prolonged period of time. Treatment is available and VA provides specialized services to support Veterans and Servicemembers through evaluating and diagnosing TBI, related problems, and enabling their recovery. More information about TBI and VA's Polytrauma/TBI System of Care is available at <http://www.polytrauma.va.gov>. [Source: VA News release 7 Oct 2011 ++]

DoD/VA Coordination: On 6 OCT CDR Rene Campos, (USN-Ret.), the deputy director of Military Officers Association of America (MOAA) Government Relations, testified at a House Veterans Affairs Health Subcommittee hearing on DoD and VA implementation of the Federal Recovery Coordination Program (FRCP). The hearing dovetailed with an earlier (May) hearing at which Government Accountability Office (GAO) witnesses highlighted significant coordination problems between DoD and VA programs. Visibly frustrated, Chairwoman Ann Marie Buerkle (R-NY) expressed disbelief when Pentagon and VA witnesses told the Committee they are collaborating to resolve program discrepancies. "I feel like I'm in a parallel universe," she said. Buerkle said she believes the GAO findings reflect the reality that the agencies are operating separate and overlapping programs, causing unnecessary and unacceptable confusion, and creating another 'burdensome bureaucratic maze' for wounded warriors and families to deal with.

During the hearing, subcommittee members heard from witnesses that "care coordination is done in silos...there is no collaboration or cooperation between the agencies...the VA and DoD Secretaries signed agreements to establish and implement the FRCP to be the 'ultimate resource' for wounded warriors but aren't operating as such...the VA has problems accessing members into the FRCP...VA and DoD program names and eligibility requirements are confusing..." Campos summed up the situation in her portion of the testimony, saying, "The two departments have been unable to fix the issues of care coordination for this relatively small population of catastrophically wounded and disabled members, and are unlikely to do so in the immediate future without outside intervention to address policy and program compliance, accountability, communications, and oversight issues across all wounded warrior programs." MOAA's testimony recommended Congress:

- Establish a joint DoD-VA care coordination program and office.
- Conduct joint hearings before the Veterans Affairs and Armed Services Committees to ensure common understanding and guidance in addressing wounded warrior needs.
- Require VA and DoD medical and benefit systems to expand outreach and communication efforts.
- Conduct periodic needs assessment surveys among beneficiaries to improve programs and identify unmet needs.

[Source: MOAA Leg Up 7 Oct 2011 ++]

VA Headstones & Markers Update 07: Charles Ricotta, 77, wants is a stone to mark his son's decade of service as a Naval reservist. But, he says gaps in the law prevent the family from buying government

memorial headstones and markers available to military reservists and National Guard members. Despite serving from 1997 until 2007 when he died of a heart attack, the government says Joseph Ricotta isn't eligible because he wasn't on active duty. He was buried in St. Denis Cemetery in East Fishkill. Following the burial, his father inquired into purchasing a memorial marker for his grave. He contacted the Department of Veterans Affairs in Albany. He was told that because of his son not having one day of active duty, even though he served for years, he wasn't entitled to a headstone or a foot marker. Nor could he purchase one either. According to the department's website, only 'reserve components,' who, at time of death, were entitled to retirement pay or die while hospitalized at a U.S. military medical facility for disease or injury sustained during training, among other military reserve personnel, are eligible to receive government markers and headstones. "If he would have spent one day in a military hospital while he was away with the military — for a cold, even — that would have been considered active duty.

Ricotta told his story to staff from the office of U.S. Rep. Nan Hayworth (R-19-NY) "They took all my information and said someone would get back to me," he said. About five months later, Charles Ricotta received an email. It said the congresswoman had put together legislation to show to her colleagues in Congress. In June, Hayworth introduced H.R.2305, the Memorialize Our Guardsmen and Reservists Act, in the House of Representatives. The bill would make the headstones and markers available for purchase by reservists and their next of kin through the U.S. Department of Veterans Affairs. Hayworth said she was moved by Ricotta's story. "I was touched," said Hayworth, whose own parents served in the British and American armies during World War II. "The headstones and markers would be paid for by the individual or family members at no additional cost to taxpayers," she said. "Our reserve components deserve the opportunity to be laid to rest under the same monument as their fellow service members to recognize the commitment they made to serve and defend the United States of America. They share the same spirit of patriotism of the millions who came before..." she said in a written statement.

The bill was referred to the Veterans' Affairs Committee and is awaiting a hearing. Hayworth said she was confident the bill would become law. The legislation has gained the support of the National Guard Association of the United States, Reserve Officer's Association and the Association of the U.S. Navy, according to Hayworth's office. The bill was co-sponsored by U.S. Reps. Paul Gosar of Arizona, Candice Miller of Michigan and Richard Hanna, R-Barneveld, of Oneida County. Nat Sillin, Hayworth's spokesman, said: "It was referred to the committee upon introduction back in June. It will need to pass the House, a companion bill pass the Senate, and then the final bill would have to be signed into law by President Barack Obama. The bill could also be attached to another bill which would help expedite the process — but that is a procedural hypothetical." [Source: Poughkeepsie Journal Shantal Parris Riley article 4 Oct 2011 ++]



Charles Ricotta visits the headstone of his son Joseph Ricotta and his wife Mary E. Ricotta

Tricare Vaccines Update 01: Below is DoD's chart updated 16 AUG 2011 of the vaccines you can get without co-pays. Note that they include the vaccines for flu, Pneumonia, shingles, and children diseases. To learn more about any of the vaccines listed refer to www.cdc.gov. You should call your pharmacy if they are participating and if so find out what days and times they are giving out the vaccines, if they have enough on hand (there can be lots of shortfalls with the new shingles vaccine.) If you don't know of a participating drug store you can call 1-877-363-1303 and they can find you one:

Covered Vaccine & Restrictions

- Diphtheria & Tetanus - DT/TD ~ No restrictions
- Haemophilus Influenzae - Hib ~ No restrictions
- Hepatitis A Virus (HAV) ~ Age 1 or older
- Hepatitis B Virus (HBV) ~ No restrictions
- Human Papillomavirus - HPV (Cervical Cancer) ~ Females ages 9-26
- Flu (Seasonal Flu):Influenza A -flu shot, inactivated ~ No restrictions
- Flu (Seasonal Flu): Fluzone High Dose ~ No restrictions
- Measles ~ Age 1 or older
- Measles, Mumps & Rubella - MMR ~ Age 1 or older
- Measles, Mumps, Rubella & Varicella - MMRV ~ Age 1 or older
- Meningococcal (Meningitis) ~ Age 2 or older
- Mumps ~ Age 1 or older
- Pneumonia: Pneumovax-23 - PPSV23 ~ Age 2 or older
- Pneumonia: Prevnar-13 - PCV13 ~ Birth to age 18
- Poliomyelitis (Polio) ~ Birth to age 18
- Rotavirus ~ Birth to 12 months
- Rubella (German Measles) ~ Age 1 or older
- Tetanus Booster ~ Age 7 or older
- Tetanus, Diphtheria,& Pertussis ~
- (Whooping Cough) - Tdap/DTaP ~ No restrictions
- Varicella (Chickenpox) ~ Age 1 or older
- Zoster -Zostavax (Shingles) ~ Age 60 or older

[Source: <http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/Vaccines> Oct 2011 ++]

NDAA 2012 Update 03: Even though the new fiscal year for the federal government began on 1 OCT, Congress has yet to complete its work of funding the government for the new year. Instead, they've passed a stopgap spending bill, called a continuing resolution, which keeps the government open until 18 NOV. House Appropriations Committee Chairman Harold Rogers (R-KY) announced that he hopes to begin negotiations with the Senate appropriators very soon. His goal is to complete their work as soon as possible, but certainly by that 18 NOV deadline. There are 12 annual spending bills that Congress is supposed to pass, but because they are so far behind their work this year the hope is to pass one catch-all bill, called an omnibus, or else several smaller bills called "minibuses." Included in this process is the defense appropriations bill for FY2012, and while they have been working on it they are a long way from finished.

The House has already passed its version which calls for spending \$530.5 billion for defense funding. However, the Senate Appropriations Committee last month passed a defense spending bill of \$513 billion, the same amount that was given to the Pentagon for FY2011. If that is the amount that finally passes the Senate the difference will have to be worked out with the House. There is speculation that what the Senators are really waiting for is to see what the "Super Committee" that is supposed to come up with \$1.2 trillion in cuts before the end of November decides regarding defense spending. No matter what appropriations committees decide now, if the Super Committee comes up with a different number and it passes both houses of Congress, that's what the amount will be.

Another bill caught up in the politics of Congress and the actions of the Super Committee is the National Defense Authorization Act (NDAA) for FY2012. This is the bill that authorizes the programs for the Department of Defense but doesn't pay for them. The Senate's version of the NDAA had looked like it was on the way to a vote sometime in OCT, but Senate Majority Leader Harry Reid said he would not bring the bill to a vote on the Senate floor because of certain provisions it contains regarding the terrorism suspects at Guantanamo Naval Base in Cuba. Those provisions are:

- 1) One that would authorize indefinite detention of terror suspects;
- 2) A requirement for mandatory military custody of terrorism suspects; and
- 3) Restrictions on the transfer of detainees from Guantanamo to the U.S.

According to Majority Leader Reid, "... we must maintain the capability and flexibility to effectively apply the full range of tools at our disposal to combat terrorism. This includes the use of our criminal justice system, which has accumulated an impressive record of success in bringing terrorists to justice." However, Senator John McCain, who is the ranking member of the Senate Armed Services Committee and who supports the bill as is, said Reid should not hold up the bill since it was supported by 25 of 26 Senators on the committee and that the committee members clearly thought that suspected terrorists "should fall under military, non-civilian supervision and trials." One possible solution is to pull the three provisions out of the NDAA and put them into a separate bill where they could then be voted on. Another is to send the bill to the Senate floor as is and simply vote to amend it. Meanwhile Senators will continue to meet together to try and come up with a solution so the bill can be acted upon soon. Again, they may be waiting upon the Super Committee to present its budget so they can see how much money will be available. [Source: TREA Washington: News for the ENLISTED article 7 Oct 2011 ++]

Prostate Cancer Update 14: The United States Preventive Services Task Force (USPSTF) is expected to recommend an update to its prostate cancer screening guidelines. They contend that healthy men do not need prostate cancer screening with prostate specific antigen (PSA) because the test does not save lives and often leads to unnecessary testing, interventions, and treatment. According to a report in the New York Times, the recommendation would be announced 11 OCT and is based on a USPSTF-commissioned study, which failed to show a clear benefit from prostate cancer screening with PSA. "After about 10 years, PSA-based screening results in small or no reduction in prostate cancer-specific mortality and is associated with harms related to subsequent evaluation and treatments, some of which may be unnecessary," concluded authors of the report, a copy of which was obtained by MedPage Today and ABC News.

The authors came to the conclusion after reviewing data from five large randomized clinical trials of PSA testing. The data included results of the NIH-sponsored Prostate, Lung, Colon, and Ovary (PLCO) clinical research program, whose investigators found no mortality benefit among men who underwent screening PSA testing and were followed for 10 years. Published at the same time as the PLCO study, a large European study of screening PSA showed a statistically significant 20% reduction in the mortality hazard after nine years, but the absolute difference was 0.07%. Yet another study showed almost a 40% reduction in the mortality hazard (6.1% absolute risk reduction)

among screened men. However, subgroup analysis suggested the benefit was limited to men younger than 65. "Treating approximately three men with prostatectomy or seven men with radiation therapy instead of watchful waiting would each result in one additional case of erectile dysfunction, and treating approximately five men with prostatectomy would result in one additional case of urinary incontinence," authors of the USPSTF-commissioned report wrote. "Prostatectomy was also associated with perioperative (30-day) mortality (about 0.5%) and cardiovascular events (0.6% to 3%) and radiation therapy with an increased risk of bowel dysfunction."

USPSTF officials did not respond to multiple telephone calls from MedPage Today requesting confirmation or comment on the report and recommendation. Physicians began responding to the news almost immediately. In an email to MedPage Today and ABC News, Boston oncologist Philip Kantoff, MD, characterized the recommendation as counterproductive and the wrong message. "More on point is the proper selection of patients for screening and more use of active surveillance as a treatment option for good-risk patients," said Kantoff, of Harvard and the Dana Farber Cancer Institute. No stranger to controversy, the USPSTF will likely find itself in the crossfire of opposing sides on this cancer screening recommendation. The task force touched off a verbal firestorm by recommending that mammographic breast cancer screening before age 50 should be optional, and decided by a woman and her physician. The mammography controversy attracted congressional attention from legislators responding to constituents' outrage, and HHS secretary Kathleen Sebelius eventually issued a statement emphasizing that the USPSTF does not set health policy. [Source: MedPage Today Charles Bankhead article 6 Oct 2011 ++]

AFRH Update 05: For more than 150 years, veteran Airmen, Marines, Sailors and Soldiers have been welcome at the Armed Forces Retirement Home's two campuses. Mississippi's new Gulfport campus and the campus in Washington, D.C., provide services and amenities rivaling those found throughout the United States. For those who meet the eligibility requirements, there are no initiation or registration fees. Visit <http://www.afrh.gov> online or call 800-422-9988 for more information. Below are the rooms provided to residents:

AFRH Washington D.C.



At Washington D.C. residents are assigned private, air-conditioned single rooms. Average room size is approximately 130 square feet of living space plus a bathroom, shower and walk-in closet. The AFRH provides each resident with a single bed, desk, chair and reading lamp, as well as bed linens and towels that are laundered by a contractor. Personal furnishings and small refrigerators are allowed. Each room is wired for cable and telephone, which if desired, must be paid for by the resident. Smoking is permitted in designated residents' rooms and smoking areas. Residents can be assigned to non-smoking floors upon request.

AFRH Gulfport MS



At Gulfport residents are assigned private, air-conditioned single rooms. Average room size is approximately 450 square feet of living space plus a bathroom, shower and closet. The AFRH provides each resident with a bed, night stand, armoire, dining table with chairs, love seat, and lounge chair. Personal furnishings such as computers, computer desk and microwaves are allowed. Each room is wired for cable and telephone, which if desired, must be paid for by the resident. Smoking is not permitted in the facility.

[Source: <http://www.afrh.gov> Oct 2011 ++]

Veterans Day 2011 Update 01: Each year, Veterans Day turns into a military reunion at Applebee's in neighborhoods across the country. Veterans and military from all generations enjoy great food as they share stories from their time serving our country. This year, Applebee's is offering a Veterans Day menu that includes some of its signature and favorite items. To locate a restaurant near you and review their menu refer to <http://www.applebees.com>. Here are the details:

- All U.S. veterans and military personnel with proof of current or former military service will be treated to a free meal at all Applebee's in their respective neighborhoods on Veterans Day, Friday, Nov. 11, 2011.
- Proof of service includes the following: U.S. Uniform Services Identification Card, U.S. Uniform Services Retired Identification Card, Current Leave and Earnings Statement, Veterans Organization Card, photograph in uniform or wearing uniform, DD214, Citation or Commendation.
- Expiration: Oct 11, 2012 *This deal requires valid military ID in order to redeem

[Source: Military.com Oct 2011 ++]

Veterans Day 2011 Update 02: A new campaign is working to put the "veteran" back into Veterans Day and to rally public awareness of the sacrifices made by injured veterans and their caregivers. The Wounded Warrior Project kicked off "Believe in Heroes," which focuses primarily on wounded veterans from Iraq and Afghanistan and their caregivers, on the 10th anniversary of 9/11 terror attacks. The campaign will continue through Nov. 11, Veterans Day, said Jonathan Sullivan, executive vice president of the nonprofit organization. "Veterans Day has become a national holiday that most Americans give a cursory moment of thought to before going on with their day," said Steve Nardizzi, the Wounded Warrior Project's executive director. Veterans will be recognized at NASCAR races, NCAA and NFL games as part of the campaign, Sullivan said. Two recent 8-kilometer events sponsored through the campaign drew 1,245 people in Jacksonville, Fla., and 65 in Seattle, he added, and the next 8k walk or run will take place Oct. 15 in Charlotte, N.C. Regardless of how people show support, he added, the intent of the campaign is clear. "Believe in Heroes is a call to action," he said, to recognize the meaning of Veterans Day, and to support the needs of wounded warriors and their caregivers.

From the earliest stages of the Wounded Warrior Project, Sullivan said, there was concern about the sacrifices caregivers would make to care for their wounded warriors. "Once the most traumatic of injured warriors are out of the hospital and back home," he added, "the caregiver can be in for a long road ahead." Engaging families and caregivers is essential to helping warriors make the transition back to life after they're injured, Sullivan said, noting that combat injuries affect both the warrior and the family. The idea for the campaign stemmed from what Sullivan said seemed to be dwindling public interest in the significance of Veterans Day. "Very few people pause Nov. 11 and reflect on the sacrifices our vets made on behalf of us," he said, and he expressed the hope that the two-month campaign to raise support and awareness of the wounded, their caregivers and all U.S. veterans would create a groundswell of interest that will repeat year after year, every Veterans Day. But Sullivan said he won't stop there. Like the year-round campaign for breast cancer awareness that intensifies with National Breast Cancer Awareness Month in October, Sullivan said, he envisions year-round "Believe in Heroes" awareness that culminates in a campaign from Sept. 11 to Nov. 11 each year. "The public would be reminded of how much our wounded warriors sacrificed on the battlefield for us," he said. [Source: AFPS Terri Moon Cronk article 13 Sep 2011 ++]

Heart Disease Update 02: Salt plays numerous roles. Among other things, it helps balance electrolyte levels and transmits nerve impulses. Unfortunately, a majority of Americans take in too much salt, ingesting an average of 3,500 milligrams each day which is 1,200 milligrams above the maximum recommended daily intake. When the amount of sodium in your body is more than your kidneys can handle, it increases your blood volume, which requires your heart to work harder and raises the pressure in your arteries. So if you're suffering from heart disease, you need to limit the quantity of salt in your diet to at most 1,500 milligrams a day; therefore you should educate yourself on foods that are high in the ubiquitous compound. Here are a few foods that are surprising sources of sodium either because of the shocking amount they contain or due to the fact that you'd never suspect them.

- **Onion soup mix:** It's hardly unexpected that a dry soup mix would have a lot of salt, but 3,132 milligrams seems a bit immoderate. Though soup is notoriously high in sodium, not all soup mixes are made the same: At 610 milligrams of sodium, Lipton's onion soup mix has about a fifth that of generic brands.
- **Dairy products:** Cheese is not the only salty dairy product. A cup of milk and a six-ounce serving of yogurt both impart about 130 milligrams of sodium. While that's considered a moderate amount of sodium, consuming several dairy products over the course of a day can lead to an overtally of sodium rather quickly.
- **Baking powder and baking soda:** A half teaspoon of baking powder contains 240 milligrams of sodium, while a half teaspoon of baking soda has 600 milligrams. Since these ingredients are essential to many baked goods, they up the sodium content of foods that you wouldn't expect to have too much of the salty stuff. They also serve as an important reminder to read food labels carefully: The nutritional info panels on these products give breakdowns for an eighth of a teaspoon when many recipes call for at least double that amount.

[Source: QualityHealth Danielle Dowling article Jan 09 ++]

End of Life Surgery: One in three Medicare patients undergoes inpatient surgery in their last year of life, often during the final month, researcher found. Of the 1.8 million Medicare patients who died in 2008, about one-third underwent a surgical procedure the year before their death, according to a new study published online in The Lancet. More than 18% underwent a procedure in the last month of life. The researchers -- led by Alvin Kwok, MD, of Harvard's School of Public Health -- used public records and 2007-2008 Medicare claims data to determine

all patients who died during the 2008 calendar year who were 65 or older at time of death, and for whom there were Medicare claims 12 months prior to death.

- The Medicare patients who underwent a surgical procedure in their last year of life were, on average, several years younger than those who did not undergo a procedure, suggesting that surgeons are less likely to operate on patients over 80 because they worry they might have more complications from surgery.
- Patients who underwent end-of-life surgeries were more often men and more often not white.
- Patient income had no impact on end-of-life surgeries.
- There were regional differences. Munster, Ind., for instance, had three times the amount of end-of-life surgeries as Honolulu, which had the lowest number. The authors couldn't explain the regional variation observed in the study, but said they suspect a variety of reasons, including "population health, practice patterns, culture, and potentially, availability of other end-of-life services such as hospices."
- Regions with a high number of hospital "beds per head" also had high end-of-life surgical intensity, as did regions with high total Medicare spending, suggesting that healthcare providers in areas that have ample hospital space for patients, and bring in a lot of Medicare money, are more likely to lean toward operating on an elderly Medicare patient.
- Patients who underwent surgery typically had more hospital admissions, longer duration of stay, and a greater number of days spent in intensive care compared with Medicare beneficiaries who did not have a surgical procedure in the year before death.

Although the researchers didn't determine which surgeries were appropriate and which weren't, they nonetheless concluded that more surgery certainly doesn't equate to improved quality of life. "Although one might assume that more care results in better care, regions with high healthcare use at the end of life do not necessarily have better outcomes," the study authors explained, adding that areas with high surgical intensity actually have high death rates, too. The authors concluded that the new data on how common end-of-life surgeries are among the elderly should prompt clinicians to carefully consider a patient's goals when determining whether to perform a surgical intervention near the end of a patient's life. The findings should "lead to a renewed effort to identify the optimum care for dying patients, taking their wishes into account, to ensure that interventions help extend life and reduce suffering," the study authors wrote.

In an accompanying comment in *The Lancet*, Amy Kelley, MD, of the Brookdale Department of Geriatrics and Palliative Medicine at Mount Sinai School of Medicine in New York, wrote that the fee-for-service model is a problem because it gives surgeons a financial incentive to operate on elderly Medicare patients. Policymakers "must align incentives for insurance plans, healthcare institutions, and providers with individual patients' goals," she wrote. Kelley also suggested that medical and nursing schools make sure all graduates have basic competencies in palliative care. Having more medical staff who are skilled in end-of-life care will help ensure that treatment matches the care the patient wants, she said. The authors noted that one important limitation to their study was that they examined only inpatient procedures, although 44% of all medical procedures are done in an outpatient setting. [Source: MedPage Today Emily P. Walker 5 Oct 2011 ++]

VA Mental Health Care Update 04: A survey of social workers, nurses and doctors working for the Department of Veterans Affairs finds that more than 70 percent of respondents think the department lacks the staff and space to meet the needs of growing numbers of veterans seeking mental health care. More than 37 percent of the 272 respondents say they cannot schedule an appointment in their clinics for a new patient within the 14-day standard mandated by the department, according to the survey, a copy of which was obtained by *The Washington Post*. The survey was requested by the Senate Committee on Veterans Affairs after a hearing this summer at which veterans diagnosed with post-traumatic stress disorder and other mental health issues described long waits for

treatment that could raise the risk of suicide. On average, 18 veterans commit suicide every day, according to the VA. "The sad truth is that veterans who call to get a VA appointment have at least made the decision to reach out to VA for help," Sen. Patty Murray (D-WA) chairwoman of the committee, wrote in a letter sent Monday to the VA. "That is the critical step in accessing care, and it is not acceptable to have veterans, who have stepped up and shown the courage to ask for help, be denied that care."

The VA, describing the survey results as preliminary, noted that it was done quickly in response to the committee's request, and that the "survey methodology" might have been different given more time. But Murray called the results "very troubling" and said the VA must take immediate action. "I remain very concerned that the Department is going to delay other action for more than a year in order to conduct focus groups," Murray wrote. "While I understand the Department has concerns that this survey is not comprehensive, after the countless Inspector General reports, [Government Accountability Office] reports, hearings, public laws, conferences, and stories from veterans and clinicians in the field, it is time to act." The VA "is taking the findings of this query seriously and is working to better understand where service gaps exist," according to an executive summary of the study prepared by the department 9 SEP.

Last year, more than 1.2 million veterans were treated by the VA for a mental health problem, including 408,000 with a diagnosis of post-traumatic stress disorder. By comparison, 934,000 were treated for mental health problems four years earlier. The VA noted that the survey results contradict the department's own waiting-time data showing that more than 96 percent of new patients were able to be seen within 14 days. In examining this "discrepancy," the VA report noted that respondents to the survey described being unable to provide the type of mental health care needed by the patient. Others described a lack of critical support staff needed for the patients, such as a case manager. Among caregivers who report a lack of adequate staff, more than half attribute the shortage to increased numbers of veterans seeking health care, while one-third say the problem results from unfilled vacancies. Veterans need off-hour appointments during evenings or weekends, according to survey respondents. The VA has hired more than 3,500 mental health professionals in recent years and has a staff of almost 21,000, a 47 percent increase from five years ago. [Source: Washington Post Steve Vogel article 3 Oct 2011]

VA OEF/OIF Update 02: Nearly three-quarters of a million veterans back from Iraq and Afghanistan who are now out of the military have sought medical care from the government, and more than half of those service members suffer from a mental health condition, including post-traumatic stress disorder. These are among the stunning numbers in a new report compiled by Veterans for Common Sense, a veterans' advocacy organization. VCS shared the new report with TIME prior to public release scheduled for this week. The group culled the information from government data mostly obtained through a raft of Freedom of Information Act requests submitted to the Defense Department and the Department of Veterans Affairs. The bullet-point report portrays the sweeping impact of a decade of war on U.S. troops, including the fact that over 2.2 million service members have fought in Iraq and Afghanistan and 42 percent of those troops have deployed to war two times or more. The study reports the 6,211 deaths and 45,889 troops wounded in action so far, but it also sheds light on a dirty little secret about how the Pentagon has long minimized the number of reported casualties by excluding the number of injuries that are not the direct result of the bullets and bombs of the enemy. Another 56,874 service members have been medically evacuated from Iraq or Afghanistan because of accidents and other injuries. That brings the total number of casualties to 108,974.

The Pentagon says those 56,874 troops mostly are not casualties, but troops evacuated for medical problems unrelated to service. Go visit Walter Reed and chat with the troops banged up in Humvee wrecks and other incidents and tell them that. Also, the Pentagon's own dictionary defines a casualty as, "Any person who is lost to the

organization by having been declared dead, duty status - whereabouts unknown, missing, ill, or injured.” The precise number of service members back from war, out of the military, and seeking treatment from the VA is 711,986, according to VCS. More than half of those troops, 367,749, suffers from a mental health condition. A typical veteran is in his early twenties. The U.S. will be caring for hundreds of thousands of these vets for decades. [Source: Time.com Mark Benjamin article 3 Oct 2011 ++]

PTSD Update 79: In 2007, the Chicago-based anesthesiologist Eugene Lipov discovered that injecting a local anesthetic into a bundle of nerves in the neck of war veterans relieved PTSD symptoms. One, or sometimes two injections, and the veterans were suddenly better. Lipov has tried three times in the last four years to get the Department of Defense to fund a study on the treatment, but even with an endorsement of then-Sen. Barack Obama, he hasn't been able to wrench open the government pocketbook. The best he's been able to do is convince two Navy doctors in San Diego to do a small study of their own. “You would think the government would look at the results I've had and say, ‘This is a great idea. How can I help you?’” Lipov said. “But I'm still waiting.” Perhaps a shot is too simple an idea. At first glance it can seem gimmicky, almost like an infomercial pitch. But Lipov says his 12 patients have shown the shot to work, and in 2009, an Army doctor replicated those results with two soldiers at Walter Reed Army Medical Center. Lt. Col. Sean Mulvaney's results were published in the *Pain Practice* journal, where he wrote that both of his patients with chronic PTSD “experienced immediate, significant and durable relief.” Mulvaney has now treated 15 patients with the shot.

The testimonials of many of the veterans and servicemembers are powerful. The nightmares, flashbacks, anger and other PTSD-related issues were gone, they said, replaced with a calm they hadn't felt in years. Still, with those who hold the purse strings in the military research community, it's been a hard sell for an outsider like Lipov. The 10-minute procedure has been used since 1925 to treat pain, so it isn't a new concept. But no one before has proposed that it could treat PTSD, which despite its physical manifestations in the brain, is still largely thought of as an emotional problem. Here's how Lipov believes the shot works: There is a group of nerves in the neck called a stellate ganglion that is a part of the sympathetic nerve system, which among other things sends pain messages to the brain and controls stress, including the fight-or-flight response. When someone experiences trauma, the stellate ganglion produces an increased amount of nerve growth factor, which cause excess nerves to sprout in the brain, according to Lipov. This leads to overactive stress response and anxiety, he hypothesizes. By injecting the stellate ganglion with anesthetic, the nerve growth factor returns to normal levels, the excess nerves die off and the symptoms subside. Basically the shot settles down the sympathetic nervous system, resetting the brain to where it was before the trauma and onset of PTSD, Lipov theorizes.

The U.S. Army Medical Research and Materiel Command at Fort Detrick isn't buying it. Last month, they rejected Lipov's latest proposal, a \$1.6 million clinical trial. Reviewers of the proposal acknowledged that should a randomized controlled trial prove successful, it “could lead to important innovations in the medical treatment of PTSD.” But they wrote in their scientific review that they were concerned Lipov's study was overly ambitious and expensive for a relatively untested concept — and one they think lacks a convincing neurobiological explanation for why it works. Even a psychologist who has signed on to help advise Lipov as he moves forward with his work, agrees with the reviewers on that note. “You have to start with a theory that makes sense to folks,” said Stevan Hobfoll, who heads the Department of Behavioral Sciences at the Rush University Medical Center in Chicago. Col. Carl Castro, director of Ditrac's Operational Medicine Research Program, said Lipov skipped an important step: a study with control groups. Without that, the scientific community looks at results as little more than fallible anecdotes. The Army, which spends about \$30 million a year on PTSD research, would like to explore Lipov's approach, but he “needs to do a scientifically rigorous study, and that way if he gets promising results, we can be confident in doing a much larger clinical trial,” Castro said. “We don't want to fund a study that has the possibility

of failure, or has findings that will be so ambiguous we won't know what to make of the findings. It's a novel concept and really we have just got to ensure that what we're doing is safe and actually does what the treatment is supposed to do."

Lipov said one Pentagon official told him he's getting slow rolled because his treatment challenges the old guard, telling him: "The horse and buggy industry did not embrace the Model T." Hobfoll, who said he's skeptical about every new treatment that comes along, decided nonetheless to help out Lipov because he thinks "it has some chance of opening up avenues" that aren't currently available to treat PTSD. Other treatments that have been successful and accepted in treating PTSD also lack a thoroughly explained mechanism for why it works. "But it works," Hobfoll said. "I think Eugene may have stumbled on one of these." He said he thinks Lipov might be overselling the treatment, saying "it's not the way I would do it," but still "it makes more sense to me than drugs." Lipov has managed to persuade doctors at the Naval Medical Center in San Diego to test the shot on active-duty patients with chronic PTSD who haven't seen results with traditional treatments. It happened by way of Congress. A senior naval officer had heard Lipov testify last year at the House Veterans' Affairs Committee and took the idea to the psychiatric department at the medical center in San Diego. Lipov is frustrated that he's unable to reach as many people as he'd like because of the limited funds, but he's determined to keep moving forward with the treatment. [Source: Stars & Stripes Megan McCloskey article 5 Oct 2011 ++]



Capt. Anita Hickey explains to a patient at the Naval Medical Center San Diego how a local anesthetic injected in the neck, called a stellate ganglion block, will work.

VA Home Loan Update 31: Bank of America Corp., JPMorgan Chase & Co. and Wells Fargo & Co. were among 13 banks and mortgage lenders accused in a so-called whistleblower lawsuit of charging military veterans illegal fees to refinance home loans. The banks charged fees barred under a U.S. Department of Veterans Affairs program and hid the charges to get government guarantees for the loans, according to the whistleblower complaint brought by two mortgage brokers that was unsealed 4 OCT in federal court in Atlanta. "This is a massive fraud on the American taxpayers and American veterans," James E. Butler Jr., a lawyer for the plaintiffs, said in an e-mailed statement. "Knowing they weren't allowed to charge the fees, the banks and mortgage companies inflated allowable charges to hide these illegal fees without telling the veterans who were the borrowers or the VA they were doing so." The lawsuit was initially filed in 2006, but attorneys say it's common for these types of complaints to remain sealed for years while they are being investigated. It seeks to recover damages and penalties on behalf of the federal government, which said in court records that it wouldn't intervene.

More than 1.2 million of the refinanced loans have been made to veterans and their families over the past decade, and up to 90 percent of them were tainted with the alleged fraud, plaintiff's attorneys said. The firms collected \$300 to \$1,000 with each deal, which could amount to "massive damages" to the federal government, the complaint said.

Knowing they weren't allowed to charge the fees, the banks and mortgage companies inflated allowable charges to hide these illegal fees without telling the veterans who were the borrowers or the VA they were doing so. The Justice Department isn't joining the lawsuit, according to a 30 SEP filing by the U.S. Attorney's office in Atlanta. The whistleblowers, who worked for Financial Services Inc., doing business as Veteran's Mortgage Co., accuse the banks of violating the U.S. False Claims Act and seek \$5,500 to \$11,000 in damages on behalf of the U.S. for each violation. Lawrence Grayson, a spokesman for Charlotte, North Carolina-based Bank of America, Vickee Adams, a spokeswoman for San Francisco-based Wells Fargo, and Joe Evangelisti, a spokesman for New York-based JPMorgan, declined to comment on the lawsuit. The case is U.S. ex rel. v. Wells Fargo, 06-547, U.S. District Court, Northern District of Georgia (Atlanta). [Source: Bloomberg BusinessWeek Peter Blumberg article 5 Oct 2011 ++]

Medicine Drug Fraud: Federal officials are inadequately policing fraud by painkiller addicts and drug dealers who illicitly obtain prescription drugs through the Medicare Part D program, the Government Accountability Office reported on 5 OCT. One proposed remedy -- to improve monitoring for abuse through restricting beneficiaries to a single doctor and pharmacy -- is opposed by the Health and Human Services (HHS) Department for fear of denying legitimate patients their needed medications. Some 170,000 Medicare Part D beneficiaries acquired one of 14 classes of frequently abused drugs from five or more doctors during 2008, at a cost of about \$148 million, GAO said in a report and testimony to the Senate Homeland Security and Governmental Affairs federal financial management subcommittee. The 14 include such common drugs as hydrocodone and oxycodone. "In some cases, beneficiaries may have a justifiable reason for receiving prescriptions from multiple medical practitioners, such as visiting specialists or several prescribers in the same medical group," said Gregory Kutz, GAO's director of forensic audits and investigative services. "However, our analysis of Medicare Part D claims found that about 600 Medicare beneficiaries received prescriptions from 21 to 87 medical practitioners in the same year," he said. "In these situations, there is heightened concern that these Medicare beneficiaries may be seeking several medical practitioners to support and disguise an addiction."

More than 70 percent of the abusers, GAO estimates, are low-income or disabled eligible beneficiaries, not those in the over-65 age group who make up the majority of the optional Part D subscribers. Sen. Tom Carper (D-DE), who called the hearing with Sen. Scott Brown (R-MA) said a failure to counter the problem of "doctor shopping," particularly at a time of fiscal austerity, both harms taxpayers and contributes to a public health crisis. He stated that 7 million Americans, many of them teens, abuse prescription drugs -- that's more than the combined users of heroin, cocaine, hallucinogens, ecstasy and inhalants. "According to GAO, the controls that Centers for Medicare and Medicaid Services has put into place to stop this sort of abuse haven't done the trick," he said. "If a Part D plan sponsor suspects a beneficiary is doctor shopping, they send a letter to the doctors who've been visited. The letter is sent along with a self-addressed envelope in which the doctors can send a response to the sponsor's concerns. In some cases, the doctors will stop giving the doctor-shopping patients prescriptions. In other cases, they won't. Sometimes, the letters go unanswered."

Carper has joined with Brown and Sen. Tom Coburn (R-OK) in sponsoring the Medicare and Medicaid Fighting Fraud and Abuse to Save Taxpayer Dollars Act (S.1251), which "contains a set of important steps that will help rein in those trying to defraud our federal health care programs," he said. GAO recommended applying a restricted recipient program, or "lock-in," used by many states in their Medicaid program to confine each prescription drug beneficiary to a single doctor and pharmacy to ease monitoring. But such an approach might violate the 2003 statute creating the prescription drug benefit and risks denying legitimate patients their medication, according to Jonathan Blum, director of the Center for Medicare at CMS. "We have to strike a careful balance in stopping egregious behavior that makes no clinical sense, but to also see to legitimate healthcare needs," Carper said. Unlike the state

programs that allow a comprehensive view of prescription use, the federal program includes 3,400 different plan sponsors, some of which are stand-alone drug benefit providers with no connection to larger healthcare services. Medicare Part D "has been a great success in that costs have risen more slowly than the Congressional Budget Office originally projected," he said. Since the law took effect, CMS compliance efforts have been focusing on "underutilization," disciplining drug plans that fail to deliver as promised, he said. "Now it has reached a new stage of maturity, and it is time to focus on overutilization."

Carper agreed with GAO that the system for combating fraud and abuse needs improving, citing CMS moves to encourage wider use of electronic health records, "proactive" data monitoring, and use of patient I.D. numbers on prescription claims. "But we can't have undue restrictions on delivery" under what he referred to as "our dysfunctional healthcare system, which the Affordable Care Act is trying to reform." Blum noted that a 28 SEP letter CMS sent to plan sponsors is part of an effort to solicit their cooperation in tackling the problem. Brown and Carper said the letter was insufficient because it left out key stakeholders such as pharmacies and law enforcement organizations. "With millions of dollars at stake, you've got to do more than send a letter," Brown said. "Take the gloves off -- dictate, don't suggest." He also criticized the quality of information sharing between CMS and the Drug Enforcement Administration. Blum said his agency does refer evidence of abuse to the HHS inspector general and CMS' auditor, "but CMS does not carry guns," he said. "Some of the cases GAO cites are true fraud, but some are cases of legitimate health care needs." [Source: Gov.Exec.com Charles S. Clark article 4 Oct 2011 ++]

TSP Update 23: All but two of the investment options in the federal employee retirement savings plan posted losses in September for the fifth month in a row, bringing returns so far this year further into the negative.

- The Thrift Savings Plan's S Fund, which invests in small and midsize companies and tracks the Dow Jones Wilshire 4500 Index, saw the largest decline for the month, falling 10.73 percent.
- The I Fund, which invests in international stocks, was close behind with a 10.55 percent drop. The I Fund has lost 15.70 percent this year to date.
- The C Fund -- invested in common stocks of large companies on the Standard & Poor's 500 Index -- declined 7.03 percent. The C Fund has lost 8.70 percent for 2011.
- The S Fund is down 14.85 percent in 2011.
- The F Fund, which invests in fixed-income bonds, was in the black for the third month in a row, posting gains of 0.73 percent. The F Fund has increased 6.68 percent so far this year.
- The stable government securities in the G Fund also had small monthly growth of 0.16 percent. The G Fund rose 2.01 percent in 2011.

All the life-cycle funds, designed to move investors to less risky portfolios as they get closer to retirement, saw losses for the fifth straight month. The L 2040 dropped 6.85 percent in September; L 2030 declined 5.92 percent; L 2020 lost 4.73 percent; and L Income, for federal employees who have reached their target retirement date and have started withdrawing money, fell 1.51 percent. The new L 2050 Fund, which opened on Jan. 31, declined 7.80 percent. After September's performance, all of the L funds have dropped into the negative for the year. L 2040 is down 8.49 percent so far this year, with L 2030 close behind at 7.05 percent and L 2020 down 5.21 percent. L Income lost 0.29 percent in that time. [Source: GovExe.com Emily Long article 3 Oct 2011 ++]

Virus HEV68: It's not a new virus, but doctors need to keep an eye out for one that's not usually on the radar screen, federal health officials said on Thursday. It's called human enterovirus 68, or HEV68, and it can cause an unusually severe type of cold that can even kill in some cases. The virus has been around for decades, but for some

reason it's been causing clusters of serious illness over the past three years, the national Centers for Disease Control and Prevention reports. Three people, two in the Philippines and one in Japan, died from an HEV68 outbreak during 2008-2010, CDC and other scientists report in this week's newsletter on illness and death. There were also several clusters of the virus outbreak in the United States that sent batches of patients to the hospital, including in Georgia, Pennsylvania, and Arizona.

"HEV68 is not new, but clusters involving large numbers of people with this virus are a recent phenomenon. This may be due in part to improved respiratory diagnostics; however, long-term surveillance at some sites showed that HEV68 was an unusual cause of respiratory illness in other years," according to the CDC report. "First isolated in California in 1962 from four children with bronchiolitis and pneumonia, HEV68 has been reported rarely since that time and the full spectrum of illness that it can cause is unknown." Doctors need to be aware of the virus, the CDC said, and report any clusters of unexplained respiratory illness. Telltale symptoms may include sudden wheezing and worsening of asthma, CDC said. [Source: National Journal Maggie Fox article 30 Sep 2011 ++]

DoJ Fraud, Waste, & Abuse: The Justice Department's inspector general has rethought its recent assertion that agency employees at a professional conference got bilked for breakfast muffins at \$16 a pop. In response to continuing media coverage and denials by Justice and the hotel chain that hosted the fateful event, a spokesman for the IG on 27 SEP issued the following statement, originally in response to a query from Bloomberg Businessweek:

"The \$16 muffin was based on documentation obtained during the audit showing that the department was invoiced by the Capital Hilton Hotel \$4,200 including gratuity and service charge for 250 muffins. Although we made repeated attempts over several months to reach the Capital Hilton during the course of the audit to discuss its billing, it was not responsive to our numerous requests. Since our report was issued, the Capital Hilton has stated that other food and beverage items, such as coffee, tea, and fruit, were included in the charged amount, but did not provide any supporting documentation. Even if the \$4,200 fee included additional food and beverage items, the OIG believes, as stated in our report, that many individual food and beverage items listed on conference invoices and paid by the department were very costly". [Source: GovExec.com FedBlog Charles S. Clark article 30 Sep 2011 ++]

DoJ Fraud, Waste, & Abuse Update 01: The fallout from those controversial, overpriced muffins served at a conference sponsored by the Justice Department continues: The crumbs now spread all the way to the Department of Veterans Affairs, which soon could be forced to regularly inform Congress of any and all costs associated with the conferences and training sessions it sponsors. By voice vote 11 OCT, the House passed a bill H.R.2302 that requires the department to provide details of costs for meetings big and small — including an upcoming VA-sponsored training session at the Royal Pacific Resort at Universal Orlando. "The swaying palm trees. The tropical breezes. People have always been captivated by the allure of the South Seas," according to the hotel's Web site, which notes that conference participants are eligible for a \$97 nightly room rate — a price consistent with local federal travel per diem rates.

While it sounds alluring, the conference is designed to give the department's contracting officers the 80 hours of training they must complete every two years in order to keep pace with federal contracting guidelines, according to VA spokeswoman Jo Schuda. She said planning for the conference was underway before federal conference spending came under close scrutiny in the wake of a Washington Post report on hefty bills paid by the Justice Department for several of its conferences. At one Washington meeting — depending on whose version of events you believe — DOJ was either charged \$16 for each muffin served or \$14 for each continental breakfast provided to conference participants. In response — and without checking the facts of the audit — the White House quickly

forced federal agencies and departments to review all of their conference spending in time for a December Cabinet meeting. At the VA, Deputy Secretary W. Scott Gould is signing off on all conference-related activities and costs, Schuda said.

And now Congress is also getting involved: The House bill, sponsored by Rep. Marlin A. Stutzman (R-IN.), would direct the VA to provide quarterly spending reports on all conference costs for transportation, parking, per diem rates, lodging, the rental of halls and auditoriums, entertainment, printed material and — of course — refreshments. In language accompanying the bill, Stutzman and the House Veterans Affairs Committee said they understand the need for conferences and training sessions, “but believe that there must be more transparency and oversight of these meetings.” The department’s growing number of conferences means it is requesting \$105 million more in fiscal 2012 for travel costs, the committee said. It also cited an 11-day conference in Scottsdale, Ariz. held for 60 people that cost the Veterans Benefits Administration \$221,540 in travel, lodging and other costs. “The committee is very concerned about costs that are not directly related to the mission of providing services and benefits to veterans,” it said. [Source: Washington Post Ed O’Keefe article 11 Oct 2011 ++]

VN Veterans Memorial: In the 1980s, a veterans group raised about \$178,000 in private donations to build the green granite monument that features the names of 1,116 Washington residents who were killed or went missing in action during the Vietnam War. The Washington State Vietnam Veterans Memorial on the Capitol Campus has a special meaning for Hal Lymus, 72, of Olympia. “A lot of these guys died in my arms,” said the former combat medic, who served two tours in Vietnam. Lymus, who helped raise the initial funding, opposes a proposed \$50,000 addition to the memorial that includes a plaque depicting a Vietnamese “mourning soldier” with inscriptions in English and Vietnamese that read, “We remember with gratitude the soldiers of the Republic of Vietnam and the United States who fought and died for freedom and democracy in Vietnam.” Lymus said “We have nothing against the Vietnamese community whatsoever.” “It’s just that this wall is meant for one thing: the Washington citizens who died or are missing in action and for the guys who died as a result of their injuries.”

Supporters for the proposed addition, which also includes poles to fly the U.S., state and Prisoner of War flags, have received nearly \$25,000 in donations from numerous groups including the Vietnamese Air Force Veterans Association, the Squaxin Island Tribe and Veterans of Foreign Wars and American Legion posts from around the state. Lan Phan Jones co-chairs a citizens group that is working with the state Department of Veterans Affairs to make the memorial addition a reality. Her father was a Republic of Vietnam soldier who died in 1991. She has attended Memorial Day ceremonies at the wall for several years, and more recently has organized services to honor fallen South Vietnamese soldiers. “The addition gives us a place to show our respect and remember our love ones who died in the war,” Allen said. “After the war, our war dead have no place of honor in Vietnam. Their cemeteries were destroyed or moved by the communists.” Jones approached Veterans Affairs with her idea for a permanent memorial for South Vietnamese soldiers. Officials at the state agency thought it made sense to try to combine the efforts, according to director John Lee.

About 15 months ago, about 75 Vietnam veterans and 50 South Vietnamese veterans got together to talk about ideas for the proposed addition. “It was pretty remarkable what happened there,” said Lee, who served a year as an infantryman in Vietnam. “There was a lot of testimony. A lot of tears were shed. ... Everybody we talked to said, ‘Wow, great idea.’” He said he was surprised when he learned a few months ago that a group of veterans was trying to halt the project. He said he hasn’t heard of widespread objection; in fact, most of the input he has received has shown support for the project. He hopes the groups can come up with a compromise. At a 1 OCT hour long public meeting about the monument tempers didn't flare, but passions were evident. US Vietnam War veterans who "oppose that plan" were among some "70 people in attendance. State VA Director John Lee "asked for a show of hands," revealing a "near-even split between those for and against the proposed addition."

Chuck Manley, 63, is digging in for a fight. He said he has talked to many veterans about the proposed addition. "Their answer was not no, but hell no," Manley said. Like Lymus, Manley helped sell fireworks and Christmas trees and travel around the state to collect donations for the monument. He's accusing Veterans Affairs of not informing the public about the project, and of getting involved in fundraising efforts for a citizen-led project. "This thing is going to turn into a battle," Manley said. "We've got numerous senators and representatives who are with us on this, who are concerned about it. All this project is going to do is cause bad and hostile feelings between veterans, citizens and the Vietnamese community." [Source: The News Tribune Lisa Pemberton article 29 Sep 2011 ++]

CA Vet Legislation Update 07: Secretary Peter J. Gravett, California Department of Veterans Affairs (CalVet), praised Gov. Jerry Brown on 30 SEP for acknowledging the contributions and special needs of veterans who make California their home, when he signed legislation that will expand housing options for veterans and extend the priority registration for veterans going to state colleges and universities.

- AB 697 by Assembly member V. Manuel Pérez (D-Coachella) gives specific authority for CalVet to provide refinancing opportunities under the CalVet Home Loan Program to eligible veterans who are not current contract holders. The mortgage crisis has impacted veterans who have mortgages at financial institutions outside of the CalVet Home Loan Program, and who are subject to rising interest rates as a result of adjustable rate mortgages. This bill will allow those veterans to refinance their loan, as long as the loan is in good standing, not upside down on the value of the house and would make good financial sense for both the CalVet Home Loan Program and the veteran.
- AB 1084 by Assembly member Davis will expand the definition of "home" as defined in the CalVet Farm and Home Loan Program to include "cooperative housing corporation." This bill will allow CalVet to engage in a greatly needed service utilizing proven housing finance options for low and middle income people and is a pragmatic and beneficial method for housing veterans and their families, reducing homelessness among veterans and improving the economy.
- SB 813 by the Senate Committee on Veterans Affairs will increase the time veterans attending California's public institutions receive priority enrollment from two to four years to facilitate the maximum and efficient use of veterans federal education benefits. This change in statute will help alleviate the difficulties veterans face when they attempt to coordinate their federal education benefits, such as the Post 9/11 GI Bill, with registration for enrollment in classes at one of California's public colleges or universities. By extending the priority enrollment time frame, not only will veterans maximize their Post 9/11 GI Bill funding, but California will receive more federal veteran education money in a time when the State's colleges and universities are in need of additional resources

[Source: Lake County News Editor article 30 Sep 2011 ++]

Vet Toxic Exposure ~ Lejeune Update 24: A long-anticipated report by the Environmental Protection Agency determined this week that exposure to the chemical degreaser TCE causes cancer in humans. In the Camp Lejeune community, this means that those who lived and worked on base between the 1950s and 1980s, when solvents including TCE contaminated the water supply, may have finally proved what was making them sick. The report, released 1 OCT, found that exposure to TCE, short for trichloroethylene, is convincingly linked to kidney cancer, non-Hodgkin lymphoma and liver cancer, with more limited evidence that it causes bladder, esophageal, prostate, cervical, and breast cancers, as well as childhood leukemia. According to the findings, all routes of exposure can be carcinogenic to humans.

For a large cluster of male breast cancer survivors who all have Camp Lejeune in common, the information vindicates the belief that they were poisoned by the base water. Tallahassee, Fla., resident Mike Partain, who survived male breast cancer nearly four decades after his birth aboard Camp Lejeune, said the cluster now has 71 members. "This is confirmation of what we've known all along," Partain said. Partain said the report also serves to further discredit a 2009 finding from the National Research Council, often cited by Marine officials and public affairs materials, finding no clear connection between the base water and latent disease. Jerry Ensminger, a local water contamination victims' advocate who lost a daughter to childhood leukemia in 1985, said he was heartened by the report. "This was 20-plus years in the making," he said. "It's a crying shame that it takes that long for our regulatory agencies to finally getting around to protecting public health and the environment." Contamination victims and their advocates hope the EPA findings will assist in the passage of the Senate Caring for Camp Lejeune Veterans Act, which would provide hospital and nursing home care and medical services to those affected by the water.

The bill has nine co-sponsors; its companion bill in the House, the Janey Ensminger Act, has 23. In a statement released by the bill's sponsor, Sen. Richard Burr,(R-NC), of the risk associated with it," he said. "I am hopeful additional awareness will spur them get the medical assessment and treatment they need."A spokeswoman for the Environmental Working Group, LeeAnn Brown, said the group was pleased by the EPA's move to classify TCE, though it was a long time coming. "I think that we do know that there has been strong lobbying efforts from the chemical industry and other industries that use trichloroethylene." she said. "I think for them they see it as a concern from just a public relations standpoint." Marine Corps Spokeswoman Capt. Kendra Hardesty said the Corps was aware of the report. "We are reviewing the recently published report that is substantially similar to the draft report we have previously seen, and we will update our information and materials accordingly," she said. Three-quarters of a million people may have been exposed to contaminated water while aboard Camp Lejeune. [Source: Jacksonville Daily News Hope Hodge 1 OCT 2011 ++]

VA Home Loan Update 30: The U.S. Department of Veterans Affairs will cover extra costs for veterans who struck deals on home loans and faced the possibility of higher fees amid confusion over a federal law change, the agency said 1 OCT. The problem involves a 8 SEP notice from the Department of Veterans Affairs loan operations that said certain fees would be lower beginning 1 OCT. But Congress delayed those lower fee rates from taking effect until November in legislation awaiting President Barack Obama's signature. Lenders, who didn't know about the change, made loan deals based on the lower rate, including Scott Thigpen, who runs The Citizens Bank in South Carolina's mortgage operations. Thigpen said Veterans Affairs created a problem that left lenders with the choice of imposing higher fees on mortgages heading into closing and delaying those deals or absorbing the higher costs. "Somebody had to have jumped the gun," Thigpen said. Thigpen said a Sumter veteran was to close a deal on a \$160,000 loan on Monday and faced a \$1,200 fee increase. The bank decided to cover the additional costs. That won't be needed now after Veterans Affairs Secretary Eric K. Shinseki said the VA will waive fee changes for loans in closing. "For cases where lenders have closed loans with lower funding fees than provided in the new bill, the secretary, under existing authority, will waive the difference in the fees," VA spokesman Joshua Taylor said. [Source: Associated Press Jim Davenport article 2 Oct 2011 ++]

Vet Jobs Update 37: U.S. Customs and Border Protection (CBP), an Equal Opportunity Employer, is hiring Border Patrol Agents (GL-1896-05/09), Office of Border Patrol, to work for the nation's largest single border agency. CBP is committed to recruiting and employing qualified veterans. Currently veterans make up over 25 % of their workforce, both in our Frontline positions as well as our mission support and operations occupations. As a

Border Patrol Agent, you protect the American people from terrorism, drug smuggling and illegal entry to our country. This position has an annual salary ranging from \$38,619.00 – \$63,259.00. Duty stations include Arizona, California, New Mexico and Texas. Duties include detecting, preventing and apprehending undocumented aliens and smugglers of aliens at or near the land border; responding to electronic sensor alarms and infrared scopes during night operations; interpreting and following tracks, marks and other physical evidence; and completing other activities such as farm and ranch checks, traffic checks, traffic observation, city patrol, transportation checks, administrative, intelligence and anti-smuggling. Applicants must apply on or before Thursday 27 OCT 2011. For more information, refer to <http://borderpatrol.jobs> or send an email to <mailto:cbpvets@dhs.gov>. [Source: VetJobs Veteran Eagle 1 Oct 2011 ++]

VA Blue Water Claims Update 19: U.S. Senators Kirsten Gillibrand (D-NY) and Lindsey Graham (R-SC) have introduced legislation to ensure that more than 250,000 Navy veterans from the Vietnam War exposed to the powerful toxin Agent Orange will be eligible to receive the disability and health care benefits they have earned for diseases linked to Agent Orange exposure. During the Vietnam War, the U.S. military sprayed approximately 20 million gallons of Agent Orange in Vietnam to remove jungle foliage. This toxic chemical had devastating effects for millions serving in Vietnam. In 1991, Congress passed a law requiring the Veterans Administration (VA) to provide presumptive coverage to Vietnam veterans with illnesses that the Institute of Medicine has directly linked to Agent Orange exposure. However, in 2002 the VA determined that it would only cover Veterans who could prove that they had orders for “boots on the ground” during the Vietnam War. This exclusion affects as many as 250,000 sailors who may have still received significant Agent Orange exposure from receiving VA benefits.

“Because of technicality in the law, hundreds of thousands of American veterans are being denied the benefits they need and deserve,” Senator Gillibrand said. “Our government must fulfill its commitment to the service members who have fallen victim to Agent Orange-related disease and enact new legislation that will provide our vets with the disability compensation and healthcare benefits they have earned. Agent Orange is a very difficult chapter in our nation’s history. It is time that we correct the errors of the past.” Senator Graham said, “This is a legacy issue that needs to be dealt with. There are Vietnam vets who are suffering from Agent-Orange related illnesses and we need to ensure they are getting the care they need. It’s now time to ensure the government takes care of their needs which were incurred during their defense of our nation.” Blue Water Navy Vets – veterans who were on duty in the waters around Vietnam, but did not have “boots on the ground” – were often exposed to Agent Orange on a daily basis. Studies have shown that Agent Orange contaminated the water sources on ships, affecting veterans onboard ships or aircraft that transported barrels of Agent Orange, and ships and aircraft deployed in close proximity or even downwind from Agent Orange drop sites.

A May 2011 report by the Institute of Medicine established several “plausible routes” for Agent Orange exposure through the water distillation process aboard Navy ships and through the air. In 2010, a study by the Institute of Medicine cited exposure to Agent Orange resulted in an increased chance of developing serious heart problems and Parkinson’s disease. A 1990 study by the Centers for Disease Control and Prevention (CDC) showed Vietnam veterans had a rate of non-Hodgkin’s lymphoma 50 percent higher than the general population. Agent Orange is linked to a range of other diseases, including several blood and respiratory cancers, type II diabetes, prostate cancer and more. In 2005, the VA’s former Director of Environmental Agents Service Dr. Mark Brown publicly acknowledged that there was no scientific basis for the exclusion of Blue Water Vietnam veterans, but the VA has continued to refuse these veterans the presumptive benefits Congress initially intended. In his article in the Journal of Law and Policy, Dr. Brown wrote, “Science does not back up the VA’s policy on the Navy.”

The Agent Orange Equity Act of 2011 (S.1629), would clarify the existing law so that Blue Water veterans would be fully covered by the VA if they served within the “territorial seas,” or approximately 12 miles offshore of Vietnam. The bill would make it easier for the VA to process Vietnam War veterans’ claims for service-connected conditions and alleviate a portion of the VA’s backlog by extending presumptive coverage of Agent Orange benefits to these veterans. If approved the law would be effective as of 25 SEP 1985. [Source: Sen. Gillibrand press release 28 Sep 2011 ++]

GI Bill Update 106: Education costs and drop-out rates are sharply higher for veterans and military students enrolled in some for-profit schools compared to public or private colleges, according to an investigation by the Senate Health, Education, Labor and Pensions (HELP) Committee. At a Senate hearing last week, Sen. Jim Webb (D-VA) said the situation is like that after World War II, when fraudulent "trade schools" sprang up all over the country but didn't adequately prepare returning veterans for the workforce. "For-profits...collected 37 percent of G.I. Bill funds...and trained only 19 percent of the veterans, [under the Post-9/11 GI Bill]," Webb said. "[T]here are for-profit institutions that are providing our non-traditional populations a great service...[but] we owe it to the taxpayers and to our veterans to carefully monitor and provide adequate oversight." Webb's recommendations track with MOAA's testimony for the hearing, which urged strengthening consumer education so vets can make informed decisions and tracking performance measures on cost, transferability of credits, default rates, graduation rates, and job placement rates upon graduation to distinguish the quality programs from those aimed more at making money off the government.

To give an idea of how bad the situation is, the Department of Justice and four states have filed a multibillion-dollar fraud suit against the Education Management Corporation (EMC), the nation’s second-largest for-profit college company, charging that it was not eligible for the \$11 billion in state and federal financial aid it had received from July 2003 through June 2011. The suit said that each year EMC falsely certified that it was complying with the law, making it eligible to receive student financial aid. The major class of students that Education Management Corporation has targeted over the years is veterans. EMC, is based in Pittsburgh and is 41% owned by Goldman Sachs. It enrolls about 150,000 students in 105 schools operating under four names: Art Institute, Argosy University, Brown Mackie College and South University. This suit is just the start of the move by many to curtail the predatory for-profit schools.

In another example, an August 2010 GAO undercover investigation report described investigators posing as prospective students applied for admissions at 15 for-profit colleges in 6 states and Washington, D.C. The colleges were selected based on several factors, including those that the Department of Education reported received 89% or more of their revenue from federal student aid. GAO also entered information on four fictitious prospective students into education search Web sites to determine what type of follow-up contact resulted from an inquiry. GAO compared tuition for the 15 for-profit colleges tested with tuition for the same programs at other colleges located in the same geographic areas. The GAO undercover applications at the 15 for-profit colleges found that 4 of the colleges encouraged fraudulent practices and that all 15 engaged in deceptive or otherwise questionable statements to GAO's undercover applicants. Four undercover applicants were encouraged by college per personnel to falsify their financial aid forms to qualify for federal aid!

Amazingly, in spite of the findings of the GAO undercover investigation, VA and DOD continue to allow the 15 predatory for-profit schools to enroll active duty, veterans and spouses. There obviously is no effective oversight of the educational programs at DOD and VA! The major problems with the predatory for-profit schools are covered in the Theodore L. Daywalt, CEO and President of VetJobs at <http://vetjobs.com/media/2011/09/22/5470/>. A copy of the testimony is also included in this Bulletin’s attachment entitled, **“GI Bill Predatory for-Profit Schools”**

If you are enrolled in an online school and are concerned about the school's accreditation, call the admissions or registrar at a state school and ask if you applied to a graduate school program at the state school, would the school accept the degree from the online school you are attending. If they will not accept it, you may be wasting your GI Bill benefits! The same applies to training programs. Some predatory for-profits will claim the training is accepted by the state licensing authority when in reality, the training is not acceptable.

As has been reported in the press and blogs, many of the predatory for-profit schools and their extensive, well-funded (indirectly with federal dollars from the students) lobbying group argue that veterans and their educational benefits should be left to "the invisible hand of the free markets." Others argue that veterans have the "free choice" to elect an institution that they feel best suits their educational needs. And still others argue that veterans and servicemembers "know what is best for them as they are grownups" and the programs "serve those who cannot attend traditional two- and four-year institutions." These arguments are specious at best and suggest that all veterans have the knowledge to make informed decisions, that they have a complete understanding of the stratified system of higher education or have access to the knowledge through base and command education counselors. These are false assumptions. [Source: MOAA Leg Up & VetJobs 30 Sep 2011 ++]

Military Retirement System Update 09: A simple VFW online poll in Late SEP revealed that any changes to the existing military retirement system could have a devastating effect on the viability of America's all volunteer force. Based on 1,400 responses:

- 95 percent of respondents would leave the military if the retirement system was changed. Currently, only 8 percent of the force stays to 20 or more years. Lowering the retention percentage would impact the availability and quality of future military leaders.
- 93 percent of respondents would not make the active military a career if they could not collect retirement pay till age 60, which is the full retirement age for Guard and Reservists.
- And 76 percent of respondents would separate after 10 years if they knew they would receive a full GI Bill educational benefit and a vested 401(k). This would strip the ranks of midcareer officers and NCOs who are in their prime working age, because a civilian style 401(k) retirement plan can be earned anywhere, and much more safely.

[Source: VFW Washington Weekly 30 Sep 2011 ++]

Tricare Prime Update 09: Military retirees enrolling in the TRICARE Prime health plan after 1 OCT will begin paying slightly higher annual fees. The fee change for fiscal 2012 means the plan will cost \$260 per year for members and \$520 per year for members and family. The increase amounts to an additional \$2.50 per month for individual members and \$5 per month for members and family, officials said. Active duty service members receive health care with no out-of-pocket costs. Annual fees for retirees enrolled in TRICARE Prime prior to the 1 OCT change will remain at \$230 and \$460 until 1 OCT, 2012, officials said. Retirees in Tricare PRIME have a catastrophic cap of \$3,000, and TRICARE Prime co-pays are not changing, they added. "We are committed to offering the best possible health care system for our entire military family," said Dr. Jonathan Woodson, assistant secretary of defense for health affairs. "This modest annual fee increase allows us to responsibly manage our costs in line with other secretary of defense initiatives announced earlier this year."

Survivors of active duty deceased sponsors and medically retired services members and their dependents will be exempt from an annual increase, effective from the time they renew their enrollment or first enroll in TRICARE Prime, officials said, noting that the TRICARE benefit is among the nation's most affordable health care plans. All

service members, military retirees and their eligible family members have TRICARE benefits regardless of prior health conditions. "The department is committed to maintaining the same unique health care protection we have always offered our warriors, both current and retired," Woodson said. "To sustain our military health system we are working hard to streamline, become more efficient, and achieve cost savings. Together, we can manage our costs responsibly and continue to provide care for our service members, retirees and their families." [Source: DoD Press Release 30 Sep 2011 ++]

Tricare Data Breach (SAIC) Update 01: Science Applications International Corp. said backup computer tapes containing sensitive health information of 4.9 million Military Health Care System TRICARE beneficiaries treated in the San Antonio, Texas, area since 1992 were stolen from an employee's car Sept. 14. Vernon Guidry, an SAIC spokesman, said the employee was transporting the tapes from one federal facility to another in the San Antonio area and reported the theft the same day to TRICARE and the San Antonio Police Department. But Sandra Gutierrez, a police spokeswoman, said the theft, according to a report filed by SAIC, occurred sometime between 7:53 a.m. and 4 p.m. on Sept. 13 at an SAIC facility at 300 Convent Ave., indicating the tapes had been left in a parked car for most of the day, with the company reporting the robbery on the 14th. TRICARE, in a statement posted on its website on 14 SEP referred to the incident as a "data breach" and did not acknowledge this resulted from a theft.

Guidry said SAIC is working with the local police department, the Defense Criminal Investigative Services and a private investigator to attempt to recover the backup tapes. There is no indication that the data has been accessed by unauthorized persons. In 2007, Air Force investigators reported that SAIC had transmitted unencrypted health records of military personnel and their families over the Internet. TRICARE, in its statement, said the backup tapes contained a wealth of information on patients treated in San Antonio clinics and hospitals, including "clinical notes, laboratory tests and prescriptions" from 1992 through this Sept. 7. Military hospitals in San Antonio include Brooke Army Medical Center and the Air Force Wilford Hall Medical Center. Other health care information contained on the tapes also included diagnoses, treatment information, provider names, provider locations and other patient data, such as lab tests run in San Antonio, even though the patients were being treated elsewhere. The data on the tapes, backups for the military electronic health record system, also could include Social Security numbers, addresses and phone numbers. "There is no financial data, such as credit card or bank account information, on the backup tapes," the statement said. "The risk of harm to patients is judged to be low despite the data elements involved since retrieving the data on the tapes would require knowledge of and access to specific hardware and software and knowledge of the system and data structure," TRICARE said.

TRICARE said patients who believe their financial information could be at risk can get free credit report monitoring through the Federal Trade Commission. SAIC, in a notice posted on its website, said it has set up an Incident Response Call Center for any TRICARE patient with concerns about the tape theft and the security of their information. Harley Geiger, a policy counsel who specializes in health care at the Center for Democracy and Technology, a Washington nonprofit, said that free credit reports fail to address the key issue in the theft of health care data, "the most sensitive information about an individual" such as prescriptions and diagnoses, which can cause far more harm to a person than financial data. Breaches of this type of data cannot be resolved by credit monitoring, Geiger said, and erode public confidence in the push to use electronic health records throughout the national health care system, Geiger said. [Source: GovExec.com Bob Brewin article 29 Sep 2011 ++]

EDITOR NOTE: This is another of many data breaches which threaten the financial security of retirees. Regardless of how many safeguards are put into effect, government and private commercial facilities increasingly rely on computerized data which in one way or another is subject to compromise. The only sure way to protect

yourself from identity theft is to review and subscribe to one of the personal financial security services available such as companies like LifeLock www.lifelock.com.

Tricare Data Breach (SAIC) Update 02: An Air Force veteran of the first Iraq war and a military spouse and her two children have hit the Defense Department with a class action lawsuit seeking \$4.9 billion in damages from the theft of a computer tape containing personal and sensitive health information from the car of an employee of Science Applications International Corp., a contractor with the TRICARE Health Management Activity. The company was not named as a defendant in the action. The suit, filed 10 OCT by the law firm Shulman, Rogers, Gandal, Pordy & Ecker of Potomac, Md., seeks \$1,000 in damages for all 4.9 million TRICARE beneficiaries whose records were on the computer tape stolen 13 SEP from the SAIC employee's car in San Antonio. TRICARE and Defense Secretary Leon Panetta are named as defendants. Plaintiffs in the case are Virginia Gaffney of Hampton, Va., a TRICARE beneficiary described as the spouse of a decorated war veteran, along with her two dependent children, and Adrienne Taylor of Glendale, Ariz., an Air Force Operation Desert Storm veteran who also is a military spouse and TRICARE beneficiary. The suit, filed in the U.S. District Court for the District of Columbia, charges that

- TRICARE "flagrantly disregarded" the privacy rights of TRICARE beneficiaries by failing to take the necessary precautions to protect their identity. The complaint said data on the stolen computer tape was "unprotected, easily copied . . . [and TRICARE] inexplicably failed to encrypt the information."
- TRICARE "compounded its dereliction of duty by authorizing an untrained or improperly trained individual to take the highly confidential information off of government premises and to leave unencrypted information in an unguarded car in a public location, from which it was stolen by an unknown party or parties," the suit alleged.
- The "intentional, willful and reckless disregard of plaintiffs' privacy rights caused one of the largest unauthorized disclosures of Social Security numbers, medical records and other private information in recent history," the complaint charged.

TRICARE has acknowledged that the stolen computer tape contained a wealth of patient information including clinical notes, laboratory tests, prescriptions, diagnoses, treatment information, and provider names and locations. But, when it announced the theft -- which it called a "data breach" -- on 30 SEP, TRICARE downplayed the ability of anyone to access the information on the tape. "The risk of harm to patients is judged to be low despite the data elements involved since retrieving the data on the tapes would require knowledge of and access to specific hardware and software and knowledge of the system and data structure," the military health program said. The class action lawsuit disputed this assertion, alleging that "personal information on the computer tape could be retrieved by the name of an individual or by an identifying number, symbol or other identifying data assigned to an individual." The theft of the computer tape, the complaint charged, has exposed the medical and personal information of all four plaintiffs to the possibility of identity fraud and resulted in "emotional upset" due to the invasion of privacy. TRICARE declined to provide credit monitoring services in the wake of the tape theft, and, as a result, the complaint said, both Gaffney and Taylor purchased such services on their own to protect against identity theft, incurring an ongoing economic cost.

The lawsuit asked the court to direct TRICARE to provide free credit monitoring services to all 4.9 million beneficiaries whose personal information was on the stolen tape and to reimburse those who had already purchased such services on their own. This could slam TRICARE with another hefty bill. When the Veterans Affairs Department discovers a loss, theft or exposure of this kind it routinely offers credit monitoring services and up to \$1 million annually in identity theft protection at a cost per veteran of \$29.95 a year. At that rate, it would cost TRICARE \$146.8 million to provide credit monitoring services to 4.9 million people. Shulman, Rogers also wants to use the lawsuit to reform what it considers poor practices by Defense and TRICARE to maintain the privacy of personal information. Defense and TRICARE, the suit said, "have repeatedly demonstrated an inability or unwillingness to implement or [have a] callous disregard for fundamental procedures to provide minimally acceptable safeguards to prevent against the disclosure of personal and private information in their possession." The suit asks the court to bar TRICARE and Defense from transferring a record or system of records covered by the Privacy Act "until an independent panel of experts finds that adequate information security has been established." The court also should prohibit Defense and TRICARE from transporting any records off government property unless

they are fully encrypted, and SAIC should not be allowed to transport any records until an independent expert panel determines the company has established adequate information procedures, the lawsuit said. TRICARE and SAIC declined to comment on the lawsuit. [Source: NextGov.com Bob Brewin article 13 Oct 2011 ++]

Varicose Veins Update 01: Healthy veins have valves that open and shut to help the blood flow to the heart. Venous reflux disease – varicose veins – occurs when the valves that keep the blood flowing become damaged. When the valves don't close as they should, symptoms like pain, swollen legs, heaviness and fatigue occur. The disease can cause skin ulcers and worsens if left untreated. Factors contributing to varicose veins include obesity, multiple pregnancies, age, gender and family history. Those who stand for long periods on the job also put too much pressure on their legs, causing veins to swell. You don't have to be vain to want varicose veins removed. While they may look ugly, the twisted and bulging veins cause more than just cosmetic problems. These enlarged or swollen blood vessels occur mostly in the legs, causing heaviness, burning and pressure, not unlike the sensation of having a blood-pressure cuff on one's arm. For that reason, Medicare, TriCare and Veterans Administration military health plans all cover a minimally invasive treatment that heats, shrinks and seals the vein in minutes. A boon for older patients who won't have to undergo general anesthesia, the Closure procedure targets venous reflux disease, which causes varicose veins. It's a painful condition that produces swelling, pain and disfigurement in 25 million Americans, predominantly women and seniors. According to the Mayo Clinic, potential complications of venous reflux disease include ulcers caused by blood building up over a long period of time and thrombophlebitis, blood clots deep within the veins.

Here-to-for vein stripping was the treatment applied by many doctors to correct the problem. With the patient under general anesthesia, using a stripping tool, the doctor makes cuts in the groin and calf, then pulls the vein out of the leg, often causing scarring and bruising. According to California's El Camino Hospital's Dr. Hardeep Ahluwalia medical director of vascular and endovascular surgery, physicians not directly involved in vascular specialties may not be aware that vein stripping is now obsolete. He said he's also concerned about "fly-by-night operations that can't use the technology appropriately and fall back instead on vein stripping using general anesthesia." Older patients can be knocked out of commission for days. Ahluwalia is in the vanguard of doctors offering the Closure procedure, which allows patients to return to normal within minutes and resume their routines with no downtime. "Everyone will tolerate this procedure better than classic open operations that require big incisions," said Ahluwalia, who has removed varicose veins via the technique for six years.

The technique uses ultrasound to help the physician find the troublesome vein. Then, the doctor inserts a tiny catheter, trademarked by San Jose's VNUS Medical Technologies, into the diseased vein. The vein is heated using radio-frequency energy, causing the vein's wall to shrink and collapse and then the catheter is removed closing the vein. Ahluwalia said he performs more than 20 such procedures a month at his El Camino offices in Los Gatos and Mountain View, with so much demand that there's a long waiting list. Most insurance plans pay for the operation, which costs approximately \$2,000. For more information on the Closure procedure, call the El Camino Hospital Heart and Vascular Institute's Vein Center at 650-965-1909 in Mountain View CA. [Source:

Vietnam Veterans Memorial Update 09: Some interesting and sobering items about the Vietnam Wall.

- There are 58,267 names now listed on that polished black wall, including those added in 2010.
- The names are arranged in the order in which they were taken from us by date and within each date the names are alphabetized. It is hard to believe it is 36 years since the last casualties.

- The first known casualty was Richard B. Fitzgibbon, of North Weymouth, Mass., listed by the U.S. Department of Defense as having been killed on June 8, 1956. His name is listed on the Wall with that of his son, Marine Corps Lance Cpl. Richard B. Fitzgibbon III, who was killed on Sept. 7, 1965.
- There are three sets of fathers and sons on the Wall.
- 39,996 on the Wall were just 22 or younger.
- The largest age group, 8,283 were just 19 years old 33,103 were 18 years old.
- 12 soldiers on the Wall were 17 years old.
- 5 soldiers on the Wall were 16 years old.
- One soldier, PFC Dan Bullock was 15 years old.
- 997 soldiers were killed on their first day in Vietnam.
- 1,448 soldiers were killed on their last scheduled day in Vietnam.
- 31 sets of brothers are on the Wall.
- Thirty one sets of parents lost two of their sons.
- 54 soldiers on the Wall attended Thomas Edison High School in Philadelphia.
- 8 Women are on the Wall -- nursing the wounded.
- 244 soldiers were awarded the Medal of Honor during the Vietnam War; 153 of them are on the Wall.
- Beallsville, Ohio with a population of 475 lost 6 of her sons.
- West Virginia had the highest casualty rate per capita in the nation. There are 711 West Virginians on the Wall.
- The Marines of Morenci AZ - In the patriotic camaraderie typical of Morenci's mining families, the nine graduates of Morenci High enlisted as a group in the Marine Corps. Their service began on Independence Day, 1966. Only 3 returned home.
- The Buddies of Midvale - LeRoy Tafoya, Jimmy Martinez, Tom Gonzales were all boyhood friends and lived on three consecutive streets in Midvale, Utah on Fifth, Sixth and Seventh avenues. They lived only a few yards apart. They played ball at the adjacent sandlot ball field. And they all went to Vietnam. In a span of 16 dark days in late 1967, all three would be killed. LeRoy was killed on Wednesday, Nov. 22, the fourth anniversary of John F. Kennedy's assassination. Jimmy died less than 24 hours later on Thanksgiving Day.
Tom was shot dead assaulting the enemy on Dec. 7, Pearl Harbor Remembrance Day.
- The most casualty deaths for a single day was on January 31, 1968 ~ 245 deaths.
- The most casualty deaths for a single month was May 1968 ~ 2,415 casualties were incurred.

[Source: Unknown Sep 2011 ++]

Tax Letters & Notices: Each year the IRS sends out millions of letters and notices to taxpayers. Some request payment for taxes. Some are notifications of changes in your account. Some request additional information. This past summer, the IRS released Tax Tip 2011-22. It provides specific guidance on how to respond to a tax notice and can be found on their website at <http://www.irs.gov>. While it is recommend that you consult the website, here is a brief summary of the things to know or do if you receive a notice in your mailbox:

- 1. Don't Panic!** Many letters are simple and painless, and can be dealt with easily. Often the IRS is simply notifying taxpayers of actions or corrections it has made to their accounts.
- 2. Read Carefully!** There are a number of reasons why the IRS might send a notice. While the service might be requesting a payment of taxes, it could just as easily be asking for additional information or notifying the taxpayer of changes to his account. It is important, therefore, to take a moment and calmly read the correspondence.
- 3. Follow The Instructions!** Each letter and notice offers specific instructions on what you are asked to do to satisfy the inquiry.

- 4. Request More Time!** If you need time to comply with the notice, request it. Often, the IRS can grant an extension of time to respond but you must ask for it. If you ask, put it in writing. In some cases, however, no extension is possible. The 90-day deadline to file in Tax Court after a Notice of Deficiency is one example.
- 5. Compare Notice With Your Records!** If you receive a correction notice, review the correspondence and compare it with the information on your return. If you agree with the correction, no reply is necessary unless a payment is due or the notice directs otherwise.
- 6. Respond!** If you disagree with the correction the IRS made, it is important to respond. Send a written explanation of why you disagree and include any documents that support your view. Also, include the bottom tear-off portion of the notice.
- 7. Give The IRS 30 Days!** Once you have mailed your response to the address listed on your notice in the upper left-hand corner, allow at least 30 days for a response.
- 8. Call!** Leave little to chance. While most notices can be handled without calling or visiting an IRS office, you may want to contact the IRS if you have not received any correspondence to your inquiry after 30 days. With a copy of your tax return and notice in hand, call the telephone number in the upper right-hand corner of your notice.
- 9. Keep Copies Of All Correspondence!** Document whatever you say over the phone. You can ask IRS representatives to write you confirming what they said, but do not assume they will. If you have called and obtained a 30-day extension, send a short letter confirming the agreement. Include in the letter the name and badge number of the person you spoke to on the phone. Keep copies of all correspondence and documents in your permanent records.
- 10. Get Help!** Sometimes it is appropriate and advisable to obtain professional assistance when dealing with the IRS. Be prudent. If a tax bill is small, pay the bill and move on. However, if you believe a rigorous rebuttal is required, hire a professional to help you.

For more information about IRS notices and bills, see Publication 594, The IRS Collection Process. The publication is available at <http://www.irs.gov>. [Source: The Tax Barron Report Fall 2011 ++]

WWII Vets Update 08: One of the enduring images of the June 6, 1944, Allied invasion of Normandy is U.S. paratrooper John Steele hanging from the church steeple in Sainte-Mere-Eglise. Paratrooper Jack Anderson of the 101st Airborne Division had a different kind of landing in the same town that morning. "I hit the thatch roof of a farmhouse," he said. "I fell right through. The farmer and his wife were scared stiff. They thought I was a German. I was pretty much out of it myself, 19 years old, with the German army all around you." In SEP, representatives of the French government and military awarded Anderson the Legion of Honor medal, France's highest honor, for his service in Normandy. "It was wonderful being recognized after all these years, wonderful," said Anderson, a Chicago native living in Cape Coral. "They were really great, very serious about what they were doing." Helen Anderson, Jack's wife of 65 years, heard France was awarding the medal to Americans who fought in Normandy and applied for it on behalf of her husband. On 7 SEP in Tampa, Anderson and eight other Normandy veterans received the medal.

Having fought with the 101st in Normandy, in Operation Market-Garden (made famous by the book and movie "A Bridge Too Far") and the Battle of the Bulge, Anderson already had plenty of medals from World War II, including a Bronze Star and three Purple Hearts. On June 6, 1944, he was almost killed before he was able to jump from his plane. "I was standing in the door - it was my job to make sure everybody got out - and a shell hit us," he said. "We were losing altitude like mad, not in a dive, but falling flat, like an elevator. "I got blown out of the plane at about 400 feet and hit the thatch roof. My chute might not have even opened." The next day, Anderson was wounded in the legs - he's not sure whether it was small arms or artillery fire - and sent to the Normandy beaches before being evacuated to England. "It was strange for me to come down to the beach," he said. "I couldn't believe all the dead, and when the tide came in, it was just red."

One of the most famous statements of World War II was made during the Battle of the Bulge, after the Germans had surrounded the 101st Airborne and Combat Command B of the 10th Armored Division in the strategic Belgian

town of Bastogne. On Dec. 22, 1944, four German soldiers entered the headquarters of 101st commander Brig. Gen. Anthony McAuliffe and delivered an ultimatum: Surrender or be annihilated. McAuliffe sent back a one-word answer: "Nuts." Anderson, who had been wounded again three days before, happened to be present. "When they gave him that ultimatum, the general had this look on his face like, 'Are you out of your frigging mind?'" Anderson said. "They wanted a formal answer, and he gave them one. "He was a soldier's general, somebody you'd be proud to follow."

After the war and rehabilitation for his wounds at a military hospital in Colorado, Anderson returned to Chicago and worked as a welder. Like many veterans, Anderson carried the war with him long after end of hostilities. "His mother said he would tear up the sheets at night," Helen Anderson said. "He jumped out of bed and had these terrible nightmares. And I was taking shrapnel out of his back I don't know how many years." Even now, 67 years after he jumped into Normandy, Anderson thinks often about the war. "Everybody sings their own song," he said. "But nobody can explain it: You had to be there to understand. Some things you go through stay with you your whole life. But I guess I'd do it again." [Source: AP article 17 Sep 2011 ++]



Jack Anderson

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

- Hearing – October (TBD). The House Committee on Oversight and Government Reform will conduct a hearing on “Is This Any Way to Treat Our Troops? Part IV: Lack of Progress and Accountability.”

- Hearing - October 17, 2011. HVAC, Subcommittee on Economic Opportunity will hold a field hearing entitled "Hiring Heroes: Job Creation for Veterans and Guard/Reserve Members." 10:00 A.M.; Education Service Center, Waterloo Community Schools, 1516 Washington St., Waterloo, IA.
- Hearing - October 19, 2011. HVAC, Subcommittee on Economic Opportunity will hold a field hearing entitled "Examining Veterans' Employment Issues in Northeast Indiana." 10:00 A.M.; Allen County Public Library, 900 Library Plaza, Fort Wayne, IN
- Hearing – October 20, 2011. HVAC will hold a full committee hearing, topic to be determined. 10 A.M.; 334 Cannon
- Hearing – November 16, 2011. HVAC will hold a full committee hearing, topic to be determined. 10:00 A.M.; 334 Cannon

Vet Toxic Exposure~TCE: As early as WWII, United States Air Force and other Military bases used and disposed of chemical degreasers and other toxic substances that were later determined to contaminate drinking water and pose multiple health risks including: Cancers, Reproductive disorders, Birth defects, and Multiple other serious difficulties. Countless military personnel, their families, and private individuals living and working in the near vicinity of the bases may have been affected by these contaminants, through drinking water, general water usage and exposure through vapor seepage. The four most alarming contaminants are: Trichloroethylene (TCE), Tetrachloroethylene (PCE), Vinyl Chloride, and Benzene. Scientific studies show that some or all of these chemical compounds have breached the ground water supply on several of our US Military Bases and in some instances, have affected civilian properties adjacent to the bases including churches, schools and private wells. Currently, on-going research is being conducted on military bases around the country and on properties directly adjacent to these bases to identify just how wide spread this contamination may be.

Naval Air Station (NAS) Whiting Field is a 2,560-acre installation devoted to training naval aviators. It is located in Santa Rosa County, in the northwest portion of the Florida panhandle, approximately 20 miles northeast of Pensacola and 8 miles north of Milton. Past handling and disposal of chemicals used at NAS Whiting Field, including solvents, paints, degreasers, oil, and fuels, resulted in releases to the environment, either due to accidental spills or leaks or to surface disposal or burial of these substances. Efforts to identify contamination at the installation began in 1985. Since then, 29 sites have been identified under the Department of Defense's Installation Restoration Program (IRP). An investigation of each has been completed, is underway, or is planned. An appropriate remedial alternative that is protective of human health will be selected for each IRP site. There are several plumes of trichloroethylene and its breakdown products, and of benzene, toluene, ethylbenzene, and xylenes (petroleum byproducts) within the installation. Contaminants are thought to be migrating off site in only one location, near the southeast corner of the installation.

In 1986, two of NAS Whiting Field's three water supply wells were closed because volatile organic compounds (VOCs) were detected in the wells at concentrations exceeding safe drinking water standards. Benzene concentrations exceeded the state drinking water standard in one well, and trichloroethylene concentrations exceeded the state and federal drinking water standards in the other. Each well reopened after a treatment system was installed to remove the contaminants. As a precautionary measure, a treatment system was also installed on the third water supply well. NAS Whiting Field was placed on the U.S. Environmental Protection Agency's National Priorities List on June 30, 1994, due to contamination detected at the installation, particularly groundwater contamination that had affected the on-site water supply. The Agency for Toxic Substances and Disease Registry (ATSDR) visited the site in 1994 and 1999 to collect information about how people on and off site might be exposed to environmental contamination and to obtain environmental sampling results. During its review of available information, ATSDR identified the ways that people might be exposed to environmental contamination. Since

groundwater is the source of drinking water both on and off site, the most widespread potential pathway for exposure is through drinking contaminated groundwater. Recreational users of Clear Creek and its floodplain may also come into contact with contaminated surface water, sediment, and fish. For additional info refer to <http://www.atsdr.cdc.gov/hac/pha/pha.asp?docid=246&pg=0>. [Source: <http://www.militarycontamination.com> Jul 2011 ++]

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Cooling Tips

Saving Money: For those struggling to save money while beating the heat, consider these simple energy-reducing tricks around your house:

- **Raise Your Thermostat.** If you have central air, begin by automatically setting your thermostat to a higher temperature, say 78 or 80 degrees, during times when you're not at home. A programmable thermostat could save you as much as \$180 a year, according to Energy Star.



- **Utilize Ceiling Fans.** While you're at home, put your ceiling fans to work — even with your air conditioner running. It may sound counterintuitive to do so, but ceiling fans can create a cooling effect that leaves you dry and comfortable, enough so you can raise the temperature on your air conditioner. A 2-degree increase can lower cooling costs by up to 14%, according to the Environmental Protection Agency.
- **Keep the Air Conditioner in the Shade.** It's not always possible, but if you can install your air conditioner in a window that's facing shade, instead of sunlight, you'll lower the AC's workload.
- **Time the Chores.** Leave some household tasks — like running the dishwasher or washing machine — for either the early morning or late evening since some utility companies charge a premium during peak hours of the day.
- **Skip the Stove.** Your stove is another giant source of heat. Consider warming up small-sized portions in the microwave. You could save as much as 80 percent in cooking energy, according to Energy Star. Your outdoor grill is another great alternative for cooking, not only because it conserves energy — it also keeps the heat outside!
- **Minimize the use of anything that generates heat.** This includes lighting, televisions (unplug when not in use), and computers.
- **Keep window coverings closed on windows that get sunlight.** If you have exterior awnings or shutters, use them. You can even rig up a no-so-fancy awning by hanging a blanket outside your window.

- **Dampen your clothes.** With a spray bottle dampen clothing to take advantage of the cooling effects of the fabric drying. Some people even sleep under a damp sheet – even cooler if it has been stored in the fridge or freezer.
- **Eat cool foods.** This includes lots of fruit. Popsicles, cucumbers, and melons are all good cooling foods. Alternately, try out a spicy dish. It is crazy how much hot food makes you feel cooler, but it does succeed. Drink lots of fluids but avoid alcohol and caffeine, which contribute to dehydration and overheating.
- **Take advantage of public places with air conditioning.** The local Library often has computer access and comfortable seats to read in. Malls provides a cool environment for getting exercise if you are a walker. Plus most have free fun areas for the kids to play in with seating for parents.

[Source: <http://financiallyfit.yahoo.com/finance> Farnoosh Torabi article 28 Jun 2011 ++]

1-14 Oct 2011

Notes of Interest:

- **Active Ships.** The new reports if the gang of 12 are unable to act, there will be a tremendous cut to military spending. It would appear we have already silently lost over half of our navy. Refer to this Bulletin's attachment entitled, "**USN Force Levels**".
- **COLA.** Barring some dramatic, unforeseen change, there should be a 2012 COLA of somewhere between 3.4% and 3.7% for Social Security, military retired pay, SBP, and VA disability compensation. The CPI average on which the annual COLA is based, will be finalized on 19 OCT 2011. It is automatic and will take effect in December for payments made in 2012.
- **DADT.** The U.S. Navy has posted on the Navy Personnel Command website its Don't Ask Don't Tell Post Repeal Website. Portions of the website require CAC card access. Servicemembers attempting to access the U.S. Fleet Forces Command website at <http://www.dadtrepeal.navy.mil> will be redirected to the Navy Personnel Command website.
- **e-Afterburner.** The September 2011 edition of the e-Afterburner has been posted on the Air Force retiree website <http://www.retirees.af.mil/afterburner/>. This edition is available in both .doc and .pdf formats for downloading and printing.
- **USFSPSA.** Opponents of the Former Spouse Protection have posted a petition on the White House's web page calling for immediate changes in the law. They need 5000 signatures by 22 OCT. As of 7 OCT they had 1540. If you are concerned about this matter go to the following link and sign the petition at <https://www.whitehouse.gov/petitions/%21/petition/eliminate-permanent-division-retentionretirement-pay-members-uniformed-services-divorce/F3YCjMKy>.
- **Vets in Congress.** The House Veterans Affairs Committee recently announced that Representatives Mark Amodei (R-NV) and Bob Turner (R-NY) were joining the committee. Rep. Amodei was a prosecutor for the Judge Advocate General Corps in the Army; handling criminal matters from 1984-1987. Rep. Turner was a Specialist in the Army from 1962-1965 and was stationed at Fort Polk, Louisiana.
- **ID Card.** DoD is in the process of removing Social Security account numbers (SSANs) from uniformed services identification (ID) cards in an effort to protect the privacy and security of TRICARE's 9.6 million beneficiaries. DoD began replacing SSANs with a DoD Benefits Number in June 2011 and the process will continue for the next several years, until all current uniformed services ID cards are replaced as they come up for renewal.
- **VA Facilities.** VA announced a new start-of-the-art Polytrauma-Blind Rehabilitation Center will open on the VA Palo Alto campus in 2014. The \$98 million facility will be over 170,000 square feet and include

over 50 beds for the polytrauma and blind rehabilitation programs. The center will also have an outpatient physical and occupational therapy clinic—including programs for OEF and OIF Vets.

- **VA Lawsuit.** The widow of an Iraq war veteran from Tennessee claimed in a lawsuit that the VA was negligent in failing to diagnose and treat his post-traumatic stress disorder before he committed suicide in 2008. Although he had been diagnosed with PTSD by a private counselor, Eiswert's disability claims that his PTSD stemmed from his military service were denied by the VA.
- **Budget Cuts.** The carrier George Washington could become a victim of large-scale Pentagon budget cuts. Navy officials caution that no final decisions have been made. Along with the carrier, the Navy could also disband one of its 10 carrier air wings — a move which would save roughly as much money and people as cutting the ship. The move would need to be approved by Congress. U.S. law currently mandates an 11-ship carrier force.



[Source: Various 1-14 Oct 2011 ++]

Medicare Fraud Update 77:



- **Egg Harbor TWP N.J.** - The Center for Lymphatic Disorders, LLC, and its office manager have pleaded guilty to charges that they defrauded Medicare and Medicaid of millions of dollars. In a parallel civil proceeding, Dr. Khashayar Salartash, an owner of The Center for Lymphatic Disorders, entered into a consent agreement requiring him to pay \$3 million in restitution to the Medicaid and Medicare programs related to the fraudulent acts committed by Houtan and CLD. Defendant Houtan, the office manager for CLD and aunt of Dr. Salartash, admitted that between January 2004 and June 2007, she recklessly billed the Medicaid and Medicare programs for services that were not provided to patients. As a result of Houtan's fraudulent submission of health care claims, Medicaid and Medicare reimbursed CLD \$3 million to which it was not entitled. Third-degree health care claims fraud carries a maximum sentence of five years in state prison and a criminal fine of up to \$15,000. Sentencing is scheduled for 10 NOV.

- **Miami FL** - A Miami man has been sentenced to almost 11 years in federal prison for his role in a scheme to defraud Medicare of more than \$4 million through a Broughton Street clinic. Alfredo Rasco, 52, must serve 133 months in prison followed by three years on supervised release and faces deportation for the period of supervised release. Also sentenced to three years on probation was his wife, Niurka Rasco, 50. As part of their sentences, the Rascos must forfeit \$1.3 million and the 42-foot yacht "Thank You, God," seized by investigators in the case. Alfredo Rasco pleaded guilty 30 AUG 2010, to charges of conspiracy to commit health care fraud and aggravated identity theft by unlawfully using a doctor's identification in April 2006. His wife pleaded guilty to a lesser charge, a misdemeanor that she filed document claiming to be owner-operator of United Medical which her husband owned. Alfredo Rasco operated and controlled United Therapy and United Medical clinics at 232 E. Broughton St. for medical services, including infusion therapy for patients suffering from HIV and AIDS. Rasco received some \$4 million in Medicare payments, pocketing \$2.5 million, for services that were not provided as billed, not medically necessary and not entitled to reimbursement by Medicare. The indictment charged he billed Medicare \$5.6 million in fraudulent claims for therapy not provided between September 2005 and April 2008.
- **Manhattan NY** - On 5 OCT a the simultaneous filing of a Complaint and a settlement of the charges in a civil health care fraud lawsuit against the Trustees Of Columbia University, New York Presbyterian Hospital, and urologic oncologist Dr. Erik Goluboff. The Complaint alleges that between 2003 and 2009, Dr. Goluboff violated Medicare regulations by conducting medically unnecessary diagnostic tests and then seeking improper and excessive reimbursement amounts from Medicare. Moreover, he was charged with submitting bills for a number of daily procedures that the Complaint alleges he was physically unable to achieve. It also alleged that rather than having been unwitting participants in this scheme, Columbia and Presbyterian Hospital were aware of his fraudulent practices, failed to stop those practices, and caused his claims to be submitted to Medicare. After a thorough investigation, the government released the University and its employees with respect to all of the government's civil claims involving billing for urology services at the Allen Hospital. In return, Columbia will pay \$995,000 to the government for services that the government claimed were improperly billed. The settlement, approved by the federal court on 4 OCT required Columbia to pay \$995,000 in civil damages under the False Claims Act.
- **Little Rock AR** - Archibong Edem-Effoing, 58, accused of stealing the identity of a fellow church member in Texas and defrauding Medicare of nearly \$1 million pleaded guilty in federal court to one count of health care fraud. He admitted that he used the church member's name when applying for a Medicare Durable Medic Equipment (DME) supplier number. The DME company was called Joshua Medical Link Corp. and had an address on North University Avenue in Little Rock. In an announcement the U.S. attorney's office said between DEC 07 and MAR 09, Edem-Effoing defrauded Medicare by billing the federal program for arthritis kits and power wheelchairs that, in some cases, were not ordered by a physician and in other cases were never delivered. The total amount billed to Medicare was \$1.9 million, and the total amount paid to Edem-Effoing was \$983,273. He faces up to 10 years in prison and a fine of up to \$250,000. He remains free pending sentencing, which will be set by the court at a later date
- **Los Angeles CA** - Fourteen people defrauded Medicare of \$6 million to fund a scam in which so-called patients were paid to illegally obtain prescription drugs that were later sold on the street, authorities said 13 OCT. The five-count indictment also accuses Los Angeles-based Lake Medical Group of fraudulently billing Medicare and Medi-Cal more than \$6 million for services that were either unnecessary or never performed. In addition, a portion of Medicare that provides prescription coverage through private insurance plans paid about \$2.7 million for the powerful painkiller Oxycontin that was prescribed by the clinic and its doctors, authorities said. "With a medical clinic and doctors to lend it legitimacy, the organization not only flooded the streets of Los Angeles with an extremely dangerous narcotic, it also bilked a government-run program designed to help the poor and elderly," said U.S. Attorney Andre Birotte. Ten people have either been arrested or have agreed to surrender. Among those charged with conspiracy to distribute controlled substances were Drs. Eleanor Santiago and Morris Halfon, and pharmacist Theodore Yoon. Federal prosecutors said Lake Medical Group diverted more than 1 million Oxycontin pills and covered up the

scheme by not reporting the prescriptions issued by the clinic to a state monitoring program. In South Florida, 24 people were indicted on similar allegations of trafficking in pain pills and conspiring to defraud Medicare. An indictment said a group, which includes a doctor and a pharmacist, made \$40 million from selling the generic form of Oxycontin and other pain relievers.

- **Atlanta GA** - An Atlanta doctor who admitted filing more than \$2 million in bogus Medicare and Medicaid claims, asserting he treated patients who turned out to be dead and others he never saw, was sentenced 12 OCT to 1 year and 3 months in federal prison. Dr. Robert Williams, 77, also was ordered to serve three years' supervised release and to pay nearly \$1 million in restitution -- \$771,596 to Medicare, and \$227,846 to Georgia Medicaid, according to a news release from the U.S. Attorney's Office. Williams pleaded guilty June 6 to federal health care fraud charges. From about July 2007 through October 2009, the doctor contracted with a medical services company to provide group psychological therapy to elderly nursing home patients in the Atlanta area, authorities said. During that time, more than 55,000 claims were submitted to Medicare using Williams' provider number. Williams sought more than \$2 million in reimbursement, and Medicare ultimately paid him more than \$750,000. At the same time, more than 40,000 Medicaid claims using Williams' provider number caused Georgia Medicaid to pay out more than \$225,000.
- **Houston TX** - The owner and operator of a Houston durable medical equipment (DME) company was sentenced 11 OCT in Houston federal court to 33 months in prison for his role in a Medicare fraud scheme, announced the Department of Justice, the FBI and the Department of Health and Human Services (HHS). Bassey Monday Idiong, 32, of Humble, Texas, was sentenced by U.S. District Judge Vanessa D. Gilmore. In addition to his prison term, Idiong was sentenced to two years of supervised release and was ordered to pay \$527,023 in restitution.

[Source: Fraud News Daily 1-14 Oct 2011 ++]

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Medicad Fraud Update 49:

- **Boston MA** - Ten people and three companies are facing charges that they swindled the taxpayer-financed MassHealth program out of millions of dollars in a variety of schemes, including one where the program was falsely billed for care provided to people who were actually dead.. Attorney General Martha Coakley office said health care fraud investigators have obtained 118 indictments, alleging four separate schemes to bilk the program that provides health insurance for qualifying middle- and low-income people.
 - In one scheme, Sharon Richardson and her Framingham-based AdLife Health Care LLC bilked MassHealth out of \$5.5 million by billing for services never provided to patients -- and billing for care allegedly provided to people who were actually dead.
 - In the second scheme , Dr. Punyamurtula Kishore, 61, and his company, Preventive Medical Associates Inc., engaged in a bribery and kickback scheme with eight sober houses to steer contacts for drug testing to Kishore's company. Carl Smith, 55, manager of New Horizon House in Dorchester, was charged with taking kickbacks. John Coughlin, 31, of Carver, president of Gianna's House Inc., which operates sober houses in Wareham, New Bedford and Sandwich; and Thomas Leonard, 56, of Malden, part-owner and manager of Marshall Sober House in Malden, also face charges.
 - In the third scheme, a licensed clinical social worker, David M. Benson, is charged with collecting more than \$150,000 for counseling that he never provided to six MassHealth clients. He allegedly billed for providing acute counseling care, which required multiple sessions during a week, when only minimal, or no, counseling, was provided.
 - In the fourth scheme, Carolyn Wetterberg, the owner of a now-shuttered Jamaica Plain nursing home, allegedly overcharged MassHealth. Wetterberg, 70, of Weymouth operated the Pond View Nursing Home until it was closed by the Department of Public Health in 2008. As patients were

sent to other facilities, officials discovered she was billing for services that were not needed or provided. For example, Wetterberg would claim that an ambulatory patient could not walk, which would allow her to seek a higher reimbursement.

- **Terre Haute IN** - A former pharmacist has been sentenced to more than four years in federal prison for his role in an Indiana Medicaid fraud investigation. John Love pleaded guilty in March to filing false claims for prescriptions that were never given to patients. On 5 OCT at the federal courthouse in Terre Haute, Love told Judge William Lawrence that he wants to make restitution for the \$3.5 million he used to purchase property, vehicles and for personal expenses. "I want to apologize to the court and to the community for what I've done," Love said. "There's no excuse for what I've done." Love admitted to defrauding the government from 2006 through September 2010 when state and federal investigators seized records at the Terre Haute Prescription Shop as part of their investigation. Judge Lawrence sentenced Love to 51 months in prison, followed by 3 years of supervised probation, and ordered him to repay the \$3.5 million. Love has forfeited property, vehicles and other assets to the government to pay back a portion of the funds taken.
- **Detroit MI** - The former medical director of Palmer Health Center in Detroit has been found guilty in Ingham County Circuit Court of 25 counts of Medicaid fraud and one count of racketeering for her role in a Medicaid fraud scheme. Deborah D'Anna, 57, of Ocala, Fla., submitted thousands of fraudulent Medicaid claims and collected more than \$3.3 million of taxpayer dollars to finance a lavish lifestyle in Florida, Attorney General Bill Schuette said. Court documents showed that D'Anna used her access to Palmer Health Center records to bill Michigan Medicaid for millions in services never actually rendered by its clinics in Detroit and Romulus, which had closed 2005. Until 2005, Palmer Health Center had been a legitimate medical clinic that employed doctors to provide services to Medicaid beneficiaries, including children in the Wayne County juvenile system, Schuette said. But D'Anna, who had been Palmer's CEO, continued to bill Medicaid on her own. In 2006, after the clinic had shut its doors, D'Anna maintained the list of provider identification numbers — or PINs — for two doctors who had been employed at the clinic and a list of Medicaid beneficiaries that the clinic had formerly treated. The PIN numbers and beneficiary list allowed D'Anna to continue to submit fraudulent Medicaid claims on behalf of Palmer Health Center as if the clinic were still open. In Ocala, D'Anna used the stolen money to buy a luxurious home with cash, undeveloped land, a Cadillac Escalade, a Mercedes sedan, as well as jewelry and other merchandise, Schuette said. The scheme was unearthed when one of the physicians previously employed by Palmer Health Center reported Medicaid billings being submitted under his PIN for services he did not provide. D'Anna is expected to be sentenced Oct. 27. She could receive a maximum sentence of 20 years.
- **Twin Cities MN** - Two executives with a Minnesota health care company have admitted they committed fraud.. Mustafa Mussa and Stephen Rondestvedt both pled guilty to stealing hundreds of thousands of dollars from Medicaid through a scheme where they billed the government for care that was never provided. Federal prosecutors say so far, they have recovered more than \$700,000. Mussa faces a mandatory two-year prison term, while Rondestvedt -- a former lawyer who was previously imprisoned for stealing from his clients -- could face up to 10 years.
- **New York NY** - New York Downtown Hospital agreed to pay \$13.4 million to settle Medicaid fraud and kickback charges. Downtown Hospital allegedly paid healthcare firm and co-defendant Special Care Hospital Management for referrals and then admitted the same patients multiple times to its unlicensed inpatient detox program. The hospital submitted more than 2,000 Medicaid claims worth more than \$9.15 million. Downtown Hospital knowingly submitted false and fraudulent claims to Medicaid from 2002 to 2006, Amy Held, special assistant for the state Attorney General medical fraud control unit, said in the 2008 complaint. It also allegedly paid a monthly fee of \$38,500 to Special Care for patient referrals, violating anti-kickback laws. "The United States and the state of New York have reached agreements in principle to settle these actions as to defendants Special Care Hospital Management Corp., Robert McNutt

[its CEO] and New York Downtown Hospital," Richard Hayes, assistant U.S. attorney for the Eastern District, said in a letter to the judge.

[Source: Fraud News Daily 1-14 Oct 2011 ++]

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State Veteran's Benefits: The state of Oklahoma provides several benefits to veterans. To obtain information on these refer to the “**Veteran State Benefits OK**” attachment to this Bulletin for an overview of those benefits. Benefits are available to veterans who are residents of the state in the following areas:

- Housing Benefits
- Financial Assistance Benefits
- Education Benefits
- Other State Veteran Benefits

[Source: <http://www.military.com/benefits/content/veteran-state-benefits/oklahoma-state-veterans-benefits.html> Oct 2011 ++]

Military History: Wake Island was annexed as empty territory by the United States on January 17, 1899. Referring to the atoll as an island is the result of a pre-World War II desire by the United States Navy to distinguish Wake from other atolls, most of which were Japanese territory. In 1935, Pan American Airways constructed a small village, nicknamed "PAAville", to service flights on its U.S.-China route. The village was the first human settlement on the island, and relied upon the U.S. mainland for much of its food and water supplies. However, Wake Island is credited as being one of the early successes of hydroponics, which enabled Pan American Airways to grow vegetables for its passengers, as it was prohibitively expensive to airlift in fresh vegetables and the island lacked natural soil. PAAville remained in operation up to the day of the first Japanese air raid in World War II. In January 1941, the United States Navy constructed a military base on the atoll. On August 19, the first permanent military garrison, elements of the 1st Marine Defense Battalion totaling 449 officers and men, were stationed on the island, commanded by Navy Commander Winfield Scott Cunningham. Also on the island were 68 U.S. Naval personnel and about 1,221 civilian workers. They were armed with six used 5 inch/51 cal (127 mm) cannons, removed from a scrapped battleship; twelve 3 inch/50 cal (76.2 mm) M3 anti-aircraft guns (with only a single working anti-aircraft director among them); eighteen Browning M2 .50 caliber heavy machine guns; and thirty heavy, medium, and light, water or air-cooled Browning M1917 .30 caliber machine guns in various conditions but all operational. On December 8, 1941, the day after the Attack on Pearl Harbor on the opposite side of the International Date Line, at least 27 Japanese Mitsubishi G3M medium "Nell" bombers flown from bases on Kwajalein in the Marshall Islands attacked Wake Island, destroying eight of the 12 F4F Wildcat fighter aircraft belonging to United States Marine Corps fighter squadron VMF-211 on the ground. The Marine garrison's defensive emplacements were left intact by the raid, which primarily targeted the aircraft. To read about the subsequent invasion of Wake Island, its occupation, and eventual handover to U.S. forces refer to the attachment to this Bulletin entitled, “**Wake Island**”. [Source: http://en.wikipedia.org/wiki/History_of_Wake_Island#History Oct 2011 ++]

Military History Anniversaries: Significant 16-31 October events in U.S. Military History are:

- Oct 17 1777 - American Revolution: British Maj. Gen. John Burgoyne surrenders 5,000 men at Saratoga, N.Y.

- Oct 17 1941 - WWII: The U.S. destroyer Kearney is damaged by a German U-boat torpedo off Iceland; 11 Americans are killed.
- Oct 18 1939 - WWII: President Franklin D. Roosevelt bans war submarines from U.S. ports and waters.
- Oct 19 1781 - American Revolution: British troops under General Lord Charles Cornwallis surrendered to General Washington at Yorktown, Virginia, effectively ending the American Revolution.
- Oct 19 1917 - WWI: The first doughnut is fried by Salvation Army volunteer women for American troops in France.
- Oct 19 1942 - WWII: The Japanese submarine I-36 launches a floatplane for a reconnaissance flight over Pearl Harbor. The pilot and crew report on the ships in the harbor, after which the aircraft is lost at sea.
- Oct 19 1987 - In retaliation for Iranian attacks on ships in the Persian Gulf, the U.S. navy disables three of Iran's offshore oil platforms.
- Oct 20 1944 - WWII: U.S. troops land on Leyte keeping General MacArthur's pledge "I shall return."
- Oct 20 1944 - WWII: Battle of Leyte Gulf began. Largest naval battle of WWII.
- Oct 21 1797 - In Boston Harbor, the 44-gun United States Navy frigate USS Constitution is launched.
- Oct 21 1837 - Under a flag of truce during peace talks, U.S. troops siege the Indian Seminole Chief Osceola in Florida.
- Oct 21 1861 - Civil War: The Battle of Ball's Bluff, Va. begins, a disastrous Union defeat which sparks Congressional investigations
- Oct 21 1904 - Panamanians clash with U.S. Marines in Panama in a brief uprising.
- Oct 21 1917 - WWI: The first U.S. troops enter the front lines at Sommervillier under French command.
- Oct 21 1967 - Vietnam: The "March on the Pentagon," protesting American involvement draws 50,000 protesters.
- Oct 21 1983 - Grenada: The United States sends a ten-ship task force to Grenada.
- Oct 21 1994 - Korea and the U.S. sign an agreement that requires North Korea to stop its nuclear weapons program and agree to inspections.
- Oct 22 1862 - Civil War: Union troops push 5,000 confederates out of Maysville, Ark., at the Second Battle of Pea Ridge.
- Oct 22 1972 - Oct 22 1972 - Vietnam: The 5 ½ month Operation Linebreaker I bombing of North Vietnam ended. Bombing resumed as Linebreaker II from 18 to 29 DEC.
- Oct 23 1694 - American colonial forces, led by Sir William Phipps, fail to seize Quebec.
- Oct 23 1861 - Civil War: President Abraham Lincoln suspends the writ of habeas corpus in Washington, D.C. for all military-related cases.
- Oct 23 1942 - WWII: The Western Task Force, destined for North Africa, departs from Hampton Roads, Virginia.
- Oct 23 1942 - WWII: The Battle for Henderson Field begins during the Guadalcanal Campaign and ends on October 26
- Oct 23 1965 - Vietnam War: The 1st Air Cavalry Division launch a new operation, seeking to destroy North Vietnamese forces in Pleiku in the Central Highlands.
- Oct 23 1983 - Lebanon: Terrorist attack on Marine Barracks in Beirut kills 220 Marines and 21 other U.S. service members.
- Oct 24 1863 - Civil War: General Ulysses S. Grant arrives in Chattanooga, Tennessee to find the Union Army there starving.
- Oct 24 1944 - WWII: The aircraft carrier USS Princeton is sunk by a single Japanese plane but the Japanese are defeated in the Battle of Leyte Gulf. From this point on, the depleted Japanese Navy increasingly resorts to the suicidal attacks of Kamikaze fighters.
- Oct 25 1958 - Lebanon: The last U.S. troops leave Beirut.
- Oct 25 1983 - Grenada: Operation Urgent Fury Began. 1,800 U.S. troops and 300 Caribbean troops land and soon turn up evidence of a strong Cuban and Soviet presence—large stores of arms and documents suggesting close links to Cuba.
- Oct 26 1950 - Korea: A reconnaissance platoon for a South Korean division reaches the Yalu River. They are the only elements of the U.N. force to reach the river before the Chinese offensive pushes the whole army down into South Korea.

- Oct 27 1941 - WWII: In a broadcast to the nation on Navy Day, President Franklin Roosevelt declares: "America has been attacked, the shooting has started." He does not ask for full-scale war yet, realizing that many Americans are not yet ready for such a step.
- Oct 27 1954 - Benjamin O. Davis Jr. becomes the first African-American general in the United States Air Force.
- Oct 28 1962 - Cuba: The U.S. began its blockade of Cuba to compel the Russians to remove long-range missiles aimed at the United States.
- Oct 30 1941 - WWII: The U.S. destroyer Reuben James, on convoy duty off Iceland, is sunk by a German U-boat with the loss of 96 Americans.
- Oct 31 1952 - Cold War: The U.S. explodes the first hydrogen bomb at Eniwetok Atoll in the Pacific.
- Oct 31 1968 - Vietnam: The bombing of North Vietnam is halted by the United States.
- Oct 31 1971 - Vietnam: Saigon begins the release of 1,938 Hanoi POW's.

[Source: Various Oct 2011 ++]

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Military Trivia Update 37: See if you can answer the following related to the Cold War:

1. In the late 1950s, the United States government was fed up with losing the Space Race. The Air Force decided the best way to prove American dominance to the world would be to demonstrate the potential of their military might – by detonating a nuclear bomb in space, where everyone would see. What exactly did they want to nuke?

Sputnik | The sun | The moon | A comet

2. The nuclear space project dubbed "Project A119" envisioned creating a nuclear mushroom cloud clearly visible to all. Despite the arguments of the US Air Force, the government decided instead to simply send astronauts to the moon before the Soviets to prove their dominance. What obvious flaw did the Air Force's plan have?

- A mushroom cloud would not form in space.
- If anyone was actually watching the explosion they would be blinded.
- The bomb would explode so close to Earth that everyone that saw it would die or be seriously injured.
- Nothing, the plan seemed reasonable

3. Biological attacks are nothing new to the world, but the United States' "Operation Big Buzz" in 1955 was a step towards the insane. The operation was a test to see the feasibility of attacking an enemy using yellow fever to infect a large population. How was the virus to be delivered to the target area?

- Infected mosquitoes would be released upwind of the target area.
- Several people would be infected and then sent to the target area.
- An aerosol attack would be conducted upwind of the target area.
- Local wildlife would be infected hoping that people in the target area would eat some and become infected

4. Operation Big Buzz was conducted in May 1955 by releasing over 300,000 uninfected carriers over United States territory to determine their dispersal patterns. Where did this test take place?

The Panama Canal Zone | The state of Georgia | The territory of Guam | The city of Washington, D.C.

5. The threat of nuclear war was ever-present during the Cold War, and both the United States and Soviet Union were looking for any advantages. The US Army Corps of Engineers constructed the underground facility Camp Century in 1960, and it was possibly going to be the home of "Project Iceworm." Where was Camp Century built?

6. Project Iceworm was supposed to be an extension of the underground Camp Century. The plan proposed building a system of tunnels underneath the ice totaling around 4,000 kilometers. What exactly did the US plan on doing with these tunnels?

- a) They were to house hundreds of mobile nuclear missile launch sites.
- b) They were trying to eventually tunnel straight to Russia.
- c) They were to connect to the ocean as an underwater submarine base near the Arctic Ocean.
- d) They were creating a massive sonar system to detect Russian submarines in the Arctic Ocean

7. In the event of World War III, Britain was not going to be left in the dust. The British created "Blue Peacock" – the use of land mines to be placed in Germany in order to stop a Soviet invasion. What was special about these land mines?

- a) They incorporated a sarin gas dispenser.
- b) They were 10-kiloton nuclear mines.
- c) They were mobile mines that actively sought targets once activated.
- d) They included an electromagnetic pulse to destroy any nearby electronics

8. The Blue Peacock mines would be set to an eight-day timer (unless triggered), but during winter the temperature could cause electrical failures. This led to the craziest part of Blue Peacock, and it was the reason the project was later nicknamed "the chicken-powered nuclear bomb." What exactly were the chickens supposed to do?

- a) Their body heat would keep the bomb at acceptable temperatures.
- b) They would run on a small treadmill inside the bomb to create energy for a heater.
- c) They would be trained to set off the bomb if activated.
- d) The mine would be placed inside the chicken and then released into advancing troops .

9. In the 1970s, the Aral and Caspian Seas were shrinking. The Soviet Union depended on the use of these bodies of water for transporting food, oil, and other supplies, so they made a plan to fill the seas back up. How exactly did they plan on doing that?

- a) Diverting the flow of multiple rivers that normally flow into the Arctic Ocean through new canals.
- b) Digging canals from the Black Sea to the Caspian Sea and from the Caspian Sea to the Aral Sea.
- c) Diverting rivers that normally flow into the Black Sea through new canals.
- d) Digging a new canal to flow directly from the Mediterranean into the Caspian Sea

10. The Caspian/Aral plan would require massive amounts of manpower in order to finish, but there were always easier ways to handle that. Instead of having thousands of people dig for endless hours in order to finish the project, what method did the Soviet Union plan to use accelerate the digging of the necessary canals?

- a) Releasing hordes of groundhogs to honeycomb the ground, and later sink the weak surface.
- b) Battalions of corkscrew tanks going back and forth over the area.
- c) Small nuclear bombs placed hundreds of meters apart.
- d) Controlled flooding to lower the land naturally.

Answers

1. **The moon.** Afraid that the Soviet Union was going to land on the moon before the United States, since the Soviets had already sent the first satellite (and soon after the first man) into space, the United States decided they were going to get there first, one way or another. Project A119 was sneakily nicknamed "A Study of Lunar Research Flights," which would be somewhat like naming the Trinity bomb project "Exploring the Effects of Loud Bangs in New Mexico."

2. **A mushroom cloud would not form in space.** Assuming that the ICBM the Air Force shot at the moon even reached the lunar surface, the resulting explosion would not have created a mushroom cloud. The distinctive mushroom is only created with the presence of air. The original plan had the bomb being set off on the terminator line of the moon - where night and day meet. That way, the sun would light up the explosion in a spectacular display of American power. Instead, the US government decided that they should help NASA with simply sending men to the moon. Around ten years later, Neil Armstrong would do just that on an unadulterated and non-radioactive lunar surface. The project was summed up the best by Dr. David Lowry when the story originally broke in 2000: "It is obscene. To think that the first contact human beings would have had with another world would have been to explode a nuclear bomb. Had they gone ahead, we would never have had the romantic image of Neil Armstrong taking 'one giant step for mankind.'"

3. **Infected mosquitoes would be released upwind of the target area.** The unclassified material for Operation Big Buzz goes into great detail comparing the costs for an aerosol attack against a covert mosquito attack. Big Buzz was declassified in 1981 along with Operation Big Itch, Operation May Day, and Operation Drop Kick; each of these covered a different aspect of using biological warfare against any enemy using either mosquitoes or fleas. The briefing even went so far as to determine the cost of the project per death: for example, 62,000 deaths would mean the entire project would cost \$2.86 per death, while a massive toll of 625,000 would cost \$0.29 per death (in 1976).

4. **The state of Georgia.** The essence of Operation Big Buzz was the release of uninfected mosquitoes over Georgia. According to the unclassified report, operatives for Big Buzz had actually bred over a million mosquitoes total, but only a third of those (all were female) were released. They were released both via aircraft and from the ground, determining which was the better delivery method. Obviously, the mosquitoes dropped from the aircraft were affected by the prevailing winds much more than those released from the ground. Mosquitoes from the test were found up to 610 meters away from the original release point, and according to the briefing "the female mosquitoes were active in seeking blood meals from humans to guinea pigs."

5. **Greenland.** Camp Century was completed under the ice of Greenland in just over a year, and included the world's first portable nuclear power plant. The full plans included a library, post exchange, a barber's shop, a chapel, a recreation hall, hobby shops, etc. Water was supplied by melting ice underneath the camp and pumping it up. Eventually the deep-ice drilling turned out to be the biggest accomplishment of Camp Century, allowing study of "continuous ice cores representing over 100,000 years of climatic history." The camp was abandoned in 1966 due to movement of the Greenland Ice Cap, which was moving faster than anticipated during initial construction. In 1969, a team was sent back to assess the damage and in that short period of time massive damage had already been done.

6. **They were to house hundreds of mobile nuclear missile launch sites.** While nuclear weapons were reportedly kept at Thule Air Base, operated by the United States inside Greenland until 1965 (even though Denmark - which has governmental control over Greenland - declared itself a nuclear-free zone in 1957), it is not known whether or not nuclear arms were kept at Camp Century in anticipation of enacting Project Iceworm. If enacted, Project Iceworm would allow for up to 600 mobile nuclear missiles to stay underneath the ice of Greenland. Their positions would change randomly so that the Soviet Union could never track all of them. However, even if the plan was going to be enacted, Camp Century was forced to close down much too soon and firing nuclear missiles from a "nuclear-free zone" would cause innumerable political problems.

7. **They were 10-kiloton nuclear mines.** Britain successfully tested its first nuclear weapon in 1952, and quickly began thinking of ways it could deploy the new weapon against a possible Soviet invasion into the West. Blue Peacock was developed by the British Army, which decided that the nuclear mines could be detonated by wire from miles away or by an 8-day timer. In 1957, the Army actually ordered the delivery of ten mines to Germany, but in February 1958 the Ministry of Defense cancelled the operation. It was determined that putting a nuclear weapon in an allied country on a timer during peacetime perhaps wasn't the best strategy available.

8. **Their body heat would keep the bomb at acceptable temperatures.** Winter can get quite cold in Germany, so Britain needed some way of keeping the nuclear mines warm for the 8 days the timer was set for. The mines were inside a steel casing and used nuclear material, so why they did not choose some sort of nuclear-powered heating device may never be known. Instead, they decided on putting a chicken inside the bomb with enough food and water to keep it alive while the bomb was still active. The project was declassified on April 1, 2004, and it was

immediately thought to be an April Fool's Day joke. The head of education and interpretation at the National Archives, Tom O'Leary, told the BBC, "It does seem like an April Fool but it most certainly is not. The Civil Service does not do jokes."

9. **Diverting the flow of multiple rivers that normally flow into the Arctic Ocean through new canals.** The Northern River Reversal Plan was originally proposed around the same time that the Suez and Panama Canals were being planned. Russia determined that there were rivers that flowed into the Arctic Ocean - such as the Pechora, Dvina, and Kama Rivers - that did so needlessly, and they could be turned around in order to flow back into the Volga. The Volga River provides a major inflow of water into the Caspian Sea, and the added volume would fill the sea back up.

10. **Small nuclear bombs placed hundreds of meters apart.** In the true Cold War spirit, the Soviet Union decided the best way to build a canal to replenish the sea that was their biggest source of fish was to use nuclear weapons. Three 15-kiloton bombs were actually set off to see how feasible the project was, and even though "Time" reported that there was "so little radiation and such stable walls that technicians were able to walk along the rim of the 2,600-ft.-long crater only two days later," the project was soon scrapped. The health of the technicians afterwards was not reported. According to officials, around 250 more bombs would have been necessary to complete the entire Pechora-Kama Canal. In 1986, the project was abandoned entirely, though discussion still remains for whether or not the rivers should be reversed by alternate means.

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

Tax Burden for Hawaii 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 Hawaii:

Sales Taxes

State Sales Tax: (General Excise Tax) 4% (prescription drugs exempt) Oahu has a county surcharge tax of 1/2% to pay for a mass transit system.

Gasoline Tax: 44.8 cents/gallon

Diesel Fuel Tax: 46.7 cents/gallon. (Local option taxes may add 8.8 to 18 cents to fuel tax)

Cigarette Tax: \$3.00/pack of 20

Personal Income Taxes

Tax Rate Range: Low - 1.4%; High - 11.0% The state has adopted a measure temporarily creating three new state income tax brackets. Beginning in tax year 2009, for married couples the rates will be 9 percent on income between \$300,000 and \$350,000; 10 percent between \$350,000 and \$400,000; and 11 percent rate for income above \$400,000. Additionally, the state's standard deduction and the personal exemption were each raised by 10 percent, which will lower tax bills for low- and moderate-income families. All of these changes are set to expire after tax year 2015. Hawaii's previous top tax rate was 8.25 percent on all income over \$96,000.

Income Brackets: Twelve. Lowest - \$2,400; Highest - \$200,000.

Personal Exemptions: Single - \$1,040; Married - \$2,080; Dependents - \$1,040. Exemptions increase to \$1,144, \$2,288 and \$1,144, respectively, beginning in January 2011. Changes will be repealed on December 31, 2015. There is an additional exemption for those over age 65. Currently, if you are blind, deaf or totally disabled and your impairment has been certified, you can claim a disability exemption of \$7,000 in lieu of the \$1,040 personal exemption amount.

Standard Deduction: Single - \$2,200; Married filing joint return - \$4,400; Head of Household - \$3,212. Beginning January 1, 2011 the numbers are \$2,200, \$4,400, and \$3,212, respectively. Changes will be repealed on December

31, 2015.

Medical/Dental Deduction: Same as Federal taxes

Federal Income Tax Deduction: None

Retirement Income Taxes: Social Security, military, federal, state/local, and some private pensions are exempt. All out-of-state government pensions are exempt.

Retired Military Pay: Not taxed.

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

Personal property such as cars or boats are not subject to property tax. Real property and land are assessed at 100% "fair market value." Taxes are administered by the four counties. The homestead exemption is \$12,000, but is \$40,000 in the city and county of Honolulu. Persons 60 to 69 years of age may claim double the homestead exemption, and a person age 70 or older, may claim 2.5 times the homestead exemption. In the city and county of Honolulu, the exemptions are: 55-59 years, 1.5 times the exemption amount; 60-64 years, 2.0 times; 65-69, 2.5 times, and 70 and older, 3.0 times. Homeowners 55 and older are exempt from property taxes on \$60,000 to \$120,000 (amount depends on owner's age) of the assessed value of their residence, regardless of income. They must pay at least \$100 in taxes, however. Homeowners 55 and older who earn less than \$20,000 are also eligible for a tax credit of up to \$500. Call 808-587-4343 for details.

Inheritance and Estate Taxes

In June 2010 Hawaii re-enacted its estate tax, which had been dormant since 2005. The Legislature overrode a veto by Governor Linda Lingle (R) and imposed a tax on estates of Hawaii residents over \$3.5 million ranging from 0.8% to 16% rate on estates over \$10.1 million. Nonresidents receive a reduced exemption, paying estate tax on as little as \$60,000 of property.

For further information, visit the Hawaii Department of Taxation site <http://www.state.hi.us/tax/tax.html> or call 800-222-3229 or 808-587-4242. [Source: www.retirementliving.com Oct 2011 ++]

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Veteran Legislation Status 12 OCT 2011: For a listing of Congressional bills of interest to the veteran community introduced in the 112th Congress refer to the Bulletin's "**House & Senate Veteran Legislation**" attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

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

Have You Heard? No Nursing Home for Me!!!

With the average cost for a nursing home care costing \$188.00 per day, there is a better way when we get old and too feeble. I've already checked on reservations at the Holiday Inn. For a combined long term stay discount and senior discount, it's \$69.23 per night. Breakfast is included, and some have happy hours in the afternoon. That leaves \$118.77 a day for lunch and dinner in any restaurant we want, or room service, laundry, gratuities and special TV movies. Plus, they provide a spa, swimming pool, a workout room, a lounge and washer-dryer, etc. Most have free toothpaste and razors, and all have free shampoo and soap. \$5 worth of tips a day you'll have the entire staff scrambling to help you. They treat you like a customer, not a patient. Also:

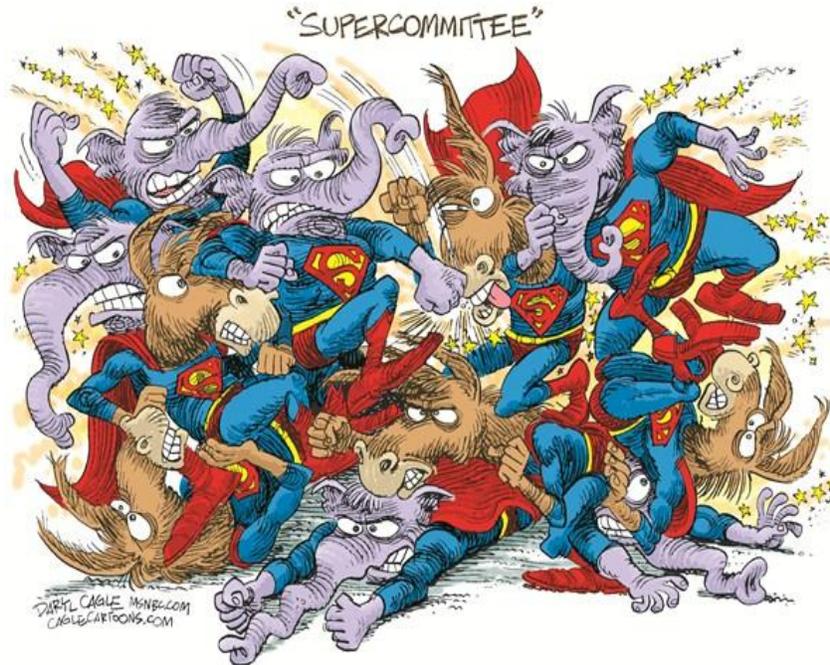
- There's a city bus stop out front, and seniors ride free.
- The handicap bus will also pick you up (if you fake a decent limp).
- To meet other nice people, call a church bus on Sundays.
- For a change of scenery, take the airport shuttle bus and eat at one of the nice restaurants there.
- While you're at the airport, fly somewhere. Otherwise, the cash keeps building up.

It takes months to get into decent nursing homes. Holiday Inn will take your reservation today. And you're not stuck in one place forever -- you can move from Inn to Inn, or even from city to city. Want to see Hawaii? They have Holiday Inn there too. TV broken? Light bulbs need changing? Need a mattress replaced? No problem.. They fix everything, and apologize for the inconvenience. The Inn has a night security person and daily room service. The maid checks to see if you are ok. If not, they'll call an ambulance . . . or the undertaker. If you fall and break a hip, Medicare will pay for the hip, and Holiday Inn will upgrade you to a suite for the rest of your life. And no worries about visits from family. They will always be glad to find you, and probably check in for a few days mini-vacation. The grandkids can use the pool. What more could you ask for?

A Nation of Sheep Will Beget a Government of wolves.

-- Edward R. Murrow --

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