

RAO Bulletin Update 1 May 2007

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VA VETERANS PRIDE INITIATIVE:

Wearing earned medals reflects the deep pride veterans have in their military service and reminds all American citizens of the sacrifices our veterans have made. Veterans are again being encouraged to wear their wear their medals or miniature replicas on Memorial Day 28 MAY, the Fourth of July, and Veterans Day 11 NOV. Information about the Veterans Pride initiative is available on the VA Web site at www.va.gov/op a/veteranspride , as well as where veterans can obtain information about how to replace lost or mislaid medals, how to confirm the decorations to which they are entitled, the manner in which they should be displayed, and the precedence by service of how they should be worn. [Source: NAUS Weekly Update 27 Apr 07 ++]

DFAS WEBSITE UPDATE 01:

THE Defense Finance and Accounting Service (DFAS) is returning to its original World Wide Web location on 1 MAY. The DFAS Web site will shift to <http://www.dfas.mil> from its current location within the Department of Defense domain at <http://www.dod.mil/dfas>. DFAS officials believe the change will make the Web site easier to find for its customers and partners. The information available on the site, which includes topics such as military and civilian pay, retiree and annuitant pay, and vendor pay will remain current and relevant for the site's visitors. Visitors who have bookmarked the old site address at <http://www.dod.mil/dfas> to access the DFAS site should update their Web browser bookmarks with the new address. Anyone using the old address will be redirected to the new address automatically. This redirect service will be available for the foreseeable future. This change affects the DFAS public Web site only. Other DFAS-sponsored online applications, such as myPay at <https://mypay.dfas.mil>, remain unaffected and can be accessed at their current online address.

According to the DFAS, questions concerning specific pay account information should be directed to the servicing payroll office or to your normal customer service representative. Additional phone numbers and websites for sending email to redirect your specific pay inquiry are:

- **Military Retirees:** 1(888) 321-1080 or <https://ca.dtic.mil/dfas/s-retired/ret-pay.htm>.
- **Annuitants:** 1(888) 321-1080 (US) or (216) 522-5955 (Outside US) or <https://ca.dtic.mil/dfas/s-retired/ret-pay.htm>.
- **Military Former Spouses:** 1-888-332-7411 or <https://ca.dtic.mil/dfas/s-garnish/garnishinquiry.htm>.
- **Air Force Active** - Local finance office, 1(888) 332-7411 or Ask Military Pay at <https://corpweb1.dfas.mil/askDFAS/askMilPay.jsp>.
- **Air Force Reserve** - Local Reserve center finance office, 1(888) 332-7411 or Ask Military Pay at <https://corpweb1.dfas.mil/askDFAS/askMilPay.jsp>.
- **Army Active** - Servicing defense military pay office, finance battalion or Ask Military Pay at <https://corpweb1.dfas.mil/askDFAS/askMilPay.jsp>.
- **Army Reserves** - Local administration unit, 1(888) 332-7411 or Ask Military Pay at <https://corpweb1.dfas.mil/askDFAS/askMilPay.jsp>.
- **Army National Guard** - Local administration unit, 1(888) 332-7411 or Ask Military Pay at <https://corpweb1.dfas.mil/askDFAS/askMilPay.jsp>.



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- Army Separates - 1(888) 332-7411 or Ask Military Pay at <https://corpweb1.dfas.mil/askDFAS/askMilPay.jsp>. - Marine Corps Active - Local administration office.

- Marine Corps Reserves - Local administration office.

- Navy Active: Local personnel support Det, 1(888) 332-7411 or Ask Military Pay at <https://corpweb1.dfas.mil/askDFAS/askMilPay.jsp>.

- Navy Reserves - Local Reserve personnel support Det, 1(888) 332-7411 or Ask Military Pay at <https://corpweb1.dfas.mil/askDFAS/askMilPay.jsp>.

[Source: AF Retiree News 26 Apr 07 ++]

TRICARE TELEPHONE SURVEY:

Tricare Management Activity is sponsoring a survey of ill or injured service members beginning 1 MAY to examine post-deployment health care experiences. The survey is in response to a request from Defense Secretary Robert M. Gates. "This will be a timely and effective way to get the feedback the military health system needs to better respond to the post-deployment needs of our service members," said Ms. Ellen P. Embrey, deputy assistant secretary of defense for force health protection and readiness. Officials will use the data to assess service members' health care satisfaction levels with their access to care, administrative and personnel support, assistance for family members and their health status.

Findings from the survey will help officials formulate policies and programs to improve meeting the needs of ill and injured service members, including support to family members and as the sponsor goes through the recovery, rehabilitation and reintegration process. Ms. Embrey urges all service members who have returned from deployment to use the survey tool to share their experiences about the accessibility, timeliness and quality of health care services they received since returning from deployment. Officials will keep all responses confidential. For more information, service members may call the Deployment Health Hotline at 1(800) 497-6261 between 0730-1700 EST M-F. The survey also is available at <http://fhp.osd.mil/healthSurvey.jsp>. [Source: NGAUS Noted 27 Apr 07 ++]

GWOT RETURNING HEROES TF UPDATE 01:

On 19 APR 07 Secretary of Veterans Affairs Jim Nicholson submitted the report of The Interagency Task Force On Returning Global War On Terror Heroes to the President. The Task Force identified and examined existing Federal services provided to returning Global War on Terror service members, identified gaps in those services, and sought recommendations from appropriate Federal agencies on ways to fill those gaps quickly and effectively. The report includes recommendations to improve delivery of federal services to returning military men and women. The government-wide action plan contains steps for individual Department or Agency commitment and incorporates cooperative interaction among those providing complimentary services. Recommendations focus on improving the process for receiving services and increased awareness of available benefits among service members and their families. Recommendations involve collaborative efforts among several federal entities to improve the timeliness, ease of application, and delivery of services and benefits to those who earned them. The task force report is available on VA's Website at <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1327>. The 25 recommendations are:



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Health Care

1. Develop a system of co-management and case management for returning service members to facilitate ease of transfer from DoD care to VA care.
2. Screen all GWOT veterans seen in VA health care facilities for mild to moderate Traumatic Brain Injury (TBI)
3. Assist the VA enrollment process by modifying the VA 1010EZ form for GWOT service members, enhance the on-line benefits package to allow a GWOT service member to self-identify, and expand the use of DoD's military service information to establish eligibility for health care benefits.
4. VA will require each Medical Center Director and Network Director to provide full support at Post-Deployment Health Reassessment for Guard and Reserve members to enroll eligible members and schedule appointments.
5. Standardize VA Liaison agreements across all Military Treatment Facilities (MTFs).
6. Expand VA access to DoD records to coordinate an improved transfer of a service member's medical care through patient "hand-off".
7. Enhance the Computerized Patient Record System (CPRS) to more specifically track GWOT service members.
 - o Develop a Veterans Tracking Application and identifiers to improve monitoring of returning GWOT service members.
 - o Create a Polytrauma identifier to increase recognition of additional needs of those injured service members.
 - o Create a Traumatic Brain Injury (TBI) database to track patients who have experienced TBI.
 - o Create a DoD/VA interface for health care providers to have access to data on combat theater injured service members.
8. Create an embedded fragment surveillance center to monitor returning service members who have possibly retained fragments of materials in order to provide early medical intervention.
9. Enhance capacity for GWOT service members to receive dental care in the private sector as VA continues to improve their capacity for dental services at their facilities.
10. Enhance Information Technology interoperability between VA and HHS Indian Health Service.
11. VA and HHS will collaborate to improve access to returning service members in remote or rural areas.

Benefits

12. Develop a joint DoD/VA process for disability benefit determinations by establishing a cooperative Medical and Physical Evaluation Board process within the military service branches and VA care system.



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13. Extend VA's Vocational Rehabilitation Evaluation Determination Time Limit of the Vocational Rehabilitation and Employment program beyond 12 months to allow additional time for returning service members to better understand their rehabilitation needs.

14. Expedite handling of adapted housing and special home adaptation grant claims by notifying the returning GWOT applicant within 48 hours of rating decision.

Jobs, Education & Housing

15. Expand eligibility of the Small Business Administration Patriot Express Loan to provide full range of lending, business counseling and procurement programs to veterans, service-disabled veterans, reservists and families if the desire for a returning service member or family is to obtain self-employment.

16. DoD and the Department of Labor will collaborate to improve Civilian Workforce Credentialing and Certification allowing for greater exposure of a service member's military experience to civilian opportunities.

17. The Department of Labor will work with DoD to develop a Wounded Veterans Intern Program to gain valuable work experience while they serve on medical hold and are transitioning to departure from military service.

18. The Department of Housing and Urban Development will expand access to the National Housing Locator (NHL) to be used by service members and veterans through DoD and VA. The NHL was initially launched as a response to needs for victims of Hurricane Katrina. By expanding its use, returning service members will have a resource that provides safe, disability accessible if needed, and affordable housing to ease in the potential re-location to a new area.

Communicating Available Benefits & Services

19. Increase attendance at the Transition Assistance and Disable Transition Assistance Programs (TAP / DTAP) for active duty, guard and reserve.

20. The Department of Education in cooperation with the Department of Labor will participate in DoD job fairs to provide returning service members and their families with an awareness of the post-secondary education benefits available.

21. The Department of Labor, through the Veterans' Employment and Training Service (VETS), will participate in the Workforce Investment System in every state and territory and partner with over 120 private and public sector job fairs to expand the number of employers involved in active veteran recruitment.

22. The Department of Labor and DoD will promote awareness of the Uniformed Services Employment and Re-employment Rights Act (USERRA) rights to improve active duty, Guard, and Reservists understanding of their rights at entry to, during, and exiting from military service.

23. The Department of Education will provide education benefits training to the 211 Transition Assistance Program sites which service more than 150,000 transitioning service members annually.



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24. The Office of Personnel Management will expand their military treatment facility outreach to promote the availability of federal employment and veterans' preference rights.

25. The VA Global War on Terrorism newsletter, mailed quarterly to returning service members, will be modified to provide consistent summaries and awareness of available federal services and benefits. [Source: VA Press Release 24 Apr 07 ++]

GWOT RETURNING HEROES TF UPDATE 02:

President Bush has ordered the Defense and Veterans Affairs departments to carry out key recommendations from an interagency task force, including developing a common disability rating system that would make it easier for injured combat veterans to receive benefits. In a statement 25 APR Bush said he has given Secretary of Veterans Affairs R. James Nicholson 45 days to report back on how the task force recommendations can be implemented. The report also recommends the screening of all Iraq and Afghanistan war veterans for possible traumatic brain injuries, better coordination between the VA and Defense Department for patients being transferred between the agencies and better treatment options for veterans in remote areas far from government facilities. The task force also recommended improvements in separation counseling, especially for National Guard and reserve members, and expanded programs to help veterans find post-service employment.

Formed in the wake of the Walter Reed Army Medical Center scandal over the treatment of outpatient combat veterans, the interagency group was charged with finding low- or no-cost ways to improve federal programs that would not require congressional action. Two other government commissions are looking at the same problems without the cost and jurisdictional restrictions and Congress is working on its own ideas, including putting more money into the 2007 emergency supplemental appropriations bill to improve health care and disability claims processing for Iraq and Afghanistan war veterans. Rep. Steve Buyer (R-N) the former chairman and now senior Republican on the House Veterans' Affairs Committee, said he hopes the Defense Department moves on some of the task force's recommendations involving the transition from active-duty to veteran status. "For a decade, VA has worked to ensure seamless transition, usually without commensurate efforts by the Pentagon," Buyer said. "We need look no further than stonewalling from DoD's personnel and readiness bureaucracy for the failures of seamless transition: incomplete electronic health records, lack of an electronic DD-214 and duplicative DoD and VA medical exams."

Buyer said he hopes that Defense Secretary Robert Gates "exerts a sense of accountability for the total welfare of troops transitioning into the VA system; DoD must no longer foist its responsibilities onto VA." "I applaud the task force's work and the earnest faith VA Secretary Jim Nicholson places in their report," Buyer said, but added that a report isn't the same as progress. "When we see federal agencies — principally the Pentagon and VA working hand-in-glove for the benefit of veterans, then we can talk about real progress," he said. Rep. Bob Filner (D-CA), the current House veterans' committee chairman, had no immediate reaction to the task force report, but aides said the committee would hold a hearing soon to look at the recommendations in detail.

The House of Representatives on 20 MAR March 29 passed a comprehensive bill to improve care and benefits and try to smooth bumps in the transition to veterans' status, but the bill has yet to be taken up by the Senate. Aides said instead of passing a separate bill, Senate leaders are planning to include their ideas for improving the treatment of combat veterans in the 2008 defense authorization bill, which the Senate Armed Services Committee will start writing later this month. A House Republican aide, who asked not to be identified because he did not want to appear critical of



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the Bush plan, said he was unimpressed with the interagency task force report, calling the recommendations "uninspiring" and "nothing we haven't heard before." Sen. Larry Craig (R-ID), the former chairman and now senior Republican on the Senate Veterans' Affairs Committee, said tackling the disability ratings system is a daunting but important issue. "This one action to unify the disability rating process will help cut the red tape for injured service members, and that should lead to an improved benefits delivery system," Craig said. "I believe this will be a major step forward for future generations of military personnel." [Source: NavyTimes Rick Maze article 25 Apr 07 ++]

HEALTH CARE BROKEN PROMISE UPDATE 03:

From WWII until the early 1990's personnel in positions of authority acting as agents of the United States Government promised the active duty military that if they served for 20 years in the military and retired they would receive free medical care for themselves and their eligible dependents at military treatment facilities for as long as they lived. That promise has been broken. On 16 JUL 96 Colonel George E. Day filed a lawsuit in the Federal Court in Pensacola, FL, to regain the medical care that had been promised. (i.e. <http://mrgrg-ms.org/cag-hist.html>). In the process of arguing the promised medical care case Colonel Day proved the military retirees allegations that the Armed Forces did make the medical care promise and we had a contract. On 8 FEB 01, a three judge panel of the United States Court of Appeals for the Federal Circuit made this unanimous decision... "The retirees entered active duty in the armed forces and completed at least twenty years service on the good faith belief that the government would fulfill its promises. The terms of the contract were set when the retirees entered the service and fulfilled their obligation. The government cannot unilaterally amend the contract terms now. In contracts involving the government, as with all contractual relationships, rights vest and contract terms become binding when, after arms length negotiation, all parties to the contract agree to exchange real obligations for real benefits" However, the government would not let this decision stand and they appealed.

In a 18 NOV 02 conclusion the full court of the United States Court of Appeals for the Federal Circuit, in a nine for and four against decision, said, "We cannot readily imagine more sympathetic plaintiffs than the retired officers of the World War II and Korean War era involved in this case. They served their country for at least 20 years with the understanding that when they retired they and their dependents would receive full free health care for life. The promise of such health care was made in good faith and relied upon. Again, however, because no authority existed to make such promises in the first place, and because Congress has never ratified or acquiesced to this promise, we have no alternative but to uphold the judgment against the retirees' breach-of-contract claim." (i.e. <http://mrgrg-ms.org/f99-1402.html#conclusion>). The court went on to say, "Perhaps Congress will consider using its legal power to address the moral claims raised by Schism and Reinlie on their own behalf, and indirectly for other affected retirees." Military Retirees are waiting for the Congress to act on the court's recommendation. The words of the court say that they proved their case, but in the end they lost because on 2 JUN 03 the Supreme Court refused to hear the case.

On 28 FEB 07 Representatives Chris Van Hollen (D-MD), Chet Edwards (D- TX), Jeff Miller (R-FL) and Walter Jones (R-NC) introduced two bills in Congress: a revised version of the Keep Our Promise to America's Military Retirees Act - HR1222, and a new bill, the Keeping Faith with the Greatest Generation Military Retirees Act - HR 1223. Retirees are asked to contact their representatives and request they review and cosponsor these bills to enable their passage. For additional info on the Broken Promise issue refer to <http://mrgrg-ms.org>. [Source: Veteran Advocate Floyd Sears msg. 25 Apr 07 ++]



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MOBILIZED RESERVE 25 APR 07:

The Army, Navy, Air Force, Marine Corps and Coast Guard announced the current number of reservists on active duty as of 25 APR 07 in support of the partial mobilization. The net collective result is 707 fewer reservists mobilized than last reported for 28 MAR 07. Total number currently on active duty in support of the partial mobilization for the Army National Guard and Army Reserve is 63,266; Navy Reserve 6,249; Air National Guard and Air Force Reserve 5,058; Marine Corps Reserve 5,416; and the Coast Guard Reserve 302. This brings the total National Guard and Reserve personnel, who have been mobilized, to 80,291, including both units and individual augmentees. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at <http://www.defenselink.mil/news/Apr2007/d20070425ngr.pdf>. [Source: DoD News Release 25 Apr 07 ++]

TRICARE END-STAGE RENAL SUPPORT:

The Tricare Management Activity (TMA) is coordinating benefits with Medicare to make it easier for beneficiaries with end-stage renal disease to participate in three Medicare demonstrations. Medicare is offering patients with end-stage renal disease the opportunity to enroll in three demonstrations in multiple counties in Alabama, Arizona, California, Connecticut, Georgia, Massachusetts, Pennsylvania, Tennessee and Texas. Tricare is acting as second payer for Tricare covered services for beneficiaries participating in these demonstrations. These demonstrations will increase the opportunity for Medicare beneficiaries with end-stage renal disease to receive integrated disease management services. The demonstrations will test the effectiveness of disease management models to increase quality of care for these patients while ensuring they receive care more effectively and efficiently. At the same time, Medicare will assess alternatives for paying for services these beneficiaries receive. Beneficiaries who would like to participate in a demonstration for end-stage renal disease should speak with a representative at their dialysis center to learn if one is available in their area. [Source: Tricare News Release 25 Apr 07 ++]

INDIANA RC DEPLOYMENT GRANTS:

Indiana National Guard and Selected Reserve families who are experiencing financial difficulties because of deployment can receive grants from the state. The Military Family Relief Fund, signed into law by Governor Mitch Daniels, is ready to accept applications. The applicant, who, in most cases will be the spouse of the service member, must be able to show the service member has been deployed for more than 30 days and financial difficulty is a result of deployment. The fund is financed through the sale of the "Support Our Troops" and "Hoosier Veteran" license plates. Annual grants of up to \$2,000 are available for items such as food, housing, utilities, medical services and transportation. Applications are available from county veterans' service officers and www.in.gov/veteran. For more information, call the State Military Family Relief Fund Coordinator at 1(317) 232-3922 or email cphillip@dva.in.gov. [Source: Marion Chronicle Tribune article 8 Apr 07 ++]

NEBRASKA FAMILY MILITARY LEAVE ACT:

Nebraska State Senator Tom White (D-8th) has won Senate support for his bill that would require employers to grant unpaid leave to spouses and parents of military members deployed for more than 179 days. He introduced the bill to help families while soldiers are gone, and to help them rebuild ties with military members when they return home. LB497, The Family Military Leave Act would



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require businesses with 15 to 50 employees to permit up to 15 days of unpaid leave. Businesses with more than 50 employees would be required to grant up to 30 days of unpaid leave. The bill is aimed mainly at families of National Guard members but does not exclude U.S. armed forces personnel. The bill must be signed by the governor to become law. [Source: Associated Press article 31 Mar 07 ++]

VA FEE-BASIS CARE:

Fee-basis care may be authorized to treat service-connected disabilities when VA has determined that available VA facilities do not have the necessary services required for treatment; the veteran is not able to access VA health care facilities based on geographic constraints or due to medical emergencies; or when it is economically advantageous to provide treatment using fee basis. These determinations are left to local management because they are in the position to best apply these considerations. All fee requests are reviewed individually to determine the entitlement of veterans in accordance with established Veterans Health Administration guidelines and to determine clinical urgency. You may be eligible for a fee basis ID card if:

- You have a service connected disability;
- You will need medical services for an extended period of time; or
- There are no VA health care facilities in your area.

If you have a fee basis ID card, you may choose any doctor that is listed on your card to treat you for the condition. If the doctor accepts you as a patient and bills the VA for services, the doctor must accept the VA's payment as payment in full. The doctor may not bill either you or Medicare for any charges. If your doctor doesn't accept the fee basis ID card, you will need to file a claim with the VA yourself. The VA will pay the approved amount to either you or your doctor. Should a veteran's request for fee basis be denied, the veteran may seek reconsideration of the decision through the local Patient Advocate's Office. VA has outlined this appeal process through issuance of VHA Directive 2006-057 "VHA Clinical Appeals." [Source: Washington Times Sgt Shaft 23 Apr 07 ++]

WICCAN PENTACLE LAWSUIT:

Facing lawsuits by veterans and their families, the Bush administration on 23 APR relented and agreed to allow the Wiccan pentacle, a five-pointed star inside a circle, on tombstones at Arlington National Cemetery and other U.S. military burial grounds. The Department of Veterans Affairs previously had given veterans a choice of 38 religious symbols, including numerous forms of the Christian cross, as well as the Jewish Star of David, the Muslim crescent, the Buddhist wheel and an atomic symbol for atheism. For nearly a decade, the department had refused to act on requests for the pentacle, without a clear reason. VA spokesman Matt Burns said that approximately 10 applications were pending from adherents of Wicca, a blend of witchcraft and nature worship that is one of the country's fastest-growing religions. Though the roots of the pre-Christian practice involve "magick" or witchcraft, Wiccans stress that their practice has no ties to Satanism or black witchcraft. Those who identify themselves as Wiccans say the pentacle symbol represents earth, air, fire, water and spirit. It is estimated that at least 1,800 practicing Wiccans serve in the U.S. military.

The case hinged on the practice of the Defense Department begun in the '90s that allows soldiers to state their Wiccan belief on dog tags and to hold services on military installations. In the legal settlement, the VA agreed to grant all the pending requests within two weeks



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and to approve new ones on an expedited basis for 30 days. The department will also pay \$225,000 to the plaintiffs for attorneys' fees. Lawyers familiar with the case said some documents suggested that the VA had political motives for rejecting the pentacle. During his first campaign for president, then-Texas Gov. George W. Bush told ABC's Good Morning America in 1999 that he opposed Wiccan soldiers practicing their faith at Fort Hood TX. He said "I don't think witchcraft is a religion, and I wish the military would take another look at this and decide again st it". Allegedly references to Bush's remarks appeared in memos and e-mails within the VA. [Source: The Washington Post Alan Cooperman article 24 Apr 07 ++]

AMYOTROPHIC LATERAL SCLEROSIS UPDATE 03:

As a national support group gears up for ALS Awareness Month in May, a retired Air Force general is asking the Veterans Administration to give a service-connected disability to any veteran diagnosed with amyotrophic lateral sclerosis (ALS) commonly known as Lou Gehrig's Disease. Since 2001, the VA has automatically granted a disability to all veterans of the Persian Gulf War because studies found that those who served there have a 2% higher incident rate of ALS than the general population. But Retired Brig. Gen. Thomas R. Mikolajcik of Mount Pleasant, SC said all veterans have a 1.6% incident rate than the general population. "How do you differentiate between a 1.6 and 2.0 incident rate?" Mikolajcik told Air Force Times on April 23. "All veterans with ALS should get a service-connected disability and get help before they die."

Jim Benson, a spokesman for the Veterans Administration, said the VA is looking at an ALS study compiled by the National Academies' Institute of Medicine, and two House committees are reviewing the information, as well. "It's an issue being discussed and looked at here at the VA," Benson said, "but there's no decision at this point regarding any extension of those benefits yet" to veterans who did not serve in the Persian Gulf. According to the ALS Association, a national group based in California, people with the disease typically die between two and five years after they're diagnosed. The association has designated May as ALS Awareness Month. In a March 23 letter to the VA, Mikolajcik cited a finding by the National Academies Institute of Medicine that says "military service in general, not confined to exposures specific to the Gulf War, is related to the development of ALS." Mikolajcik said that if the institute's conclusion is accurate, then the VA is granting benefits to only a portion of all service members exposed to whatever triggers ALS.

Mikolajcik, a Gulf War vet diagnosed with the illness in OCT 03 who has lost the use of his arms and legs, was in Washington, D.C., last year to push for more funding and research into ALS. Mikolajcik said, "Though congressmen said there would be hearings on it, nothing has been scheduled. Things move slowly unless you're right there [in Washington]. But some things move quickly. Since the VA began a national registry of veterans with ALS, 1,877 have registered; of that number, "only 954 of us are still alive. That tells you the rapidity of the disease and the relentlessness of it". Mikolajcik commanded the 437th Airlift Wing at Charleston Air Force Base, S.C., before he retired in 1996. During the Gulf War, a s commander of the 435th Tactical Airlift Wing at Rhein-Main Air Base, Germany, he made trips into the theater to visit airmen deployed there. [Source: Air Force Times Bryant Jordan article 23 Apr 07 ++]

VETDOGS:

According to federal officials the VA is debating whether service dogs are effective and if they should be provided at the government's cost to vets. At present veterans injured in combat often have to wait months for service dogs. Disabled and blind vets must have their guide dogs donated by organizations like get



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Dogs because the VA does not cover the cost of obtaining and training these animals. It does cover veterinarian expenses and harnesses. VetDogs origin is from the Guide Dog Foundation for the Blind founded in 1946. Part of its mission was to provide guide dogs, free of charge, to wounded soldiers returning from World War II. Demand for guide dogs has grown as rehabilitation therapists realize older veterans with age-related sight impairment can benefit from these animals. Not only does a guide or service dog provide assistance for daily living, the dog serves as an ice breaker, a bridge to conversation and acceptance because it lets people focus on the dog, not the veteran's disability. VetDogs provides guide dogs for visually impaired veterans and service dogs for those with other special needs, and the training to help them lead active, independent lives again.

California Assembly member Lloyd Levine has authored Assembly Bill 1634 titled the "Healthy Pets Act". The bill mandates all dogs and cats must be neutered at four months of age, with few exemptions. And the remaining pure bred animals with exemptions would be taxed and regulated by a newly created government bureaucracy. The legislation even threatens criminal penalties. If enacted it could put the future of California's police K-9 department's police dogs in jeopardy and also eliminate many guide dogs for the blind and service dogs for the disabled. Nearly all working police dogs were once somebody's pet dog. They are bought as young pups, placed with families, and then if they pass all the working and health tests, eventually they may end up with a police department.

Through the Guide Dog Foundation an innovative new device called Trekker is available for blinded veterans. Trekker uses a handheld PDA, GPS technology, and a tactile overlay to help a visually impaired person navigate unfamiliar territory. As a person walks with Trekker, he or she can access information about approaching intersections, street names, and points of interest, and establish and follow routes. After entering a location, the Trekker will "speak" the directions; the user can then give instructions to his dog. This service is available to all veterans who are guide dog users, even if they have a dog from another dog guide school. For additional info on this organization refer to www.guidedog.org/vetdogs.htm. [Source: South Florida Sun-Sentinel Diane Lade article 22 Apr 07 ++]

WAR DOG MEMORIAL:

Dogs have served faithfully alongside America's fighting men and women but rarely has there been any public recognition for man's best friend in a world where a man most needs a friend. Alan Cunningham appreciates the roles dogs have played during wartime and is hoping others will take notice. This month, the American Fork veterinarian unveiled a memorial at Utah Veterans Memorial Park near Camp Williams, honoring America's four-legged service members. Near the entrance to the visitors' center, a bronze German shepherd sits majestically over a plaque that reads "In honor of canine war heroes and forgotten service animals." The War Dog Memorial Fund in Corona, Calif., estimates that 4,900 dogs served the U.S. in Vietnam. In the field, they would take the point in front of their handlers, warning troops of enemy soldiers and trip wires. In firefights, the dogs were known to shield troops with their bodies and drag the wounded to safety, Cunningham said. In the troops' down time, the dogs served as much-needed companions. Maurice Johnson of the War Dog Memorial Fund said those dogs are credited with saving 10,000 American lives in a war that claimed 58,000. The War Dog Memorial Fund hopes to erect a national war dog memorial at the Vietnam Veterans Memorial in Washington, D.C.

Cunningham is working not only to honor the dogs' service but to memorialize the lives that were lost. When the U.S. pulled its combat troops from Vietnam, he said, the government considered the dogs to be equipment. Most



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were euthanized. "It really was disheartening to a lot of the soldiers. To this day, a lot of them still grieve the untimely, unnecessary loss of those animals," Cunningham said. "So this is a way to help them get reconciliation." Dogs are not the only animals that have served America during wartime, and the plaque on the memorial honors those other service animals, as well. Horses carried troops into battle. Passenger pigeons were used to send notes from the battlefield. During the 2003 invasion of Iraq, dolphins helped the military detect mines in the waters of the Persian Gulf. Cunningham is pleased that his dream of a war dog memorial is finally a reality, but he is not stopping there. He has petitions in veterinary clinics calling for a commemorative stamp for the animals, and has sent about 6,000 signatures to the postmaster general. He is also publishing "Silent Voices," a book about the war dogs he said he hopes to release this summer. [Source: Associated Press article 23 Apr 07 ++]

GI BILL UPDATE 13:

The \$1,200 enrollment fee for GI Bill benefits would be waived for junior enlisted members and everyone in the military would get a second chance to enroll in the education benefits program under a bill introduced by Rep. Lee Terry (R-NE). Terry is not the first lawmaker to propose waiving the fee, but his proposal is slightly different because it targets only troops in pay grades E-5 and below. His second chance at enrollment also is aimed, primarily, at junior enlisted members who could take advantage of no longer having to pay for the benefits program. His bill, HR 1969, is called the Montgomery GI Bill Improvement Act of 2007. It was referred to two House committees — armed services and veterans' affairs — that are both looking at updating the GI Bill, with waiver of the fee one of the actions being considered. The \$1,200 fee, established when the Montgomery GI Bill was created in 1985, is paid in \$100 installments during the first year of service for most people. Some reservists who completed two or more years of active-duty service can enroll in the program later in their careers, but other service members are required to make an irrevocable decision about enrolling during their initial military training.

"The \$100 per month enrollment fee required for participation in the GI Bill sets up an unnecessary barrier to educational opportunities for enlisted military families trying to make ends meet and care for their children. Current and former military members, public housing organizations and groups advocating on behalf of military families have called for eliminating the fee", said Terry. One of the reasons the fee has remained in place, despite some misgivings about the idea of having to pay for a veterans' benefit, is that more than 90% of enlisted recruits sign up for the GI Bill during basic training, which seems to show that the charge is not a big discouragement. But Terry said having the fee works against service members with families who struggle to meet their basic needs and the needs of their children. The second chance to sign up for GI Bill benefits proposed by Terry would have no penalty and no enrollment fee for E-5s and below. [Source: NavyTimes Rick Maze article 23 Apr 07 ++]

VA MRSA TESTING:

Drug-resistant bacteria that were rare just six years ago now are the most common cause of skin and soft-tissue infections treated in emergency rooms at 11 hospitals across the nation. Researchers at UCLA and the Centers for Disease Control and Prevention found that methicillin-resistant *Staphylococcus aureus*, or MRSA, accounted for 59% of skin infections overall, from 15% at a hospital in New York to 74% at one in Kansas City, Mo. MRSA has long been known as an infection associated with hospitals, where patients are already sick and vulnerable. MRSA skin infections can cause painful lesions or sores. A newer strain of MRSA known as "community associated" has emerged outside hospitals and is



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causing severe infections in previously healthy children and adults. Now some hospitals are starting aggressive programs to keep the bug at bay. Known as "search and destroy," the programs are relatively untested in the U.S., so they can be seen as an expensive gamble. At Evanston Northwestern health care outside Chicago, all incoming patients are tested, and if they are found to carry MRSA, they are isolated and treated, says epidemiologist Ari Robiscek. Everyone who enters their rooms wears gloves and a gown. People can carry MRSA bacteria, usually in their noses or on their skin, without being sick. But they can pass the bug to uninfected patients and health workers.

Standard tests take 48 hours to yield results, but newer ones cut that down to one to two hours. But they're more expensive; \$25,000 to \$35,000 or more for a base unit that runs individual tests that cost about \$25 each. Robiscek says the MRSA program at his hospital costs \$600,000 to \$1 million a year to test about 40,000 patients but has cut the number of MRSA infections from more than 100 a year to about 50. Each infection adds about \$30,000 to the cost of treatment, he says, "so our hospital administration feels in addition to the human cost, there has been a financial benefit." After seeing similar results at an MRSA prevention program at the VA Pittsburgh health care System, the Veterans Administration ordered all its 139 hospitals to begin, as of 15 MAR, phasing in MRSA prevention programs. Under the VA plan, patients are tested on admission, again when moved to a different unit in the hospital, and on discharge. MRSA carriers are isolated, and precautions are required. Rajiv Jain, chief of staff at the Pittsburgh VA, who also leads the national program, says results in Pittsburgh have been "dramatic. There has been a 50% to 60% reduction in infection rates." [Source: USA Today Anita Manning article 15 Mar 07 ++]

AHLTA WARRIOR:

The Theater Medical Information Program-Joint (TMIP-J) has released a fifth groundbreaking upgrade to its medical software suite. The new capability, known as AHLTA Warrior, will allow doctors on the battlefield to view a patient's complete electronic health record that is stored stateside in the AHLTA Clinical Data Repository. Some other new features that will be welcome additions to the software suite include, "wildcard" patient search functions, updated medical dictionaries and new medical and disease classification codes. The "wildcard" patient search will allow providers to quickly locate patient records using the first few letters of a last name and a special character. The updated codes will streamline documenting and reporting duties resulting in an overall improvement in efficiency and data quality.

TMIP-J is an integrated suite of software that supports complete clinical care documentation, medical supply and equipment tracking, patient movement visibility, and health surveillance in an austere communications environment. As part of the Military Health System, TMIP-J provides medical information management technology to support the U.S. Military's deployed medical business practice. It also serves as the medical component for both the Global Combat Support System and the Global Command and Control System. TMIP-J is being used successfully by the Marine Corps in Operation Iraqi Freedom, the Air Force in Balad and Bagram hospitals, the Navy in Kuwait and the Army in over 100 units, including 50 medical units and 12 combat support hospitals. TMIP provides a total medical information management solution for the medical business practice in theater. For more information, refer to www.tricare.osd.mil/peo/tmip. [Source: TMA Press Release 7-22 dtd 20 Apr 07 ++]

VET CEMETERY CA UPDATE 01:

The Department of Veterans Affairs (VA) held a dedication ceremony 22 APR to officially open VA's 124th national cemetery, the Sacramento Valley VA National Cemetery, located in Dixon CA. The ceremony included remarks by



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VA Under Secretary for Memorial Affairs William Tuerk and local elected officials. The dedication plaque was unveiled and full military honors were performed with a flyover from Travis Air Force Base of C-17, C-5 and KC-10 aircraft. The ceremony was concluded with the playing of Taps. The 561-acre site is located in Solano County, approximately 27 miles southwest of Sacramento along Interstate 80 between Dixon and Vacaville. Nearly 346,000 veterans and their families live within the service radius of the national cemetery. Burials began in October 2006, in an area of approximately 14 acres, which includes one committal shelter and three burial sections. That area has capacity for 8,466 gravesites, consisting of 3,070 pre-placed crypts and 1,642 standard gravesites, as well as 3,754 in-ground cremation gravesites. Although the cemetery is open for burials, construction will continue until JUL 09.

When the initial 110-acre construction project is completed, the cemetery will have 17,200 full-casket gravesites, 12,000 pre-placed crypts, a 3,000-unit columbarium for cremated remains, and 765 sites for in-ground cremated remains. Veterans with a discharge other than dishonorable, their spouses and eligible dependent children can be buried in a national cemetery. Other burial benefits available for all eligible veterans, regardless of whether they are buried in a national cemetery or a private cemetery, include a burial flag, a Presidential Memorial Certificate and a government headstone or marker. In the midst of the largest cemetery expansion since the Civil War, VA operates 125 national cemeteries in 39 states and Puerto Rico, and 33 soldiers' lots and monument sites. More than three million Americans, including veterans of every war and conflict are buried in VA's national cemeteries on more than 16,000 acres of land. Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at <http://www.cem.va.gov> or by calling VA regional offices at 1(800) 827-1000. For information on the Sacramento Valley VA National Cemetery, call the cemetery office at (707) 693-2460. [Source: VA Press Release 22 Apr 07 ++]

DISPOSAL OF ELECTRONIC PRODUCTS:

On average, the original owner keeps a laptop computer for only three years and will discard their cell phone after only 24 months. However, many televisions, computers, computer monitors, mobile phones and other electronics are still in good working condition and can be recycled, refurbished or donated to schools and charities. Numerous companies have created and are participating in programs designed to assist consumers in recycling used electronics products. These programs help place your electronics products into the recycling stream by refurbishing the device or giving it back to the community, either to schools, charities, economically disadvantaged or disabled citizens of your community. You can even get tax deductions for donating your working electronics to schools or charities. These efforts benefit both the environment and your community. Following are two disposal options applicable to almost every American household:

- Computer Disposal: The Electronic Industries Alliance www.eiae.org has a handy state-by-state lookup you can use to find both disposal and recycling facilities in your area. To locate a disposal point closest to you click on your state shown on the site to find reuse, recycling, and donation programs across the country for your electronic products. If you aren't sure what to look for in a recycler and/or would like to determine if your devices will be handled properly refer to the series of questions to ask at www.eiae.org/faqs.php. Never throw an old computer in a dumpster as it is hazardous waste in our landfills. Before disposing of your computer, it is a good idea to make sure your personal or confidential data is removed from the machine. A simple method is to use a disk eraser that will not only delete the data, but overwrite it with special patterns that render the information



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unrecoverable. The most popular of these tools is called Eraser available through <http://www.heidi.ie/eraser> at no charge. As with all programs, only install something if you actually need it. It is recommended that you simply bookmark the above site, for later access when actually disposing of your computer.

- Rechargeable Battery Disposal: The Rechargeable Battery Recycling Corporation (RBRC) can help you recycle your used portable rechargeable batteries and old cell phones. Rechargeable batteries are commonly found in cordless power tools, cellular and cordless phones, laptop computers, camcorders, digital cameras, and remote control toys. RBRC recycles the following battery chemistries: Nickel Cadmium (Ni-Cd), Nickel Metal Hydride (Ni-MH), Lithium Ion (Li-ion) and Small Sealed Lead* (Pb). RBRC is dedicated to keeping rechargeable batteries and cell phones out of our nation's solid waste stream and preserving natural resources. To Locate a collection site closest to you call up www.rbrc.org/call2recycle/dropoff/index.php and enter your zip code. [Source: Tips & Topics 22 Apr 07 ++]

VA CLAIM BACKLOG UPDATE 06:

The worst city in which to file a veterans' benefits claim is Washington, where 63% of claims take longer than six months to resolve, according to a major veterans' service organization. AMVETS, a 60-year-old group that helps veterans with about 24,000 claims a year, says a survey has shown veterans in Fargo, N.D.; Boise, Idaho; and Providence, R.I., have the fastest service, with only 6 to 7% of claims taking longer than six months to resolve. Washington may be the worst, but other major cities also are slow. AMVETS national service officer and Navy veteran Luz Rebollar said in Chicago, Detroit, Pittsburgh, New Orleans and Montgomery AL about 40% of the claims take longer than six months to process. One reason for the differences is that the number of people assigned to process claims in some VA regions does not match the claims caseloads in those areas. For example, VA workers in Hartford CT handle 92 cases a year, while workers in Augusta ME handle 57 cases a year.

The Bush administration has proposed hiring 450 additional claims processors to try to reduce the backlog, but AMVETS officials have warned that more people will not solve the problem and, unless the caseloads are more evenly spread, will not eliminate delays for some people. AMVETS is pushing the idea of allowing electronic claims filing and other efforts to use technology to help process claims. "The backlog issue is not going to go away until the federal government rolls up its sleeves and takes a serious look at expediting the resolution of claims," Rebollar said. "Until that happens, young veterans just returning from service in Iraq and Afghanistan are going to continue to be frustrated with our government and with a system they believe is failing to fulfill the promises that were made to them when they entered the service." To review the delay time in your city refer to www.navytimes.com/projects/pages/042007vastats. [Source: NavyTimes Rick Maze article 20 Apr 07 ++]

VDBC UPDATE 16:

VA claims terminate at the time of the veteran's death when dependents remain. Under current policy in accordance with judicial interpretation of the statutory scheme governing veterans' benefits, a veteran's claim for VA disability benefits is considered closed with the veteran's death. After death, VA solicits a claim for accrued benefits if there is evidence of spouse or children or parents, in that order. These dependents must file the accrued benefits claim within one year after the veteran's death. However, the claim for accrued benefits is based on the evidence of record as



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of the date of the veteran's death. This raises the issue of whether or not survivors should be able to continue the veteran's claim and introduce new evidence? Accrued benefits are benefits due the veteran but were not paid to the veteran prior to his death. The Veterans' Disability Benefits Commission is examining this issue in order to determine the appropriateness of current VA benefits provided for injuries and disabilities resulting from military service.

This is a work in progress (i.e. Research Question #19) and no final decision has been made by the commission. A draft report was issued on 22 FEB and a final report is to be considered at the APR 07 meeting. There is still considerable disagreement over the appropriateness of the current law. Those opposed argue that it unfairly punishes veterans' survivors (includes spouse, minor, school or helpless children and dependent parents. for circumstances beyond their control. In particular, considering all available evidence in a veteran's case might be more equitable to the veteran and his/her survivors. Those in favor of the current rule argue that the consistency of court rulings indicates a clear legislative intent in agreement with the current rule, and that the availability of an accrued benefits claim solves many of the arguments against the current rule. There has been no recent legislative action regarding this issue. The courts have only addressed the interpretation of the existing statutory scheme, not the equity of the laws. Options to be considered by the commission are:

1. Endorse the current policy of closing the veteran's pending claim at the time of his/her death and allow the veteran's survivors to apply for the veteran's due but unpaid benefits.
2. Endorse a policy of, if all documents (i.e. claim, medical records – service and private and lay statements) have been received by VA and the claim is in the process of a decision, VA should continue the decision process even in the event of the veteran's death. Additionally, if an appeal is before BVA or an appeals court; BVA or the court should continue their review and render a decision even in the case of the veteran's death.
3. Endorse allowing the veteran's survivors, but not a creditor, to pursue the veteran's due but unpaid benefits and any additional benefits by continuing the claim which was pending when the veteran died, including presenting new evidence not in VA's possession at the time of death. [Source: www.vetscommission.org Apr 07 ++]

VA HOME LOAN UPDATE 07:

Since its implementation in 2004, many veterans have misunderstood the VA Home Loan Increased Entitlement. The Veterans Benefits Act of 2004 increased VA home loan eligibility. Veterans who qualify for the home loan benefit may obtain a no down payment home loan of up to \$417,000. Qualified veterans purchasing a home in the high cost areas of Alaska, Guam, Hawaii and the U.S. Virgin Islands may obtain a no down payment home loan of up to \$625,500. There are five easy steps to a VA loan:

1. Apply for a Certificate of Eligibility (COE) <http://www.homeloans.va.gov/>.
2. Decide on a home and sign a purchase agreement.
3. Order an appraisal from VA. (this is done by the lender.) Ordering an appraisal can be done via the Internet using TAS (The Appraisal System) at <http://vip.vba.va.gov/>.
4. Apply to a mortgage lender for the loan.
5. Close the loan and move in. [Source: American Legion Weekly Update 10 Apr 07 ++]



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VA DATA BREACH UPDATE 32:

On 10 FEB 07 VA reported they had learned of a portable hard drive used by an employee in Birmingham, Alabama to be missing and may have been stolen (Refer to Update 31). The data files on the government-owned hard drive their employee was working on may have included sensitive VA-related information on approximately 535,000 individuals. The investigation subsequently determined that information on approximately 1.3 million non-VA physicians – both living and deceased – could have been stored on the missing hard drive. It is believed though, that most of the physician information is readily available to the public. Some of the files, however, may contain sensitive information. The Federal Bureau of Investigations is offering a \$25,000 reward for the return of the missing VA hard drive.

On 22 MAR 07 DVA announced that it had mailed more than 254,000 warning letters to people whose personal information was on the missing computer hard drive. The letters recommended that the veterans contact a credit monitoring service to check for signs of fraud or identity theft. Following is a list of steps provided by the Federal Trade Commission that you should take if you learn your personal and/or financial information has been lost or stolen.

1. Contact Major Credit Bureaus IMMEDIATELY and place a 90-day fraud alert on your credit file, and obtain a free copy of your credit report. Major credit bureaus include:

— Equifax at 1-800-525-6285 or www.equifax.com or P.O. Box 740250, Atlanta, GA. 30374

— Experian at 1-888-397-3742 or www.experian.com or P.O. Box 9532, Allen, Tex. 705013

— TransUnion at 1-800-680-7289 or www.transunion.com or Fraud Victim Assistance Division, P.O. Box 6790, Fullerton, Calif.

2. Get Organized: In dealing with the police and financial companies, keep a record of all conversation including the names of people you spoke with on the phone, dates, and phone numbers.

3. Put it in Writing: Follow up in writing with all contacts you've made on the phone or in person. Use certified mail, return receipt requested, and keep copies of all letters and documents. Form letters and charts to help you track your correspondence are available at the Federal Trade Commission ID Theft Website www.ftc.gov/bcp/edu/microsites/idtheft. Note the time you spent and any expenses incurred in case you are able to seek restitution in a later judgment or conviction against the thief. You may be able to obtain tax deductions for theft-related expenses.

4. Keep Old Files. Keep old files even if you believe your case is closed. Once resolved, most cases stay resolved, but problems can crop up. [Source: Congressman Bud Cramer website 20 Apr 07 ++]

DOD/VA SEAMLESS TRANSITION UPDATE 01:

An effort by DoD and VA to provide a smoother, seamless transition from active duty to veteran status has taken a huge step. As of 23 APR medical staff at all 154 hospitals and the roughly 800 clinics run by the DVA should be able to



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access the Department of Defense medical records of servicemembers returning from Afghanistan and Iraq. "This is great news. An integrated electronic record system between the DoD and VA is something we in Congress have been insisting upon. I'm very pleased with this progress and I applaud both agencies for making this happen," said Sen. Larry Craig, the top Republican on the U.S. Senate Committee on Veterans' Affairs. The Idaho Republican has been advocating for the integration since visiting Iraq several years ago with the Secretary of Veterans Affairs Jim Nicholson.

Medical staff at several VA facilities gained access to the DoD's Joint Patient Tracking Application (JPTA) last year, but that access was shut off by DoD officials amid medical privacy concerns. Within days Senator Craig and Senator Daniel Akaka, the Chairman of the Senate Committee on Veterans' Affairs, issued a joint letter calling for a change in military policy. A few days later, staff at four VA medical centers had their access restored. Craig said, "What is significant now is that every VA facility will have access to these important medical records. Knowing exactly what other doctors have recorded will help with treatment and could, in fact, save lives". [Source: Sebate committee on Veteran Affairs Press Release 20 Apr 07 ++]

SBP DIC OFFSET UPDATE 10:

On 17 APR, Rep. Solomon Ortiz (D-TX) introduced a new bill "The Military Retiree Survivor Equity Act" H.R.1927 that would end deduction of VA survivor benefits from S BP and accelerate implementation of 30-year paid-up SBP coverage. H.R.1927 is identical to Sen. Bill Nelson's S. 935. Survivors of active duty and retired members who die of service-connected causes now have DIC (\$1,067 per month) deducted from SBP. Veteran advocates believe that, if military service caused a retired member's death, DIC should be added to the SBP benefit the retiree paid for, not substituted for it. There are about 61,000 survivors affected by the DIC offset. The paid-up SBP initiative would affect 172,000 Greatest Generation retirees. At present there are two other House bills addressing the SBP issue. Rep. Henry Brown's H.R. 1589 (SBP-DIC) and Rep. Jim Saxton's H.R. 784 (paid-up SBP). [Source: MOAA Leg Up 20 Apr 07 ++]

VA CATEGORY 8 CARE UPDATE 01:

A key senator has joined forces with a New Jersey congressman in trying to re-open enrollment for veterans' medical care to veterans with moderate incomes and no service-connected disabilities. The bill, introduced in the House and Senate, would restore eligibility to veterans' health care to about 242,000 people. Sen. Patty Murray (D-WA) a member of the Senate veterans' affairs and appropriations committees, has joined Rep. Steve Rothman (D-NJ) in sponsoring the Honor Our Commitment to Veterans Act, which would reverse a Bush administration decision four years ago to bar new enrollments in the VA health plan for those in Priority 8, the lowest category on VA's health care priority list. Priority 8 includes veterans who either have no service-connected disability or a zero percent disability rating, with incomes above a threshold based on family size. The thresholds range from \$27,790 for a veteran with no dependents to \$38,948 for a veteran with four dependents, with an additional \$1,866 in income to allow for each additional dependent.

The enrollment ban took effect on 17 JAN 03, and was done to cut costs. VA officials said that most of the veterans who are in Priority 8 either have or could get other medical coverage. "When it comes to veterans' healthcare, caveats and exceptions are not acceptable," Murray said. Her bill, S 1147, is similar to a measure introduced in January by Rothman, a member of the House Appropriations Committee who has been trying to get enrollment reopened for Priority 8 veterans since 2004. "My legislation demands



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that the federal government fully fund VA health care services so that no veteran in need is turned away," Rothman said. Rothman's bill, HR 463, has 37 cosponsors. Murray didn't have any original cosponsors for her bill. Both bills take the same approach by requiring the VA to allow enrollment for any veteran who applies, which would terminate the enrollment freeze.

The cost of restoring the eligibility of Priority 8 veterans for VA health care is a matter of some dispute. Murray's office estimates it would cost \$519 million to provide coverage today and \$2.3 billion to provide coverage through 2012. Murray said the Bush administration cut off enrollment for new Priority 8 veterans in the face of budgetary problems and growing backlogs for patients when there were other options. "Instead of confronting the VA's shortfall head on by asking for the resources necessary to address them, this administration cut off care to veterans of modest means," she said. Rothman said the enrollment ban is particularly hard on people in high-cost areas, like the New Jersey counties he represents. That is because they generally earn more money, making them more likely to exceed the income thresholds — but their cost of living is higher as well. [Source: NavyTimes Rick Maze article 19 Apr 07 ++]

AGRICULTURE DEPARTMENT DATA BREACH:

The Social Security numbers of 63,000 people who received Agriculture Department grants have been posted on a government Web site since 1996, but were taken down last week. Free credit monitoring is being offered to those affected. The Agriculture data that included Social Security numbers were removed from the Web on 13 APR and similar data from 32 other agencies were taken down 17 APR as a precaution, said Agriculture spokeswoman Terri Teuber. A review has determined that none of the other 32 agencies had a similar problem, said Sean Kevelighan, spokesman for the Office of Management and Budget (OMB). "There is no evidence that this information has been misused," Teuber added. "However, due to the potential that this information was downloaded prior to being removed, USDA will provide the additional monitoring service."

The breach was discovered by Marsha Bergmeier, president of Mohr Family Farms in Fairmount IL while Googling when she could not sleep. The next morning (13 APR) she contacted the Agriculture Department, her congressman, Rep. Tim Johnson, the private Web site and the Census Bureau and was surprised by how quickly they removed the personal information. "If somebody downloaded it, it's still out there in the world," she said. "That will never be a private number again." Chris Hoofnagle, senior attorney at the University of California at Berkeley law school clinic on technology, said the only federal law violated by such a breach is the Privacy Act, but the Supreme Court had ruled last year that victims could only collect damages for measurable losses to ID thieves, not merely for anxiety. Nevertheless, the incident is likely to spur passage of a federal law requiring notification of potential victims when personally identifiable information is disclosed or stolen electronically, Hoofnagle predicted. Already 35 states have such a law.

The disclosure comes six months after a congressional report found federal workers at 19 agencies had lost personal information affecting thousands of employees and the public, raising concerns about the government's ability to protect sensitive information. In all, the House Government Reform Committee reported 788 incidents involving the loss or compromise of sensitive personal information since 1 JAN 03. That was in addition to the hundreds of security and privacy incidents at the Department of Veterans Affairs, according to a report the committee issued in October. To avoid revealing information that could increase the vulnerability of this private data, Teuber said Agriculture was not releasing more details, including the Web address, of the government site where this information was disclosed until all



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potentially compromised recipients have been notified. The Agriculture Department is sending registered mail notifications to 150,000 recipients identified as having been part of the public database since 1981, but Teuber said some people are on the list more than once. At an estimated taxpayer cost of \$4 million, Agriculture is offering each of them free credit monitoring for one year.

USDA funding recipients who wish to take advantage of the credit monitoring offer will receive instructions on how to register. Any USDA funding recipient with questions can 1(800) 333-4636 or visit <http://USA.gov>. The call center operates from 08-2000 EDT, M-F. Under supervision of the Office of Management and Budget, the grant numbers posted by the other 32 agencies were taken down and reviewed to see if any included Social Security numbers. "We are sure no other agencies ... were impacted by similar problems," said OMB's Kevelighan. He attributed the quick response to government-wide safeguards set up after the Veterans Affairs Department problems last year. Teuber said an unknown number of private Web sites had downloaded and reposted the information, but she said at least one of them, OMB Watch, had also removed the identifying grant numbers. OMB Watch director Gary D. Bass said Bergmeier contacted his group April 13 after finding her number on the Web site of his public interest group. The group referred her to Agriculture and Census, where it got the data. Veterans seeking protection against government's inability to protect their personal data should review the availability of personal identity theft insurance on their search engine. [Source: Associated Press writer Michael J. Sniffen 20 Apr 07 ++]

ELDERLY BLOOD PRESSURE & MORTALITY:

Aggressive treatment of high blood pressure (hypertension) in patients who are 80 years or older is associated with lower five-year survival rates than their counterparts with blood pressure levels at or higher than treatment target levels, researchers report. Physicians should therefore "use caution in their approach to blood pressure-lowering in this age group," they advise in the Journal of the American Geriatric Society. Dr. Daniel J. Oates of the Boston Medical Center and his co-workers evaluated five years of data from 10 Veterans Affairs sites and Social Security files. The study group involved 4,071 ambulatory patients 80 years or older with hypertension. The researchers found that patients with normal or higher blood pressures were less likely to die during follow-up than those with lower blood pressures. Specifically, for each 10-point increase in blood pressure, the researchers estimated that the mortality risk increased by about 17%. This effect was seen up to a systolic blood pressure of 139 mmHg (the top number) and a diastolic blood pressure of 89 mmHg (the bottom number). However, in patients with uncontrolled hypertension, defined as systolic pressure of 140 mmHg or higher and diastolic pressure of 90 mmHg or higher, there was no significant association between survival and blood pressure levels. These findings suggest that overly aggressive control of blood pressure might be harmful in this age group. Investigators cite other studies that also show higher blood pressures are protective in older patients. Older patients with low blood pressure need to be monitored for fainting, which would put them at risk of falls, the team notes. This group should also be watched for nonspecific symptoms, such as weakness, weight loss and memory loss. [Source: Journal of the American Geriatric Society Mar 07 ++]

VA PATIENT STATS:

New statistics show Iraq and Afghanistan combat veterans no longer in the military are most likely to seek care for musculoskeletal diseases, mental health disorders, and symptoms without an immediate known cause, such as rashes or dizziness. The numbers, provided to the GAO by the DVA, include 229,015 service members who served in Iraq or Afghanistan since 2003 who have left the military and had a medical



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appointment at a VA facility. A total of 636,306 service members who have served in Iraq or Afghanistan have left the military. The numbers show that 5% of those who served in combat and left the military were reserve or National Guard troops, but they represented 51% of those who sought care. A breakdown by service of those who visited a VA facility is 66% Army, 12% Air Force, 12% Marines, and 10% Navy. The numbers also show that more veterans requested treatment for PTSD in specific geographic areas. For example, 1,026 veterans asked for help for PTSD symptoms in upstate New York compared to 49 in Grand Junction, Colo. Those numbers are important because even as the VA struggles to get mental health care to rural areas, its resources are stressed in other regions. A total of 39,243 veterans asked for treatment for PTSD. The statistics also show that 88% of those seeking treatment were male, 97% were outpatients and 92% were enlisted. Veterans of the Iraq and Afghanistan wars represented 4% of the total number of vets using VA health care, which is more than 5 million. The top reasons for seeking treatment were 37% for mental disorders, 43% for musculoskeletal injuries — usually back or joint problems — and 34% for symptoms without an immediate known cause. [Source: Army Times Kelly Kennedy article 20 Apr 07 ++]

VA VET CENTERS:

The number of returning Iraq and Afghanistan combat veterans visiting Department of Veterans Affairs walk-in clinics has more than doubled since 2004, while the clinics' staff has increased by less than 10%, agency records show. The clinics, known as Vet Centers, are meant to make it easier for combat veterans to receive help. Last year, 21,681 Iraq and Afghanistan veterans visited the centers, up from 8,965 in 2004. The number of clinic staff members rose from 992 to 1,063 during the same period, according to the VA records. A VA survey of clinic team leaders that the agency provided to USA Today shows that 114 of the 209 Vet Centers need at least one extra psychologist or therapist to help with the influx of veterans. The VA is only slated to add 61 new staff members. Al Batres, the national director of Vet Center operations, said he will fill those additional slots over time. In addition, he said he has the budget to open 23 new centers across the country by SEP 08, the end of the next budget year. He said the new centers will help serve the growing number of Iraq and Afghanistan veterans. "My task is to try to direct the right kind of services at the right time to the right place," Batres said.

The VA has consistently underestimated the needs of many Iraq and Afghanistan veterans, said Joe Davis, a spokesman for the Veterans of Foreign Wars. "The Vet Centers are on the front lines. Every one of the 200-plus Vet Centers are providing a vital service, but our greatest concern is five years from now when more veterans and their families enter the system", Davis said. The Vet Centers are small, storefront operations with a staff of four to five people each. The centers were created in 1979 to help Vietnam War veterans readjust to society. Services include combat stress counseling, marriage therapy, job assistance and medical referrals. Five of the clinics in the VA survey said they have people waiting in line for service. An informal survey last year by House Democratic staffers of 60 centers found that all of them reported significant increases in demand and about 10 reported using group therapy sessions, rather than individual counseling, to handle the increase. In the VA survey, only two of the clinics said shortages led them to substitute group therapy for more appropriate individual counseling. Among the findings in the VA survey:

- 26 centers said it takes longer to help veterans because of the increased workload.
- 22 centers reported they cannot provide family counseling when necessary.
- 54 centers said more sexual trauma treatment is needed.



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Batres has hired 100 Iraq and Afghanistan veterans to help educate new veterans about services. Unlike clinic visits, which involve veterans meeting individually with staff members, many outreach efforts involve staffers speaking to groups of veterans. Veterans of several wars use the centers, VA records show. In 2004, 125,737 veterans visited the centers or were contacted through outreach efforts; that number rose to 228,612 in 2006. Last year, the White House proposed cutting \$47 million from the \$3.3 billion budget for veterans' readjustment benefits. Two congressional committees agreed, but the Republican-controlled Congress didn't pass a final spending bill. This year, Congress passed a resolution that keeps spending at the 2006 levels. [Source: ArmyTimes reprint of USA Today Gregg Zoroya article 20 Apr 97 ++]

MILITARY DISABILITY RETIREMENT:

Wary of rising disability retirement costs, the DoD under then-secretary Caspar Weinberger quietly sought and received an internal legal opinion that, to this day, tamps down the number of wounded or ill service members awarded military disability retirement. The 25 MAR 85 memo from the DoD office of general counsel, which only recently came to light, gave Defense health officials a green light to restrain military disability ratings without a change in law. They did so by directing the services to stop setting disability awards based on all service-connected ailments found during medical evaluations, and start basing them only on conditions that leave members unfit for duty. The policy change took effect in FEB 86 with a revised DoD instruction to services. Its impact can be profound on individuals, particularly in wartime. The Veterans' Disability Benefits Commission is studying the effects and its chairman this month sounded an alarm.

The advantages of receiving disability retirement, which requires a 30% or higher disability rating, are great for members with less than 20 years in service. Beside an immediate annuity, disabled retirees and their families gain lifetime access to Tricare, to base shopping privileges and to a host of other perks tied to "retiree" status. Veterans with disability ratings of 0 to 20% receive only a lump-sum severance payment upon discharge. They can apply to the Department of Veterans Affairs for a higher rating and will often get one, which can mean monthly VA compensation and improved access to medical care. But VA care isn't available to families and VA doesn't offer base-like support services. Injured war veterans of Iraq and Afghanistan are becoming more aware of the critical 30% threshold. Some credit for that goes to retired Army Lt. Gen. James Terry Scott, chairman of the Veterans' Disability Benefits Commission. Scott spotlighted the value of 30% ratings, and ruffled feathers of DoD officials, before a Senate hearing in mid-APR 07 when he said the higher cost of disability retirement, versus severance pay, gives DoD "a strong incentive" to award 20% or less.

No service does it more often than the Army, according to fresh service data released by Scott. From 2000 through 2006, the Army gave ratings of 30% or higher to only 13% of soldiers deemed disabled. By comparison, the Navy awarded disability retirement to 36% of its disabled members. The Air Force number was 27% and the Marines Corps 18%. More troubling, Scott suggested, was data showing Army awarded a 0% rating to 13,646 soldiers that it found unfit for duty. The Navy, Marine Corps and Air Force had assigned 0 ratings only to 400 apiece. Scott said he wasn't speaking for the commission which won't finish its report until fall. But he urged Defense officials to allow the services to begin setting disability awards based on all service-connected disabilities found. To ease rating disparities across the services, and between DoD and VA, he recommended that the VA alone conduct all medical evaluations and set all disability ratings before members leave service.

Col. Andy Buchanan, deputy commander of the Army's Physical Disability Agency (PDA), said he would quibble with some of the



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commission's data but clearly there are troubling disparities in ratings between services that can't be explained by "mission differences" alone. "I know where we're different right now, but I have to find out why," said Buchanan. He has recommended an independent audit of service disability awards to identify the factors creating the service disparities. But Buchanan, in an interview, denied that the PDA or individual evaluation boards operate with any concern for how rating decisions impact Army budgets. The Army does not follow VA criteria to rate every condition. For example, the VA rates some sleep apnea as 50% disabling, higher than the loss of a limb, Buchanan said. Also, unlike the VA, the Army does not presume that every medical condition that surfaces while in service is service-connected. "We're pretty rigid – and that may be why we're perceived as stingy — about following the rules, looking for evidence," Buchanan said. [Source: [Military.com](#) Headlines Tom Philipott article 20 Apr 07 ++]

MILITARY DISABILITY RETIREMENT UPDATE 01:

The experience of Army National Guard Spc. Kenneth Parham, 47, shows the impact of the 1986 policy shift on disability awards today. In APR 05, Parham was in the gun turret of a Humvee when it drove over a bomb buried beneath a road outside Kirkuk, Iraq. The explosion tossed his Humvee high into the air. It was Parham's third contact with an improvised explosive device in five months. This one collapsed a lung, fractured ribs and damaged discs in his neck and back. Today, the once vigorous Parham, who as a civilian drove a moving van and lifted up to 5000 pounds of household goods a day, needs a motorized cart to shop in stores. He has chronic neck and back pain. He must walk slowly, sit frequently and can't lift more than 20 pounds. Because he can't wear a helmet or carry a rucksack, the Army has found the former Marine unfit for duty. It plans to discharge Parham with a 20% rating and about \$40,000 in severance. In late APR, he will travel from his home in Lewiston ID, to Fort Lewis WA to appeal that rating decision before a physical evaluation board. His wife, Cheryl, said a 20% rating is so unjust, given how her husband's quality of life and job prospects have plummeted. "How's he going to support himself the rest of his life," she asked. Service-connected ailments that the Army ignored in setting the 20% figure, she said, include post traumatic stress disorder with nightmares, a weakened leg, the sleep apnea, high-blood pressure and arthritis. [Source: [Military.com](#) Headlines Tom Philipott article 20 Apr 07 ++]

RESERVE GI BILL UPDATE 06:

A recent Defense Department policy change widens the eligibility window for some Reserve-component troops who want to use their Montgomery G.I. Bill education benefits. The DoD policy now aligns with Department of Veterans Affairs rules, which say National Guard members and reservists are eligible to receive Montgomery G.I. Bill education benefits for the period covering the amount of time they served on active duty, plus four months, said Tom Bush, principal director for manpower and personnel within the Office of the Assistant Secretary of Defense for Reserve Affairs. After studying the matter over the past few months, DoD agreed to align its policy with the VA's, Bush said. DoD's previous policy only recognized the amount of active-duty time as applied to the G.I. Bill coverage period for reserve component members but still required the member to continue to serve in the Selected Reserve.

The change, from the DoD perspective, is that the benefit now can be used by somebody that leaves the selected reserve for the amount of time that they've served on active duty, plus four months. Guard and reserve members who attend regular drill training and meetings are considered part of the selected reserve.

The total amount of G.I. Bill coverage for reservists is still 36 months, Bush said.



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"So, if you've used part of that (G.I. Bill benefit) it may eat into that 36 months. Reservists normally have 14 years to use their Montgomery G.I. Bill benefits. However, that time might also be extended by the amount of time Guard or Reserve members serve on active duty, plus four months. Senior Guard and Reserve officials, as well as demobilization sites, have been alerted to the policy change."

About 370,000 Guard and Reserve members on drill or active-duty status have signed up to use Montgomery G.I. Bill benefits since the Sept. 11, 2001, terrorist attacks on the United States. The Reserve Education Assistance Program, established by the 2005 National Defense Authorization Act, is another DoD education initiative for members of the Guard and Reserve. To be eligible, servicemembers must have served at least 90 consecutive days of active service after Sept. 11, 2001, in response to a Presidential or Congressional call-up of military forces for wartime or other emergency service. Guard and Reserve members who served for two continuous years on active duty in support of a contingency operation would qualify for both the Montgomery G.I. Bill and REAP and could select which program they want to use. Servicemembers can determine if they qualify for the Montgomery G.I. Bill and REAP by contacting their local education office. [Source: NAUS Weekly Update 20 Apr 07 ++]

RETIREE OCONUS SURVEY:

To learn more about the unique issues facing Navy and Marine Corps retirees who live overseas (OCONUS), the SECNAV Retiree Council has recommended that OCONUS retirees be surveyed to identify and resolve, where possible, these issues. If you are an OCONUS retiree and would like your voice to be heard, registration at <https://www.nprstsurveys.com/retiree/register.htm> is the first step. For the purposes of this survey, OCONUS refers to those who live overseas, outside the United States. It does not include those residing in Hawaii or Alaska. In early MAY 07 email survey invitations will be sent to all confirmed retirees who register on this page. The information below will ONLY be used by Navy Personnel Research, Studies, and Technology (NPRST) to confirm your eligibility for the survey and to send the survey notification email. This information will not be shared with anyone except the research staff working on this project. For additional info refer to MILL_NPRSTsurveys@navy.mil. [Source: <https://www.nprstsurveys.com/retiree/register.htm> Apr 07 ++]

VA CLAIM BACKLOG UPDATE 05:

On 17 APR the Department of Veterans Affairs responded negatively to the four bills pending before Congress to reduce the 600,000-case backlog of veterans' benefits claims.

- H.R.0067, sponsored by Rep. Mike McIntyre (D-NC), that would allocate \$25 million a year — about \$1 for each living veteran — to improve veterans' outreach programs, and would give grants to states to pay for education and training programs for state and local veterans' agencies.
- H.R.1435, sponsored by Rep. Joe Baca (D-CA) that orders a three-year, five-state test in which benefits claims that are not complete would be referred to a county or municipal office for help developing the claim.
- H.R.1444, would provide a \$500 monthly stipend to any veteran who appeals a benefits decision and it takes more than 180 days for a final decision. Sponsored by Rep. John Hall (D-NY), the proposal would allow a veteran whose claim is denied to keep the accumulated payments. A veteran whose claim is approved for a benefit of more than \$500 a month



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would receive the difference, said Hall, chairman of the House Veterans' Affairs disability assistance and memorial affairs subcommittee where the four bills are pending.

- H.R.1490, sponsored by Reps. Joe Donnelly (D-IN) and Fred Upton (R-MI) which would automatically grant disability benefits claims filed by combat veterans as long as they met minimal requirements, with payments set at the median level for the disability.

Re p. Upton said, "The current system is more than broken, it is shameful. On average, it takes the VA 177 days to process an original claim and 657 days to process an appeal. This delay deprives many veterans of Iraq and Afghanistan of much-needed income at a time in their lives when they are not only learning to cope with a disability but also transitioning into civilian life." Ronald Augment, the VA's deputy undersecretary for benefits, said, "The VA opposes the four bills, even though the agency shares many of the bills' goals. Augment said:

- Hall's bill H.R.1444 to provide a \$500 stipend for delayed benefits would create an incentive to submit claims of dubious merit. And, for veterans whose claims are questionable, it creates a reason for the veterans to delay supplying information and evidence so they can get more money. A claimant's cooperation with VA can reduce the time it takes to resolve a remand claim. Inversely, a claimant's lack of cooperation can delay the resolution of a claim."

- The Donnelly-Upton bill H.R.1490 presents a similar problem. VA is concerned that a presumption of service connection creates an incentive to file invalid claims, especially when benefits would be paid without appropriate claim development. Even if the VA audited 25% of all file claims, an unscrupulous claimant would still have excellent odds of obtaining and retaining benefits.

- The VA opposes the bill H.R.0067 giving grants for veterans' outreach programs because it doesn't give enough flexibility to reach veterans in small, rural communities, and because the VA is expanding its existing outreach program.

- Paying county and local veterans agencies to help process claims, the idea in H.R.1435, would take money that ought to be spend by the federal government and apply it to local programs while raising questions about who, ultimately, is responsible for the claim.

The VA was not alone in opposing the bills. Some of the same issues raised by Augment were also noted by Veterans of Foreign Wars and Paralyzed Veterans of America in their testimony before the disability assistance subcommittee. [Source: Military Times Rick Maze article 17 Apr 07 ++]

NATIONAL VOLUNTEER WEEK:

More than 88,000 volunteers at Department of Veterans Affairs (VA) medical facilities – who worked 12.5 million hours last year – were recognized across the country in conjunction with National Volunteer Week, April 15-21 by VA Secretary Jim Nicholson. VA has the largest volunteer program in the government and one of the largest in the country. Using a formula developed by a coalition representing hundreds of charities and non-profits, it is estimated that in 2006, VA would have needed more than 6,000 full-time employees to replace the time donated by volunteers. VA estimates the time volunteered to VA equates to nearly \$225 million annually. In addition, VA volunteers and their organizations contributed an estimated \$54 million in gifts and donations last year. More than 350 national and community organizations support VA's Voluntary Service program, organized in 1946.



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Nicholson traveled to Baltimore on 16 APR to present the President's Volunteer Service Lifetime Achievement Award to Clifford Stoffel, a veteran who contributed more than 4,000 hours of service in the VA Maryland Health Care System as a volunteer with the Disabled American Veterans transportation network at the Glen Burnie, Md., VA Outpatient Clinic. Nicholson also gave awards to other volunteers who have served at the Baltimore VA Rehabilitation and Extended Care Center and regional outpatient clinics. For several years, President Bush has proclaimed National Volunteer Week as a time to thank volunteers for their service and to call the public's attention to what volunteers can do to improve communities. National Volunteer Week is sponsored by the Points of Light Foundation. For information on how to volunteer at a VA facility, contact your local VA hospital or visit www.va.gov. [Source: TREA Washington Update 20 Apr 07 ++]

MILITARY HEALTH CARE TF UPDATE 05:

On 18 APR the Task Force on the Future of Military Health Care held its latest public meeting. The witnesses were the Comptroller of the United States (who heads the GAO), executives from MEDCO and Express Scripts and representatives from the United Mine Workers of America's Health and Retirement Funds. During a full day hearing the witnesses spoke on many subjects. But they were all asked about the effect of co-pays on moving beneficiaries toward using generic drugs and home delivery (mail order). All the witnesses stated that it was the differential between the tiers and distribution points. All of them said that Tricare's differentials were too small to cause movement. It is looking more and more likely that the Task Force will recommend some change in the pharmacy co-pays and structure. This could affect every Tricare Pharmacy beneficiary who is not using an MTF Pharmacy. [Source: TREA Washington Update 20 Apr 07 ++]

DFAS PAYROLL:

On 17 APR the Director of Defense Finance and Accounting Service's (DFAS) Retired and Annuitant Pay section met with representatives of 5 Veterans and Military Organizations to discuss operations and the future. His presentation noted that his office sends retired pay to 709,943 retirees from the Air Force, 740,133 from the Army, 122,496 from the Marine Corps and 536,435 from the Navy. The oldest Air Force retiree receiving pay is 105.8 years old, the oldest Army retiree is 108.0 years old, the oldest Marine Corp retiree is 100.4 years old, and the oldest Navy retiree is 107.4 years old. Monthly, they also pay 344,676 Annuitants; 17,837 VSI (Voluntary Separation Incentives); 87,007 former spouses; 804 RSSPs (Reserve Special Separation Payment); and 27 VOSs (Victims of Abuse). Its payroll payment per month is over \$3 billion! There are presently 54,920 retirees receiving CRSC (Combat Related Special Compensation) 14,374 from the Air Force; 32,479 from the Army; 3,953 from the Marine Corps; and 4,114 from the Navy. There are 200,176 retirees receiving CRDP (Concurrent Receipt Disability Pay) 63,601 from the Air Force; 83,643 from the Army, 12,057 from the Marine Corps; and 40,875 from the Navy. [Source: TREA Washington Update 20 Apr 07 ++]

RESERVE RETIREMENT AGE UPDATE 09:

On 18 APR the Senate Armed Services Subcommittees on Personnel, Readiness and Management held a joint hearing on the readiness impact of quality of life and family support programs to assist families of active duty, National Guard, and reserve military personnel. During the course of this hearing, the committee discussed retirement benefits for members of the National Guard and Reserve and Senator Saxby Chambliss (R-GA) provided a statement on his bill, S.0648, The National Guard and Reserve Modernization Act. During his statement, Senator Chambliss noted that "Since September 11, 2001, an annual average of about



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60 million duty days have been performed by Reserve Component members – the equivalent of adding over 164,000 personnel to the active strength each year...this represents almost a five-fold increase since the 1990s..." Referring to the cash bonuses now in place to enhance retention, Senator Chambliss said that, despite the effectiveness of these bonuses, he would "much rather motivate behavior over the long-term by providing an early retirement benefit based on continuous service and deployments." Given that "Guard and Reserve members are the only federal retirees who must wait until age 60 to collect retirement pay," Senator Chambliss' bill will reduce the age for receipt of retirement pay by three months for every 90 days a Guard member spends on active duty in support of a contingency operation or while responding to a national emergency since September 11, 2001. Senator Chambliss said that the bill is the right thing to do because Guard members who are called away to duty are "sacrificing their civilian careers, including their retirement benefits." Senator Lindsey Graham (R-SC) agreed, calling the bill "a great idea" and further stating that "now is the time to look at the retirement system of the Guard and Reserve." [Source: NGAUS Leg Up 20 Apr 07 ++]

VA HEFNER MEDICAL CENTER:

Responding to reports of inadequacies in surgical services at a North Carolina Veterans Affairs (VA) Medical Center, a Subcommittee on Oversight and Investigations oversight hearing on 19 APR found systemic procedural problems in patient safety and other components of health care management. Many of these problems have since been corrected; others are still a matter of concern. In SEP 04 VA's Office of Inspector General (IG), because it was working at full capacity, asked the department's Office of the Medical Inspector (OMI) to investigate an allegation of suspicious deaths in the surgical service at the Hefner VA Medical Center in Salisbury NC. The allegations, made on VA's hotline that August, alleged that more than 12 deaths of surgical patients had occurred in the last two years. The OMI issued its report in MAR 05, finding serious mishandling of numerous cases and a litany of medical issues not addressed or solutions implemented. The OMI report made 18 recommendations, all accepted by VA's health under secretary.

In SEP 06, the department's assistant inspector general, Dr. John Daigh, issued a combined assessment program review of Salisbury, but the team doing the review wasn't aware of the 2005 OMI report, reducing its effectiveness. Daigh found that improvements had been made, a conclusion shared by Melvin Watt (D-NC) the congressman whose district includes the Salisbury medical center. (Daigh has since ensured that IG staff have full access to OMI reports and refer to them.) Yet, while the problems at Salisbury, largely attributed by both Watt and Salisbury's current chief of staff to former facility management have been largely corrected, systemic problems persist. Veterans' Committee Chairman Bob Filner (D-CA) pointedly asked witnesses how VA employees are held accountable. "We're talking about the deaths of human beings," he said, decrying a bureaucratic system that impedes critical information from reaching those who have a right to know, such as patient family members, and those who can implement remedies. Aggravating the problem, VA's "peer review" system, which is supposed to facilitate the critique of clinicians by their peers, seems to be hobbled by fear. When asked if nurses feared that revealing problems with the performance of doctors could cost them their jobs, Daigh admitted the existence of such problems in some VA locations. The lack of information to patients and to the general public in the wake of such reviews appears to be a systemic weakness within the department. Subcommittee member Brian Bilbray (R-CA), expressing concern shared by many in the subcommittee, urged VA to do a better job of providing information as quickly as possible. [Source: House Committee on Veterans' Affairs Press Release 19 Apr 07 ++]

VA RURAL ACCESS:

The House Committee on Veterans'



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Affairs Subcommittee on Health held a hearing 18 APR on veterans' access to health care. Testimony focused on the ability of veterans to access care through Department of Veterans Affairs (VA) community-based outpatient clinics (CBOCs) and in rural communities. "Rural has always responded to our nation's call for military service. Unfortunately, as these veterans return home, they too often experience difficulty accessing VA care because they must travel long distances to VA facilities," said subcommittee member Jerry Moran (R-KS). "These veterans should not be penalized because of where they live. We must provide rural veterans the health care benefits they have earned." The National Rural Health Association, Disabled American Veterans and The American Legion provided testimony supporting the use of CBOCs as a way to provide care in non-metropolitan areas. Dr. Gerald Cross, acting principal deputy under secretary for health, told the subcommittee that VA's telehealth programs are being used as a way to bring care closer to veterans. Specifically, Cross' testimony stated, "Care coordination/home telehealth programs are well established in all 21 Veterans Integrated Service Networks and currently care for 24,921 patients." Public Law 109-461 required the creation of an Office of Rural Health within VA. Cross said the "mission of the office is to promulgate policies, best practices and innovations to improve services who reside in rural areas of the U.S." The subcommittee also heard testimony from Dr. Marcia Brand, associate administrator for rural health policy for the Health Resources Services Administration of the U.S Department of Health and Human Services. Brand urged collaboration between VA and community health centers, as "effective coordination is especially critical in rural communities, where services and providers are limited and resources are scarce." [Source: House Committee on Veterans' Affairs Press Release 19 Apr 07 ++]

NARHA VETERANS PROGRAM:

The North American Riding for the Handicapped Association, Inc. (NARHA) plans to develop a nationwide program for America's wounded service personnel and veterans. At a 1 APR meeting of the organization's board of trustees, committees and membership representatives NARHA established Horses For Heroes. A task force was formed to develop the program, pilot the methods to be used, educate member instructors, and monitor any services provided through NARHA's nationwide centers. NARHA promotes equine assisted activities at more than 700 member centers in the U.S. and Canada, helping individuals with special needs gain greater independence through their involvement with horses. Based on the success of recent pilot programs at Ft. Hood TX, and Ft. Myer VA where the United State Army's 3rd Infantry Regiment Caisson Platoon is headquartered, NARHA wants to use the lessons learned to prepare local centers for these service personnel as they return to their home communities. The Horses For Heroes task force will oversee and facilitate the orderly development of appropriate equine assisted activities, such as therapeutic riding and driving, as well as equine facilitated psychotherapy, tailored specifically to the needs of service personnel and veterans.

NARHA's Chief Executive Officer, Sheila Kemper Dietrich, met recently with many program heads at the Department of Veterans Affairs (DVA) in Washington, DC, after Secretary R. James Nicholson personally visited with the program conducted with the Caisson Platoon. NARHA's national leadership in Horses For Heroes will create a primary point of contact for therapeutic riding centers, potential veteran or service personnel clients, interested health service providers, and for developing the financial resources to support the program. Kemper Dietrich is already negotiating with the DVA to create a Memorandum of Understanding between the two organizations. Despite the overwhelming desire of many NARHA centers to help, Horses For Heroes will need to be properly funded,

and it is hoped that it will ultimately be furnished with a DVA reimbursement code, just as for other forms of treatment.

[Source: The HorseTV Channel News, <http://www.horsetv.com> Apr 07 ++]



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WWII MERCHANT MARINE BILL:

The ranking member of the House Committee on Veterans' Affairs, Steve Buyer (R-IN), made the following remarks on 18 APR during a legislative committee hearing on H.R.0023, the Belated Thank You to the Merchant Mariners of World War II Act of 2007. The bill would provide a benefit of \$1,000 per month to World War II veterans of the U.S. Merchant Marine and their surviving spouses. Supporters of this bill argue that the payment compensates these veterans for their inability to use G.I. Bill benefits in the years after the war. His remarks provide a good summary of actions to date on compensating mariners who contributed so much to the war effort:

"We are here today to discuss a question of equity: whether it is equitable to pay Merchant Marine veterans of World War II a "thank-you" payment for their service during the war. Anyone with even a passing acquaintance with the contributions of these mariners to the war effort cannot doubt their bravery. During the early war years, through 1942, more allied merchant ships were being sunk than built; yet they sailed on and their cargoes helped keep our allies fighting while America prepared to exert its full and irresistible force. The law recognizes two groups of Merchant Mariners; those who served before the Japanese surrender in August 1945, and those who joined after that date. As of 17 JAN 88, Merchant Mariners who served between the start of the war on 7 DEC 4, and the surrender of Japan on 15 AUG 45, receive full veterans' benefits and status. The granting of veterans status was made possible by the G.I. Bill Improvement Act of 1977, Public Law 95-202.

The law also created an administrative process by which civilian or contract employees could apply to the Secretary of Defense for veteran status to obtain VA benefits. The Secretary in turn designated the Secretary of the Air Force to be DoD's executive agent to administer the process. The first group of Merchant Mariners have access to VA health care. They also have access to disability compensation and pension, loan guarantee, education, insurance, and burial and death benefits. On 10 OCT 98, the House passed H.R. 4110, the Veterans Programs Enhancements Act of 1998, which was signed into law on 11 NOV 98. This bipartisan bill gave limited benefits to the post-surrender group of Merchant Mariners who served between 16 AUG 45, and 31 DEC 46. The bill provided eligibility for burial benefits and interment in a national cemetery.

Before us today is the discussion of H.R. 23, which is entitled a "Belated Thank You to the Merchant Mariners of World War II." This bill would give \$1,000 per month, tax free, to Merchant Mariners [including those whose service occurred between 16 AUG 45, and 31 DEC 46] and their surviving spouses. Mr. Chairman, this equates to giving these veterans a non service-connected pension regardless of their income, something we do not do for other veterans with one exception. The only other group of veterans who receive such a pension are recipients of the Medal of Honor. I must point out that H.R.0023 has no provision to pay for the benefits offered under the bill. That means this bill cannot pass unless this committee finds the offsets or Chairman Spratt of the Budget Committee provides new funding. Yesterday, CBO estimated the bill at a cost of \$40 million the first years and \$2.9 billion over ten years.

In short, thank-you funds for Merchant Mariners do not exist. And if equity is truly your objective, I am curious why we are not also - following your line of reasoning - discussing similar payments to the 32 other World War I and II civilian groups that received veterans status under P.L. 95-202. Consider the Women's Airforce Service Pilots, the Women's Army Auxiliary Corps, the famed Flying Tigers and all the other groups which gained their status decades after their service. They served loyally, selflessly, and courageously. Their service contributed directly to victory in 1945. Yet this bill does nothing for them.



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The 2006 edition of Federal Benefits for Veterans and Dependents contains a complete list of these groups beginning on page 64. Mr. Chairman, you have also promised to pay certain Filipino veterans of World War II hundreds of millions of dollars from a 2008 budget reserve that in fact has no money in it. Yet, these honorable, aging veterans of the war in the Pacific, as well as their wives, believe in good faith they will shortly receive thousands of dollars each. But will they?" [Source: Rep. Steve Buyer Press Release 18 Apr 07 ++]

Depleted Uranium Update 03:

The use of Depleted Uranium (DU) in our instruments of war continues to be a controversial issue for many Americans. Health and environmental effects of depleted uranium are currently at the heart of scientific studies, a lawsuit in the New York courts and legislative bills in more than a dozen states. While the military continues to deny the connection of depleted uranium to sicknesses plaguing returning servicemen and women, a newly mandated study is just getting under way. This started with a House amendment authored and introduced by Rep. Jim McDermott (D-WA.) ordering a comprehensive Study with a report due in one year on possible adverse health effects on U.S. soldiers from the U.S. military's use of DU. A Senate companion bill backed by Joe Lieberman of Conn., also supported the need for a study allowing passage of the bill which the president signed into law OCT 06.

The new study which began in MAR 07 follows several that have been completed by the military into depleted uranium, a byproduct left when enriched uranium is separated out for use in nuclear power and atomic weapons. The Department of Energy gives it to arms makers, where its extreme density is valuable in the manufacture of armor and casings. When used shell casings vaporize on impact and spread a uranium dust that some veterans of recent wars suspect has left them with cancers, respiratory disease or kidney problems. A 1996 U.N. resolution opposed its use because of discovery of health problems after the first Gulf War. However, the military studies have concluded there was no evidence that exposure to the metal caused illnesses.

To the military, the effectiveness of weapons and armor made with depleted uranium is a valuable asset. Their bottom line: Depleted uranium saves soldiers' lives in combat. Robert Holloway, president of Nevada Technical Associates Inc., a firm that specializes in radiation safety training, disputes any concern over DU use. Holloway and others who believe depleted uranium is safe to use say the best authority in the scientific community would be individuals connected to the Health Physics Society (HPS) <http://hps.org>. Doug Craig of Ponce Inlet, a retired radiation biophysics scientist, is such a person. He doesn't believe low doses of radiation from depleted uranium are a problem. "Uranium occurs in a lot of places," Craig said, "and man has been exposed to low concentrations of uranium for a long time." The position of HPS is that DU emits a short-range radiation that can penetrate the protective layer of the skin and has the potential to cause some skin damage if the exposure continues for extended periods of time (months or years). It would be unacceptable to wear jewelry or make tokens or coins from uranium metal because of the possible extended exposure of the skin or lens of the eye to beta radiation from pure metallic uranium.

Despite a precedent that prevents military personnel from suing the government for injuries resulting from their service, eight National Guard veterans have won the right to be heard at a trial in New York, about their depleted uranium exposure. Many think there will not be enough known until a sufficient number of soldiers are tested for exposure. The National Academies in 2000 studied depleted uranium and Gulf War veterans and said there was insufficient evidence to link it to lymphatic or bone cancer, noncancerous respiratory disease, and



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illnesses of the nervous system and liver. But the academies recommended more study. In addition to the ongoing federal study more than a dozen states have introduced legislation to track veterans who have DU exposure. Connecticut was the first to pass a bill aimed at helping their National Guard personnel returning from Iraq. The most recent action in this area was on 5 APR when a Minnesota Senate panel approved a proposal to spend \$1 million to test more than 800 of their veterans for exposure. The Minnesota state House is advancing a similar proposal to fund sophisticated testing of veterans who feel they are suffering health problems resulting from exposure. [Source: Daytona Beach News Journal Audrey Parente article 15 Apr 07 ++]

TALKING BOOK PROGRAM:

The talking book program is a library service available to U.S. residents, or American citizens living abroad, who have low vision, blindness, or a physical disability that makes reading a standard printed page difficult. Through a national network of regional libraries, the National Library Service (NLS) mails books and magazines in Braille and on cassette, along with audio playback equipment, directly to enrollees at no cost. In the lending of books, recordings, playback equipment, musical scores, instructional texts, and other specialized materials, preference shall be given at all times to the needs of the blind and other physically handicapped persons who have been honorably discharged from the armed forces of the United States. The reading materials and playback equipment for the use of blind and physically handicapped persons may be loaned to individuals who qualify, to institutions such as nursing homes and hospitals, and to schools for the blind or physically handicapped for the use by such persons only. The reading materials and playback equipment may also be used in public or private schools where handicapped students are enrolled; however, the students in public or private schools must be certified as eligible on an individual basis and must be the direct and only recipients of the materials and equipment.

By enabling people to read independently, the program has become a lifeline to many vision-impaired readers, including seniors with vision difficulties due to age-related conditions such as macular degeneration and glaucoma. Talking book clubs, offered through NLS regional and sub-regional libraries, provide patrons with the opportunity to discuss the books they have read and to share their love of reading with others. Talking book clubs are open to readers of all ages. Many of the 132 cooperating libraries across the U.S. host summer reading clubs for young patrons and participate in NLS's national "102 Talking-Book Club," which honors people age 100+ for their lifelong devotion to reading. Readers who are unable to attend NLS talking book club meetings can often participate by telephone or computer. Online-only clubs are also available, allowing NLS patrons nationwide to connect with other sighted and visually impaired book lovers—without leaving home. Talking book clubs expose patrons to new materials, broadening their appetites for literature, expanding their imaginations and encouraging them to pursue new pastimes with a collection of more than 400,000 titles, including the latest bestsellers, classics, biographies, romances, mysteries, and westerns.

The following persons are eligible for service:

- Blind persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
- Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard printed material.



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- Persons certified by competent authority as unable to read or unable to use standard printed material as a result of physical limitations.
- Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner.

For more information on how to join, locating participating libraries, and how to order materials online refer to www.loc.gov/nls/eligible.html or call 1(888) 657-7324. [Source: About Senior Living 16 Apr 07 ++]

MILITARY DIVORCE STUDY:

Despite greatly increased stress on the U.S. armed forces since the start of military operations in Afghanistan and Iraq, divorce rates among military families have increased only gradually, according to a RAND Corporation study issued recently. After several years of decline, marital dissolutions among military members began increasing in 2001, according to a study by the nonprofit research organization that analyzed records from about 6 million men and women who served in the U.S. military during the past 10 years. The steady increase in divorce, separations and annulments increased the rate of military breakups to about 3% annually in 2005. The same level observed in 1996 when soldiers did not routinely face the battlefield deployments that are common today. Researchers examined overall trends in the breakup of military marriages and the specific effects of deployment to Iraq and Afghanistan. Contrary to expectations, married service members who had been deployed were generally less likely to end their marriages than those who had not been deployed, and longer deployments were associated with greater reductions in risk.

The study found no spike in marital breakups among members of the military, including those who have been deployed to Iraq and Afghanistan. It also found that although military families face high levels of stress, it has not resulted in similarly high rates of divorce thus far. The researchers noted that although deployments are undeniably stressful for couples, deployments may also benefit families in some ways, such as providing higher earnings from combat pay and the potential for career advancement. The military also provides other forms of support to military families such as health care, child care, and housing subsidies that may offer some protection from the negative effects of stress. The full impact of these conflicts on military families may not be known for years. The RAND study was requested by Pentagon officials in response to reports that the stress caused by deployments to Iraq and Afghanistan were leading to a surge in divorce among members of the military. Other findings of the study include:

- In every service of the military, female service members are more than twice as likely to end their marriages as their male peers. The marriages of female service members also benefit significantly less from being deployed.
- Enlisted service members are more likely to end their marriages than officers. This is mostly likely due to the fact that officers tend to be older, and older couples are generally less likely to end their marriages.
- Marriage rates and divorce rates in the military have followed a similar pattern over the last decade, with more service members getting married in recent years.
- The analyses revealed similar trends in marriage and divorce across the services, and within the active and reserve components.



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The RAND findings are similar to those from previous research that has examined earlier conflicts. Studies of married service members who served in Vietnam found no link between deployment and divorce. A study of the 1991 Persian Gulf War found that women who served were significantly more likely to divorce, but found no such trend among men. The report was produced by the RAND National Defense Research Institute, which conducts research and analysis for sponsors including the Office of the Secretary of Defense, defense agencies and the U.S. intelligence community. The report, "Families Under Stress: An Assessment of Data, Theory, and Research on Marriage and Divorce in the Military," is available at <http://www.rand.org/pubs/monographs/MG599/>. [Source: Rand News Release 12 Apr 07 ++]

COOL BLUE LISTERINE RECALL:

Commissaries have been directed to remove from their shelves all bottles of Listerine Agent Cool-Blue Plaque-Detecting Rinse in the Glacier Mint flavor due to a voluntary recall by the manufacturer, McNeil-PPC, Inc. The product has been found to be inadequate against certain microorganisms. Commissary customers who have this product at home are asked to return it to the store from which they purchased it for a full refund. Any unused portions of the product should not be consumed. For additional information about the recall, contact McNeil-PPC's consumer line at 1(888) 222-0249 or access the product Web site at <http://www.agentcoolblue.com/>. Mail-in rebates should include the back label and the UPC code (012547-44565). [Source: DeCA News Release 34-07 Apr 07]

FILIPINO VET INEQUITIES UPDATE 01:

U.S. Senator Larry Craig thanked Filipino veterans who fought alongside U.S. troops during World War II during a hearing held 12 APR and said he would work to help improve the benefits they receive. Many of them had come to Washington, D.C., to participate in and witness firsthand a hearing held by the Senate Committee on Veterans' Affairs. "Your service is undeniable. It is historical fact. Victory in the Pacific would not have been assured without that help," said Craig (R-ID), the Ranking Member of the Committee. The U.S. Department of Veterans Affairs has maintained a Regional Office in the Philippines since 1921 and currently operates a medical clinic near the capital city of Manila. For information on this office refer to www.vba.va.gov/bln/21/Foreign/pimed.htm. It is the only VA facility located outside of the United States. A new VA clinic will soon be built there as part of the U.S. plan to build a new embassy, which is scheduled to be completed in 2010.

The Manila VA clinic provides services to over 13,000 American veterans living in the Philippines, as well medical care for the "Philippine Scouts". These are native Filipinos who served in the U.S. Army's Philippine Department beginning in 1901 and on through World War II who already receive the same benefits as other U.S. veterans. But Craig said he will not support a new legislative proposal S.0057 in its current form which would grant full VA benefits to those who served in the Philippine Commonwealth Army and to another group known as the New Philippine Scouts. "While Filipino veterans were certainly U.S. nationals at the time of the war, a fact which heightens our obligation to them, they were also on a path to full independence as members of a sovereign nation. Yes, they fought for U.S. interests against a common enemy. But they also fought for their own homeland. As such, I believe that the governments of the Philippines and the United States collectively share responsibility for the care of these veterans," Craig said.

The Philippine government pays approximately \$100 per month to its veterans who served during World War II. But if the U.S. began paying those veterans, the Philippine government would offset that nation's \$100 monthly payment. "I find that unacceptable. I am interested in



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improving benefits to Filipino veterans, not in merely shifting funding obligations from one nation's taxpayers to the other," Craig said. The Congressional Budget Office estimates the cost of S.0057 at \$1 billion over a ten year period, while VA officials estimate the cost could be as high as \$4 billion over the same time frame. "In times of budget deficits and with wounded coming back from Iraq and Afghanistan, we need to meet the needs of current tax payers and heroes of the present, while working to honor those who, so many years ago, fought alongside us in the cause of freedom," Craig said. [Source: Senate Committee on Veterans' Affairs Jeff Schrade article 16 Apr 07 ++]

IRS DATA BREACH:

After undergoing its own audit, the government has reported that the IRS lost 490 computers between 2003 and 2006, and is not adequately protecting sensitive taxpayer information. The Treasury's Inspector General said in his report last month that the IRS is not only losing hundreds of computers and storage devices, but is failing to encrypt data and is using weak passwords. The audit also reported that because of the missing computers, personal information was compromised for at least 2,359 U.S. taxpayers, but the total can't be calculated because records do not list what information was stored on many of the machines. "As a result, it is likely that sensitive data for a significant number of taxpayers have been unnecessarily exposed to potential identity theft and/or other fraudulent schemes," said Michael R. Phillips, deputy inspector general, in the report. He added that he believes it is very likely that a large number of the missing computers contain sensitive, unencrypted information.

The IRS, which has 100,000 employees, annually handles 220 million tax returns, which contain personal financial and identifying information, like addresses and Social Security numbers. The agency has issued 47,000 laptops to employees. The report showed that it was unclear what information was on many of the missing computers and if any of it had been encrypted. Phillips, however, said his investigators did their own analysis of 100 laptops currently in use and 44 of them contained unencrypted, sensitive data on taxpayers and agency employees. According to the report, 15 of those 44 laptop computers with unencrypted data had security weaknesses, such as weak passwords and user names, which also could be exploited. "As a result, we believe it is very likely a large number of the lost or stolen IRS computers contained similar unencrypted data"

Phillips wrote, "Employees did not follow encryption procedures because they were either unaware of security requirements, did so for their own convenience, or did not know their own personal data were considered sensitive. We also found other computer devices, such as flash drives, CDs, and DVDs, on which sensitive data were not always encrypted." Phillips noted that a 2003 audit found similar problems but the IRS has not taken corrective actions to secure critical data. According to the report IRS employees are allowed to take computers holding taxpayer information, out of the agency's offices. A "large number" of laptops were reported stolen from employees' vehicles and homes. Just as sobering, 111 of the missing computer incidents occurred inside IRS offices. The agency has reported losing an increasing number of computers every year since 2003. The report is part of the government's annual 2006 Audit Plan. For more info on e report refer to <http://www.treas.gov/tigta/auditreports/2007reports/200720048fr.pdf>. [Source: Information Week Sharon Gaugin article 5 Apr 07 ++]

SSA DATA BREACH:

A former Social Security Administration employee surrendered to federal authorities 12 APR to face charges of illegally disclosing personal information she took off a government computer that was then used in an identity theft scheme that racked up \$2.5 million in credit card charges. Jennifer Batiste, 45, of Leimert CA



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made her initial court appearance in U.S. District Court in Los Angeles. She was released on \$5,000 bond. Batiste is charged with conspiracy, accessing a protected computer to conduct fraud, and disclosure of a Social Security number. If she is convicted of the three counts in the indictment, Batiste faces a maximum sentence of 15 years in federal prison. The indictment alleges that Batiste conspired with her cohort Craig Harris and others by agreeing to access the Social Security Administration's computer system to run search queries for Harris. Harris, a 50-year-old Los Angeles resident, pleaded guilty in SEP 06 to conspiracy and unlawful possession of a means of identification. Harris, who faces a maximum sentence of 10 years in prison, is scheduled to be sentenced on 17 JUL.

The government contends that Harris would give Batiste some identifying piece of information about someone, either a name or Social Security number, and Batiste would then query the government system to pull up enough other identifying information to put the person's identity at risk. According to a government report, Bastiste allegedly was paid \$20 for every search query she ran on the government computer system to obtain information for Harris. The indictment goes on to allege that Harris and his co-conspirators used the information to make approximately \$2.5 million worth of unauthorized charges to credit card accounts. "The Social Security Administration, Office of the Inspector General, is committed to aggressively pursuing fraud perpetrated by SSA employees," said David F. Butler, Special Agent in Charge of the Social Security Administration's Office of the Inspector General. "The American public not only deserves, but demands, the highest standards of integrity from government employees that are paid with their tax dollars." The cases against Batiste and Harris are part of an ongoing investigation by the Los Angeles Identity Theft Economic Crimes Task Force, which includes the United States Postal Inspection Service, the United States Secret Service, the Los Angeles Police Department, and the Social Security Administration's Office of the Inspector General. [Source: Information Week Sharon Gaugin article 13 Apr 07 ++]

CANES FOR VETERANS UPDATE 01:

Can-Am Care, LLC, makers of the HUGO Folding Cane and other state-of-the-art mobility assistance products, instituted their "HUGO Salutes Our Veterans," program to recognize the support and efforts the members of the U.S. Armed Forces made for our country during World War II and the Korean War. HUGO Folding Canes will be provided at no charge to veterans who may be in need of mobility assistance. The HUGO Folding Cane is a versatile, functional and ergonomically correct cane. It is adjustable to different heights, and fits most people between 5' to 6'5" and can support up to 550 pounds. A patented shock absorbing tip is flared with an ultra grip edge for extra stability and traction on all kinds of terrain, in all kinds of weather. A safety strap at the handle provides extra confidence. The Cane easily folds into four sections and can be conveniently stored in its handy pouch. A sure-lock system ensures cane rigidity and stability. It also has an interchangeable handle option which allows the user to customize the cane. "This generous effort represents the appreciation of private citizens and of companies for the selfless service of all those who have served our country. We deeply appreciate Can-Am's support of America's veterans," said Christopher Scheer, Public Affairs Supervisor at the Department of Veterans Affairs. Veterans are encouraged to contact Can-Am Care at 1(888) 412-4992 M-F, 08-1800 EST or www.HUGOSalutes.com. Proof of service may be required. [Source : Florida Military Message Center 16 Apr 07 ++]

PTSD UPDATE 13:

A widely used hypertension drug improves sleep and reduces traumatic nightmares in veterans with post-traumatic stress disorder, according to federal researchers. "This is the first drug that has been demonstrated effective for PTSD nightmares and sleep disruption," said the study's leader, Dr. Murray A. Raskind of



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the Veterans Affairs Puget Sound Health Care System in Seattle. "These nightmares are heavily troublesome to veterans," he said. He estimated that as many as half of the 10 million veterans and civilians with PTSD had nightmares that could be helped by the drug, prazosin, sold under the brand name Minipress. At least 5,000 veterans in the VA system in the Northwest are already receiving generic prazosin, he said. Raskind and his colleagues enrolled 40 veterans; half received the drug and half took a placebo for eight weeks. The researchers will report in the journal *Biological Psychiatry* that those receiving the drug experienced significantly improved sleep quality, reduced traumatic nightmares, a better overall sense of well-being and an improved ability to function. Side effects included nasal congestion, headaches and dry mouth. "This drug has been taken by many people for decades," Raskind said. "If there were serious long-term adverse side effects, it is likely we would know about them by now." Three larger studies of the drug are now beginning or underway. [Source: South Florida Sun-Sentinel Thomas H. Maugh, Los Angeles Times Staff Writer article 15 Apr 07 ++]

MEMORIAL DAY VISIT SITES:

For most Americans, Memorial Day means one of two things: the unofficial beginning of summer (which doesn't actually start until 21 JUN or the mosquitoes start biting) or just another three-day weekend without the boss barking at you. For others, though, Memorial Day signifies a time of remembrance, honor, and reverence of American soldiers who lost their lives during times of military conflict. Visiting sites connected to America's history brings the past alive and it's one of the best ways to remember the sacrifices that have been made — and are still being made — by those in our armed forces. Contemplating the meaning of Memorial Day at a special location can be a memorable highlight of a great trip, yet it doesn't have to be the focus of an entire vacation. There are many places that offer wonderful opportunities for both reflection and relaxation. Following is a list of sites to consider:

Minuteman National Historical Park, Lexington & Concord MA: This is the birthplace of the American Revolution, where events occurred that were immortalized in "Paul Revere's Ride," and where citizen-soldiers first gave their lives for their country in 1775. Start at the quaint Lexington Green, where British Redcoats first fired on American Minutemen, then visit the North Bridge and Battle Road Trail, where the Minutemen exacted their revenge. Enjoy one of three new "cell phone audio tours" offered by the National Park Service to help enhance your experience (\$5.99 each, and proceeds help benefit the Park). At North Bridge Visitor Center, view "The Hancock," one of four brass cannons that had been smuggled out of Boston to Concord. While you're there you can visit Boston including the Old North Church (where the signal lanterns were hung to alert Paul Revere), is just 20 miles away. Or, drive out to Cape Cod (80 miles) or head north to the coast of Maine (65 miles).

Gettysburg National Military Park, Gettysburg PA: The high tide of the Confederacy and the turning point in the Civil War, Gettysburg is considered the bloodiest battle in our country's history. During three days of fighting in July 1863, more than 50,000 Americans became casualties — and totally overwhelmed the local population of approximately 2,500. The sacrifice of the Union soldiers prompted Lincoln's Gettysburg Address, which he delivered in the Soldier's National Cemetery across the Taneytown Road from the Visitor Center. Start in the Visitor Center with the electric map presentation for a good visual overview, then enjoy a fascinating tour of the battlefield in your car with a licensed Battlefield Guide (\$45.00/two hours) or purchase a prerecorded audio guide on cassette or CD in the Visitor Center bookstore. Also, check out the museum displays in the Visitor Center, spend some time in the Soldier's



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National Cemetery, and wander the streets of Gettysburg where you can still see bullet marks on historic brick homes. While you're there you can visit Hershey Park and other attractions just 50 miles away, and the Pennsylvania Dutch country of Lancaster County only 55 miles away. For more historically themed experiences, Philadelphia, Washington, D.C., and Harpers Ferry, W.V., each are within a three-hour drive of Gettysburg.

National World War II Museum, New Orleans LA: Designated by Congress as America's official museum of World War II, the National World War II Museum combines interactive displays, video and music, individual stories, and authentic artifacts to bring the conflict to life. The museum recently completed the first phase of a \$300 million expansion. Allow at least three hours to tour the museum's exhibits, including soldiers' personal items, a mock-up of a German bunker overlooking the beaches at Normandy, and a reproduction of one of the locally-built Higgins landing craft that made the D-Day invasion possible. While you're there you can stroll along Bourbon Street and through the famous French Quarter (stopping for coffee and beignets at Cafe du Monde) and tour the Garden District. You can also enjoy the incredible Cajun and Creole food and the jazz and zydeco music that made New Orleans world-famous. The city's popular tourism spots are completely recovered from Hurricane Katrina, but travelers have been slow to come back. Visit New Orleans now and you'll have a great time and help in the city's recovery.

United States Military Academy, West Point NY: The United States Military Academy speaks to our nation's past and present. West Point graduates have served in every American war since the War of 1812, and the young men and women who were inspired to attend West Point by the events of 9/11 have since graduated, with many currently serving in Iraq. Post-9/11 security has curtailed the ability to wander the campus freely, but coach tours still bring visitors to West Point highlights including the 1837 Old Cadet Chapel, the West Point Cemetery, and Trophy Point. The Museum contains exhibits and artifacts chronicling both military and Academy history. West Point is 55 miles from Manhattan, making it an easy daytrip if you're staying in New York City. Or head north to Saratoga Springs (135 miles) and Lake George (160 miles) or Lake Placid and the Adirondack mountains (240 miles).

Arlington National Cemetery, Arlington, VA: Perhaps no other place offers such eloquent testimony to the sacrifices of American soldiers as Arlington National Cemetery. Located on the grounds of Robert E. Lee's former plantation, Arlington was first used as a Union Army burial site during the Civil War in retaliation for Lee's decision to forsake the U.S. Army for the southern cause. Today, more than 300,000 people are buried at Arlington, including soldiers and their spouses, past presidents, former slaves, and even recent casualties from the Iraq War. While there you can witness the "changing of the guard" ceremony at the Tomb of the Unknown Soldier and wander along the cemetery's paved roadways. Visit President John F. Kennedy's gravesite with its eternal flame and the grave of his brother Robert nearby that's adorned with a simple white cross. Then walk up the hill and tour Arlington House, the Custis-Lee mansion once owned by Robert E. Lee. Nearby Washington, D.C., which should be visited at least once by every American, is just across the Potomac. Memorials commemorating the Vietnam, Korean and Second World wars dot the green expanse of the National Mall, along with the Lincoln Memorial, the Washington Monument, the United States Capitol and the various museums of the Smithsonian.

USS Arizona National Memorial, Honolulu HI:
The Japanese attack on Pearl Harbor on December 7, 1941, sunk a dozen American ships, including the



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battleship USS Arizona, and launched the U.S. into World War II. Today the gleaming USS Arizona National Memorial sits atop the battleship's remains, which now serve as the final resting place for many of the 1,177 crew members who lost their lives that day and for more than 25 of the Arizona's survivors who have since died and been interred there. Spend time in the Visitor Center, taking in the 23-minute documentary on the attack, before taking the short boat ride to the Memorial. The Visitor Center museum also features artifacts from the battle, personal memorabilia, photos and other exhibits. While you're there is plenty to do with states famous beaches, the Bishop Museum in Honolulu, the Kona Coffee Living History Farm on the Big Island, or cycling down from the 10,000-foot summit of Haleakala on Maui after viewing the dormant volcano's massive crater. [Source: McClatchy-Tribune News Services 28 Apr 07 ++]

VETERAN LEGISLATION STATUS 30 APR 07:

Following is a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. A cosponsor is a member of Congress who has joined one or more members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The first member to sign onto a bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. The key to increasing cosponsorship is letting our representatives know of veterans feelings on issues. At the end of some listed bills is a web link that can be used to do that. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making:

House Bills

H.R.0023: Belated Thank You to the Merchant Mariners of World War II Act of 2007. A bill to amend title 46, United States Code, to provide benefits to certain individuals who served in the United States merchant marine (including the Army Transport Service and the Naval Transport Service) during World War II. Sponsor: Rep Filner, Bob [CA-51] (introduced 1/4/07). Cosponsors (107). Companion bill S.0961.

H.R.0025: Fair Tax Act of 2007. A bill to promote freedom, fairness, and economic opportunity by repealing the income tax and other taxes, abolishing the Internal Revenue Service, and enacting a national sales tax to be administered primarily by the States. Sponsor: Rep Linder, John [GA-7] (introduced 1/4/07). Cosponsors (58)

H.R.0067: Veterans Outreach Improvement Act of 2007. A bill to amend title 38, United States Code, to improve the outreach activities of the Department of Veterans Affairs, and for other purposes. Sponsor: Rep McIntyre, Mike [NC-7] (introduced 1/4/07). Cosponsors (1)



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H.R.0081: Montgomery GI Bill Act. A bill to amend title 38, United States Code, to provide that members of the Armed Forces and Selected Reserve may transfer certain educational assistance benefits to dependents, and for other purposes. Sponsor: Rep Bartlett, Roscoe G. [MD-6] (introduced 1/4/07) Cosponsors (2).

H.R.0089: Combat-Related Special Compensation Act. A bill to amend title 10, United States Code, to extend eligibility for combat-related special compensation (CRSC) paid to certain uniformed services retirees who are retired under chapter 61 of such title with fewer than 20 years of creditable service. Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 1/4/07). Cosponsors (28). Companion bill S.986. To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=9240191>.

H.R.0092: Veterans Timely Access to Health Care Act. A bill to amend title 38, United States Code, to establish standards of access (i.e. 30 days) to care for veterans seeking health care from the Department of Veterans Affairs, would allow referral to civilian care in cases where the standard is not met, would require the VA to annually report its performance in meeting those access standards, and for other purposes. Sponsor: Rep Brown-Waite, Ginny [FL-5] (introduced 1/4/07). Cosponsors (11). To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=9240456>.

H.R.0109: Disabled Veteran Small Business Eligibility Expansion Act of 2007. A bill to amend the Small Business Act to make service-disabled veterans eligible under the 8(a) business development program. Sponsor: Rep Davis, Jo Ann [VA-1] (introduced 1/4/07) Cosponsors (2).

H.R.0112: G.I. Advanced Education in Science and Technology Act. A bill to amend title 38, United States Code, to provide for the payment of stipends to veterans who pursue doctoral degrees in science or technology. Sponsor: Rep Davis, Jo Ann [VA-1] (introduced 1/4/07). Cosponsors (None).

H.R.0136: Identity Theft Notification Act of 2007. A bill to amend title II of the Social Security Act to provide that individuals and appropriate authorities are notified by the Commissioner of Social Security of evidence of misuse of the Social Security account numbers of such individuals. Sponsor: Rep Gallegly, Elton [CA-24] (introduced 1/4/07). Cosponsors (4).

H.R.0140: A bill to amend title 10, United States Code, to require the amounts reimbursed to institutional providers of health care services under the TRICARE program to be the same as amounts reimbursed under Medicare, and to require the Secretary of Defense to contract for health care services with at least one teaching hospital in urban areas. Sponsor: Rep Green, Gene [TX-29] (introduced 1/4/07). Cosponsors (11). To support



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this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9329026&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9329026&queueid=[capwiz:queue_id])

H.R.0156: A bill to amend title 38, United States Code, to provide for the payment of dependency and indemnity compensation (DIC) to the survivors of former prisoners of war (POWs) who died on or before 30 SEP 99, under the same eligibility conditions as apply to payment of DIC to the survivors of former prisoners of war who die after that date. Sponsor: Rep Holden, Tim [PA-17] (introduced 1/4/07). Cosponsors (22). To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=9240856>

H.R.0191: Senior Citizens Tax Elimination Act. A bill to amend the Internal Revenue Code of 1986 to repeal the inclusion in gross income of Social Security benefits. Sponsor: Rep Paul, Ron [TX-14] (introduced 1/4/07). Cosponsors (10).

H.R.0207: Depleted Uranium Screening and Testing Act. A bill to provide for identification of members of the Armed Forces exposed during military service to depleted uranium, to provide for health testing of such members, and for other purposes. Sponsor: Rep Serrano, Jose E. [NY-16] (introduced 1/4/07). Cosponsors (13).

H.R.0243: Combat Military Medically Retired Veteran's Fairness Act. A bill to amend title 10, United States Code, to provide for the payment of Combat-Related Special Compensation (CRSC) to members of the Armed Forces retired for disability with less than 20 years of active military service who were awarded the Purple Heart. Sponsor: Rep Weller, Jerry [IL-11] (introduced 1/5/07). Cosponsors (9).

H.R.0303: Retired Pay Restoration Act. A bill to amend title 10, United States Code, to permit certain additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation (CRSC) and to eliminate the phase-in period under current law with respect to such concurrent receipt. Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 1/5/07). Cosponsors (113). To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=9240026>

H.R.0315: Healthy Vets Act. A bill to amend title 38, United States Code, to require the Secretary of Veterans Affairs to enter into contracts with community health care providers to improve access to health care for veterans in highly rural areas, and for other purposes. Sponsor: Rep Pearce, Stevan [NM-2] (introduced 1/5/07). Cosponsors (18).



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To support this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9328981&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9328981&queueid=[capwiz:queue_id])

H.R.0327: Veterans Suicide Prevention Act. A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to develop and implement a comprehensive program designed to reduce the incidence of suicide among veterans. **Sponsor:** Rep Boswell, Leonard L. [IA-3] (introduced 1/9/07). Cosponsors (152). **Passed 3/21/07**

H.R.0333: Disabled Veterans Tax Termination Act. A bill to amend title 10, United States Code, to permit retired members of the Armed Forces who have a service-connected disability rated less than 50% to receive concurrent payment of both retired pay and veterans' disability compensation, to eliminate the phase-in period for concurrent receipt, to extend eligibility for concurrent receipt and combat-related special compensation to chapter 61 disability retirees with less than 20 years of service, and for other purposes. **Sponsor:** Rep Marshall, Jim [GA-8] (introduced 1/9/07). Cosponsors (38). To support this bill and/or contact your Representative refer to <http://capwiz.com/usdr/issues/alert/?alertid=9226426&type=ML>

H.R.0339: Veterans Outpatient Care Access Act of 2007. A bill to amend title 38, United States Code, to improve access to medical services for veterans seeking treatment at Department of Veterans Affairs outpatient clinics with exceptionally long waiting periods. **Sponsor:** Rep Duncan, John J., Jr. [TN-2] (introduced 1/9/07). Cosponsors (2).

H.R.0343: Military Retiree Health Care Relief Act of 2007. A bill to amend the Internal Revenue Code of 1986 to allow a refundable credit to military retirees for premiums paid for coverage under Medicare Part B. **Sponsor:** Rep Emerson, Jo Ann [MO-8] (introduced 1/9/07). Cosponsors (6). To support this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9329391&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9329391&queueid=[capwiz:queue_id])

H.R.0402: Veterans' Disability Compensation Automatic COLA Act. A bill to amend title 38, United States Code, to provide for annual cost-of-living adjustments (COLA) to be made automatically by law each year in the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans. **Sponsor:** Rep Knollenberg, Joe [MI-09] (introduced 1/11/07). Cosponsors (26). To support this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9330146&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9330146&queueid=[capwiz:queue_id]).

H.R.0447: A bill to amend title 38, United States Code, to provide that World War II merchant mariners who were awarded the Mariners Medal shall be provided eligibility for DVA health



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care on the same basis as veterans who have been awarded the Purple Heart. Sponsor: Rep Fortenberry, Jeff [NE-1] (introduced 1/12/07). Cosponsors (None).

H.R.0463: Honor Our Commitment to Veterans Act. A bill to amend title 38, United States Code, to terminate the administrative freeze on the enrollment into the health care system of the Department of Veterans Affairs of veterans in the lowest priority category for enrollment (referred to as "Priority 8"). Sponsor: Rep Rothman, Steven R. [NJ-09] (introduced 1/12/07). Cosponsors (37).

H.R.0538: South Texas Veterans Access to Care Act of 2007. To provide for the health care needs of veterans in far South Texas. Sponsor: Rep Ortiz, Solomon P. [TX-27] (introduced 1/17/07). Cosponsors (3).

H.R.0542: To require the Department of Veterans Affairs to provide mental health services in languages other than English, as needed, for veterans with limited English proficiency, and for other purposes. Sponsor: Rep Solis, Hilda L. [CA-32] (introduced 1/17/07). Cosponsors (6).

H.R.0551: Home Ownership for America's Veterans Act of 2007. A bill to amend the Internal Revenue Code of 1986 with respect to the eligibility of veterans for mortgage bond financing, and for other purposes. Sponsor: Rep Davis, Susan A. [CA-53] (introduced 1/18/07). Cosponsors (35).

H.R.0579: Military Retirees Health Care Protection Act. A bill to amend title 10, United States Code, to prohibit certain increases in fees (i.e. Tricare) for military health care. Sponsor: Rep Edwards, Chet [TX-17] (introduced 1/19/07). Cosponsors (151). To support this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9284961&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9284961&queueid=[capwiz:queue_id]) or <http://capwiz.com/trea/issues/alert/?alertid=9289751&queueid=1050771381>

H.R.0585: A bill to amend title 38, United States Code, to expand the number of individuals qualifying for retroactive benefits from traumatic injury protection coverage under Servicemembers' Group Life Insurance. Sponsor: Rep Herseth, Stephanie [SD] (introduced 1/19/07). Cosponsors (2).

H.R.0612: Returning Servicemember VA Healthcare Insurance Act of 2007. A bill to amend title 38, United States Code, to extend the period of eligibility for health care for combat service in the Persian Gulf War or future hostilities from two years to five years after discharge or release. Sponsor: Rep Filner, Bob [CA-51] (introduced 1/22/07). Cosponsors (11).



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H.R.0634: American Veterans Disabled for Life Commemorative Coin Act. A bill to authorize the secretary of the Treasury to mint commemorative silver dollars that will be sold with a surcharge that will help the American Veterans Disabled for Life Memorial Foundation raise the money needed to construct the Disabled Veterans Memorial. Sponsor: Rep Moore, Dennis [KS-3] (introduced 1/23/07). Cosponsors (293).

H.R.0649: Blind Veterans Fairness Act. A bill to amend title XVI of the Social Security Act to provide that annuities paid by States to blind veterans shall be disregarded in determining supplemental security income (SSI) benefits. Sponsor: Rep Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (32).

H.R.0650: A bill to provide for the Secretary of Veterans Affairs to conduct a pilot program to determine the effectiveness of contracting for the use of private memory care facilities for veterans with Alzheimer’s Disease. Sponsor: Rep Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (11). Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (12).

H.R.0652: A bill to make the National Parks and Federal Recreational Lands Pass available at a discount to certain veterans. Sponsor: Rep Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (32).

H.R.0653: Combat Veteran Affidavit Act of 2007. A bill to amend title 38, United States Code, to allow the sworn affidavit of a veteran who served in combat during the Korean War or an earlier conflict to be accepted as proof of service-connection of a disease or injury alleged to have been incurred or aggravated by such service. Sponsor: Rep Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (11).

H.R.0657: Military Retiree Survivor Comfort Act. A bill to amend title 10, United States Code, to provide for forgiveness of certain overpayments of retired pay paid to deceased retired members of the Armed Forces following their death. Sponsor: Rep Jones, Walter B., Jr. [NC-3] (introduced 1/24/07). Cosponsors (19). To support this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9322811&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9322811&queueid=[capwiz:queue_id]).

H.R.0675: Disabled Veterans Adaptive Housing Improvement Act. A bill to amend title 38, United States Code, to increase the amount of assistance available to disabled veterans for specially adapted housing and to provide for annual increases in such amount. Sponsor: Rep Herseth, Stephanie [SD] (introduced 1/24/07). Cosponsors (1)



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H.R.0690: A bill to amend title 10, United States Code, to reduce the minimum age for receipt of military retired pay for non-regular service from 60 to 55. Sponsor: Rep Saxton, Jim [NJ-3] (introduced 1/24/07). Cosponsors (72).

H.R.0704 : A bill to amend title 38, United States Code, to reduce from age 57 to age 55 the age after which the remarriage of the surviving spouse of a deceased veteran shall not result in termination of dependency and indemnity compensation (DIC) otherwise payable to that surviving spouse. Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 1/29/07). Cosponsors (3).

H.R.0737: Forgotten Veteran’s Retirement Compensation Act. A bill to correct an inequity in eligibility for military retired pay based on nonregular service in the case of certain members of the reserve components completing their reserve service before 1966. Sponsor: Rep Scott, Robert C. [VA-3] (introduced 1/30/07). Cosponsors (8).

H.R.0760: Filipino Veterans Equity Act of 2007. A bill to amend title 38, United States Code, to deem certain service in the organized military forces of the Government of the Commonwealth of the Philippines and the Philippine Scouts to have been active service for purposes of benefits under programs administered by the Secretary of Veterans Affairs. Sponsor: Rep Filner, Bob [CA-51] (introduced 1/31/07). Cosponsors (58).

H.R.0784: A bill to amend title 10, United States Code, to change the effective date for paid-up coverage under the military Survivor Benefit Plan (SBP). Sponsor: Rep Saxton, Jim [NJ-3] (introduced 1/31/07). Cosponsors (87). To support this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9409496&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9409496&queueid=[capwiz:queue_id])

H.R.0797: Veteran Vision Equity Act. A bill to amend title 38, United States Code, to improve compensation benefits for veterans in certain cases of impairment of vision involving both eyes, and for other purposes. Sponsor: Rep Baldwin, Tammy [WI-2] (introduced 2/5/07). Cosponsors (64). **Passed 3/21/07 and Referred to Senate committee.**

H.R.0959: Forgotten Military Widows Annuity Act of 2007. A bill to expand a Department of Defense survivor annuity program (SBP) that covers unremarried surviving spouses of certain members of the uniformed services who died before October 1, 1978, to include any otherwise eligible surviving spouse who remarries after age 55 or whose remarriage before age 55 is terminated. Sponsor: Rep Saxton, Jim [NJ-3] (introduced 2/8/07). Cosponsors (none).

H.R.0991: A bill to amend the Internal Revenue Code of 1986 to allow individuals eligible for veterans health benefits to contribute



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to health savings accounts. Sponsor: Rep Campbell, John [CA-48] (introduced 2/12/07). Cosponsors (1)

H.R.1041: Veterans Health Care Full Funding Act. A bill to amend title 38, United States Code, to provide an enhanced funding process to ensure an adequate level of funding for veterans health care programs of the Department of Veterans Affairs, to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs, and for other purposes. Sponsor: Rep Smith, Christopher H. [NJ-4] (introduced 2/14/07). Cosponsors (6).

H.R.1086 : Strengthening America's Military Families Act of 2007. A bill to amend the Internal Revenue Code of 1986 to exclude from gross income the earned income of a spouse of a member of the Armed Forces of the United States serving in a combat zone. Sponsor: Rep Garrett, Scott [NJ-5] (introduced 2/15/07). Cosponsors (6)

H.R.1110 : A bill to amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for TRICARE supplemental premiums. Sponsor: Rep Davis, Tom [VA-11] (introduced 2/16/07). Cosponsors (133). Companion bill to S.773. To support this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9408301&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9408301&queueid=[capwiz:queue_id])

H.R.1115: A bill to amend section 1477 of title 10, United States Code, to provide additional options regarding the designation of the person to receive the death gratuity paid with respect to a member of the Armed Forces who dies without a surviving spouse, but who is survived by a minor child. Sponsor: Rep Latham, Tom [IA-4] (introduced 2/16/07). Cosponsors (22). Companion Bill is S.659. To support this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9423396&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9423396&queueid=[capwiz:queue_id])

H.R.1197: Prisoner of War Benefits Act of 2007. A bill to amend title 38, United States Code, to provide improved benefits for veterans who are former prisoners of war. Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 2/27/07). Cosponsors (3).

H.R.1211: Resuming Education After Defense Service Act of 2007. A bill to amend title 38, United States Code, to provide entitlement to educational assistance under the Montgomery GI Bill for members of the Selected Reserve who aggregate more than two years of active duty service in any five year period, and for other purposes. Sponsor: Rep Matheson, Jim [UT-2] (introduced 2/27/07). Cosponsors (61).



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H.R.1214: Veterans' Survivors Education Enhancement Act. A bill to amend title 38, United States Code, to expand and enhance educational assistance for survivors and dependents of veterans. Sponsor: Rep Ramstad, Jim [MN-3] (introduced 2/27/07). Cosponsors (3).

H.R.1222: Keep Our Promise to America's Military Retirees Act. A bill to restore health care coverage to retired members of the uniformed services, and for other purposes. This measure would fulfill the promises made to young recruits that quality health care would be available to them when they retired after a career in uniformed service to our country. It would also allow military retirees to opt out of the Tricare military health system and enroll in the Federal Employees Health Benefit (FEHB) plan if Tricare does not provide them adequate health care. Sponsor: Rep Van Hollen, Chris [MD-8] (introduced 2/28/07). Cosponsors (64).

H.R.1223: Keeping Faith with the Greatest Generation Military Retirees Act. A bill to amend part B of title XVIII of the Social Security Act to waive Medicare part B premiums for certain military retirees. Sponsor: Rep Van Hollen, Chris [MD-8] (introduced 2/28/07). Cosponsors (48).

H.R.1226: A bill to amend title 38, United States Code, to expand eligibility for the basic educational assistance program of the DVA. Sponsor: Rep Johnson, Timothy V. [IL-15] (introduced 2/28/07). Cosponsors (None).

H.R.1265: Service-Disabled Veteran-Owned Small Business Equity Act of 2007. A bill to amend the Small Business Act to authorize the Administrator of the Small Business Administration to award contracts to small business concerns owned and controlled by service-disabled veterans under the section 8(a) program. Sponsor: Rep Buyer, Steve [IN-4] (introduced 3/1/07). Cosponsors (1).

H.R.1268: Dignity for Wounded Warriors Act. A bill to ensure dignity in care for members of the Armed Forces recovering from injuries. Sponsor: Rep Mitchell, Harry E. [AZ-5] (introduced 3/1/07). Cosponsors (32). Companion Bill is S.713

H.R.1272: Veterans' Pension Improvement Act of 2007. A bill to amend title 38, United States Code, to improve the pension program of the DVA. Sponsor: Rep Berkley, Shelley [NV-1] (introduced 3/1/07). Cosponsors (7).

H.R.1273: A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to restore plot allowance eligibility for veterans of any war and to restore the headstone or marker allowance for eligible persons. Sponsor: Rep Berkley, Shelley [NV-1] (introduced 3/1/07). Cosponsors (None)



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H.R.1284: Veterans' Compensation Cost-of-Living Adjustment Act of 2007. A bill to increase, effective as of December 1, 2007, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans. Sponsor: Rep Hall, John J. [NY-19] (introduced 3/1/07). Cosponsors (14). **Passed 3/21/07 and referred to Senate committee.**

H.R.1315: A bill to amend title 38, United States Code, to provide specially adaptive housing assistance to certain disabled members of the Armed Forces residing temporarily in housing owned by a family member. Sponsor: Rep Herse, Stephanie [SD] (introduced 3/5/07). Cosponsors (None).

H.R.1318: Veterans' Benefits Protection Act. A bill to amend title 38, United States Code, to repeal the authority for agent or attorney representation in veterans benefits cases before the Department of Veterans Affairs. Sponsor: Rep Lewis, Ron [KY-2] (introduced 3/5/07). Cosponsors (1).

H.R.1330: A bill to amend title 10, United States Code, to extend the time limit for the use of education assistance by members of the Selected Reserve and members of the reserve component supporting contingency operations and certain other operations. Sponsor: Rep Carney, Christopher P. [PA-10] (introduced 3/6/07). Cosponsors (37).

H.R.1354: Veterans Health and Benefits Improvement Act of 2007. A bill to amend titles 10 and 38, United States Code, to improve benefits and services for members of the Armed Forces, veterans of the Global War on Terrorism, and other veterans, to require reports on the effects of the Global War on Terrorism, and for other purposes. Sponsor: Rep Moran, James P. [VA-8] (introduced 3/6/07). Cosponsors (47).

H.R.1418: Reauthorization of the Traumatic Brain Injury Act. A bill to provide for the expansion and improvement of traumatic brain injury programs. Sponsor: Rep Pascrell, Bill, Jr. [NJ-8] (introduced 3/8/07). Cosponsors (2). Companion bill to S.793.

H.R.1426: Veterans' Access to Local Health Care Options and Resources Act. A bill to amend title 38, United States Code, to provide veterans enrolled in the health system of the DVA the option of receiving covered health services through facilities other than those of the Department. Sponsor: Rep Latham, Tom [IA-4] (introduced 3/9/07). Cosponsors (5). Companion bill to S.815.

H.R.1428: National Guard and Reserve Retirement Modernization Act. A bill to amend title 10, United States Code,



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to reduce the eligibility age for receipt of non-regular military service retired pay for members of the Ready Reserve in active federal status or on active duty for significant periods. Sponsor: Rep Latham, Tom [IA-4] (introduced 3/9/07). Cosponsors (14).

H.R.1435: Department of Veterans Affairs Claims Backlog Reduction Act of 2007. A bill to direct the Secretary of Veterans Affairs to conduct a pilot program to reduce the backlog of claims for benefits pending with the Department of Veterans Affairs. Sponsor: Rep Baca, Joe [CA-43] (introduced 3/9/07). Cosponsors (6).

H.R.1436: Retired Pay Restoration Act. A bill to amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the DVA for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation. It would eliminate the phase-in period for retirees who are paid at the 100%-disabled rate due to individual unemployability (IU). It also would extend concurrent receipt (CRDP) to otherwise-qualified disabled retirees with disabilities rated less than 50%. Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 3/9/07). Cosponsors (3).

H.R.1444: A bill to direct the Secretary of Veterans Affairs to make interim benefit payments under certain remanded claims, and for other purposes. Sponsor: Rep Hall, John J. [NY-19] (introduced 3/9/07). Cosponsors (None).

H.R.1470: Chiropractic Care Available to All Veterans Act. A bill to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers. Sponsor: Rep Filner, Bob [CA-51] (introduced 3/12/07). Cosponsors (5).

H.R.1471: BACK Veterans Health Act. A bill to amend title 38, United States Code, to permit eligible veterans to receive direct access to chiropractic care. Sponsor: Rep Filner, Bob [CA-51] (introduced 3/12/07). Cosponsors (1).

H.R.1477: Disabled Veterans Commissary and Exchange Store Benefits Act. A bill to amend title 10, United States Code, to extend military commissary and exchange store privileges to veterans with a compensable service-connected disability and to their dependents. Sponsor: Rep Fortenberry, Jeff [NE-1] (introduced 3/12/07). Cosponsors (None).

H.R.1490: A bill to provide for a presumption of service-connectedness for certain claims for benefits under the laws administered



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by the Secretary of Veterans Affairs, and for other purposes. Sponsor: Rep Donnelly, Joe [IN-2] (by request) (introduced 3/13/07). Cosponsors (19).

H.R.1521: Universal Health Act of 2007: Repeal of the Late Enrollment Penalty in Medicare Part D. A bill to amend part D of title XVIII of the Social Security Act to remove the Medicare prescription drug benefit late enrollment penalty. Sponsor: Rep Kagen, Steve, M.D. [WI-8] (introduced 3/14/07). Cosponsors (17).

H.R.1527: Rural Veterans Access to Care Act . A bill to amend title 38, United States Code, to allow highly rural veterans enrolled in the health system of the Department of Veterans Affairs to receive covered health services through providers other than those of the Department, and for other purposes. Sponsor: Rep Moran, Jerry [KS-1] (introduced 3/14/07). Cosponsors (6).

H.R.1538: Wounded Warrior Assistance Act of 2007. A bill to amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, and for other purposes. Sponsor: Rep Skelton, Ike [MO-4] (introduced 3/15/07). Cosponsors (28). **Passed 3/29/07 and referred to Senate committee.** To support this bill and/or contact your Senator refer to [http://capwiz.com/usdr/issues/alert/?alertid=9600206&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9600206&queueid=[capwiz:queue_id])

H.R.1552: Medicare Patient Access to Physical Therapists Act of 2007. A bill to amend title XVIII of the Social Security Act to authorize physical therapists to evaluate and treat Medicare beneficiaries without a requirement for a physician referral, and for other purposes. Sponsor: Rep Pomeroy, Earl [ND] (introduced 3/15/07). Cosponsors (61).

H.R.1554: Chiropractic Health Parity for Military Beneficiaries Act. A bill to require the Secretary of Defense to develop and implement a plan to provide chiropractic health care services and benefits for certain new beneficiaries as part of the TRICARE program. Sponsor: Rep Rogers, Mike D. [AL-3] (introduced 3/15/07). Cosponsors (5).

H.R.1570: Bataan Death March Compensation Act. A bill to provide compensation for certain World War II veterans who survived the Bataan Death March and were held as prisoners of war by the Japanese. Sponsor: Rep Mica, John L. [FL-7] (introduced 3/19/07). Cosponsors (None).

H.R.1589: Military Surviving Spouses Equity Act . A bill to amend title 10, United States Code, to repeal the offset from surviving spouse annuities under the military Survivor Benefit



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Plan for amounts paid by the Secretary of Veterans Affairs as dependency and indemnity compensation, to repeal the optional annuity authority for the dependent children of a member when there is an eligible surviving spouse, and for other purposes. Sponsor: Rep Brown, Henry E., Jr. [SC-1] (introduced 3/20/07). Cosponsors (25). To support this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9550256&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9550256&queueid=[capwiz:queue_id])

H.R.1627: Social Security Number Fraudulent Use Notification Act of 2007. A bill to amend title II of the Social Security Act to require that the Commissioner of Social Security notify individuals of improper use of their Social Security account numbers. Sponsor: Rep Myrick, Sue Wilkins [NC-9] (introduced 3/21/07). Cosponsors (4).

H.R.1660: A bill to direct the VA Secretary to establish a national cemetery for veterans in the southern Colorado region. Sponsor: Rep Salazar, John T. [CO-3] (introduced 3/22/07). Cosponsors (5).

H.R.1710: A bill to modify the calculation of back pay for persons who were approved for promotion as members of the Navy and Marine Corps while interned as prisoners of war during World War II to take into account changes in the Consumer Price Index. Sponsor: Rep Hooley, Darlene [OR-5] (introduced 3/27/07). Cosponsors (None).

H.R.1732: A bill to provide alternative retired pay rates under title 10, United States Code, and alternative disability compensation rates under title 38, United States Code, for members of the Armed Forces with a combat-related disability, with such rates based on the average monthly salary for high school graduates in the U.S., and for other purposes. Sponsor: Rep Bartlett, Roscoe G. [MD-6] (introduced 3/28/07). Cosponsors (13).

H.R.1745: Uniting America's Military Families Act of 2007. A bill to amend the Immigration and Nationality Act to waive inadmissibility based on a misrepresentation in the case of an immediate relative of an active duty or reserve member of the Armed Forces and to extend the V nonimmigrant visa program for spouses and children of such a member. Sponsor: Rep Ortiz, Solomon P. [TX-27] (introduced 3/28/07). Cosponsors (6).

H.R.1750: A bill to amend the Servicemembers Civil Relief Act to extend from 90 days to one year the period after release of a member of the Armed Forces from active duty during which the member is protected from mortgage foreclosure under that Act. Sponsor: Rep Wynn, Albert Russell [MD-4] (introduced 3/28/07). Cosponsors (None).



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H.R.1863: A bill to direct the Secretary of Veterans Affairs to conduct at two-year pilot program to use a mobile processing unit to perform certain services of the Department of Veterans Affairs. Sponsor: Rep Lamborn, Doug [CO-5] (introduced 4/17/07). Cosponsors (1).

H.R.1864: A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide for the automated processing of veterans disability compensation claims. Sponsor: Rep Lamborn, Doug [CO-5] (introduced 4/17/07). Cosponsors (1).

H.R.1901: A bill to amend title 38, United States Code, to extend eligibility for pension benefits under laws administered by the Secretary of Veterans Affairs to veterans who served during certain periods of time in specified locations. Sponsor: Rep Rahall, Nick J., II [WV-3] (introduced 4/17/07). Cosponsors (None).

H.R.1912: Medicare Hearing Enhancement and Auditory Rehabilitation (HEAR) Act of 2007. A bill to amend title XVIII of the Social Security Act to cover hearing aids and auditory rehabilitation services under the Medicare Program. Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 4/18/07). Cosponsors (None).

H.R.1925: A bill to direct the Secretary of Veterans Affairs to establish a separate Veterans Integrated Service Network for the Gulf Coast region of the United States. Sponsor: Rep Miller, Jeff [FL-1] (introduced 4/18/07). Cosponsors (None).

H.R.1927: The Military Retiree Survivor Equity Act. A bill to repeal the requirement for reduction of survivor annuities under the Survivor Benefit Plan by veterans dependency and indemnity compensation, and for other purposes. Sponsor: Rep Ortiz, Solomon P. [TX-27] (introduced 4/18/07). Cosponsors (33). Companion Bill is S.0935. To support this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9660956&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9660956&queueid=[capwiz:queue_id])

H.R.1944: Veterans Traumatic Brain Injury Treatment Act of 2007. A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to screen certain veterans for symptoms of traumatic brain injury, and for other purposes. Sponsor: Rep Altmire, Jason [PA-4] (introduced 4/19/07). Cosponsors (37).

H.R.1953: Consumer Price Index for Elderly Consumers Act. A bill to require the establishment of a Consumer Price Index for Elderly Consumers to compute cost-of-living increases for Social Security benefits under title II of the Social Security Act. Sponsor: Rep Gonzalez, Charles A. [TX-20] (introduced 4/19/07). Cosponsors (1).



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H.R.1960: A Home for the Brave Act. A bill to amend the Community Reinvestment Act of 1977 to allow community reinvestment credit for investments and other financial support to enable veterans to purchase residential homes or to assist organizations with the establishment of housing opportunities and assisted living facilities for veterans. Sponsor: Rep Lynch, Stephen F. [MA-9] (introduced 4/19/07). Cosponsors (3).

H.R.1969: Montgomery G.I. Bill Improvement Act of 2007. A bill to exempt from payment of individual contributions under the Montgomery GI Bill enlisted members of the Armed Forces in pay grade E-5 or below and to provide an opportunity for members of the Armed Forces serving on active duty to withdraw an election not to enroll in education benefits under the Montgomery GI Bill. Sponsor: Rep Terry, Lee [NE-2] (introduced 4/19/07). Cosponsors (None).

H.R.2005: Rural Veterans Health Care Improvement Act of 2007. A bill to amend title 38, United States Code, to improve health care for veterans who live in rural areas, and for other purposes. Sponsor: Rep Salazar, John T. [CO-3] (introduced 4/23/07). Cosponsors (8).

H.R.2026: Disabled Veterans Insurance Act of 2007. A bill to amend section 1922A of title 38, United States Code, to increase the amount of supplemental insurance available for totally disabled veterans. Sponsor: Rep Jones, Walter B., Jr. [NC-3] (introduced 4/25/07). Cosponsors (1).

H.R.2027: Military Pay Improvement Act of 2007. A bill to provide an additional 0.5 percent increase in the rates of military basic pay for members of the uniformed services above the pay increase proposed by the Department of Defense so as to ensure at least a minimum pay increase of 3.5 percent for members and to further narrow the "pay gap" that exists between the military and private sector pay scales. Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 4/25/07). Cosponsors (None).

H.R.2044: Cadet and Midshipman Disability Fairness Act. A bill to amend title 10, United States Code, to extend eligibility for disability retired pay and separation pay to former cadets and midshipmen with prior enlisted service who incurred physical disabilities after January 1, 2000. Sponsor: Rep Stupak, Bart [MI-1] (introduced 4/25/07). Cosponsors (None).

H.R.2048: Traumatic Brain Injury Access to Options Act. A bill to facilitate the provision of care and services for members of the Armed Forces for traumatic brain injury, and for other purposes. Sponsor: Rep Donnelly, Joe [IN-2] (introduced 4/26/07). Cosponsors (5).



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Senate Bills

S.0022: Veterans Educational Assistance Act of 2007. A bill to amend title 38, United States Code, to establish a program of educational assistance for members of the Armed Forces who serve in the Armed Forces after September 11, 2001, and for other purposes. Sponsor: Sen Webb, Jim [VA] (introduced 1/4/07). Cosponsors (10). To support this bill and/or contact your Senator refer to <http://capwiz.com/moaa/issues/bills/?bill=9242071>

S.0057: Filipino Veterans Equity Act of 2007. A bill to amend title 38, United States Code, to deem certain service in the organized military forces of the Government of the Commonwealth of the Philippines and the Philippine Scouts to have been active service for purposes of benefits under programs administered by the Secretary of Veterans Affairs. Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07). Cosponsors (10).

S.0066: A bill to require the Secretary of the Army to determine the validity of the claims of certain Filipinos that they performed military service on behalf of the United States during World War II. Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07). Cosponsors (None).

S.0067: A bill to amend title 10, United States Code, to permit former members of the Armed Forces who have a service-connected disability rated as total to travel on military aircraft in the same manner and to the same extent as retired members of the Armed Forces are entitled to travel on such aircraft. Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07). Cosponsors (4).

S.0071: A bill to amend title 10, United States Code, to authorize certain disabled former prisoners of war (POWs) to use DoD commissary and exchange stores. Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07). Cosponsors (None).

S.0117: Veterans Health and Benefits Improvement Act of 2007. A bill to amend titles 10 and 38, United States Code, to improve benefits and services for members of the Armed Forces, veterans of the Global War on Terrorism (GWOT), and other veterans, to require reports on the effects of the GWOT, and for other purposes. Sponsor: Sen Obama, Barack [IL] (introduced 1/4/07). Cosponsors (13).

S.0161: Veterans' Disability Compensation Automatic COLA Act. A bill to amend title 38, United States Code, to provide for annual cost-of-living adjustments to be made automatically by law each year in the rates of disability compensation for veterans with service-connected disabilities and the rates



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of dependency and indemnity compensation for survivors of certain service-connected disabled veterans. Sponsor: Sen Thune, John [SD] (introduced 1/4/07). Cosponsors (1). To support this bill and/or contact your Senator refer to [http://capwiz.com/usdr/issues/alert/?alertid=9568626&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9568626&queueid=[capwiz:queue_id])

S.0207: Voluntary Support for Reservists and National Guard Members Act. A bill to amend the Internal Revenue Code of 1986 to allow taxpayers to designate part or all of any income tax refund to support reservists and National Guard members. Sponsor: Sen Coleman, Norm [MN] (introduced 1/9/07). Cosponsors (2)

S.0225: A bill to amend title 38, United States Code, to expand the number of individuals qualifying for retroactive benefits from traumatic injury protection coverage under Servicemembers' Group Life Insurance. It would expand retroactive payments of traumatic injury insurance to servicemembers injured outside a combat area between 10 OCT 01 and 1 DEC 05. Sponsor: Sen Craig, Larry E. [ID] (introduced 1/9/07). Cosponsors (2). To support this bill and/or contact your Senator refer to <http://capwiz.com/moaa/issues/bills/?bill=9242246>

S.0326: Disabled Veterans Tax Fairness Act of 2007. A bill to amend the Internal Revenue Code of 1986 to provide a special period of limitation when uniformed services retirement pay is reduced as result of award of disability compensation. Sponsor: Sen Lincoln, Blanche L. [AR] (introduced 1/17/07). Cosponsors (19). To support this bill and/or contact your Senator refer to <http://capwiz.com/moaa/issues/bills/?bill=9294921>

S.0383: A bill to amend title 38, United States Code, to extend the period of eligibility for health care for combat service in the Persian Gulf War or future hostilities from two years to five years after discharge or release. Sponsor: Sen Akaka, Daniel K. [HI] (introduced 1/24/07). Cosponsors (3).

S.0415: Veterans' Memorials ... Protection Act of 2007. A bill to amend the Revised Statutes of the United States to prevent the use of the legal system in a manner that among other things will stop the award of taxpayer dollars in legal fees to groups filing lawsuits against veterans' memorials and public displays of religion. Sponsor: Sen Brownback, Sam [KS] (introduced 1/29/07). Cosponsors (17).

S.0423: Veterans' Compensation Cost-of-Living Adjustment Act of 2007. A bill to increase, effective as of December 1, 2007, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation (DIC) for the survivors of certain disabled veterans. Sponsor: Sen Akaka, Daniel K. [HI] (introduced 1/29/07). Cosponsors (9).



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S.0439: Retired Pay Restoration Act of 2007. A bill to amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the VA for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation. Sponsor: Sen Reid, Harry [NV] (introduced 1/31/07). Cosponsors (20).

S.0479: Joshua Omgig Veterans Suicide Prevention Act. A bill to reduce the incidence of suicide among veterans. Sponsor: Sen Harkin, Tom [IA] (introduced 2/1/07). Cosponsors (23).

S.0604: Military Retirees Health Care Protection Act. A bill to amend title 10, United States Code, to limit increases in the certain costs of health care services under the health care programs of DoD, and for other purposes. Sponsor: Sen Lautenberg, Frank R. [NJ] (introduced 2/15/07). Cosponsors (11). To support this bill and/or contact your Senator refer to [http://capwiz.com/usdr/issues/alert/?alertid=9388371&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9388371&queueid=[capwiz:queue_id]).

S.0617: Veterans Eagle Parks Pass Act. A bill to make the National Parks and Federal Recreational Lands Pass available at a discount to certain veterans. Sponsor: Sen Smith, Gordon H. [OR] (introduced 2/15/07). Cosponsors (3)

S.0643: Disabled Veterans Insurance Act of 2007. A bill to amend section 1922A of title 38, United States Code, to increase the amount of supplemental insurance available for totally disabled veterans. Sponsor: Sen Akaka, Daniel K. [HI] (introduced 2/15/07). Cosponsors (None)

S.0644: Total Force Montgomery GI Bill. A bill to amend title 38, United States Code, to recodify as part of that title certain educational assistance programs for members of the reserve components of the Armed Forces, to improve such programs, and for other purposes. Sponsor: Sen Lincoln, Blanche L. [AR] (introduced 2/15/07). Cosponsors (11).

S.0648: National Guard and Reserve Retirement Modernization Act. A bill to amend title 10, United States Code, to reduce the eligibility age for receipt of non-regular military service retired pay for members of the Ready Reserve in active federal status or on active duty for significant periods. Sponsor: Sen Chambliss, Saxby [GA] (introduced 2/15/07). Cosponsors (5).

S.0659 : A bill to amend section 1477 of title 10, United States Code, to provide for the payment of the death gratuity with respect to members of the Armed Forces without a surviving spouse who are survived by a minor child. Sponsor: Sen Hagel,



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Chuck [NE] (introduced 2/16/07). Cosponsors (5). Companion Bill is H.R.1115. To support this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9423746&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9423746&queueid=[capwiz:queue_id])

S.0671: Filipino Veterans Family Reunification Act. A bill to exempt children of certain Filipino World War II veterans from the numerical limitations on immigrant visas. Sponsor: Sen Akaka, Daniel K. [HI] (introduced 2/16/07). Cosponsors (9)

S.0713: Dignity for Wounded Warriors Act. A bill to ensure dignity in care for members of the Armed Forces recovering from injuries. Sponsor: Sen Obama, Barack [IL] (introduced 2/28/07). Cosponsors (31). Companion Bill is H.R.1268. To support this bill and/or contact your Senator refer to [http://capwiz.com/usdr/issues/alert/?alertid=9454946&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9454946&queueid=[capwiz:queue_id])

S.0723: Montgomery GI Bill Enhancement Act of 2007. A bill to provide certain enhancements to the Montgomery GI Bill Program for certain individuals who serve as members of the Armed Forces after the September 11, 2001, terrorist attacks, and for other purposes. Sponsor: Sen Hagel, Chuck [NE] (introduced 3/1/07). Cosponsors (1).

S.0773: A bill to amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for TRICARE supplemental premiums. Sponsor: Sen Warner, John [VA] (introduced 3/6/07). Cosponsors (22). Companion bill to H.R.1110. To support this bill and/or contact your Senator refer to <http://capwiz.com/moaa/issues/alert/?alertid=9598891&type=CO>

S.0793: Reauthorization of the Traumatic Brain Injury Act. A bill to provide for the expansion and improvement of traumatic brain injury programs. Sponsor: Sen Hatch, Orrin G. [UT] (introduced 3/7/07). Cosponsors (7). Companion bill to H.R.1418.

S.0815: Veterans Health Care Empowerment Act of 2007. A bill to provide health care benefits to veterans with a service-connected disability at non-DVA medical facilities that receive payments under the Medicare program or the TRICARE program. Sponsor: Sen Craig, Larry E. [ID] (introduced 3/8/07). Cosponsors (3). Companion bill to H.R.1416.

S.0847: A bill to extend the period of time during which a veteran's multiple sclerosis is to be considered to have been incurred in, or aggravated by, military service during a period of war. Sponsor: Sen Murray, Patty [WA] (introduced 3/13/07). Cosponsors (None).



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S.0848: Prisoner of War Benefits Act of 2007. A bill to amend title 38, United States Code, to provide improved benefits for veterans who are former prisoners of war. Sponsor: Sen Murray, Patty [WA] (introduced 3/13/07). Cosponsors (None).

S.0882: A bill to require a pilot program on the facilitation of the transition of members of the Armed Forces to receipt of veterans health care benefits upon completion of military service, and for other purposes. Sponsor: Sen Menendez, Robert [NJ] (introduced 3/14/07). Cosponsors (7).

S. 0935: A bill to repeal the requirement for reduction of survivor annuities under the Survivor Benefit Plan (SBP) by veterans' dependency and indemnity compensation, and for other purposes. Sponsor: Sen Nelson, Bill [FL] (introduced 3/20/07). Cosponsors (26). To support this bill and/or contact your Senator refer to [http://capwiz.com/usdr/issues/alert/?alertid=9549971&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9549971&queueid=[capwiz:queue_id])

S.961: Belated Thank You to the Merchant Mariners of World War II Act of 2007. A bill to amend title 46, United States Code, to provide benefits to certain individuals who served in the United States merchant marine (including the Army Transport Service and the Naval Transport Service) during World War II, and for other purposes. Sponsor: Sen Nelson, E. Benjamin [NE] (introduced 3/22/07). Cosponsors (23). Companion bill H.R.0023.

S. 0986: Combat-Related Special Compensation Act of 2007. A bill to expand eligibility for Combat-Related Special Compensation (CRSC) paid by the uniformed services in order to permit certain additional retired members who have a service-connected disability to receive both disability compensation from the DVA for that disability and Combat-Related Special Compensation by reason of that disability. Sponsor: Sen Reid, Harry [NV] (introduced 3/26/07). Cosponsors (2). Companion bill H.R.0089. To support this bill and/or contact your Senator refer to [http://capwiz.com/usdr/issues/alert/?alertid=9581151&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9581151&queueid=[capwiz:queue_id])

S.994: Disabled Veterans Fairness Act. A bill to amend title 38, United States Code, to eliminate the deductible and change the method of determining the mileage reimbursement rate under the beneficiary travel program administered by the Secretary of Veteran Affairs, and for other purposes. Sponsor: Sen Tester, Jon [MT] (introduced 3/27/07). Cosponsors (1).

S.1005: Military Reservist and Veteran Small Business Reauthorization Act of 2007. A bill to amend the Small Business Act to improve programs for veterans, and for other purposes. Sponsor: Sen Kerry, John F. [MA] (introduced 3/28/07). Cosponsors (4).



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S. 1065: Heroes at Home Act of 2007. A bill to improve the diagnosis and treatment of traumatic brain injury in members and former members of the Armed Forces, to review and expand telehealth and telemental health programs of the DoD and the DVA. Sponsor: Sen Clinton, Hillary Rodham [NY] (introduced 3/29/07). Cosponsors (6).

S.1084: A bill to provide housing assistance for very low-income veterans. Sponsor: Sen Obama, Barack [IL] (introduced 4/10/07). Cosponsors (7).

S.1096: Veterans Housing Benefits Enhancement Act of 2007. A bill to amend title 38, United States Code, to provide certain housing benefits to disabled members of the Armed Forces, to expand certain benefits for disabled veterans with severe burns, and for other purposes. Sponsor: Sen Cornyn, John [TX] (introduced 4/12/07). Cosponsors (3).

S.1097: Cold War Medal Act of 2007. A bill to amend title 10, United States Code, to provide for the award of a military service medal to members of the Armed Forces who served honorably during the Cold War era. Sponsor: Sen Clinton, Hillary Rodham [NY] (introduced 4/12/07). Cosponsors (1).

S.1146: Rural Veterans Health Care Improvement Act of 2007. A bill to amend title 38, United States Code, to improve health care for veterans who live in rural areas, and for other purposes. Sponsor: Sen Salazar, Ken [CO] (introduced 4/18/07). Cosponsors (17)

S.1147: Honor Our Commitment to Veterans Act. A bill to amend title 38, United States Code, to terminate the administrative freeze on the enrollment into the health care system of the Department of Veterans Affairs of veterans in the lowest priority category for enrollment (referred to as "Priority 8"). Sponsor: Sen Murray, Patty [WA] (introduced 4/18/07). Cosponsors (1). Companion Bill H.R.0463.

S.1163: Blinded Veterans Paired Organ Act of 2007. A bill to amend title 38, United States Code, to improve compensation and specially adapted housing for veterans in certain cases of impairment of vision involving both eyes, and to provide for the use of the National Directory of New Hires for income verification purposes. Sponsor: Sen Akaka, Daniel K. [HI] (introduced 4/19/2007). Cosponsors (5).

S.1196: A bill to improve mental health care for wounded members of the Armed Forces, and for other purposes. Sponsor: Sen Lieberman, Joseph I. [CT] (introduced 4/24/07). Cosponsors (1).



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S.1205: A bill to require a pilot program on assisting veterans service organizations and other veterans groups in developing and promoting peer support programs that facilitate community reintegration of veterans returning from active duty, and for other purposes. Sponsor: Sen Smith, Gordon H. [OR] (introduced 4/25/07). Cosponsors (1).

S.1233: A bill to provide and enhance intervention, rehabilitative treatment, and services to veterans with traumatic brain injury, and for other purposes. Sponsor: Sen Akaka, Daniel K. [HI] (introduced 4/26/07). Cosponsors (1).

S.1243: A bill to amend title 10, United States Code, to reduce the age for receipt of military retired pay for nonregular service from 60 years of age to 55 years of age. Sponsor: Sen Kerry, John F. [MA] (introduced 4/26/07). Cosponsors (2).

[Source: <http://thomas.loc.gov> 30 Apr 07 ++]

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

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