

RAO Bulletin Update

15 November 2006

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Editor's Note: I will be flying back to the Philippines on 15 NOV and do not anticipate being back on line until 18 or 19 DEC. Request hold any questions or comments you have until that time.



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MILITARY HOLIDAY MAIL 2006:

The deadline for sending holiday packages to troops stationed overseas using Parcel Post to all Air/Army Post Office (APO) or Fleet Post Office (FPO) zip codes was 13 NOV. Deadlines for Space Available Mail and Parcel Airlift Mail are 27 NOV and 4 DEC respectively. The U.S. Postal Service is encouraging early deadlines to make sure that packages reach their destination in time for the holidays. The U.S. Postal Service introduced a free Military Care Kit, or "Mili-kit" in 2004 to make it easier for military families and friends to send care packages overseas. Each kit contains four Priority Mail boxes, six Priority Mail Flat Rate boxes, 10 Priority Mail labels, one roll of Priority Mail tape and 10 customs forms with envelopes. This kit may be ordered by calling the USPS Expedited Package Supply Center at 1(800) 610-8734. The U.S. Postal Service has shipped more than 150,000 kits over the last two years. The Priority Mail Flat Rate boxes included in the kit can be shipped to any APO/FPO in the world, regardless of weight, for \$8.10. All packages and mail must be addressed to individual service members, as required by U.S. Defense Department regulations. A complete APO/FPO holiday mailing deadline matrix and additional information are available at www.usps.com/communications/news/press/2006/pr06_067.htm. [Source: NGAUS Notes 9 Nov 06 ++]

SENATE VET ACTION REPORT:

With the Senate set to reconvene, the Chairman of the U.S. Senate Committee on Veterans' Affairs issued an action report on Congressional efforts on behalf of veterans. This report covers the past two years of the 109th session of Congress. Inflation for 2005, and so far in 2006, has gone up a total of 6.8%. Overall inflation has increased 12.9% since 2001. Congress has increased overall spending on veterans by 64% and increased spending on veterans' health care by 70%. The Senate Committee on Veterans' Affairs has held 52 hearings during the 109th session of Congress (2005 to 2006). Topics included reducing the backlog of veterans' benefits claims, VA research, homelessness among veterans, the theft and recovery of VA computers, Presidential nominations, employment concerns of young veterans and, the VA's budget. Following is a summary of the chairman's report:

- Veteran bills passed: S. 1182 - Veterans Health Care Act of 2005, S. 1235 - Veterans' Housing Opportunity and Benefits Improvement Act of 2006, S. 2694 - Veterans' Choice of Representation and Benefits Enhancement Act of 2006, and H.R. 5037 - Respect for Fallen Heroes Act.
- Veterans Cost of Living Adjustment Increased 2.7% in 2005, 4.1% in 2006 and 3.3% for 2007.
- VA's Overall Budget up 27% to approximately \$80 billion for 2007.
- VA's Health Care Budget up by 29% to approximately \$35.8 billion for 2007.
- Mental Healthcare Funding to go up 30% to over \$3 Billion in 2007.
- Homelessness Funding up for sixth straight year to \$221 million.
- Reviews published in two national publications gave VA high marks for its medical care.
- SGLI and VGLI Increased to \$400,000.
- Veterans employment numbers are at 96.5% with younger Vets trending better.
- Brain injury funds (\$12 million) restored



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- Wounded warrior benefit ranging from \$25,000 to \$100,000 created.
- Veterans' Housing and Benefits Act now gives disabled vets \$2,000 to \$14,000 grants.
- Promoting dignity at funerals of the fallen becomes Law

The Chairman's entire press release can be seen at <http://veterans.senate.gov>. [Source: U.S. Senate Action Report 3 Nov 06 ++]

VETERAN ISSUES:

It appears that the major issues on the burner now in Washington which impact the military community are the Tricare fee hike, Defense Authorization Bill, and defense and VA funding. That leaves a lot to be accomplished according to Capt. Donald C. Kent, USN (Ret). In his article published in the Naval Submarine Base Groton CT Dolphin Community News he highlights a number of issues which are summarized below:

- DoD has continued to insist that increasing health care fees is the only way they can stabilize the rising costs of health care. This is the word from the Pentagon's top doctor, William Winkenwerder Jr., assistant secretary of defense for health care. This continues to be his stance and that of the administration in spite of congressional opposition and the outcry from retirees. His stance is that the health care budget has roughly doubled this year to \$38 billion, and if it continues to rise at a similar rate, would be at \$65 billion by 2015. His plan is directed to retirees under age 65, with enrollment fees and deductibles for Tricare Standard and Prime to rise several hundred dollars over two years. Much criticism comes from the fact that annual retired pay raises are designed to roughly keep pace with inflation and such annual pay raises are in fact reduced by increases in health care costs - it is argued that retired pay and retiree health care are two separate things. Winkenwerder further states that some form of increase is necessary if the quality of health care is to be sustained.

- It appears now that based on legislation passed by Congress, it is safe to assume the following will be true: Tricare Prime enrollment fees or Tricare Standard deductible won't increase - Tricare mail-order pharmacy co-pays would be reduced to zero for most formulary drugs; a probable increase in retail co-pays, though this issue needs some compromise between the House and Senate; possible requirement of a \$25 (\$40 per family) enrollment fee in Tricare Standard, but the House and Senate also have to compromise on this issue.

However, I do not think the administration has given up, and we shall just have to see what works its way out.

- As for the Defense Authorization Bill, there are a group of amendments, which have been adopted by the Senate: Senator Harry Reid's amendment to implement full concurrent receipt to "unemployable" disabled retirees; Senator Mike DeWine's amendment to expand eligibility of certain survivors to transfer SBP eligibility to children. Key issues which remain at issue are: Senate provision would implement 30 year paid-up SBP as of Oct. 1, 2006 instead of waiting for 2008 (nothing in House version); the Senate bill would end the deduction of the VA's Dependency and Indemnity Compensation from SBP when the member's death was caused by service (nothing in House version).

- By passing the FY-2007 Military Quality of Life Appropriation, the House



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Appropriations Committee tore a \$735 million hole in the DoD Health Program by rejecting Rep. Chet Edwards amendment. Without these dollars, DoD health will certainly run out of money early. This still isn't a dead issue, as the Senate can take up this issue of funding gap. The House's Bill included funding VA Medical Services at \$25.4 billion, \$2.6 billion above last year's figure, but \$100 million below the president's request.

- The Department of Veteran's Affairs says that the stolen laptop computer possibly containing personal data of millions of vets has been recovered. The FBI is at present trying to determine if the data had been compromised, The VA has just issued a new warning of a "phishing" scam that targets veterans who may be worried that their VA data was stolen. This involves Internet fraudsters who send mass e-mails or pop-up messages asking unsuspecting recipients to provide personal information like credit card numbers, bank account information, Social Security number, passwords or other sensitive information so that the scammer can check whether their data has been compromised. Some come from abuse@vba.va.gov and ask the recipient to check an account by clicking a link.

The VA has no such e-mail address and the link in the e-mail is in Asia. Don't get caught. Everyone should know better than to give out such information. If you do receive a suspicious e-mail, do not open it, delete immediately.

- The new civilian commissary chief should have a longer term than his previous military chiefs. The newly named Director of the Defense Commissary Agency is Patrick Nixon. He had been acting director for two years and Chief Executive Officer since 2001. At the top of his priority list is to find ways to work more closely with other military stores, which could eventually come to having commissary and exchange in the same building (but not combined into one facility). He will be pushing for better produce, and will be capitalizing on technology. His plans include reshaping the commissary work force so its employees can perform a number of jobs. Nixon is from the A&P food stores originally, however since 1983 he has worked with the Army Troop Support Agency and the Marine Corps commissary operation before they were combined into the Joint Defense Commissary Agency. He feels ultimately responsible for making sure the commissary remains a viable benefit.

- The VA still seems to be having trouble getting patients in for their first medical exam. In APR 05 there were 15,211 waiting. Recently the number APR 06 the number was 372,328. This is the highest figure since 2003 for those waiting more than 180 days being 95,529. Critics are calling for increased funds to meet these demands, for our aging population as well as newest wounded and disabled veterans returning from conflicts. They say some of this delay is due to improper paperwork, however it appears that a major factor is that of insufficient funds to meet the demands.

- There is still an outcry from the American Medical Association and retiree groups about the proposed 4.7% cut in Medicare physician reimbursement rates. If something isn't done to stop this, it will cause beneficiaries more problems finding a physician willing to accept Tricare patients. These rates directly tied to Medicare rates by law, and Medicare and Tricare remain among the lowest-paying insurance plans in the country. As physician reimbursement rates lag farther and farther behind actual practice costs, the situation is just going to get worse. As an example, a survey run earlier in the year spelled the worrisome figure of 45% of physicians planning to decrease or stop seeing new Medicare and 43% plan the same action for Tricare patients if these payments do begin in 2007.



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- More drugs are being moved to the third tier as follows: Anzamet, Seasonale, Ovacon-35, Ovacon-50, Estrostep FEG, Lyrica, Cmbatla, Lexapro, Paxil CR, Prozac Weekly, Sarafem, Wellbutin XL, Detrol, Oxytrol, Sanctura, Lexxel and Tarka. The list gets bigger and bigger, the formulary smaller and smaller.

- Quality of life is critical for disabled veterans to maneuver around their house. Even if they qualify for Department of VA assistance, the grants usually do not cover the expenses of modifying their home. The International Code Council Foundation has begun a nonprofit project called HERO (Homes Eliminated of Restrictions and Obstacles) free to veterans to help make their home more accessible. The project brings together building officials, architects, engineers, businesses and other volunteers to provide this benefit.

Several groups are already helping build homes accessible for wounded veterans of the Iraq and Afghanistan wars. But the project does expand the concept to veterans of any wars who have disabilities that limit their way of life. Pilot programs are being started around the country by organizing state coordinators [Source: The Dolphin Community News 2 Nov 06 ++]

VA DATA PRIVACY BREACH UPDATE 27:

Veterans in the New York area, and perhaps elsewhere, have begun receiving notifications dated 20 OCT from the Veterans Administration about the possibility that they could be victims of identity theft due to yet another missing VA computer. A sample notification letter can be viewed at <http://maloney.house.gov/documents/veterans/VetsIDTheft.pdf>. The stolen computer was used to record results from a particular pulmonary testing device, and did not contain medical records. Personal data of veterans - including names, Social Security numbers and medical diagnoses - may have been compromised when a computer went missing from the Manhattan VA hospital in New York on 6 SEP. The computer was locked onto a cart that was stored in a locked storeroom. VA, police, and the VA Office of the Inspector General are investigating the theft. In the interim video cameras are being installed in key locations within the facility and an inventory of all other equipment that stores patient data has been done. In the New York case, the laptop was not encrypted because it is a medical device. However, 82% of non-medical laptops managed by the healthcare system have been encrypted.

The VA apparently only just recently sent letters notifying affected veterans. In its notice, the VA says free credit monitoring for those affected "should be available within the next month," and it encourages the veterans to obtain a free credit report by calling one of the three national credit bureaus at (877) 522-8228. Information about this and other protections, including a "fraud alert" on your credit account is available by calling the Federal Trade Commission at (877) 438-4338 or by visiting their website www.ftc.gov/bcp/edu/microsites/idtheft/. A VA call center open M-F 08-1600 has been established to help answer questions concerning this matter at 1(800) 436-8262. Or, you can write VA New York Healthcare System, 423 East 23rd St., NY, NY 10010 Attn: Peter Juliano, Privacy Officer N36.

Patients potentially in jeopardy will be notified by separate letter when the credit monitoring becomes available. Earlier this year, the VA faced scrutiny when laptops went missing in two separate incidents that put in jeopardy the identities of millions of veterans. Rep. Carolyn Maloney (D-Manhattan, Queens) chastised the Department of Veterans Affairs for its continuing failure to secure personal data and for waiting more than six weeks to notify New York City veterans. Maloney said, "This is not the kind of Halloween trick that our veterans want. The VA seems to be mishandling this situation at every step of the way - first they lost yet another computer, then



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they waited almost two months to tell veterans that their identities might be at risk. When is the VA finally going to get serious about protecting veterans' personal data?" [Source: Rep. Maloney Press Release Nov 06 ++]

MEDICARE WHEELCHAIR AVAILABILITY:

In AUG 06 Medicare issued a final local coverage determination (LCD) for power mobility devices (PMDs). The new LCD implements a series of new payment codes for power wheelchairs and scooters, and creates coverage standards for devices with functional capabilities that place them into either Groups 1 (low functioning), Group 2, or Group 3 (high functioning) PMDs. Additionally, Medicare has recently issued new reimbursement levels for power wheelchairs that significantly cut payments to providers for Group 3 power wheelchairs. All of these changes are scheduled to take effect on 15 NOV 06. Implementation of these changes will generate three problems:

- The new LCD states that in order to qualify for a high-functioning, Group 3 device, a beneficiary must be "unable to independently stand and pivot to transfer due to a neurological condition or myopathy." This is a problem because there are many individuals with disabilities who may be able to stand and pivot but will need a Group 3 device to participate in their daily activities. This standard fails to take into account the functional needs of the individual and will result in significant access problems for individuals with Multiple Sclerosis, Parkinson's Disease, Cerebral Palsy and many other disabilities.
- The LCD would implement a new interpretation of the "in the home" restriction by denying access to wheelchairs that have capabilities which are deemed unnecessary for indoor use. Medicare currently covers wheelchairs that are needed by individuals for use in their homes but has not prevented individuals from using the devices outside of their homes. However, this new policy will not cover devices that have features that are useful for out-of-home use. This change will further confine Medicare beneficiaries with mobility impairments to the four walls of their homes.
- The new reimbursement levels for high-functioning (Group 3) wheelchairs represent up to a 40% cut in prices paid to providers. While this will mean lower co-payments for beneficiaries, these reimbursement cuts will likely translate into serious access problems for beneficiaries as providers and manufacturers are unable to provide these high-end devices to Medicare beneficiaries at the new reimbursement levels.

Overall, the changes will severely restrict access to the more technologically-advanced power wheelchairs which are often required by individuals with long-term disabilities and chronic conditions. On 18 OCT Representatives Ramstead (R-MN-03) and Langevin (D-RI-02), Co-chairs of the Bipartisan Disability Caucus, sent a letter to the Acting Administrator of the Centers for Medicare and Medicaid Services (CMS) expressing concern about the changes scheduled for 15 NOV. The United Spinal Association is asking citizens to contact their Congressional representative and ask them to press Medicare to rescind the new power wheelchair coverage policy (LCD) and stop reimbursement cuts for Group 3 wheelchairs. Also, to support the 'Medicare Independent Living Act of 2006' (S. 3677/H.R. 5983) to eliminate Medicare's in the home restriction on mobility devices. Without enactment of this legislation, Medicare will continue to utilize this coverage restriction which prevents access to appropriate mobility devices for people with disabilities that are needed for them to live independent lives and participate fully in society. A sample letter is available at www.unitedspinal.org for mailing to representatives.

[Source: OFFE msg 3 Nov 06 ++]



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NAVY MOBILIZATION PLAN:

According to briefing documents obtained by Navy Times and confirmed by Vice Adm. John G. Cotton, chief of the Navy Reserve they expect to mobilize 9,300 sailors during the next 12 months. That figure means that nearly one in three available reservists (not counting the 38,000 who have already been mobilized and the approximately 5,000 listed as not deployable for medical, dental, or other administrative reasons) will mobilize during the next year for deployments ranging from six months to more than one year. Cotton said he does not believe the rate of mobilizations will exhaust the pool of available reservists; that is because the Navy Reserve's 26% yearly turnover creates a fresh supply of deployable sailors every year, according to Capt. David J. Wray, spokesman for the Navy Reserve. But most new reservists are prior-service sailors who enter from the active component as already deployable assets. Such sailors who have deployed within their last 12 months on active duty can ask that mobilizations be put off for their first year in the Navy Reserve. As of 31 OCT there were 71,300 people serving in the selected reserve.

Cotton said the number of reservists who will be contacted for possible mobilization will be higher than 9,300. That is because Navy officials have found that as many as 40% of reservists contacted for recent mobilizations could not deploy, despite being listed as deployable by their units. Cotton said the exact number of reservists who can expect a mobilization call next year is unknown because it is difficult to predict precisely how many sailors who are called will be determined to be deployable. The Navy Reserve had been authorized by Congress to have as many as 6,200 mobilized reservists throughout the year, a number that does not include a smaller number of reservists who count against active-duty billets or who have been mobilized for 30-day operational deployments to fulfill their annual drilling requirements. That 6,200 is a number Congress has specifically authorized for the Navy Reserve to bring sailors on full time but not have them count against the active-duty end strength. In the past, the Navy had to do a juggling act to ensure the number of activated reservists did not put the Navy over the end strength authorized by Congress. Cotton said he anticipated keeping no more than 6,000 reservists mobilized at any given time during the next 12 months. [Source: NavyTimes Chris Amos article 2 Nov 06 ++]

FT. MCCLELLAN VETS:

Personnel who served at Ft McClellan AL and/or Anniston Army depot prior to 1978 who have health issues, claims, etc that may be related to PCB's, CARC Paint, Solvents, toxic or other chemical exposures are being asked to identify themselves for inclusion in notification lists for future recall of patients plus announcements on the DoD Health Registry. Send current name, service numbers, and other contact info to Dave Abbott, Compensation & Pension Service (21), Department of Veterans Affairs, Veterans Benefits Administration 810 Vermont Ave. NW, Washington, DC 20420 Tel: (202) 273-8947. If available include a copy of your DD 214 or a page from your DA Form 20 showing your assignment dates at McClellan. For questions or amplifying information email capdabbo@vba.va.gov or pcbveteran@yahoo.com. A search at www.google.com for Chemical exposure and FT McClellan and/or www.cma.army.mil/anniston.aspx will bring up some info. Dave Abbot's office is as an extension to VA's Environmental Health Office where the Veterans Disability Commission will be coordinating their efforts on the notification announcements whenever that happens. Women Veterans especially need to come forward if their married names have changed over the years.

Fort McClellan covers over 45,000 acres in eastern Alabama, and was the site of weapons training and the U.S. Army's Chemical Warfare School. Since closure in 1999, the post has undergone numerous environmental investigations for underground storage tanks, groundwater contamination, landfill



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locations and contents, soil contamination and unexploded ordnance (UXO). The base is the former national home of the Womens Army Corps (WAC), the Army Chemical Corps, and the Army Military Police School. Pelham Range consists of approximately 22,000 acres of land west of the main post, which is located adjacent to Anniston, Alabama. One of the uses of the Pelham Range was as a radiological training area for simulated large area radioactive contamination (fallout) from the surface detonation of a small yield nuclear weapon. The training concept involved the raising and lowering of sealed radioactive sources. Students would then perform ground and aerial surveys to map the fallout pattern. This training occurred from the mid 1950s through May of 1973. The Army used locally fabricated Co-60 sources and higher activity commercially produced Cs-137 sources. A number of leaking locally fabricated Co-60 sources contributed to the formation of the burial mound. The Anniston Chemical Agent Disposal Facility in Alabama has destroyed nearly 18% of the chemical agent and over 15% of the munitions stored at Anniston Army Depot, including all GB M55 rockets, 8-inch and 155mm projectiles, which represents a 38% reduction in risk to the local community. [Source: VVA Alabama msg 2 Nov 06 ++]

FEDERAL STUDENT AID:

The federal government offers several Financial Student Aid Programs which can be reviewed at <http://education.military.com/money-for-school/federal-student-aid>. These programs offer you extremely low interest loans and grants (free money). Every accredited school that is recognized by the Education Department will be eligible for some form of FSA. Unlike the GI Bill, these programs are paid through the school; however, like the GI Bill, Federal Student Aid is designed to assist you in meeting the cost of tuition, books, fees, and living expenses while you go to school. That means that once the school has taken its share, the remaining loan or grant balance goes to you. Federal Student Aid and your military education benefits can work together.

You are eligible for FSA if you are all of the following:

- A high school graduate, or have a General Education Development (GED) certificate;
- Working toward a degree or certificate;
- Enrolled in an eligible school or program;
- A U.S. citizen or eligible non-citizen (must have a valid Social Security Number);
- Registered with the Selective Service if required (you can use the paper or electronic FAFSA to register)

It does not matter whether you are active duty, reserve, veteran, retiree, on MGIB, or not — you can take advantage of these programs. Once you have enrolled in college, you need to start the application process. You can apply for all of the available FSA by filling out the FAFSA form online. Once you have submitted the Free Application for Federal Student Aid (FAFSA), your school will notify you which types of loans, grants and the total amounts you are qualified to receive. When you get this notification from the school, simply select the loans and grants you want and the school will finish the loan process.

Applying for FSA is easy if you use the FAFSA Pre-Application Worksheet available at www.fafsa.ed.gov/worksheet.htm to guide you. The FAFSA form only takes a relatively short time to complete. Without the worksheet the FAFSA process can be complicated. You will need to gather your tax forms from previous years, including W-2s, bank statements and investment statements to complete the form.



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FAFSA is a Free Application for Federal Student Aid; however there are some websites that offer to complete the FAFSA for you, for around \$50. "Military Friendly" schools that are eager to send you free information on how to get the funding you need to cover your education goals can be located at <http://schools.military.com/schoolfinder/search-for-schools.do>. [Source: Military.com 27 Oct 06]

TELEMARKETING CALL ELIMINATION UPDATE 04:

In 1991 Congress passed an Act granting consumers rights to defend themselves against unwanted telemarketing calls. A summary of these rights can be found at www.junkbusters.com/self.html#telemarketing. The Act outlawed various offensive practices, such as the use of recorded messages for solicitations. It also called for the Dederak Communications Commission to "prescribe regulations to implement methods and procedures for protecting the privacy rights... in an efficient, effective, and economic manner and without the imposition of any additional charge to telephone subscribers" In other words, Congress wanted you to be able to stop telemarketers without having to pay. The next sentence of the Act said that this "may require the establishment and operation of a single national database to compile a list of telephone numbers of residential subscribers who object to receiving telephone solicitations, and to make that compiled list and parts thereof available for purchase." In other words, Congress wanted you to be able to put your number on a list that makes calling your number illegal. The FCC decided against the idea of a single national database, preferring as more cost-beneficial what they called company specific do-not-call lists. In other words, FCC decided to burden people with the task of telling every company to put their number on that companies list. A decade later, a different agency, the FTC, did what the FCC would not. You can now register your phone number(s) in the National Do-Not-Call Registry at <http://donotcall.gov> or by calling 1-888-382-1222.

Telemarketers always use a script: why shouldn't you? Every time you get a call you consider junk, just ask the questions in the below script. You may want to print a copy and keep it next to your phone. If they answer no to any of the below you may be able to sue them. Information on how to do this can be found at www.junkbusters.com/self.html#remedy. Questions you should ask and document if called are:

- Are you calling to sell something?" (or, is this a telemarketing call)
- Could you tell me your full name please? **
- And a phone number, area code first? **
- What's the name of the organization you're calling for? **
- Does that organization keep a list of numbers it's been asked not to call? **
- I would like my number(s) put on that list. Can you take care of that now? **
- Does the company you work for also make telemarketing calls for any other organizations? (If they answer no, skip the next question.) (If yes)
- Can you make sure your company won't call me for any other organization? **

You may need to ask to speak with a supervisor if they sound lost. When you're ready to let them off, you might close with, "Is it clear that I never want telemarketing calls from anyone?" and just say goodbye. If you



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feel like making them pay more for the phone charges, keep going:

- Will your company keep my number on its do-not-call list for at least 10 years? **
- Does your company have a written policy that says that on paper? **
- Can you send me a copy of it? **
- What's your supervisor's first and last name?
- What is your employer's business name, address and main telephone number?
- Are you calling for a tax-exempt nonprofit organization?
- Is this call based on a previously established business relationship?

Before hanging up, check you have all their answers written down, then say goodbye. Add the date and time to your record (i.e. only between 08-2100 local time allowed). Nothing here should be taken as legal advice. If they answer no to any question ending in ** you may be able to sue them for \$500-\$1500 under the Telephone Consumer Protection Act. But if the answer to either of the last two questions is yes, then the Act doesn't consider the call to be a solicitation, so it's not covered by many of its regulations. Also excluded are calls to business numbers. For more details, refer to www.junkbusters.com. [Source: NCPOA Tips n' Topics, 28 Oct 06 ++]

VA CLEP REIMBURSEMENT:

Military veterans can now receive full reimbursement for CLEP (College-Level Examination Program) testing fees, thanks to a recently implemented law that enhances veterans' educational benefits. The Veterans Administration will reimburse veterans for the \$60 CLEP examination fee as well as test-center administration fees. CLEP has been a critical part of the education services program for active-duty servicemembers since 1974. This new funding option provides continuity in benefits for those transitioning out of the military. Nearly 3,000 colleges and universities grant credit or advanced standing based on CLEP exam performance. By earning satisfactory scores on CLEP exams, veterans earn college credit in subject areas they have already mastered as a result of training or independent learning. Earning credit by exam saves a significant amount of time as veterans avoid taking courses in subject areas for which they already have knowledge. Veterans earning credit can make the most of their GI Bill tuition benefit by applying those funds toward needed coursework.

The 90-minute CLEP exams are administered on computers at 1,300 college test centers across the country. Veterans will receive their scores immediately after completion of the exam. CLEP exams are offered in 34 subjects ranging from English Composition to U.S. History, Spanish, and College Algebra. Since the program's inception in 1967, more than 6 million CLEP exams have been taken. For more information about CLEP and the benefits available to veterans, visit www.collegeboard.com/clepveterans.

The College Board is a not-for-profit membership association whose mission is to connect students to college success and opportunity. Founded in 1900, the association is composed of more than 5,000 schools, colleges, universities, and other educational organizations. Each year, the College Board serves 7 million students and their parents, 23,000 high schools, and 3,500 colleges through major programs and services in college admissions, guidance, assessment, financial aid, enrollment, and teaching and learning. Among its best-



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known programs are the SAT, the PSAT/NMSQT, and the Advanced Placement Program (AP). [Source: Military.com 27 Oct 06]

VET CEMETERY FOR SOUTHERN CA:

The new Sacramento Valley National Cemetery, the nation's 124th VA-managed national cemetery, began burials in mid-OCT 06. The 561-acre site is located at 5810 Midway Road, Dixon, CA 95620 in Solano County, approximately 27 miles southwest of Sacramento along Interstate 80, between Dixon and Vacaville CA. It is intended to meet veteran needs for the next 50 years. About 346,000 veterans live within the service area of the cemetery. The cremated remains of Alvin Hayman and those of his wife were placed in the Cemetery, fulfilling Hayman's wish and consecrating land that he once owned. Hayman, who served in occupied Japan and later in the Reserves, was the first of eight veterans to be buried on the cemetery's opening day. The native San Franciscan died in July 2004 a few days after he sold his land to the VA. His family kept his cremated remains at home, so that they could honor his wish to be placed in the new cemetery when it opened.

Although the cemetery has opened for burials, construction will continue at the cemetery until July 2009. The construction contract calls for the development of an initial area of 14 acres, which will provide 8,466 gravesites consisting of 4,712 full casket and 3,754 in-ground burial sites for cremated remains. Initial operations will be conducted utilizing a temporary office, committal service shelter and equipment shed. . For information on the Sacramento Valley VA National Cemetery, call the cemetery office at (707) 693-2460. To schedule burials call 1(800) 535-1117. Sacramento was one of 10 areas VA identified in a report to Congress in 1994 as having a large veteran population not served by either a national or state veterans cemetery within a reasonable distance. In 1999 and 2003, with the passage of two laws, Congress directed VA to establish 12 new national cemeteries. Five have opened in the areas of Fort Sill, Oklahoma, Pittsburgh, Detroit, Atlanta, and Sacramento. The rest – one in Alabama and California, three in Florida, one near Philadelphia and one in South Carolina – will be located near large populations of veterans who currently do not have access to a burial option.

Including the new Sacramento Valley VA National Cemetery, there are seven national cemeteries in California. Three of these national cemeteries, Riverside, San Joaquin Valley and Sacramento Valley VA National Cemetery are open. Ft. Rosecrans National Cemetery currently has space for the burial of cremated remains. The other three, Los Angeles, San Francisco, and Golden Gate National Cemeteries can offer burial only to family members of those already interred. In addition to the Sacramento Valley VA National Cemetery, VA is planning another new national cemetery in the Bakersfield area. Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at www.cem.va.gov or by calling VA regional offices at 1(800) 827-1000. [Source: DVA National Cemetery Administration Press Release Oct 06 ++]

DEPLETED URANIUM (DU) UPDATE 01:

A Manhattan federal judge has ruled that a group of New York Army veterans who fell ill after inhaling depleted uranium dust from exploded U.S. shells can sue the federal government - but only for medical malpractice after their discharge. A 1950 Supreme Court decision - commonly known as the Feres Doctrine - has long prohibited suits against the federal government by soldiers. In his 29-page opinion U.S. District Judge John Koeltl ruled, "To the extent that the injuries asserted in the plaintiffs' complaint arise out of their military service ... the court is without jurisdiction to hear those claims." George Zelma, the plaintiffs' lead lawyer, had argued during a 6 SEP hearing that despite the broad prohibition of the Feres Doctrine, Congress had



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never intended our government to betray its own troops. Koeltl rejected Zelma's argument, but he did allow the eight former National Guardsmen to sue the government for medical malpractice they allege was committed by Veterans Administration doctors after they were discharged back into civilian life.

In APR 04, the New York Daily News revealed in a series of articles that several soldiers from the 442nd Military Police Company had been exposed to depleted uranium, a low-level radioactive heavy metal that has been used by the Pentagon since the 1991 Persian Gulf War in artillery penetrators and in the plating for M-1 tanks. Several soldiers from the 442nd - most of them policeman, firefighters and correction officers in civilian life - had been sent home from Iraq in late 2003 with a variety of ailments that included constant headaches, blood in their urine, blurred vision, numbness in their hands and persistent rashes. The Army doctors could not account for any of the ailments.

The men claimed they were never warned about possible uranium exposure while in Iraq, and when they returned home military doctors either refused to test them for exposure to the radioactive metal or in some cases lost their test results. Independent exams and analyses of urine samples arranged by The Daily News for nine of the sick soldiers showed that at least four had inhaled depleted uranium dust, according to a nuclear medicine expert who conducted the tests. Another test on a soldier from another National Guard unit, Gerard Matthew, revealed in SEP 04 that he also had signs of depleted uranium exposure. In MAY 04 Matthew's wife gave birth to a girl who was missing three fingers on one hand.

Critics of the military's use of depleted uranium say the microscopic dust released by exploding shells can lodge in a person's lungs for years and cause physical or genetic damage from either the low-level radiation it emits or from its chemical toxicity. Pentagon officials have repeatedly defended its use as safe. The government says there have been virtually no illnesses documented among soldiers exposed to depleted uranium, even among those wounded with fragments from depleted uranium shells. The Daily News' articles led the Pentagon to tighten testing procedures for all soldiers, and they sparked efforts in more than a dozen state legislatures to require testing of all returning National Guard troops. But the debate over depleted uranium continues to rage. Pentagon officials insist that depleted uranium shells, because of their incredible penetrating power, are an essential weapon that saves lives in combat. Opponents, on the other hand, say our military is spreading radioactive contamination. [Source: NY Daily News Juan Gonzalez Article 4 Oct 06 ++]

TERRORIST ATTACK PREPARATION:

According to a new survey released 13 OCT during the annual meeting of the American College of Emergency Physicians (ACEP) in New Orleans, American citizens are unprepared for a terrorist attack or natural disaster, and there are no significant differences among military, retired military and civilian families regarding preparedness for disasters, Drs. Richard Dagrosa and John McManus, both emergency physicians in the military, surveyed people in San Antonio, Texas, including patients in two military hospital emergency departments. The survey results show no significant differences among military, retired military and civilian families in regard to having a disaster plan, designating a meeting place or having a disaster kit.

Only half the families in the survey had prepared any kind of disaster plan, and only one-third possessed a disaster kit. According to the study authors, all the groups indicated disaster plans were important and reported feeling less prepared after completing the survey.

Dr. Dagrosa, an Air Force Captain stationed at Wright-Patterson Air Force Base in Ohio said, "After all the attention focused on disaster preparedness since 9/11, it is surprising to find families lacking plans or



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supplies for a terrorist attack or natural disaster.

It is scary to think about preparing for the worst case scenario, but the alternative is doing nothing. Yes the local emergency departments will be there in a disaster, but so will all of the people who didn't prepare their families for a large scale disaster. The best possible thing families can do to prepare themselves for a terrorist attack or a natural disaster is to be as self-sufficient as possible. And that goes for families in the military as well as civilians."

The disaster kit portion of the survey was based on recommendations of the Department of Homeland Security and the American Red Cross. The study authors said information on family readiness and recommendations for creating a household disaster kit are readily available, but an overall lack of personal preparedness is evident. Drs. Dagrosa and McManus concluded that more education and perhaps government subsidized disaster kits may be possible solutions to the preparedness problem. Information on what a disaster kit should consist of can be found at www.fema.gov/areyouready/assemble_disaster_supplies_kit.shtm. The preparedness survey is being presented in New Orleans at ACEP's annual Scientific Assembly where emergency physicians from the around the country and many other nations gather to share research and learn the latest developments in emergency care and patient safety. More than 400 poster presentations are scheduled to be presented this year. For more information about the research, visit www.acep.org. ACEP is a national medical specialty society representing emergency medicine with more than 25,000 members. ACEP is committed to advancing emergency care through continuing education, research and public education.

Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies. [Source: ACEP Press Release 16 Oct 06]

TRICARE RESERVE SELECT UPDATE 06:

The week the Tricare Management Activity (TMA) has issued 2 new publications to help explain the TRS benefit. One is a 40 page handbook (Tricare Reserve Select Handbook) and the other is a flyer explaining the programs costs to beneficiaries (Tricare Reserve Select: Summary of Beneficiary Costs Flyer). The Handbook provides information on what is covered and what is not under the plan. It also tells how to make and appointment, how to file claims etc. The flyer explains the costs of TRS, as well as Pharmacy costs, deductibles and claim filings. Both can be read and downloaded at the Tricare Web site: <http://tricare.osd.mil/reserve/reserveselect/TRS-products.cfm>.

DECA SCHOLARSHIPS 2007:

The Scholarship for Military Children Program sponsored by the Defense Commissary Agency (DECA) has started giving out applications at DOD's 264 Commissaries. The \$1500 scholarships are primarily funded by the manufactures and suppliers selling goods to the commissaries. The scholarship program has also made inroads to increasing support from the "nonmilitary" community. California high school students sponsoring golf tournaments in 2006 raised thousands of dollars to donate to the program, and already for 2007, a private foundation has made a substantial donation. Donations can be made through the link at www.militaryscholar.org, the official program Web site.

Every dollar donated to the program by industry or the general public goes to fund the scholarships. The program, administered by the Fisher House Foundation, was founded in 2001 and has given out nearly 3,000 scholarships worth a total of \$4 million.



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A significant number of scholarships, about 10% every year, go to high school students at DoD schools overseas.

Completed applications along with an essay explaining "how and why" an applicant would change a historical event must be turned into a commissary by 21 FEB. At least one \$1,500 scholarship will be awarded at every commissary location with qualified applicants. The program is open to unmarried children under the age of 21 (23 if enrolled in school) of military active-duty, Reserve, Guard and retired personnel. Eligibility will be determined using the Defense Enrollment Eligibility Reporting System database. Applicants should ensure that they, as well as their sponsor, are enrolled in the DEERS database and have a current ID card. The applicant must be attending or planning to attend full time an accredited 4 year college or university in the fall term of 2007 (or in a program designed to directly transfer into a 4 year program). Application forms can be picked up at the commissaries or downloaded at www.commissaries.com, www.militaryscholar.org, or www.dodea.edu. [Source: TREA News Flash 3 No 06 ++]

TRICARE TRANSITIONAL SURVIVOR PROGRAM UPDATE 01:

Effective 1 NOV 06 children of servicemembers who died while serving on active duty for more than 30 days on or after 7 OCT 01 now will remain in the transitional survivor status according to Section 715 of the National Defense Authorization Act for fiscal year 2006. In the past, the children converted to retiree status after three years, which meant higher copayments and deductibles. Minor children and unmarried dependent children now will remain in transitional survivor status, at the active duty payment rate, until they reach age 21, or up to age 23 if they are enrolled full time in an accredited university. Tricare will automatically reprocess medical claims originally processed and paid at the retiree payment rate for affected surviving family members and refund the difference in enrollment fees, cost shares or copayments paid at this rate and the transitional survivor active duty family member payment rate that now applies. Tricare also will mail letters beginning 20 OCT to the homes of all active duty survivors, children, and former active duty survivors listed in the Defense Enrollment Eligibility System (DEERS) whose active duty sponsor died between 7 OCT 01, and 31 OCT 06. The letter notifies family members of their retroactive eligibility for transitional survivor benefits. It also asks them to contact their Tricare regional contractor for guidance on reprocessing medical claims and any potential refunds due.

For surviving spouses, the transitional survivor status at the active duty family member payment rate ends three years from the date of death of their active duty sponsor. Until then Transitional survivors are eligible to enroll in Tricare Prime, the Tricare Prime Remote for Active Duty Family Members program, Overseas Prime, and Global Remote. Transitional survivors also are eligible for active duty-specific programs such as the Extended Care Health Option (ECHO) and hearing aids. Once they shift to the retiree payment rate this will cease. After the transitional survivor period ends, surviving spouses and incapacitated dependent children who become entitled to Medicare Part A due to age (65), disability or end stage renal disease, must purchase Medicare Part B in order to remain Tricare eligible. To avoid the Medicare surcharge for late enrollment, surviving active duty family members must purchase Medicare part B coverage when they first become eligible. For additional Tricare information for active duty transitional survivors refer to the Tricare Survivor Web page at www.tricare.osd.mil/survivors/default.cfm. [Source: MOAA News Exchange 8 Nov 06 ++]

MILITARY AIRFARE DISCOUNT:

Blue Star Moms, a chapter of Blue Star Mothers of America, is circulating a petition that asks for a congressional resolution requesting 11 major airlines to provide discounted airfares for active duty



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troops. Blue Star Moms wants the carriers (Alaska, America West, American, Continental, Delta, Hawaiian, Jet Blue, Northwest, Southwest, United and US Airways) to reinstate the Military Standby airfare that was offered to active duty military personnel during the Vietnam War. They also want the airlines to provide military travelers on leave with their lowest fares, regardless of short notice, and to waive fees or penalties for refunds if military travelers receive a change of orders. The petition can be signed online at <http://www.petitiononline.com/bsmmil/>. [Source: Armed Forces News 3 Nov 06]

MEDICARE PART D UPDATE 10:

The Medicare prescription drug program launched 1 JAN 06 promised coverage for all Medicare beneficiaries, regardless of income, health status or prescription drug use. It was a voluntary program, and people were urged to sign up for the plan of their choice, beginning 15 NOV 05. But for reasons that remain unclear, officials with the Department of Health and Human Services took it upon themselves to sign up large numbers of Medicare patients. Speculation is this was done in the interest of ensuring that people too old and infirm to jump on the opportunity would not be left out. Regardless of the reason there were unintended consequences. Thousands of military retirees already enrolled in Tricare for Life (TFL) suddenly were also enrolled in Medicare Part D. And all this was done without their knowledge and/or notification. For many, the first they heard of this was when they were standing in line at their pharmacy. The fallout in terms of paperwork, bureaucratic hassles and headaches is enormous. It means unnecessary costs for many Tricare patients and more paperwork to obtain partial refunds.

HHS officials say there is no easy remedy, and Tricare beneficiaries must disenroll themselves. When Medicare enrolls a TFL beneficiary in Part D, it automatically notifies DEERS it had done so. From that time on, the beneficiary's DEERS record reports that he/she has other health insurance (OHI). Tricare pharmacy coverage is not lost, but the beneficiary suddenly has some problems. For example, by being enrolled in OHI, the beneficiary may incur monthly premiums for the Part D commercial policy. By law, Tricare must be the last payer to all other coverage. So if a TFL beneficiary is enrolled in Medicare Part D, he/she has to use Medicare Part D first and many of the plans under that program require a deductible in addition to co-payments. Tricare will reimburse most of the deductibles and co-payments, but that requires filing a separate claim with Tricare. Under the current rules DEERS, Tricare and Humana are powerless to remedy the impact of involuntary enrollment in Part D. According to the federal law that created Part D, it is a voluntary program. Thus, enrollment in the supposedly voluntary program bears the consequences of its associated costs. Corrective action must originate with Medicare because:

- Only Medicare can cancel your Part D enrollment; and
- Only Medicare can provide official notification to DEERS confirming that action.

Affected TFL user's DEERS records must be corrected to show that they have no other coverage than Tricare for their pharmacy services. Only then can they use their Tricare pharmacy program as the primary coverage for their pharmacy needs. There apparently is no provision for elimination of any costs associated with erroneous or involuntary enrollment.

Part D enrollees can cancel their membership for any reason. The process is supposedly quick and hassle-free. All you have to do is call Medicare, toll-free, at (800) 633-4227, and ask that your Part D enrollment be canceled.

According to Medicare, the beneficiary's Part D enrollment will be terminated as of the last day of that month.



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Medicare will then notify the commercial Part D insurance plan's carrier and DEERS. When DEERS receives official notification from Medicare that a beneficiary is no longer enrolled in Part D, it will correct records to show eligibility for the Tricare pharmacy program as the TFL user's primary coverage. As of the date that his DEERS record is updated, coverage will be as if the beneficiary had never been enrolled in Part D. To learn when that has been done beneficiaries can call the Tricare Support Office at (800) 538-9552 to inquire about the status of their DEERS record. That is also the number to call to make minor DEERS record changes (such as an address change), or to ask for instructions about making major changes. This should be done at least once a year, as a matter of course.

The Military Officers Association of America is lobbying Medicare and the Pentagon to make canceling Part D enrollment and notifying DEERS of the change as painless as possible. But there is word that HHS and the Defense Department are being prickly with each other slowing the process. They need to get over it and make this happen. And Congress needs to hold a hearing on:

- How can the military community be automatically enrolled in a voluntary system?
- How can they be forced to incur fees until they clear up the problem themselves?
- How can those in charge allow this to happen without any thought of notifying those affected?

[Source: ArmyTimes Jim Hamby article & NavyTimes Editorial 6 Nov 06 ++]

MEDICARE PART D UPDATE 11:

Seniors need to watch upcoming changes in their Medicare Part D coverage carefully. Ralph McCutchen, Chairman of TREA Senior Citizens League (TSCL) is warning Seniors that failure to learn about and understand those changes could lead to some expensive surprises at the pharmacy in JAN 07. Specifically, Seniors should watch for new and higher premium and co-insurance costs, and the possible loss of coverage for some drugs. Some beneficiaries, especially those with lower incomes, but who are no longer eligible for Medicaid, are particularly at risk. McCutchen warns, "Some folks could lose their drug coverage altogether if they don't pay attention. We are especially concerned that Notch Babies will be affected, particularly those who rely on Social Security for most of their income". Notch babies are seniors born from 1917 through 1926 who receive lower Social Security benefits than other seniors with similar work and earnings records. The Notch refers to a sudden drop in benefits this group experienced when Congress enacted changes to the Social Security benefit formula in 1977. Studies for TSCL have found that today those Notch Babies with few savings who depend on Social Security for almost all of their income are likely to live at, or below, the federal poverty level.

Recently, the federal government notified some 632,000 lower income Medicare beneficiaries who automatically received federal "Extra Help" in the past that they would have to apply individually to get such assistance in 2007. McCutchen is urging those seniors or their family caregivers who received such notices to immediately contact Social Security to re-apply for 'Extra Help'. All Medicare beneficiaries are eligible for Medicare Part D drug coverage, regardless of income. Thus, if seniors or their families do not reapply for 'Extra Help,' they will still remain in their drug plans, but they may be charged a monthly premium for the first time, and may pay much higher co-insurance costs at the pharmacy in JAN 07. In addition, if their drug plan premium is automatically deducted from their Social Security, those affected will receive less in Social Security next year - a situation none of them can afford. Affected seniors who received notices may still be eligible for "Extra Help." According to the government's 2007 Medicare and You, beneficiaries with annual incomes of less than



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\$14,700 (single) and savings of less than \$11,500, or married couples with annual incomes of less than \$19,800 and resources of \$23,000 may be eligible. The federal government does not count the value of a person's home, car, or personal effects in determining resources. The 'Extra Help' open enrollment period is 15 NOV to 31 DEC. In order to ensure that federal assistance will continue uninterrupted starting 1 JAN, seniors can apply now for 'Extra Help' by calling Social Security at 1(800) 772-1213, or by visiting www.socialsecurity.gov. [Source: TREA Social Security and Medicare Advisor 9 Nov 06 ++]

VET DISABILITY PENSION SUIT:

The U.S. District Court in New Haven ruled 6 NOV that Procter & Gamble, which had turned down a veteran's request for a disability pension because of his military injuries, did not give his case the full review it deserved and ordered the multinational corporation to reconsider the request. Carl MacLeod, 45, of West Haven, was diagnosed with chronic solvent encephalopathy in 2004, a condition that can be traced back to his two-decade tenure in the service, where he had a long history of exposure to hazardous materials and cleaning solvents. MacLeod worked at the Clairol plant in Stamford as a maintenance supervisor for three years starting in 2001, a company that later was bought by P&G. Physical injuries incurred during his military career left him with back and shoulder problems, exacerbated by arthritis, but he continued to work until the neurological deficits brought on by the chronic solvent encephalopathy became apparent in OCT 04, according to medical records. CSE is a neurological disease that affects memory and cognitive functioning and, in MacLeod's case, has also affected his balance and ability to walk, according to his records. The decline is gradual and is expected to end in dementia and death.

U.S. District Judge Mark Kravitz found that P&G, which earned \$2.7 billion in profits in the quarter ending Sept. 30, improperly amended its disability plan to exclude personnel with military injuries and also did not give MacLeod, as required, a review of the facts in his case. Kravitz said the court would defer to the P&G trustees' "reasonable exercise" of their discretion in awarding or not awarding benefits to MacLeod, after it properly reviews his claims. But he noted in his ruling that MacLeod's "personal situation is compelling." Kravitz awarded attorney's fees to MacLeod because he said it may deter the company from litigating a position "that is clearly at odds" with the language of its pension plan. Also, he said MacLeod's suit ultimately will benefit a large class of individuals, namely those denied benefits because of military injuries. There is no timetable under which P&G has to act. A spokeswoman for P & G did not return a request for comment, and has said in the past it's against company policy to discuss issues in litigation. [Source: New Haven Register Mary O'Leary article 13 Nov 06 ++]

SOCIAL SECURITY SCAM:

Jo Anne Barnhart, Commissioner of Social Security, and Patrick O'Carroll, Jr., Inspector General of Social Security, have issued a warning about a new email scam that has surfaced recently. The Agency has received several reports of an email message being circulated with the subject "Cost-of-Living for 2007 update" and purporting to be from the Social Security Administration (SSA). The message provides information about the 3.3% benefit increase for 2007 and contains the following "NOTE: We now need you to update your personal information. If this is not completed by November 11, 2006, we will be forced to suspend your account indefinitely." The reader is then directed to a website designed to look like Social Security's Internet website.

Once directed to the phony website, the individual is asked to register for a password and to confirm their identity by providing personal information such as the individual's Social Security number, bank account information and credit card



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information. Inspector General O'Carroll recommends people always take precautions when giving out personal information. "You should never provide your Social Security number or other personal information over the Internet or by telephone unless you are extremely confident of the source to whom you are providing the information," O'Carroll said. To report receipt of this email message or other suspicious activity to Social Security's Office of Inspector General, please call the OIG Hotline at 1(800) 269-0271. If you are deaf or hard of hearing, call the OIG TTY number at 1(866)501-2101. A Public Fraud Reporting form is also available online at OIG's website www.socialsecurity.gov/org. [Source: TREA TSCL Fraud Alert 13 Nov 06 ++]

WWI VET SEARCH UPDATE 01:

Here is a look at the last known living veterans of World War I. There are only a dozen known living American World War I veterans. For a profile of each person refer to www.shns.com/shns/g_index2.cfm?action=detail&pk=WWIVETS-11-08-06. Their average age is 108. Those still living are:

- * Lloyd Brown, 106, lives in Bethesda, Md.
- * Russell Buchanan, 106, lives in Watertown, Mass.
- * Frank Buckles, 105, lives near Charles Town, W.Va.
- * Russell Coffey, 108, lives in North Baltimore, Ohio.
- * Samuel Goldberg, 106, lives in Greenville, R.I.
- * Moses Hardy, 112 or 113, lives in Aberdeen, Miss.
- * Emiliano Mercado del Toro, 115, lives in Isabella, Puerto Rico.
- * Antonio Pierro, 110, lives in Swampscott, Mass.
- * Ernest Pusey, 111, of Bradenton, Fla.
- * Howard Ramsey, 108, lives in Portland, Ore.
- * Albert Wagner, 107, lives in Smith Center, Kan.
- * Charlotte Winters, 109, lives in Boonsboro, Md.

Once they stood 4.7 million strong: American farm boys, factory hands and tradesmen itchy for adventure, all called by their country to fight "the war to end all wars." Now, on the 88th anniversary of the armistice that ended World War I there are not enough surviving U.S. veterans of that defining conflict to fill a platoon. When 2006 began, an unofficial roster of known remaining American WWI vets listed only about 24 names, Scripps Howard News Service has confirmed that eleven months later, those ranks have dwindled to 12. Perhaps another dozen, who joined the armed forces after Armistice Day and served in the immediate aftermath of the war, still live, as well. With an average age of 108, it is unlikely these numbers will hold for long. All are pushing the envelope of human longevity, especially Emiliano Mercado del Toro, of Isabella, Puerto Rico, who at 115 is both the world's oldest living man and the longest-lived U.S. veteran in history.

In an era that seems ancient by today's standards, many of these vets were



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born under a U.S. flag with just 45 stars and have witnessed three centuries. They have seen 19 presidents lead the nation through seven wars. Their lives began before airplanes, radio, talking movies, and antibiotics. Animals were a more common mode of transportation than tin lizzies. "They are the only generation that has gone from outhouses to outer space," said Muriel Sue Parkhurst Kerr, who heads what's left of the Veterans of World War I of the United States organization, which once boasted 800,000 members. "The torch is quickly passing," said retired Brig. Gen. Steve Berkheiser, executive director of The National World War One Liberty Memorial Museum in Kansas City, Mo. The historical collections of the Liberty Memorial Museum began years before an actual museum building existed. Immediately after the armistice of 11 NOV 18, a group of Kansas Citians gathered to propose a memorial to the men and women who served in the war and to those who died. The earliest ideas for the memorial included a museum of objects from the war.

A community-based fund-raising drive in 1919, led by the Veterans of World War I, USA raised over \$2,500,000 in less than two weeks through public subscription in Kansas City and around the nation for a museum. This staggering accomplishment reflected the passion of public opinion about the Great War, which had so recently ended. The site for the Memorial was dedicated on 1 NOV 21. The main Allied military leaders spoke to a crowd of close to 200,000 people. It was the only time in history that these leaders were together at one place. In attendance were Lieutenant General Baron Jacques of Belgium; General Armando Diaz of Italy; Marshal Ferdinand Foch of France; General John J. Pershing of the United States; and Admiral David Beatty of Great Britain. The Liberty Memorial Museum is located at 100 W. 26th Street, Kansas City, MO 64108-4616. It is open TUE thru SUN from 1000 to 1700 (1615 for the Tower) and closed on Mondays, Thanksgiving Day, Christmas Day and New Years Day. The Liberty Memorial Museum is free to the public on Memorial Day and Veterans Day and on other days tickets can be purchased in the Museum Store. For additional info on WW1 or the museum refer to www.libertymemorialmuseum.org. [Source: Scripps Howard News Service Lisa Hoffman's article 9 Nov 06 ++]

MILITARY PAY RAISE:

The Department of Labor's Bureau of Labor Statistics (BLS) released the quarterly Employment Cost Index (ECI) changes on 31 OCT 06. The ECI measures employee pay growth in the private sector and, by law, is the standard for military pay raises. The newly released ECI data indicates the 2008 pay raise for active duty, National Guard, and Reserve members will be 3.0% - unless the Administration or Congress decide to propose a different raise.

Why does the 2008 pay raise have to be projected this far ahead of time? Unlike retired pay cost-of-living adjustments (COLAs), military pay raises aren't automatic or mandatory. They have to be budgeted for, and the funds have to be appropriated. The Pentagon is preparing the FY2008 budget right now, so OCT 06 is the latest they can wait for ECI data to set the 2008 raise. BLS calculates the 3% growth by comparing the ECI for the third quarter of 2006 with the ECI for the third quarter 2005. [Source: MOAA Leg Up 9 Nov 06]

KNOTT'S BERRY FARM VET OFFER:

Knott's Berry Farm Theme Park in Buena Park CA is offering past and present military vets and their spouses or guest free admission through 23 NOV 06. Proof of military service is required in the form of an active military ID, DD Form 214 or VA hospital ID. Up to six additional tickets may be purchased at the gate for \$10.95 each. The tickets, both free and guest, must be used on the day received. For info on the park refer to www.knotts.com.

[Source: LAAFB Newsletter 9 Nov 06]



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AGENT ORANGE NAM VET STUDY:

A new study shows Vietnam veterans who sprayed the herbicides like Agent Orange decades ago in Vietnam are at an increased risk of developing heart disease, diabetes, high blood pressure, and chronic breathing problems. Agent Orange, a weed killer containing dioxin, was widely used during the Vietnam War, Dr. Han K. Kang of the Department of Veterans Affairs in Washington, DC and colleagues note in the American Journal of Industrial Medicine. Overall, two thirds of the herbicides used during the conflict contained dioxin. To understand the long-term effects of exposure to the chemicals, Kang and his team compared 1,499 members of the US Army Chemical Corps to 1,428 vets who had worked in chemical operations jobs but did not serve in Vietnam. The Chemical Corps members had been responsible for spraying herbicide around base camp perimeters, as well as aerial spraying of the chemicals from helicopters. Study participants were surveyed by telephone in 1999 and 2000. Tests of a subset of the study participants, including 795 Vietnam vets and 102 non-Vietnam vets, showed the Vietnam vets had higher levels of dioxin in their blood.

The researchers analyzed the effects of Vietnam service and herbicide exposure separately, and found that hepatitis was the only health problem linked to serving in Vietnam per se. However, exposure to herbicides among Vietnam veterans conferred a 50% increased risk of diabetes, a 52% greater heart disease risk, a 32% increased risk of hypertension and a 60% greater likelihood of having a chronic respiratory problem such as emphysema or asthma. An increased cancer risk also was seen among the Chemical Corps members, but this was not significant from a statistical standpoint. The researchers concluded US Army veterans who were occupationally exposed to phenoxyherbicide in Vietnam experienced significantly higher risks of diabetes, heart disease, hypertension, and non-malignant lung diseases than other veterans who were not exposed to herbicides." VA currently denies claims for service connection for heart disease as secondary to exposure to Agent Orange. Although the study was identified by a DVA doctor there is no indication that his policy will change. For an abstract of the study refer to <http://www3.interscience.wiley.com/cgi-bin/abstract/113374895/ABSTRACT>. [Source: American Journal of Industrial Medicine Nov 06]

DIABETES UPDATE 02:

Merck & Co., Inc. announced 16 OCT that the U.S. Food and Drug Administration (FDA) approved JANUVIA (sitagliptin phosphate), the first and only DPP-4 inhibitor available in the United States for the treatment of type 2 diabetes. JANUVIA has been approved as monotherapy and as add-on therapy to either of two other types of oral diabetes medications, metformin or thiazolidinediones (TZDs), to improve blood sugar (glucose) control in patients with type 2 diabetes when diet and exercise is not enough. The recommended dose of JANUVIA is 100 mg once daily. JANUVIA should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis, as it would not be effective in these settings.

JANUVIA belongs to a new breakthrough class of prescription medications called dipeptidyl peptidase-4 (DPP-4) inhibitors that improves blood sugar control in patients with type 2 diabetes. JANUVIA enhances a natural body system called the incretin system, which helps to regulate glucose by affecting the beta cells and alpha cells in the pancreas. Through DPP-4 inhibition, JANUVIA works only when blood sugar is elevated to address diminished insulin due to beta-cell dysfunction and uncontrolled production of glucose by the liver due to alpha-cell and beta-cell dysfunction. "Those patients who are unable to adequately manage their type 2 diabetes with lifestyle changes, like healthy eating and increased physical exercise, and who require medications now have a new product to help regulate their blood sugar levels," said Edward S. Horton, M.D., director of clinical research, Joslin



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Diabetes Center and professor of medicine, Harvard Medical School, Boston. For additional information refer to: http://www.merck.com/newsroom/press_releases/product/2006_1017.html [Source: TREA Washington Update 10 Nov 06 ++]

CONGRESSIONAL VETERAN COMMITTEE LINEUP:

In January the 110th Congress will form with major changes in both houses to veteran related committees. All the House leadership and Committee Chairmen will change. The new Speaker of the House will be Nancy Pelosi (D-CA). It is not yet clear who the Majority Leader will be. Normally, we would expect that the popular Minority Whip, Steny Hoyer (D-MD) would move up but the very influential John P. Murtha (D-PA) already announced that he plans to run against Rep Hoyer for the position. When we look at the Committee Chairmanships that particularly matter to the military there are going to be very dramatic changes. All these are best guesses and things may change but at this early date this is how it looks: In the House Armed Services Committee the Chairman will probably be Ike Skelton (D-MO) and because of retirements and defeats the Ranking Member will go down several places to Jim Saxton (R-NJ). At the Veterans Affairs Committee the new Chairman will probably be Bob Filner and the Ranking Member will be Steve Buyer (R-IN), the present Chairman.

There are also going to be many changes in the VA Committee membership next year. In Ways and Means Charles Rangel (D-NY) will be the new Chairman and the Ranking Member (again due to losses and retirements) will probably drop down to Wally Herger (R-CA). There is also going to be drama concerning the position of Chairman of the Permanent Select Committee on Intelligence. Normally it would go to the very prominent House member Jane Harman (D-CA). However, Ms Pelosi has already said that she will not appoint her. The next most senior Democrat on the Committee is Alcee L. Hastings (D-FL) who wants the Chairmanship very badly.

However, there is serious opposition to him because he had been impeached and removed from the Federal Bench by the Senate several years ago due to corruption charges. On the other side the Black Caucus is supporting him very strongly so only time will tell. On the other side of the political aisle the present Speaker of the House, J. Dennis Hastert (R-IL) has announced that he will not run for Minority Leader in the 110th Congress. So there should be maneuvering on that side as well.

The changes in Senate leadership are just as dramatic as in the House (though there may not be as many internal fights. Senator Harry Reid (D-NV) will be the new Majority Leader. Senator Carl Levin (D-MI) most likely will be the new Chairman of the Armed Services Committee and Senator John McCain (R-AZ) should be the Ranking member. In the Senate Veterans Affairs Committee the Committee leaders will probably switch positions. Senator K. Akaka (D-HI) will be Chairman and Senator Larry Craig (R-ID) will be the Ranking Member. Senator Robert Byrd (D-WV) will likely be the Chairman of Appropriations and Senator Thad Cochran (R-MS) will be Ranking member. However, things may change quickly (they have been changing very quickly in the last few days) and we may have some surprises. Through the efforts of military fraternal organization's Rep. Nancy Pelosi (D-CA) and Sen. Harry Reid (D-NV) have become vocal proponents for some of the veteran community's top agenda items, including concurrent receipt and elimination of the deduction of VA survivor benefits from Survivor Benefit Plan annuities. There is no reason to believe that enthusiasm will diminish once they assume leadership of the House and Senate, respectively, next year. On the other hand, some on the Republican side who also support many of our initiatives have at times felt constrained by loyalty to an Administration that strongly opposed these initiatives. It is hoped such political obligations may be eased with a change in congressional leadership, with a resultant improvement in bipartisan action on veteran issues. [Source: TREA Washington Update 10 Nov 06 ++]



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CBO FY 2006 REVIEW:

According to the Congressional Budget Office and Analysis (CBO), the federal government recorded a total budget deficit of \$248 billion in fiscal year 2006, \$71 billion less than the deficit incurred in 2005. As a share of the nation's gross domestic product (GDP), the 2006 deficit was 1.9% down from the 2.6% share recorded in the previous year. CBO also finds that the Department of Defense spent \$499 billion in 2006, up 6.1% above last year and accounting for about 3.8% of GDP. The United States spent approximately 37% of GDP on military activities during World War II, upwards to 14% in the Korean War, and over 8% in the Vietnam War. Fiscal year 2006 began Oct. 1, 2005, and ended Sept. 30, 2006. [Source: NAUS Weekly Update 9 Nov 06]

TRICARE RETENTION AT 65:

At age 65 those previously eligible for Tricare can only retain it if they become enrolled in both parts A and B of Medicare. They will then have coverage under the program called Tricare for Life (TFL). Part A is automatic and free, Part B is not. There are two rules involving Medicare Part B enrollment. One is a Medicare rule; the other is a Tricare rule.

Although both deal with Part B, their effects are unrelated:

- The Medicare rule concerns deadline dates for Part B enrollment and the penalty for late enrollment, when a person becomes entitled to Medicare Part A. It concerns the amount of one's Medicare Part B premium only.
- The Tricare rule concerns the requirement for Part B enrollment when a Tricare beneficiary becomes entitled to Medicare Part A. Failure to enroll in Part B causes loss of Tricare eligibility until the beneficiary enrolls in Part B.

Omitting the Medicare Part D pharmacy program that TFL beneficiaries do not need, Medicare consists of two basic programs: Part A hospital insurance & Part B medical insurance. In general terms, Part A covers services a hospital provides, such as room and board, nursing services and use of radiology and laboratory facilities. Part B covers doctors' and other individual providers' services. TFL user's employer health care coverage becomes the primary payer with Medicare as the secondary for any copay. Tricare will be your last payer on claims, as required by law for any remaining copay. When you are no longer working, Medicare parts A and B will become your primary health care coverage with Tricare as secondary for any copay. For details call Medicare at (800) 633-4227 or go to the official Medicare Web site www.medicare.gov.

When a person enrolls in Part A, he has a grace period for enrolling in Part B. If he misses the deadline for Part B, he will have to pay a penalty on his Part B premium for the rest of his life. However, if the person has creditable health insurance meaning coverage at least as good as Medicare through employment, enrollment may be delayed without penalty for as long as the person continues to work for that employer. In other words the Medicare rule relates only to the premium penalty for late enrollment in Part B. It is unrelated to Tricare. The 1966 law creating what now is called Tricare contains a provision that applies to all Tricare beneficiaries except active-duty family members; it says Tricare beneficiaries who become eligible for Part A of Medicare cannot keep their Tricare eligibility unless they also enroll in Part B. And there is no grace period.

Thus, those electing to continue to work upon turning 65, not sign up for Medicare Part B, and use their employer's health insurance will lose all Tricare eligibility. They will



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become entitled to Medicare Part A and not incur a Part B late-enrollment penalty for as long as they work for an employer that provides creditable health insurance. The first day of the month of their 65th birthday, the Defense Enrollment Eligibility Reporting System (DEERS) record will be changed automatically to report them as ineligible for Tricare. Without Part B they will be ineligible for Tricare eliminating the possibility of it picking up any copay they may have under their credible insurance coverage. Tricare eligibility will be restored automatically as soon as DEERS receives official notification you are enrolled in Part B. [Source: ArmyTimes James Hamby article 13 NOV 06 ++]

VET CEMETERY SHORTAGE:

The federal government is racing to keep pace with the deaths of America's warriors. Half of the country's 124 veteran's cemeteries are closed to burials. More than 1,800 veterans die each day, 12% choosing a soldier's burial. Deaths are expected to peak this year, at 688,000, and continue near that level for a long time, as 9.5 million of the nation's living veterans are over the age of 65. The VA says it will take at least until 2009 to catch up with demand. The problem can be traced to a long lull in building cemeteries, between 1940 and 1970. The few built were on sites the government already owned or got free, often far from the veterans who needed them. This was cheaper and easier in the short term than venturing into the private marketplace, but the path chosen by the VA merely delayed the inevitable. With a push from Congress, the department in 1999 began the largest expansion of the national cemetery system since the Civil War. Twelve regions of the country were identified as needing new cemeteries, those with at least 170,000 veterans and no available burial sites within 75 miles, the distance that families said they were willing to travel. Five of the 12 have been built. But there is pent-up demand of long-dead soldiers in urns, mausoleums or civilian plots, resting in temporary peace until a new cemetery opens. That can happen in two years under the best of circumstances. More common is a five- or six-year process, which includes Congressional oversight and separate appropriations bills at every step of the way.

When the nation's newest veterans cemetery opened near Sacramento on 16 OCT, the first to be buried were Alvin Hayman, a second lieutenant in the Marines during the post-World War II occupation of Japan, and his wife, Irene. He had died in 2004, his remains kept in an urn for two years. His wife died in 2000 about the time that Mr. Hayman, a home builder, decided to sell 550 acres to the Department of Veterans Affairs. Her ashes sat for six years waiting for the new cemetery. The real estate deal that Mr. Hayman embraced took four years to close, just five days before he succumbed to cancer. Jon Hayman, the couple's son and formerly a partner in his father's real estate business, said the pace of government bureaucracy was slow. He had hoped to see the first burial, not be the first burial. The cemetery director Sandy Beckley said, "303 of its first 530 funerals were for veterans who had died as long as three years ago, with 120 still on the calendar. The department looks for ways to squeeze in more people where burial grounds are at capacity, sometimes buying adjacent land or building columbaria for cremated remains."

Six months after opening the cemetery in Atlanta continues to hold delayed burials. At a Civil War graveyard in Marietta, Ga., three people killed in the Iraq war have been accommodated by removing a grove of dead trees and using space relinquished by veterans' spouses who had remarried. But southeastern Pennsylvania needs more than nooks and crannies. The Philadelphia National Cemetery closed to most burials in 1962 and stopped in-ground cremations last year. Beverly National Cemetery across the river in Burlington, N.J., is also full. There is still room at Indiantown Gap, near Harrisburg, but that is 120 miles from some parts of Bucks County. Even farther is a new cemetery near Pittsburgh. The preferred site in the region was next to Valley Forge National Historic Park, popular with veterans and politicians but opposed by historians. Once that fell through, the department had to scramble for land.



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After years of looking, and heavy pressure from the chairman of the Senate Veteran Affairs Committee when the long process began, the department settled on the current site, a vast field of spent corn owned by Toll Brothers, the country's largest builder of luxury homes. It is appealingly flat, free of contamination and close to the scene of a major Revolutionary War battle. But the local politics is tricky and Toll is driving a hard bargain. This month three townships that jointly make land use decisions each approved a necessary zoning change. Yet hurdles remain before the government can write Toll Brothers a \$7 million check. Toll Brothers has pared its plan to 170 homes on the 311 -acre site. With \$41 million for six cemeteries nationwide, the department can afford only 200 of Toll Brothers' acres. The developer is determined to build the same number of houses, so now the V.A. must expedite a deal for Toll to buy an adjoining parcel. "We are caught up in stuff we are not usually caught up in", said Bill Tuerk, the under secretary of memorial affairs. It's a torturous process".

Catherine Leckie, a Vietnam-era widow, decided the wait was too long. Her late husband, Arthur, a marine, died a year and a half ago of a cancer caused by Agent Orange. Mr. Leckie had been awed, years ago, by his parents' funeral at Arlington National Cemetery. A full veteran's burial appealed to her, with a 21-gun salute, taps played by a lone bugler and the American flag snapped into a crisp triangle. Indiantown Gap was too far from her home in Ottsville Pa. So following her husband's humorous last wishes she loaded part of his ashes into shotgun shells that a dozen of his buddies fired over favorite duck blinds or fishing holes. The remaining ashes are stored in an old shotgun shell box beside her bed. When Mrs. Leckie heard from local Veterans Affairs officials that a cemetery was in the works, she briefly considered a full soldier's burial for the shell box, thinking her husband would have liked the military pomp. She even discussed it with her mother, herself an Army widow, who lives nearby, also with her husband's remains at home. After all this time, they decided to leave well enough alone. Mrs. Leckie said, "We did what we did when there were no other choices and we are good with that." [Source: N.Y. Times Jane Gross article 9 Nov 06 ++]

HANDICAPPED VET OFFER:

U.S. Senator Larry Craig (R-ID), chairman of the U.S. Senate Committee on Veterans' Affairs, is encouraging disabled veterans from across the nation who served in Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom to make arrangements to attend a free snowsports camp. The deadline for applying is 15 DEC. The event will be held between 11-16 MAR 07 in Sun Valley, Idaho. Events will include skiing, snowboarding, sled hockey, snowshoeing, and paragliding rides that launch from a 10,000 foot mountain peak. Veterans injured in Iraq or Afghanistan who are already live in Idaho and Oregon should register for their own exclusive camp which will be held 11-16 JAN. These events are free but space is extremely limited, so veterans need apply as soon as they can. Veterans who attend either of the snowsports camps will be able to bring a spouse, significant other or family member along with them - at no expense. Participation is restricted to veterans who served in Iraq or Afghanistan with any permanent functionally limiting injury, including trauma to the brain and spinal cord injury, amputation, severe burns, visual impairment, and other disabilities.

For both events participants will stay at the historic Sun Valley Lodge. Sun Valley Adaptive Sports pays for airfare, ground transportation, lodging, food, equipment rentals, instruction, and entertainment. Those interested can download a flyer at www.svasp.org, email tom@svasp.org, or call (208) 726-9298. Tom Iselin, Executive Director of Sun Valley Adaptive Sports said, "Whatever your snowsports goal or aspiration, come visit, you'll have the time of your life with family and friends. Your days will be filled with snowsport activities. Your evenings will be filled with fun dinners, relaxing whirlpools, and upbeat entertainment." Sun Valley Adaptive Sports hopes to inspire others in other communities to host similar



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events throughout the country, so veterans have more opportunities for adaptive sports and recreation closer to home. Funding for the camps is being provided through private donations. Iselin also said, "For those who are unable to attend either in January or March, it's important to note that we are planning a whitewater raft trip on the Salmon River in July of next year and a fly-fishing excursion in September,"

"Sun Valley is the home of many Olympic skiers and is one of the nation's premier ski resorts - so this is going to be a top notch experience for veterans," said Craig. "I'm proud that citizens of Idaho have put this together. I hope other communities are inspired to host similar events." A recent story in Newsweek magazine highlighted the efforts of the Sun Valley Adaptive Sports program. It noted that the Pentagon has recently begun testing efforts to rehabilitate wounded servicemembers with extreme sports designed to build physical skills-and self-confidence. Engaging disabled veterans in snow sports is something the VA has been doing since the 1987, when it launched the first National Disabled Veterans Winter Sports Clinic in Colorado. The registration deadline is 30 NOV for the Colorado clinic which will be held 1 thru 6 APR. For more information about the activities in Colorado, refer to www1.va.gov/opa/speceven. [Source: Senate VA Committee Chairman News Release 7 Nov 06]

USCG CELLPHONE *CG USE:

In an effort to improve Search and Rescue Response the Coast Guard has requested all wireless providers in states other than Alaska to remove the specialized keying sequence, *CG, used to reach the Coast Guard for maritime emergency assistance. The *CG feature was introduced by some cellular communications companies in the early 1990's, but never developed into a nationwide service. As wireless providers moved to digital systems, some didn't migrate *CG to the new system and others even lost track of whether or not they were continuing the feature. This patchwork of service is confusing for the mariners who choose to use it, and may, in fact, prevent them from making a timely call for assistance should they find themselves in an area where *CG is not available. The Coast Guard has found through research and experience that with the multitude of wireless systems and the misalignment of cellular coverage areas with their regions for Search and Rescue response, the use of this specialized service has resulted in misdirection of emergency calls. This has often added significant delays in the Coast Guard response to those calls for assistance.

The Coast Guard has requested that the cellular companies reroute all *CG calls to the 911 Public Safety Answering Point (PSAP) nearest to where the call originated. As an added precaution, mariners should stop using the special keying sequence *CG and begin using 911 on their cell phones to notify authorities of a distress at the onset of a maritime emergency if a cell phone is their only means of communication. The one exception to the discontinuance of the *CG specialized keying sequence is the Alaskan cellular phone region.

Cell phone companies operating in Alaska all have the *CG feature available, and because the Coast Guard has a single number for routing those emergency calls, the cellular and Coast Guard regions are fully aligned; calls are not missed and can not be misdirected. The *CG feature will remain active in Alaskan waters. Mariners are encouraged to invest in a VHF-FM radio as their primary means of distress alerting on the water. Communication via VHF-FM radio provides superior alerting capabilities over cellular phones. A VHF-FM radio provides superior service in a maritime emergency because:

- When a MAYDAY is sent out via VHF-FM radio it is a broadcast, not just one party is receiving the distress call; any nearby boaters can hear the distress call and offer immediate assistance. Cellular phones are point to point; other



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boaters in the area can not hear the call and consequently will not be able to respond.

- With the Coast Guard's Rescue 21 system improvements to the National Distress and Response System (which is monitored by Coast Guard Sector communications centers) coming on line, any call, distress or otherwise, placed over a VHF-FM radio will have an associated line of bearing (LOB). This LOB significantly narrows the area to which Coast Guard or other responders must look to find the boater making the call. In many locations two or more LOB's will be associated with a call; the intersection of those LOB's will provide the position of the caller. A cell phone doesn't do this. If the distressed caller does not know his location it is difficult and time consuming to determine a position through the wireless companies. This is often aggravated by low batteries and poor reception.
- VHF-FM radios are manufactured today with Digital Selective Calling (DSC). This feature provides the mariner with an emergency feature that will send a distress with the vessel's information and Global Positioning System (GPS) location at the press of a button. It is important to note that the DSC radio must be properly registered with an MMSI number through Boat US and the radio must be properly interfaced with the GPS in order to send an accurate position to assist emergency responders to respond to the distress.

All maritime boaters should have a VHF-FM radio onboard their vessel to assure any calls of distress are heard immediately. Cell phones should only be used as a secondary means of communications. If the cell phone is the only means of communication available then remember, as with any land based emergency, the number to call rescue personnel is 9-1-1. *CG is no longer available. [Source: CA Dept of Boating & Waterways Nov 06 ++]

HOS/ETS EXTENSION REQUESTS:

Getting one's retirement household goods move orders extended and/or getting reimbursed if you moved on your own for a home of selection (HOS) move is possible. The same applies to extending your orders for end of tour of service (ETS). An excellent writeup on how to do this by Commander Wayne L. Johnson, JAGC, Navy (Ret) can be found at <http://militaryavenue.com/ArticleView.aspx?ArticleID=24718>. Retirees making a HOS move are entitled to move anywhere in the US, even if it is further than their home of record. The basic Joint Federal Travel Regulation (JFTR) regulation NAVSO P-6034 which covers this can be found at <https://secureapp2.hqda.pentagon.mil/perdiem/trvlregs.html> or at [https://secureapp2.hqda.pentagon.mil/perdiem/jftr\(ch1-ch10\).pdf](https://secureapp2.hqda.pentagon.mil/perdiem/jftr(ch1-ch10).pdf). At Para. U5012-I, page U5A-3, it discusses how one can get up to a six year extension after retiring or discharge using the Secretarial Process. For the Navy, the Board of Correction for Military Records (BCMR) is another way to do this but there are other forms of Secretarial Processes one can use. Para. U1010-B of the JFTR says that each Service can issue its own implementing regulations as to what is in the JFTR, which includes U5012-I.

Each service has its own supplement to the JFTR. Cdr Johnson's writeup identifies where to locate their respective regulations and the relevant point of contacts and offices that have the power to grant up to six year extensions depending on the situation. For advice on how to justify getting a HOS move extended refer to <http://afmove.hq.af.mil/pages.asp?infoid=22>. If everyone in your Service's transportation chain of command has told you no and they will not reconsider, you have the option of the Board of Corrections and/or writing your Senators and Congressman. The link to the BCMR DD 149 appeals form to use, regardless of service, is www.dtic.mil/whs/directives/infomgt/forms/eforms/dd0149.pdf. You will document in your BCMR appeal all the events that have



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occurred to date. Use a continuation page if the form's block is too small. Go to the closest military legal assistance office to have them help with your BCMR. Some useful BCMR information links are:

- <http://www.google.com/search?hl=en&lr=&q=%22Board+of+Correction%22+%22military%22&btnG=Search>
- www.hq.navy.mil/bcncr/bcncr.htm
- [www.ig.navy.mil/Complaints%20%20\(BCNR\).htm](http://www.ig.navy.mil/Complaints%20%20(BCNR).htm)
- <http://search.msn.com/results.aspx?srch=105&FORM=AS5&q=bcnr>

Even if you moved at your own expense thinking you had blown your HOS move by waiting past one year, you can still use the above processes to seek reimbursement after the fact. You will need to explain that you had moved thinking you were no longer eligible to move under your retirement orders since you had retired over a year before and have since learned that you may have been in error in thinking that. Also provide them copies of your orders and proof that you moved. Proof would be Bills of Lading from movers, carrier inventory, rental truck receipts – if it was a do it yourself, weight receipts, hotel receipts, mileage driven, etc. For a do it yourself move you might want to submit a signed affidavit verifying the size of your shipment. If true, you might even want to submit the moving information from your last PCS move and confirm that is about the same amount as it was this time. In all of this do not take the first NO, or even the third or fourth NO, as final. Always ask "why" as it could be you did not provide sufficient information and you might be able to get them to reconsider their NO. There is usually always someone else you can appeal to, at least the first few rounds before going to BCMR. Cdr Johnson would like to know how you made out using this guidance. [Source: CDR Johnson Nov 06 email: wayneljohnson@hotmail.com]

MILITARY LEGISLATION STATUS UPDATE:

Following is current status on some Congressional bills of interest to the military community. 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. 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 "cosponsors." Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can determine the current status of each bill and if your legislator is a sponsor or cosponsor of the bill you are concerned with. The key to increasing cosponsorship is letting our representatives know of veterans feelings on issues. At the end of some of the below listed bills are web links that can be used to do that. Otherwise, you can locate 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:

H.R.303: The 'Retired Pay Restoration Act of 2005' 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 and to eliminate the phase-in period under current law with respect to such concurrent receipt. Rep Alcee Hastings [FL-23] has signed on to support the bill giving it a total of 240 sponsors. There are no related bills. Last major action was a motion to the Discharge Committee on 5/24/2005 to bring the bill to the floor for a vote. A discharge petition requires 218 signatures for further action. To support this bill and/or contact your



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Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7728776>.

H.R.602: The 'Keep Our Promise to America's Military Retirees Act' to restore health care coverage to retired members of the uniformed services and their eligible dependents. House version of S.407. H.R.602 responds to the Federal Court ruling that only Congress, not military recruiters, can authorize what kind of care will be provided to military retirees, and that only Congress can - and should - make good on promised and earned health care. Referred to the Subcommittee on Health 2/25/05, for a period to be subsequently determined by the Chairman. No new representatives have signed on to support the bill which presently has a total of 260 sponsors.

H.R.808: The 'Military Surviving Spouses Equity Act' to amend title 10, United States Code, to repeal the offset from surviving spouse annuities under the military Survivor Benefit Plan for amounts paid by the Secretary of Veterans Affairs as dependency and indemnity compensation (DIC). A motion was filed to discharge the Rules Committee from consideration of H.RES 271 on 16 NOV 05.

This resolution provides for the consideration of H.R.808 and requires 218 signatures for further action. No new representatives have signed on to support the bill which presently has a total of 212 sponsors. There are no related bills. To support this bill and/or contact your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7683586> To support the discharge petition and/or contact your Representative refer to <http://capwiz.com/moaa/issues/alert/?alertid=8248891&type=CO>

H.R.916: The 'Medicare Access to Rehabilitation Services Act of 2005' To amend title XVIII of the Social Security Act to repeal the Medicare outpatient rehabilitation therapy caps. Last major action was referral to the House Subcommittee on Health 14 MAR 05. House version of S.438. No new representatives have signed on to support the bill which presently has a total of 260 sponsors. To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=7103976> & <http://capwiz.com/moaa/issues/bills/?bill=7103896>.

H.R.968: To amend title 10, United States Code, to change the effective date for paid-up coverage under the military Survivor Benefit Plan from October 1, 2008, to October 1, 2005. Last major action was referral to the House Subcommittee on Military Personnel 17 MAR 05. No new representatives have signed on to support the bill which presently has a total of 146 sponsors. There are no related bills. To support this bill and/or contact your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7683511>

H.R.994: 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. Last major action was it being ordered to be reported by Voice Vote 6 JUN 05. No new representatives have signed on to support the bill which presently has a total of 340 sponsors. This is the House version of S.484. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7761876>

H.R.995: The 'Combat Military Medically Retired Veteran's Fairness Act of 2005' to amend title 10, United States Code, to provide for the payment of Combat-Related Special Compensation under that title to members of the Armed Forces retired for disability with less than 20 years of active military service who were awarded the Purple Heart. Last major action was referred to the House Subcommittee on Military Personnel 17 MAR 05. No new representatives have signed on to support the bill which presently has a total of 31 sponsors. There are no related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7683281>



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H.R.1364: The 'Equal Justice for Our Military Act' to amend title 28, United States Code, to enable the Supreme Court to review decisions in which the Court of Appeals for the Armed Forces denied relief. Last major action was referral to the House Subcommittee on Courts, the Internet, and Intellectual Property 4 APR 05. No new representatives have signed on to support the bill which presently has a total of 5 sponsors. There are no related bills.

H.R.1366: The 'Combat-Related Special Compensation Act of 2005' to amend title 10, United States Code, to expand eligibility for Combat-Related Special Compensation p aid 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 Department of Veterans Affairs for that disability and Combat-Related Special Compensation by reason of that disability. Last major action was Referral to the House Subcommittee on Military Personnel 6 APR 05. No new representatives have signed on to support the bill which presently has a total of 52 sponsors. S.2385 is a related bill. To support this bill send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7718711> To support Sen. Reid's amendment to the 2007 NDAA bill S.2766 send a message to your Representative refer to <http://capwiz.com/usdr/issues/alert/?alertid=8371516&type=ML>

H.R.2076: The 'Retired Pay Restoration Act of 2005' 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 Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation. Last major action was referral to the House Subcommittee on Military Personnel 6/21/2005. No new representatives have signed on to support the bill which presently has a total of 29 sponsors. Related bills are H.R.303, S.558, S.845. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7728776>

H.R.2356: The 'Preserving Patient Access to Physicians Act of 2005' to amend title XVIII of the Social Security Act to reform the Medicare physician payment update system through repeal of the sustainable growth rate (SGR) payment update system. Last major action was referral to the House Subcommittee on Health 23 MAY 05. No new representatives have signed on to support the bill which presently has a total of 177 sponsors. S.1081 is a related bill. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7742321>.

H.R.2962: The 'Atomic Veterans Relief Act' to amend title 38, United States Code, to revise the eligibility criteria for presumption of service-connection of certain diseases and disabilities for veterans exposed to ionizing radiation during military service, and for other purposes. Last major action was referral to the House Subcommittee on Disability Assistance and Memorial Affairs 28 JUN 05. No new representatives have signed on to support the bill which presently has a total of 53 sponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7784066>

H.R.4259: The 'Veterans right to Know Act' to establish a Commission to investigate chemical or biological warfare tests or projects, especially such projects carried out between 1954 and 1973, placing particular emphasis on actions or conditions associated with such projects that could have contributed to health risks or been harmful to any United States civilian personnel or member of the United States Armed Forces who participated in such a project or who was otherwise potentially exposed to any biological or chemical agent, simulant, tracer, decontaminant, or herbicide as a result of such projects; and to submit a



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report to Congress of its findings and recommendations. Last major action was referral to the House Subcommittee on Military Personnel 30 NOV 05. No new representatives have signed on to support the bill which presently has a total of 43 sponsors. There are no other related bills.

H.R.4914: The 'Veterans' Choice of Representation Act' to amend title 38, United States Code, to remove certain limitations on attorney representation of claimants for veterans benefits in administrative proceedings before the Department of Veterans Affairs, and for other purposes. Last major action was referral to the House Committee on Veterans' Affairs 9 MAR 06. No new representatives have signed on to support the bill which presently has a total of 8 sponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=8835676>

H.R.4949: The 'Military Retirees Health Care Protection Act' to amend title 10, United States Code, to prohibit increases in fees for military health care. Last major action was referral to the House Committee on Armed Services 14 MAR 06. Rep Bill Pascrell [NJ-8] has signed on to support the bill which presently has a total of 164 sponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=8591231>

H.R.4992: The 'Veterans Medicare Assistance Act of 2006' to provide for Medicare reimbursement for health care services provided to Medicare-eligible veterans in facilities of the Department of Veterans Affairs. Last major action was referral to the House Subcommittee on Health 27 MAR 06. No new representatives have signed on to support the bill which presently has a total of 24 sponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to http://capwiz.com/usdr/index_frame.dbq?url=http://capwiz.com/usdr/issues/bills/?bill=8670886

H.R.5881: The 'Disabled Veterans Tax Termination Act' to amend title 10, United States Code, to eliminate the offset between military retired pay and veterans service-connected disability compensation for certain retired members of the Armed Forces who have a service-connected disability, and for other purposes. Introduced 26 JUL 06 by Rep Marshall, Jim (GA-03). There are no other related bills. Last major action was referral to the House Subcommittee on Military Personnel 25 JUL 06. No new representatives have signed on to support the bill which presently has a total of 3 sponsors. To support this bill and/or send a message to your Representative refer to [http://capwiz.com/usdr/index_frame.dbq?url=http://capwiz.com/usdr/issues/alert/?alertid=8969606&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/index_frame.dbq?url=http://capwiz.com/usdr/issues/alert/?alertid=8969606&queueid=[capwiz:queue_id])

H.R.6100: introduced the 'Military Education Enhancement Opportunities Act of 2006' to amend title 38, United States Code, to provide for certain servicemembers to become eligible for educational assistance under the Montgomery GI Bill. Introduced by Rep. Mike Bilirakis [R-FL-09] on 9/19/06. There are no other related bills. Last major action was referral to the House Subcommittee on Economic Opportunity 10/10/2006. No new representatives have signed on to support the bill which presently has no sponsors.

S.185: The 'Military Retiree Survivor Benefit Equity Act of 2005' to amend title 10, United States Code, to repeal the requirement for the reduction of certain Survivor Benefit Plan annuities by the amount of dependency and indemnity compensation and to modify the effective date for paid-up coverage under the Survivor Benefit Plan. There are no other related bills. Last major action was referral to the Senate Committee on Armed Services. No new senators have signed on to support the bill which presently has a total of 35 sponsors.

To support this bill and/or send



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a message to your Senator refer to <http://capwiz.com/usdr/issues/bills/?bill=7709421>

S.407: The 'Keep Our Promise to America's Military Retirees Act' to restore health care coverage to retired members of the uniformed services and their eligible dependents. Last major action was referral to the Senate Committee on Armed Services 16 FEB 05. A related bill is H.R.602. No new senators have signed on to support the bill which presently has a total of 15 sponsors. To support this bill and/or send a message to your Senator refer to <http://mrgrg-ms.org/fax-it.html>

S.484: 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. A related bill is H.R.994. Last major action was referral to the Senate Committee on Finance 1 MAR 05. No new senators have signed on to support the bill which presently has a total of 64 sponsors. To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/bills/?bill=7787396>

S.2147: The 'Multiple Sclerosis' bill to extend the 7 year time period 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. Last major action was referral to the Senate Committee on Veterans' Affairs 20 DEC 05. The bill has no cosponsors and there is no related legislation in the House.

S.2617: The 'Military Retirees Health Care Protection Act' to amend title 10, United States Code, to limit increases in the costs to retired members of the Armed Forces of health care services under the TRICARE program, and for other purposes. There are no other related bills. Last major action was referral to the Senate Committee on Armed Services 6 APR 06. No new senators have signed on to support the bill which presently has a total of 9 sponsors. To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/alert/?alertid=8675066&type=CO>

S.2658: The 'National Defense Enhancement and National Guard Empowerment Act of 2006' to amend title 10, United States Code, to enhance the national defense through empowerment of the Chief of the National Guard Bureau and the enhancement of the functions of the National Guard Bureau, and for other purposes. A related bill is H.R.5200. Last major action was referral to the Senate Committee on Armed Services 26 APR 06. No new senators have signed on to support the bill which presently has a total of 39 sponsors. To support this bill send a preformatted or edited message to your Senator by using the "Write to Congress" feature refer to www.ngaus.org.

S.2694: The 'Veterans' Choice of Representation and Benefits Enhancement Act of 2006' to amend title 38, United States Code, to remove certain limitation on attorney representation of claimants for veterans' benefits in administrative proceedings before the DVA, and for other purposes. This bill was passed/agreed to in Senate 3 AUG 06 by unanimous consent and referred to House Committee after being received from the Senate. Last major action was unfavorable executive comment received from Veterans' Affairs. To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/bills/?bill=8835631>

Note: On 9 NOV Congress reconvened for introduction of bills only and on 13 NOV returned to work on the nation's business. On 15 NOV they will elect the House Republican leaders and on 16 NOV they will elect the House Democrat leaders. 17 NOV is the Thanksgiving recess target with return on 4 DEC if necessary to complete work. Legislation not passed will die with the end of the 109th Congress. Veterans concerned with unpassed legislation need to encourage their representative to reintroduce the bills in the 110th Congress which will convene in JAN 07. [Source: <http://thomas.loc.gov> & USDR Action Alerts 1-15 Oct 06 ++]



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