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**BEREAVEMENT CHECK CASHING:** A complaint was filed with federal regulators 30 JUL against a savings and loan that refused to waive check-cashing procedures last month so a couple could pay for the funeral of their son who was killed in Afghanistan. Downey Savings and Loan Association refused to immediately cash two federal bereavement checks totaling \$100,000 when they were presented at its Hemet CA branch by the parents of Navy Hospitalman Marc Retmier, attorney Gloria Allred said at a news conference. Allred said the bank wanted the family to wait more than a week while it verified the checks' authenticity - well after the planned date of the sailor's funeral. Allred has sent a letter of complaint to John Reich, head of the federal Office of Thrift Supervision, asking for an immediate investigation into the incident. She also asked regulators to adopt new rules requiring all thrifts and savings and loans to immediately cash federal bereavement checks. "It is shameful that parents of a child killed in action are treated by a regulated savings and loan as if they were potential 'criminals' by requiring that government-issued bereavement checks be held to verify the authenticity," Allred said.

Downey issued a statement saying it sympathizes with the family but was forced to abide by its procedures. The bank said its "check hold policy conforms with federal banking regulations and industry practices." Retmier, 19, of Hemet was killed 18 JUN in a rocket attack in the northern Paktika province. The next day, Joy and Steve Retmier were given two U.S. Treasury checks to use for defraying expenses, including the cost of their son's funeral, planned for 25 JUN. When they tried to deposit the checks on 20 JUN, officials at the local branch of Downey Savings & Loan told them that the checks would be held until at least 1 JUL to verify their authenticity. Allred said the parents pleaded with a teller to contact the military to immediately verify the checks but she and the bank manager refused. A military recruiter also made the request but was refused by someone at Downey's corporate offices. The next day the family found a credit union that deposited the checks and advanced \$20,000 for the funeral, which was held June 25 in Corona del Mar. [Source: NavyTimes AP article 31 Jul 08 ++]

**VA BUDGET 2009 UPDATE 04:** On 30 JUL the White House Wednesday threatened to veto a spending measure for veterans and military construction unless Congress finds offsets in other spending bills that would amount to \$2.9 billion -- the sum exceeding President Bush's fiscal 2009 budget request. Furthermore, if Congress cannot find offsets for that measure, the White House said it would consider a veto of the remaining 11 appropriations bills. "If Congress determines that additional resources above the president's request are needed, Congress must provide reductions in other appropriations bills to offset this increase and meet the president's topline [discretionary spending cap] of \$991.6 billion," OMB said. "If Congress ... does not offset this increase with spending reductions in other bills, the president will veto any of the other bills that exceed his

request until Congress demonstrates a path to reach the president's top line." OMB added veterans' spending is "104% above the level when the president took office," and therefore "provides ample resources to ensure veterans receive the quality care they deserve."

The House could begin debate on the bill 30 JUL. If approved by the House, it would be the first of the 12 annual spending bills. The White House communiqué comes as Democratic leaders have said that they do not intend to finish work on all the spending bills, in part because of Bush's unwillingness to negotiate on spending levels. Under the \$72.7 billion fiscal 2009 Military Construction-VA Appropriations bill, the Veterans Affairs Department would receive \$47.7 billion, which is \$4.6 billion above the fiscal 2008 funding level and \$2.9 billion over Bush's fiscal 2009 budget request. The overall measure is \$3.4 billion more than the \$69.3 billion sought by Bush. Congress provided \$63.9 billion for the measure in fiscal 2008. "This Congress is dedicated to meeting the needs of our nation's veterans, no matter the political maneuvering of a callous president," a Democratic aide to the House Appropriations Committee said. "Veterans are not political bargaining chips." Bush

issued a similar threat last year, but ultimately agreed to increases for the VA. [Source: Congress Daily Humberto Sanchez article 30 Jul 08 ++]

**SOLE SURVIVOR UPDATE 03:** Jason Hubbard and his two younger brothers all served in Iraq. He was the only one to return home alive. After the deaths of his brothers Jared and Nathan, Hubbard left the Army under the military's "sole survivor" policy, which allows sole surviving siblings to be discharged before their enlistment period is over. But Hubbard soon found that the Army was denying him benefits he would otherwise have been entitled to, including health coverage and access to the GI Bill. He was asked to repay some of his enlistment bonus. The House moved 29 JUL to restore those benefits to Hubbard and others in his position. By voice vote lawmakers passed the "Hubbard Act," which ensures that sole survivors are entitled to the same benefits as others who honorably leave the military, including transitional health care, educational support and separation pay that compensates for inability to continue service. Rep. Devin Nunes (D-CA) who is Hubbard's congressman noted t

hat the sole survival policy was established some 65 years ago after the widely publicized death of the five Sullivan brothers at sea during the Battle of Guadalcanal in World War II. "In all that time, no law has been passed on behalf of sole survivors," Nunes said. "The Hubbard Act rectifies this oversight and honors the patriotic service and enormous sacrifice of the Hubbards." Companion legislation is being sponsored in the Senate by Sen. Dianne Feinstein (D-CA) and Saxby Chambliss (R-GA). They hope to move it quickly through Congress so it can go to President Bush for his signature. The Defense Department has counted at least 50 sole survivors since 911 according to Nunes' office. Most of the act is retroactive to that date. [Source: AP Erica Werner article 29 Jul 08 ++]

**MOBILIZED RESERVE 30 JUL 08:** The Army, Air Force and Marine Corps announced

the current number of reservists on active duty as of 30 JUL 08 in support of the partial mobilization. The net collective result is 3,789 fewer reservists mobilized than last reported in the Bulletin for 15 JUL 08. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. The total number currently on active duty in support of the partial mobilization of the Army National Guard and Army Reserve is 82,075; Navy Reserve, 5,814; Air National Guard and Air Force Reserve, 11,218; Marine Corps Reserve, 8,126; and the Coast Guard Reserve, 777. This brings the total National Guard and Reserve personnel who have been mobilized to 108,010, including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at <http://www.defenselink.mil/news/Jul2008/d20080730ngr.pdf>. [Source: DoD News Release 644-08 30 Jul 08 ++]

TRICARE UNIFORM FORMULARY UPDATE 25: On 24 JUL the Beneficiary Advisory Panel (BAP) met to provide comments to the Department of Defense (DoD) Pharmacy and Therapeutics Committee's (P&T Committee) recommendations on formulary status, pre-authorizations, and the effective date for a drug's change from formulary to non-formulary status. Moving a drug to non-formulary status means it will still be available to beneficiaries, but usually at a higher price. It may also require medication authorization. Current and new drugs were reviewed during this meeting. BAP recommendations for drugs currently on the DoD Uniform Formulary are as follows:

Hydroxytryptamine (Tryptans) drugs:

- . sumatriptan (Imitrex), sumatriptan/naproxen (Treximet), eletriptan (Relpax), rizatriptan (Maxalt), zolmitriptan (Zomig) will be classified as formulary, and
- . almotriptan (Axert), frovatriptan (Frova) and naratriptan (Amerge) will be non-formulary within a 90-day implementation period.

Osteoporosis Agents:

- . alendronate (Fosamax), alendronate/vitamin D (Fosamax plus D), risedronate (Actonel), risedronate with calcium (Actonel with calcium), ibandronate (Boniva), raloxifene (Evista), teriparatide (Forteo), recombinant calcitonin (Fortical) will be maintained on the Uniform Formulary, and
- . salmon-calcitonin (Miacalcin) will be placed on the non-formulary status within a 90-day implementation period.

Newly approved drugs by the Federal Drug Administration were considered by the BAP. Those recommended to be classified as non-formulary with a 60-day implementation period were:

- . nebivolol (Bystolic) is used to treat hypertension,
- . levocetirizine (Xyzal) is used to treat seasonal and perennial allergic rhinitis and chronic idiopathic urticaria,
- . zileuton extended release (Zyfol CR) is used to treat asthma, and

. olmesartan/amlodipine (Azor) is used to treat hypertension.

New drugs that were recommended for formulary status were:

. fenofibrate meltdose (Fenoglide) is used for the treatment of hyperlipidemia and mixed dyslipidemia,

. simvastatin/niacin extended release (Simcor) is used for the treatment of hyperlipidemia,

. birmonidine/timolol maleate (Combigan) is used to reduce the increase intraocular pressure; aliskiren/H, and

. aliskiren/hydrochlorothiazide (Tekturna HCT) is used for the treatment of hypertension.

Axert was placed on non-formulary status. For additional information on the recent BAP meeting, refer to [www.tricare.mil/pharmacy/bap](http://www.tricare.mil/pharmacy/bap). [Source: NMFA e-News 29 Jul 08 ++]

**SENIOR CORPS:** Americans over 55 have a lifetime of experience to share, and the potential to make a real difference in their world. They've managed households, been business owners and nurses, farmers and salespeople, artists and executives. Those who now have time can put their unique talents and expertise to work in their communities, and enrich their own lives in the process. Senior Corps connects today's over 55s with the people and organizations that need them most. It helps seniors to become mentors, coaches or companions to people in need, or contribute their job skills and expertise to community projects and organizations. Conceived during John F. Kennedy's presidency, Senior Corps currently links more than 500,000 Americans to service opportunities. Their contributions of skills, knowledge, and experience make a real difference to individuals, nonprofits, and faith-based and other community organizations throughout the United States. Senior Corps offers several ways

to get involved. Volunteers receive guidance and training so they can make a contribution that suits their talents, interests, and availability. Following are programs in need of volunteers:

. The Foster Grandparent Program connects volunteers age 60 and over with children and young people with exceptional needs. Volunteers mentor, support, and help some of the most vulnerable children in the United States. For more on this program refer to [www.seniorcorps.org/about/programs/fg.asp](http://www.seniorcorps.org/about/programs/fg.asp).

. The Senior Companion Program brings together volunteers age 60 and over with adults in their community who have difficulty with the simple tasks of day-to-day living. Companions help out on a personal level by assisting with shopping and light chores, interacting with doctors, or just making a friendly visit. For more on this program refer to [www.seniorcorps.org/about/programs/sc.asp](http://www.seniorcorps.org/about/programs/sc.asp).

. RSVP connects volunteers age 55 and over with service opportunities in their communities that match their skills and availability. From building houses to immunizing children, from enhancing the capacity of non-profit organizations to improving and protecting the environment, RSVP volunteers put their unique talents to work to make a difference. For more on this program refer to

[www.seniorcorps.org/about/programs/rsvp.asp](http://www.seniorcorps.org/about/programs/rsvp.asp).

Senior Corps is a program of the Corporation for National and Community Service, an independent federal agency created to connect Americans of all ages and backgrounds with opportunities to give back to their communities and their nation. For information on joining one of the Senior Corps programs call 1-800-424-8867, email [help@joinseniorservice.org](mailto:help@joinseniorservice.org), or visit [www.getinvolved.gov](http://www.getinvolved.gov). [Source: AARP About Senior Living Sharon O'Brien article 29 Jul 08 ++]

VA LAWSUIT (LACK of CARE) UPDATE 10: As promised, the advocacy group Veterans for Common Sense has filed an appeal in a case in which it accuses the Veterans Affairs Department of putting veterans at risk for suicide and mental health issues through shortfalls in care. In June, Judge Samuel Conti of the 9th Circuit Court of Appeals in California ruled that the case was out of his jurisdiction because Veterans for Common Sense could not prove that the problems cited - delays in benefits, lost records, long waits for doctors' appointments, not enough oversight and veterans turned away from hospitals with suicidal thoughts - applied to every veteran, and were therefore not systemic. However, Conti said in his ruling that those problems need to be tended to, and that individual veterans could sue VA. He said the power to change the system ultimately rests with Congress and VA. But Veterans for Common Sense, in conjunction with Veterans United for Truth, appealed because they be

lieve the courts do have jurisdiction and can force change. They have requested an expedited hearing, citing new statistics that show a veterans' suicide hotline receives 250 calls a day from people in distress. The case brought to light several problems within the system, including an e-mail from a woman who oversees mental health workers at a Temple, Texas, VA facility in which she said her center did not have the resources necessary to diagnose veterans with post-traumatic stress disorder and advised them instead to diagnose "adjustment disorder" - a short-term diagnosis no longer applicable to veterans who have had symptoms for more than six months. The case also disclosed an e-mail that showed more than 1,000 veterans in VA's care attempt suicide every month. "For these reasons, plaintiffs believe they should continue to fight, that their cause is valid, and that Judge Conti was incorrect in holding that the courts are without power to grant veterans a remedy," [Source:

AirForceTimes Kelly Kennedy article posted 29 Jul 08 ++]

DIC+SBP UPDATE 04: The husband of Anne Parks-- a military policeman exposed to the defoliant Agent Orange during two tours in Vietnam -- paid 30 years of premiums on their Defense Department Survivor Benefit Plan (SBP) insurance policy the couple believed would allow her to pay the bills and live comfortably after his death. When he died in 2006, Parks learned that the law allows the government to significantly cut -- and in many cases eliminate -- that Defense Department insurance payment if the surviving spouse elects to receive a Veterans Affairs benefit (DIC) established to compensate for the loss of a family member whose death was service-related. DoD refunded the Parks' premiums, but it paid no interest on the money, which was counted as income and taxed.

Called an "offset," the dollar-for-dollar cut was created to limit how much compensation payments cost the government. Nearly 57,000 surviving spouses of military retirees argue that the benefits are separate. One is insurance, bought and paid for through premiums, and the other is a federal benefit for surviving dependents.

In most cases, surviving spouses were unaware they wouldn't get that money after their husbands or wives died. The offset has forced some elderly surviving spouses to live solely on the VA benefit -- with a base rate of about \$13,100 a year -- or to get a job to make the rent or house payments. Eliminating the offset between the SBP and DIC programs is estimated to cost between \$6 billion and \$8 billion over the first 10 years, an argument used by some people who oppose eliminating the offset. "That cost is a cost of war," said Jeanne Thompson, president of the El Paso del Norte Chapter of the Gold Star Wives of America. "They don't mind spending money" on equipment and operations in Iraq and Afghanistan. The Gold Star Wives have been at the forefront of the effort to eliminate the offset. "They (members of Congress) don't feel they need to find the money because we're not a very vocal group," said Edith Smith, a Virginia resident who is on the Gold Star Wives Government

Relations Committee and has been trying to persuade lawmakers to remove the offset since 1999. "Most of our members don't understand the process of government and how important it is to participate -- just to call their representatives in Congress."

Legislation has been introduced in the past years and amendments to the NDAA have been proposed but neither has gained the support of enough legislators to change the law. Currently S.935 in the Senate has 50 cosponsors but even if it passes it is doubtful the House, which has no bill on the issue, will act by the end of the 110th Congress. Thus, new legislation will have to be introduced in the 111th Congress to keep this issue alive. SBP, for the most part, is offered to military retirees who pay a monthly premium of 6.5% of their retirement pay. It is supposed to provide the surviving spouse up to 55% of that retirement pay. After the 9/11 terrorist attacks, the benefit was expanded to include military members who die on active duty. DIC is paid to surviving dependents of service members who die on active duty and military retirees who die of a service-related condition. The basic payment is \$1,091 a month. If the surviving spouse elects to receive this benefit, that amount is deducted from the SBP payment, in some cases wiping it out completely. Most surviving spouses choose the VA's DIC benefit because it is not taxed. The Defense Department annuity is.

Anne Parks' husband died of pneumonia after paying 30 years of SBP premiums. His death was considered service-connected. It took eight months to be approved for the VA benefit, and she was paid retroactively to the date of her husband's death. But that triggered cuts in her SBP payments, which took her by surprise. The Defense Department paid her a lump sum of \$24,000 for the 30 years of premiums the couple had paid, and the federal government immediately took \$7,000 of that back in taxes. The cuts to her SBP payment amounted to about \$1,100 a month, she said. "It seems that it's unfair

because they give it to you and then they take it away," Parks said. Melitta Pisarcik's husband died at the relatively young age of 57. He had been exposed to Agent Orange. She received a refund of \$5,000 for payments to the Survivor Benefit Plan, which was taxed. "What happened to the interest?" Pisarcik asked, adding that she was faced with living on \$833 a month. [Source: El Paso Times Chris Roberts article 27 Jul 08 ++]

**TRAUMATIC INJURY INSURANCE:** Traumatic injury insurance is part of the Servicemembers' Group Life Insurance program. A monthly premium of \$1 is charged on top of the normal SGLI premium for coverage aimed at helping troops and their families with the financial difficulties of severe injuries. More than 1,600 severely disabled veterans could receive retroactive traumatic injury insurance payments as a result of a newly released review of how benefits have been paid under the 3½-year-old supplemental benefits program. The payments, which range from \$25,000 to \$100,000, could be paid as early as this fall as a result of discussions between the Department of Veterans Affairs, which runs the program, and doctors who are treating severely wounded combat veterans. The average retroactive payment would be \$32,000, according to the JUL dated review. About 4,400 people have received traumatic injury insurance payments since the program was created in 2005. The estimated 1,640 people who would receive retroactive benefits as a result of the review include some who did not previously qualify and some who received payments but now would get more, according to VA officials. Officials said the report offers 11 recommendations to expand definitions of traumatic injury for insurance purposes, and all are expected to be included in a revised regulation likely to be issued by VA this fall. No payments can be made until final regulations are issued, but the new definitions would apply to new injuries and also retroactively to injuries since 7 OCT 01.

Officials said that although the recommendations are not controversial and appear to have widespread support, the regulations that will spell out the changes are not final. More than three-quarters of the people due payments as a result of the review suffered a traumatic brain injury or another traumatic injury that resulted in their being hospitalized for 15 consecutive days or more since 11 SEP 01, but did not qualify for insurance payments under the existing criterion. Those criterion use a six-part test to determine who can receive financial help by measuring a person's ability to carry out daily activities: eating, bathing and using a toilet. That criterion would still be used, but inpatient hospitalization for 15 continuous days would be a new way to qualify. The average insurance payment would be \$25,000 for those retroactively covered by the change, the report said. Traumatic brain injuries and similar trauma have accounted for 2,550 of the 4,400 payouts of traumatic injury insurance. Another proposed change would extend coverage to about 300 people who suffered limb injuries so severe that amputation was possible but who, instead, have undergone multiple surgeries to save the limb. VA officials said doctors at Walter Reed Army Medical Center in Washington and at Brooke Army Medical Center in San Antonio said limb salvage requires more rehabilitation than amputations.

The services, especially medical staff, are heavily involved in the process because, for a service member to receive the benefit, a medical professional must document the injury. One recommended change would provide an insurance payment if a service member loses sight in both eyes for 120 days, a change from the current standard that requires total and permanent loss of sight. The program provides \$100,000 for loss of sight in both eyes and \$50,000 for the loss of sight in one eye. The definition of amputation of a hand or foot would change to include the loss of four fingers on a hand or four toes or more on a foot, or the loss of a thumb or big toe. The benefit would be \$50,000 for one affected hand and \$100,000 if both are affected, and \$25,000 for one affected foot and \$50,000 if both are affected. The standard for determining when someone is severely burned also would change. The current standard provides payment for a third-degree burn covering at least 30 percent

of the face or body. The review recommends payment for second-degree burns covering 20% of the face or body after military doctors said that second-degree burns require the same rehabilitation as third-degree burns. The benefit for severe burns is \$100,000. Facial reconstruction, not currently covered, would be added, with payments ranging from \$25,000 to \$75,000, depending on the severity of the injury and the surgery required. Complete and total paralysis of a limb also would be added as a traumatic injury, worth a payment of \$50,000. [Source: ArmyTimes Rick Maze article 28 Jul 08 ++]

**MILITARY STOLEN VALOR UPDATE 08:** The judge's tone was sympathetic, bordering on sorrowful. He listened as the former mayor of Atlantic City described how he assisted an elite unit behind enemy lines during the Vietnam War, insisting it was real, that he was there, and lived through it. But before and after Robert Levy spoke in a federal courthouse in Camden on 25 JUL, U.S. District Judge Jerome Simandle cited evidence from prosecutors and Department of Veterans Affairs officials that it couldn't have happened, that Levy was making up important parts of it. Known as the "Missing Mayor" because he dropped out of sight for two weeks last fall, he admitted that he had lied about his Vietnam War service, embellishing it to include dangerous exploits with elite special operations forces in order to fatten his veterans' benefits check. The judge let Levy off without a prison term, although the disgraced former mayor will have to repay the \$25,198 he wrongly got from the government, plus a \$5,000 fine, and serve three years' probation.

Levy stepped down as mayor in October, after admitting his two-week absence was to attend a clinic for treatment of substance-abuse and mental-health issues. During yesterday's hearing, Simandle said Levy unquestionably suffers from post-traumatic stress disorder. The judge said Levy continues to exaggerate his military service, specifically by saying he did work for an elite pathfinder unit, which set up landing zones during the war and made other combat preparations in enemy-controlled territory. Levy insisted he had done several missions with the unit even though he was not a member of it. But Simandle noted that Veterans Affairs officials interviewed commanders and members of the special unit Levy claimed to have served with, and none remembered him. The judge said afterward that "there's no record and no recollection of his service [with the special unit] other than Mr. Levy's." Yet Levy insisted that he had helped the

pathfinder unit from time to time. "Being young , 17 years old, I wanted to help and do whatever I could for my country," Levy said. "I just volunteered and went. There were no orders; I picked up my M-16 and my radio and went along. On occasion, they would ask me, and I said yes. I was 17 - young, strong and dumb."

Levy is now unemployed, without an income (the Veterans Benefits Administration has stripped him of all benefits, including those he had been receiving for physical injuries) and still dealing with mental health issues from the war. Simandle repeatedly praised Levy's service, which included two tours in Vietnam that left him with serious psychological ailments that went untreated for years. The judge said Levy continues having trouble determining what is real and what is not. Jacobs said Levy emerged from the war "with severe psychological wounds." Since leaving the Army in 1984, Levy has grappled with anxiety and depression, Jacobs said. Those problems worsened after the Sept. 11, 2001, terror attacks. The stress of running for and serving as mayor - he falsely claimed in campaign literature to have served with the Green Berets - also took its toll. "He couldn't function as mayor," the judge said. "All the other stuff was catching up to him. What he went through was a crisis. He didn't come out of it well." [Source: Philadelphia Daily News AP Wayne Parry article 26 Jul 08 ++]

DISABLED VETERANS MEMORIAL UPDATE 01: On 18 JUL President Bush signed the American Veterans Disabled for Life Commemorative Coin Act into law. The bill authorizes the U.S. Treasury Department to mint a coin in 2010 to honor the millions of veterans who became disabled while serving in the U.S. Armed Forces. Proceeds from the sale of the coin will go to help construct the American Veterans Disabled for Life Memorial. Congress has authorized the American Veterans Disabled for Life Memorial to be placed on a site adjacent to the National Mall. The Disabled Veterans' LIFE Memorial Foundation describes the memorial's purpose as a way to "embody America's lasting gratitude for the men and women whose lives are forever changed in service to our country." By precedent, only two commemorative coins are minted each year. Though the commemorative coin will help to raise a portion of the funds needed to construct the memorial, more money is needed for construction. For more information on the Disabled Veterans memorial or how to make a donation visit [www.avdlm.com](http://www.avdlm.com), write Disabled Veterans LIFE Memorial Foundation, Inc., 2300 Clarendon Boulevard, Suite 302, Arlington VA 22201-3367 or send an email to [info@dvlmf.org](mailto:info@dvlmf.org). [Source: NAUS Weekly Update 25 Jul 08 ++]

GI Bill Update 26: The new GI Bill will be a great benefit for service members when it goes into effect until 1 AUG 09. The new education bill, commonly called the Post-9/11 G.I. Bill, will govern payment and reimbursement plans for veterans and servicemembers who seek to further their education. The new plan will be open to most servicemembers who served on active duty after 11 SEP 01. This includes people who have not been eligible for the Montgomery G.I. Bill, such as Air Force Academy or ROTC graduates,

those who declined to participate in the program, and those whose service started before it went into effect in 1985. It is expected people who have already elected to participate in the Montgomery Bill program will have the option to use the new plan, if they wish; however, it may be in a member's best interest to stick with the Montgomery Bill for certain distance-learning programs or if they would prefer money be sent directly to them..Although the tuition benefit w

ill be available to most people while they are on active duty, in many instances it will be most advantageous to use all the benefits after separating. Many of the details are being worked out between the DoD and VA but this is what we know for sure:

**Tuition** - The Post-9/11 G.I. Bill will cover tuition with payments sent directly to the school. The formula for determining the amount of tuition and fees paid will be based on the highest cost of a state-supported bachelor's degree program. The tuition amount will be paid directly to the college.

**Housing** - A housing allowance will be made available to prior service members who attend as civilian full-time students. The rate will be that of a staff sergeant (E5) with dependents.

**Books & Supplies** - A maximum of \$1,000 per year will be allotted to the member to cover the costs of books and supplies needed for classes. The stipend will be divided by terms, so if someone attends a two-term school, the allotment will be \$500 per semester, whereas the student will receive \$333 if they attend a three-semester school.

**Tutoring** - \$100 a month for 12 months will be available for tutor programs should the service member require extra help outside of his or her studies.

**Availability** - Service members can use the program up to 15 years after they are honorably discharged or retire from the service.

**Certification** - An extra \$2,000 is available to pay for one license or certification test as approved by the VA.

**Transferability** - A portion of the tuition stipend, as well as the tutoring allowance, may be available for service members to transfer to family members. Details for this are still being worked out between DOD and the VA.

[Source: NAUS Weekly Update 25 Jul 08 ++]

**SOUTH CAROLINA VET CEMETERY UPDATE 01:** The Department of Veterans Affairs (VA) has named the national cemetery to be built near Columbia SC as the Fort Jackson National Cemetery. VA also awarded a \$2.53 million construction contract for the initial phase of development to International Public Works, LLC, of North Charleston. The new 585-acre cemetery will be located in Richland County just east of the city of Columbia and south of Interstate Highway 20 on property donated by the Fort Jackson Army post. VA expects construction of a 15-acre area to begin this summer and burials to begin there later this year. The cemetery staff will work initially from a temporary office, committal service shelter and equipment facility building until construction is completed. That area will include 1,400 full-casket gravesites and 1,100 in-ground cremation burial sites. When the cemetery's 50-acre first phase of development is finished, it will contain 5,000 full-casket gravesites, including 4,200 pre-placed crypts and approximately 2,000 columbarium niches. It will

provide burials for more than 170,000 veterans and their families who live in central South Carolina.

The cemetery will include an administration/public information center, public restrooms, a maintenance building and two committal service shelters. Other infrastructure will include roadways, landscaping, utilities and irrigation. Veterans with a discharge issued under conditions other than dishonorable, their spouses and dependent children are eligible for burial in a national cemetery. Other burial benefits for eligible veterans include a burial flag, a Presidential Memorial Certificate and a government headstone or marker - even if they are not buried in a national cemetery. VA burial benefits information can be obtained from national cemetery offices, a VA Web site on the Internet at <http://www.cem.va.gov>, or by calling VA regional offices at (800) 827-1000. For information about the Fort Jackson National Cemetery, call the cemetery staff at (866) 577-5248. To make burial arrangements, call the national scheduling office at (800) 535-1117. [Source: VA News Release 25 Jul 08 ++]

CRSC UPDATE 39: The services began processing in JUN 08 Combat-Related Special Compensation (CRSC) claims based on expanded CRSC eligibility to members with less than 20 years of service (YOS) who were retired for medical reasons (Chapter 61) or retired under the Temporary Early Retirement Authority (TERA) during the 1990s force reduction. Compensation amounts vary widely based on several key factors, including rank, years of service, DoD and VA disability ratings, and the portion of the disability that's the result of combat. Based on individual circumstances, retirees may receive CRSC awards that restore part or all their longevity-based retired pay. In certain other cases, they may see no change in their pay. A few key factors in understanding the CRSC guidance for compensation are:

- Years of Service: the more service, the easier to qualify (more ret pay earned by service alone -- 2.5% of pay/yr) .
- Relative VA vs. DoD disability rating: the bigger the difference, the easier to qualify for CRSC % disability due to combat: The more due to combat, the easier to qualify for CRSC.
- Key issue: Any retired pay above 2.5% x YOS is still subject to offset by VA disability comp.
- Multiple factors mean results not always predictable

Thousands of retirees will benefit from the CRSC expansion. However, some with combat-related disabilities who currently lose their entire retired pay to the disability offset will still see no CRSC payment because of an unanticipated glitch in the statutory payment formula. With the many factors which go into the calculation, there's no clear cutoff to explain exactly who will get less than expected. In general, those most likely to be affected are enlisted members with fewer than 14 years of service who have a high VA disability percentage but a significantly lower percentage that's due to combat. Some retired officers are also affected. For example, MOAA has noted under the statutory formula the CRSC award for a E-7 with 12 years active duty service rated 100% by both

DoD and VA, but only 60% is combat-related would be computed as follows:

DoD Disability Retirement: \$2,376  
Less Service-Earned Retirement Pay: \$950  
DoD Pay for Disability would be: \$1,426  
Max CRSC for 60% combat related: \$921  
Less DoD Pay for Disability: \$1,426 (formula requires this deduction even when member doesn't actually receive any pay from DoD)  
CRSC Award would be: \$0

DoD and DFAS aren't the culprits here...they have to pay according to the statutory formula. MOAA has briefed the Armed Services Committee staffs on the problem and a potential legislative fix. Informally, service and finance officials agree that the formula doesn't work as it should in some cases. But for the majority it works fine as in the case of an E4 with 4 YOS and rated 100% from both DoD and VA (100% combat-related):

DoD Disability Retirement: \$1,412 (75% of base pay)  
Less Service Earned Retirement Pay: \$188 (4 Yrs x 2.5% x pay)  
DoD Pay for Disability would be: \$1224  
Max CRSC 100% combat related: \$2527  
Less DoD Pay for Disability: \$1224  
CRSC eligibility: \$1303 cannot exceed service earned pay of \$188  
CRSC Award would be = \$188

Best advice to combat-disabled retirees: APPLY! [Source: MOAA Leg Up 25 Jul 08 ++]

**AGENT ORANGE EQUITY:** On 23 JUL House Veterans' Affairs Committee Chairman Bob Filner (D-CA) held a press conference to announce the introduction of H.R. 6562, the Agent Orange Equity Act of 2008. The bill restores equity to all Vietnam veterans that were exposed to Agent Orange. It would clarify the laws related to VA benefits provided to Vietnam War veterans suffering from the ravages of Agent Orange exposure. From 1991 to 2002, the VA granted hundreds, if not thousands of disability claims filed by Navy blue water veterans suffering from one of the many diseases that VA recognizes as related to Agent Orange exposure. These benefits were awarded based on VA rules providing that service in the waters offshore Vietnam qualified the veteran for the presumption of exposure to Agent Orange. In FEB 02 VA did an about face and required veterans to have 'actually served on land within the Republic of Vietnam . to qualify for the presumption of exposure to' Agent Orange. As a result, all pending and new disability claims filed by Navy blue water veterans for an Agent Orange-related disease were denied unless there was proof that that the veteran actually set foot on Vietnamese soil. In addition, the VA began to sever benefits that had been granted to Navy blue water veterans prior to the 2002 change in VA rules.

In order to try to gain a better military vantage point, Agent Orange, which we now know is a highly toxic cocktail of herbicide agents, was widely sprayed for defoliation

and crop destruction purposes all over the Vietnam War Battlefield, as well as nearby nations. It was also stored on U.S. vessels and used for vegetation clearing purposes around U.S. bases, landing zones and lines of communication. Currently, VA requires Vietnam veterans to prove "foot on land" in order to qualify for the presumptions of service-connection for herbicide-exposure related illnesses afforded under current law. This issue has been the subject of much litigation and on 8 MAY, the Federal Circuit Court of Appeals upheld VA's overly narrow interpretation. Congress clearly did not intend to exclude these veterans from compensation based on arbitrary geographic line drawing by VA.

If enacted every service member awarded the Vietnam Service medal, or who otherwise deployed to land, sea or air, in the Republic of Vietnam is fully covered by the comprehensive Agent Orange laws Congress passed in 1991. It will make it easier for VA to process Vietnam War veterans' claims for service-connected conditions that scientists have conclusively linked to toxic exposures during the Vietnam War and that are identified in current law. Chairman John Hall who leads the Subcommittee on Disability Assistance and Memorial Affairs, the subcommittee with jurisdiction over these issues stated, "With this legislation, Congress will leave no doubt that the 'Blue Water Navy' and all combat veterans of Vietnam are intended to be covered and compensated; thus ensuring that these veterans will receive the disability benefits they earned and deserve for exposure to Agent Orange. This is the cost of war. We asked these brave men and women to fight for us and serve their country, and it is a grave injustice that they have had to wait this long for treatment. We must place care of our soldiers among our top priorities. This applies for all past, present, and future conflicts." [Source: HCVA Bob Filner News Flash 23 Jul 08 ++]

**PROSTATE PROBLEMS UPDATE 05:** This year, according to the American Cancer Society, an estimated 186,000 men in the U.S. will be diagnosed with prostate cancer, and about 28,000 will die from the disease. According to phase-I clinical results published in the Journal of Clinical Oncology on 22 JUL, a new drug, abiraterone, dramatically shrunk the size of tumors and offered lasting benefits for prostate patients, compared with existing treatments. Researchers found that this experimental drug showed significant benefits for men who had exhausted all other treatments. Though it is in early development, many cancer doctors are optimistic about abiraterone. Cougar Biotechnology Inc., who sponsored the trial, says the drug could be approved for sale in the U.S. as early as 2011, if all goes well. Initial findings suggest more patients with advanced prostate cancer respond to abiraterone than other drugs in development. There is also evidence the tumors shrink more on this drug and that benefits last longer, in some cases, a year and a half. Prostate cancers are fueled by testosterone. This drug lowers the levels of testosterone below what can be achieved with other drugs. The next step is a much larger, international clinical trial, which is currently enrolling patients. The goal is to determine whether the many benefits of this drug translate into prolonged survival for patients, the way it has for current trial users. [Source: ABC Medical News John McKenzie article 23 Jul 08 ++]

WILL UPDATE 01: When you die state law will determine what happens to your property if you do not make a will or use some other legal method to transfer your property. Generally, it will go to your spouse and children or, if you have neither, to your other closest relatives. If no relatives can be found to inherit your property, it will go to the state. In addition, in the absence of a will, a court will determine who will care for your young children and their property if the other parent is unavailable or unfit to do so. If you are part of an unmarried same-sex couple, your surviving partner will not inherit anything unless you live in one of the few states that allow registered domestic partners to inherit like spouses: California, Connecticut, Maine, New Jersey, and Vermont. Any adult of sound mind is entitled to make a will. Beyond that, there are just a few technical requirements a will must fulfill:

- . The will must be signed by at least two witnesses. The witnesses must watch you sign the will, though they don't need to read it. Your witnesses, in most states, must be people who won't inherit anything under the will. (If your state allows "holographic" wills, you don't need witnesses.)

- . You must date and sign the will.

You do not have to have your will notarized. In many states, though, if you and your witnesses sign an affidavit (sworn statement) before a notary public, you can help simplify the court procedures required to prove the validity of the will after you die. You do not have to record or file your will with any government agency, although it can be recorded or filed in a few states. Just keep your will in a safe, accessible place and be sure the person in charge of winding up your affairs (your executor) knows where it is. A lawyer does not have to write a will, and most people do not need a lawyer's help to make a basic will -- one that leaves a home, investments, and personal items to your loved ones, and, if you have young children, that names a guardian to take care of them. Creating a basic will rarely involves complicated legal rules, and most people can create their own will with the aid of a good software program or book. But if you have questions that aren't answered by the resource you're relying on, or your situation is unusual, it may be worth it to see a good lawyer

Handwritten, unwitnessed wills, called "holographic" wills, are legal in about 25 states. To be valid, a holographic will must be written and signed in the handwriting of the person making the will; in some states it must also be dated. Some states allow you to use a fill-in-the-blanks form if the rest of the will is handwritten and the will is properly dated and signed. A holographic will is better than nothing if it's valid in your state. But a will signed in front of witnesses is better. If a holographic will goes before a probate court, the court may be unusually strict when examining it to be sure it's legitimate. And if you don't have guidance -- from a good self-help resource or a good lawyer -- it's easy to write something that turns out to be ambiguous or even contrary to what you intended. Very few wills are ever challenged in court. When they are, it's usually by a close relative who feels somehow cheated out of a share of the deceased person's property. To get an entire will invalidated, someone must go to court and prove that it suffers from a fatal flaw, the signature was forged, you weren't of sound mind when you made the will,

or you were unduly influenced by someone.

The law protects surviving spouses from being left with nothing. If you live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin -- or Alaska if you have made a written community property agreement), your spouse automatically owns half of all the property and earnings (with a few exceptions) acquired by either of you during your marriage. You can leave your half of the community property, and your separate property, to anyone you choose. In all other states, a surviving spouse has a legal right to claim a portion of your estate, no matter what your will provides. But these provisions kick in only if your spouse goes to court and claims that share. If you don't plan to leave at least half of your property to your spouse, either through your will or outside it, you should consult a lawyer -- unless your spouse willingly consents in writing to your plan. Generally, it's perfectly legal to disinherit a child

d. If, however, it appears that you didn't mean to disinherit a child -- the most common example is a child born after you made your will -- then the child has the right to claim part of your property. [Source: ACS Manila Newsletter Jul 08 ++]

**OVERSEAS ABSENTEE VOTING UPDATE 02:** Overseas American citizens are eligible to participate in presidential and state primary elections, run-off elections and special elections that occur throughout the year, as well as the general elections in November 2008. You are strongly encouraged to register to vote and request your absentee ballot early! The official U.S. Government website for overseas absentee voting assistance is the Federal Voting Assistance Program website at [www.fvap.gov](http://www.fvap.gov). It has a wealth of information about absentee voting including: downloadable absentee ballot applications and write-in ballots, state specific instructions for completing the form, links to state and local officials, and a downloadable emergency ballot to use when requested materials fail to arrive in time. The Basic Absentee Voting Process procedure is:

- 1.) Complete an application form and send it to local election officials in the U.S.
- 2.) The local official approves your request or contacts you for further information.
- 3.) The local official sends you an absentee ballot.
- 4.) You vote the ballot and send it back in time to meet your state's deadline.

To register to vote and request an absentee ballot you can fill out the paper form available at the American Citizen Services (ACS) section of the U.S. Embassy, or download the Federal Post Card Application at <http://fvap.gov/pubs/fpca.html>. Fill it out and send it in, following the guidelines for your state. Each state establishes voting procedures, and so requirements across the country vary. It is important to be aware of your state's deadlines for registration. Specific information about your state's procedures and a complete 2008 election calendar are available at <http://fvap.gov>. There may be last minute changes to your state's voting calendar, procedures or deadlines. When these occur, the Federal Voting Assistance Program (FVAP) will issue a News Release. To add your name to the distribution list for News Releases, send an e-mail to [vote@fvap.ncr.gov](mailto:vote@fvap.ncr.gov). For further information you can also contact the FVAP via Email: [vote@fvap.ncr.gov](mailto:vote@fvap.ncr.gov). [Source: ACS Manila Newsletter J

ul 08 ++]

**GOVERNMENT VET EXPENDITURES:** The federal government is spending more money on veterans than at any time in modern history, surpassing the tidal wave of spending following World War II and the demilitarizing of millions of troops. Expenditures hit \$82 billion in 2007, because of the rising cost of health care, the expense of caring for an aging population of mostly Vietnam War veterans and a new crop of severely wounded troops from the wars in Iraq and Afghanistan. That exceeds the \$80 billion in inflation-adjusted dollars spent in 1947 after most of the 16.1 million Americans serving in World War II left the service, according to a Congressional Research Service report submitted to Congress last month. An 11% hike in spending to \$91 billion is slated for this fiscal year, and the Department of Veterans Affairs has proposed \$94 billion for 2009. And still more is needed, says U.S. Sen. Patty Murray (D-WA) who is seeking another \$3.3 billion for the 2009 budget proposal. Last month's passage of a new G.I. Bill will add \$100 billion in education benefits for veterans over the next 10 years, the Congressional Budget Office says.

Also, medical costs could climb because of unanticipated long-term problems from wounds such as traumatic brain injuries, which remain little understood, says Adrian Atizado, assistant legislative director with the Disabled American Veterans. Annual costs for a severe head injury can reach \$400,000, according to a RAND Corp. study released this year. About 1.6 million Americans have served in Iraq and Afghanistan. About 325,000 of those veterans use VA health care, records show. There are 5.5 million veterans of all ages now receiving VA health care and 2.9 million receiving compensation. Those populations overlap and the VA does not have a current figure on total number of veterans served. Costs soared in 1947 because of a massive exodus of troops from the military, all entitled to education, training and loan guarantee benefits under the then-new G.I. Bill, the report says. Actual dollars spent in 1947 were \$8.4 billion, the report says. Then, health care was only 12%

of the veterans' budget, says Dan Tucker, deputy assistant secretary for budget at the Department of Veterans Affairs. Now health care costs make up 44% of the budget. Costs fell precipitously after 1947, surging slightly in 1975-76 because of Vietnam-era veterans, the report says. Roughly a third of the nation's 23.5 million veterans served in Vietnam. [Source: USA TODAY Gregg Zoroya article 23 Jul 08 ++]

**MILITARY STOLEN VALOR UPDATE 07:** A suburban water official who lied about being a Marine and receiving the Medal of Honor was sentenced 21 JUL to more than 400 hours of community service at a Veterans Affairs hospital. Xavier Alvarez, 50, was arrested following his comments at a Claremont CA water board meeting last July. The Pomona man also told a former Marine in private that he won the medal for rescuing an ambassador in Iran, according to court documents. Alvarez pleaded guilty in May to violating the Stolen Valor Act of 2005, which makes it a misdemeanor to lie about receiving a military decoration. Alvarez, who could have been sentenced to one year in federal prison, was placed on three years of probation and ordered to pay a \$5,000 fine.

He must also perform community service once a week for one year at the Loma Linda VA Hospital. Brianna Fuller, Alvarez's attorney, said her client is sorry for lying about the medal but intends to appeal the decision. Fuller said Alvarez's statements are protected by the First Amendment. Assistant U.S. Attorney Craig Missakian said Alvarez's refusal to resign from the board of the Three Valleys Municipal Water District shows "he has not taken the crime seriously and shown sufficient remorse." [Source: MaineCorpsTimes AP article posted 23 Jul 08 ++]

TRICARE USER FEE UPDATE 27: For the third consecutive year, the Pentagon's budget request for fiscal 2009 calls for big hikes in enrollment fees, deductibles and pharmacy co-pays in its Tricare health insurance program. It's not hard to see why. Military health care costs have ballooned from \$19 billion in 2001 to \$43 billion this year, almost 10% of the entire defense budget. At this rate, health care will hit \$65 billion by 2015. Clearly, something must be done. But so far, the Pentagon and Congress have been talking past each other. Defense officials say they need fee hikes to raise revenue and to discourage people who have other health care options from using Tricare in the first place. "Health care costs are eating us alive" Defense Secretary Robert Gates told House lawmakers 6 FEB. "We really need to work with the Congress." To date, however, Congress hasn't said much more than no to fee hikes. That's like ignoring your credit card bill and hoping your bank won't notice. Congress has sat by for more than a decade, ever cognizant of soaring health care costs, but not once raising Tricare fees, which haven't changed since the program's inception in 1995. Not even to adjust for inflation.

The Pentagon's plan will be based largely on a recent task force report that calls for beneficiary costs to double, triple and, in some cases, quadruple. The argument is that unless costs rise significantly, the military will be left to care for ever more people, because those with other options will have no incentive to look elsewhere for health care. But that position is undermined by the task force's preoccupation with appearances. Bizarrely, one of the main concerns expressed in its report is a desire to avoid making the military health care system seem too generous when viewed by American taxpayers. Meanwhile, the proposed fee hikes make it look as if health care officials set out deliberately to change that perception. For example, the Pentagon task force proposes to increase retail pharmacy co-pays by as much as fivefold. The aim is to push people to use on-base pharmacies or the Tricare Mail Order Pharmacy, which are less costly for the Defense Department. But filling a prescription on base can be far from convenient for those on remote duty or living far from the main gate. And mail order is suitable only for long-term maintenance drugs. Consider, then, the impact of such a change on the spouse of a junior soldier whose kids all get sick at the same time and need antibiotics immediately. Fees would also rise for retirees. The bulk of the increases would fall on retirees under age 65, many of whom have access to other health insurance through private-sector employers.

Deplorably, the Pentagon hopes to discourage these retirees from using a benefit they earned over the course of 20 or more years in uniform by making it financially

unattractive. That's tantamount to revoking the benefit entirely. The third piece of the task force plan is a proposed \$120 annual enrollment fee for retirees over age 65. Even the task force admits this idea runs counter to the intent of Congress when it created Tricare for Life in 2001. Together, the Pentagon hopes, these fee hikes will generate \$700 million in revenue in fiscal 2009, plus \$500 million in savings associated with reduced usage of Tricare benefits. So if lawmakers reject the proposal as they've done twice before, they'll have to find \$1.2 billion to make up the difference in next year's budget. The Pentagon's plan is unacceptable. But it is, at least, only the first salvo in this year's debate. Now it's up to Congress to answer with a plan of its own. [Source: AirForceTimes Don Harribine edit  
orial 21 Jul 08 ++]

AMYOTROPHIC LATERAL SCLEROSIS UPDATE 04: Two years of hard work came to fruition 16 JUL in a move that could benefit thousands of veterans who suffer from Lou Gehrig's disease. The U.S. Department of Veterans Affairs will grant a service-connected disability, the highest category of disability, to all veterans with ALS, or amyotrophic lateral sclerosis, a degenerative disease that affects veterans at a rate at 1.6 times the general population. The news came during a conference call among Dr. James Peake, secretary of Veterans Affairs, Sen. Lindsey Graham and retired Air Force Brig. Gen. Tom Mikolajcik, who suffers from ALS and spoke from his Mount Pleasant home. Mikolajcik cried when he heard the news. He deflected credit for the policy change and praised Peake and South Carolina legislators, including Graham, Rep. Henry Brown and Sen. Jim DeMint. "This will impact thousands of veterans," Mikolajcik said. "This is a reason to have hope - hope meaning helping other people endure." ALS strikes about 15 Americans daily, shutting down nerve cells responsible for movement. Limbs weaken and atrophy before paralysis spreads to the trunk of the body. Seventy percent of people with ALS die within five years. Previously, only veterans of the first Gulf War received full benefits for ALS. The new designation should take effect in AUG 08.

There are eight categories of care in the VA system. A catastrophic illness could give a veteran Category 4 status, Mikolajcik said, and will provide medication and some equipment. "There's a huge difference between Category 4 and 1," Mikolajcik said. That difference, that could mean a disability pension, help with transportation and grants for home modification. Why veterans are more likely to get the disease is unknown. A voluntary registry of veterans with ALS recorded 2,117 people from 2003-07. Those are only the veterans who knew of the registry and made the call.. Today, only 800 of them are alive. Mikolajcik met with the previous VA secretary in 2007, and he was told more studies were needed. In April, the retired general met with the new secretary, Peake, when he visited Charleston with Brown. The former commander of Charleston Air Force Base has visited Congress three times to push for ALS research and testified before a congressional committee last summer.

[Source: Charleston Post & Courier Jill Coley article 15 Jul 08 ++]

**WALKING IMPACT on DISABILITY RISK:** According to a new University of Georgia study older adults can decrease their risk of disability and increase their likelihood of maintaining independence by 41% by participating in a walking exercise program. The study, which appears in the current issue of the *Journal of Geriatric Physical Therapy*, also found that walking program participants increased their peak aerobic capacity by 19% when compared to a control group and increased their physical function by 25%. Study co-author M. Elaine Cress, professor of kinesiology and researcher in the UGA Institute of Gerontology, said, "In the past decade, researchers have focused on the benefits of strength training in maintaining independence, but until now we didn't have good evidence using an objective performance measure that a walking program would improve physical functioning. Our study found that walking offers tremendous health benefits that can help older adults stay independent." The researchers randomly assigned 26 low-income adults aged 60 and older to either a walking exercise group, which met three times a week for four months, or a nutrition education control group. Initially, the group would walk for 10 minutes continually. As the weeks progressed, they increased their walking time to 40 continuous minutes. Each session began with a 10-minute warm-up and ended with a 10-minute cool-down that included balance and flexibility exercises.

Trudy Moore-Harrison, the lead author of the study and a former UGA doctoral student, explained that the researchers focused their study on low-income individuals because people with fewer financial resources are less likely to be physically active and are more likely to have chronic health conditions and lack health care coverage. Moore-Harrison added that walking doesn't require any special equipment other than a pair of comfortable shoes, which makes it a simple and low-cost way for people to become active. She supervised the group, but the researchers said that motivated community members could lead similar groups across the country. Getting people to stick with exercise programs can be notoriously difficult, but the researchers found that every single member of the group stayed with the program for its four-month duration. The researchers measured the aerobic capacity of the participants using a treadmill test and found that while the control group saw a 9% decline in aerobic capacity over the four-month study period, the aerobic capacity of the walking group increased by 19% over the same time period. "Aerobic capacity is really the engine that we draw upon for doing the things we want to do, whether it's cleaning up around the house or running a marathon," Cress said. "By increasing their aerobic capacity, the walking group was better able to perform their daily tasks and had more energy left over for recreational activities, like going out dancing."

The researchers assessed health status and bodily pain through questionnaires and examined disability by measuring performance on factors such as balance and walking. Physical functioning was measured through both questionnaires and through tests that measured how well the volunteers performed daily activities such as climbing a flight of stairs and putting on and removing a jacket. They found that physical function increased by 25% in the walking exercise group, compared to a decrease of 1% in the control group. And while the control group saw their risk of disability increase over the four-month period, the walking exercise group saw their disability risk go from 66% to 25% -

a decrease of 41% in just four months. "We know that walking is good for you, but too many people still aren't doing it," Moore-Harrison said. "This study shows that just walking on a regular basis can make a huge impact on quality of life." The research was supported by the UGA Institute of Gerontology Seed Grant, the Northeast Georgia Area Agency on Aging and the Georgia Gerontology Consortium Seed Grant. The research was done in cooperation with the Athens Housing Authority. [Source: UGA News Release 1 Jul 08 ++]

ntology Seed Grant, the Northeast Georgia Area Agency on Aging and the Georgia Gerontology Consortium Seed Grant. The research was done in cooperation with the Athens Housing Authority. [Source: UGA News Release 1 Jul 08 ++]

WINDOWS VISTA UPDATE 06: Windows XP officially went off the market on 30 JUN 08, and computer vendors aren't supposed to sell new machines configured with any version of Windows except Vista. Fortunately for XP enthusiasts and Vista vetoers, the PC marketplace still has a loophole or two in it. In response to pressure from customers, Microsoft has made some concessions for people who really want XP, offering a lifeline for users willing and able to wade through the company's convoluted downgrading program. The upshot is that virtually every copy of Vista Business or Vista Ultimate Edition is sold with a license for XP, which a computer manufacturer can exercise to install XP Professional on any Vista Business or Vista Ultimate PC. But just because a manufacturer can install XP doesn't mean that it will. And just because its official policy permits it to sell XP machines doesn't mean that its employees understand that policy.

Questioning the nine largest PC vendors in the United States--Dell, HP, Gateway, Toshiba, Acer, Fujitsu, Lenovo, Sony, and Asus--about the specifics of their downgrade policies revealed downgrade policies are all over the map, and more than a few rank-and-file sales reps have a sketchy understanding of those policies. Some notebook PC sellers make getting XP preinstalled on a new laptop a snap; others don't offer it under any circumstance. As a rule of thumb, your odds of finding a machine with XP and a sales rep who knows how to configure a machine with that OS are far greater if you call the business sales line instead of the consumer sales line. (Be prepared to fib and say you're planning to buy 25 computers during the next 12 months.) Getting XP via online purchase can be tricky, too. Following are some manufacturer's policy. For more complete info on their formal and informal reality-shakes and for other manufacturers not listed below out refer to [www.cio.com/article/438078/What\\_Does\\_It\\_Take\\_to\\_Get\\_a\\_PC\\_With\\_Windows\\_XP\\_?](http://www.cio.com/article/438078/What_Does_It_Take_to_Get_a_PC_With_Windows_XP_?) :

. DELL has one of the most extensive and detailed policies on Windows XP of the nine vendors investigated, but getting XP preinstalled on a machine may cost you extra. The company outlines the situation in this blog posting, where the company explains that though the XP downgrade program targets corporate customers, it's an option for general consumers, too. Though the rules are complicated, they are in line with those of most other sellers. To be eligible for an XP downgrade, you must be purchasing a Latitude laptop, an OptiPlex desktop, a Precision workstation, a Vostro laptop or desktop, an XPS 630 desktop, or an M1730 laptop. The machine must be specced to come with Vista Business or Vista Ultimate, and you can downgrade only to XP Professional. You must pay a \$20 to \$50 fee for the downgrade if you're buying a Vostro or XPS; corporate clients receive the downgrade at no charge. The program is slated to run until 31 JAN 09,

but Dell says that even after that it will continue to make some enterprise-level exceptions. Refer to

<http://yourblog.direct2dell.com/2008/05/12/life-after-windows-xp/>

. HP offers dozens of computer models, but its policy regarding Windows XP breaks down fairly simply: None of its consumer products are eligible for downgrading, but all of its business products are. The machines covered include some (but not all) desktop PCs, notebook PCs, and workstations in the Compaq line, as well as some systems that bear the HP brand. On qualifying systems, HP will preinstall XP and you'll receive a disc for both XP and Vista. This arrangement will continue to be available until at least 30 JUL 09, according to HP. Thereafter, HP will preinstall a customer's custom XP image on request. Refer to HP.com and click through to one of the business sections (not to the Home & Home Office section), and you'll find that virtually every computer model listed has a clearly labeled XP option.

. ACER doesn't sell machines directly to consumers, only to resellers. According to Acer, the company no longer sells machines with XP installed, nor does it offer a standard XP downgrade program. Nevertheless, Acer says, resellers can request a downgrade on any machine, and Acer will continue to offer such services through 31 JAN 09. On their website you'll find at least one system, the Ferrari 5000, listed as being available with Windows XP (though that configuration option may be an oversight). Visit a few resellers, and you'll find some Acer machines loaded with XP and some loaded with Vista, though systems of the latter type are more commonplace.

. SONY offers two new laptop series--the VAIO BZ and VAIO SR-- with an XP downgrade option, with XP preinstalled by Sony at the customer's request. For the VAIO TZ or the VAIO SZ laptop configured with Vista Business, Sony will ship it with a driver CD in the box that included everything needed to make the laptop work with XP. However, Sony will not provide or sell the XP disc itself so a customer would be responsible for supplying their own OS.

[Source: PC World Christopher Null article 22 Jul 08 ++]

VA VOTER REGISTRATION BAN UPDATE 01: The Department of Veterans Affairs continues to resist efforts by lawmakers to allow voter registration groups access to patients at hospitals and nursing homes. Secretary of Veterans Affairs Dr. James Peake said VA will provide information to veterans about voter registration but will not open the doors to outside groups for two reasons: VA is not prepared to judge whether an organization is truly nonpartisan, and involving federal workers in a partisan operation would violate federal law. "The agency is not in a position to examine the agenda, history and motivations of every organization that may wish to conduct voter registration drives in our facilities," Peake said in a 15 JUL letter to three senators, Daniel Akaka (D-HI), Dianne Feinstein (D-HI) and John Kerry (D-MA). The Veterans Health Administration has a policy, dated 5 MAY 08 to assist patients who want to vote or register to vote, but it does not allow voter registration drives

in order to avoid involving employees in partisan activities and disrupting medical facilities. Peake said voting and voter educational materials are being made available to patients. Akaka, chairman of the Senate Veterans' Affairs Committee, said he is "amazed that VA insists on banning all voter registration drives by outside groups" and thinks VA

is reading too much into the Hatch Act, which limits the political activities of federal workers. "If VA really cannot distinguish between nonpartisan and partisan voter registration drives, it should just allow both and advise VA employees not to participate if they are uncertain, since the Hatch Act is implicated only if VA employees participate. As it stands, VA policy "makes it unnecessarily difficult" for some veterans to vote, Akaka said. (Source: Air Force Times Rick Maze article 21 Jul 08 ++]

**MEDICARE PRESCRIPTIONS:** U.S. health officials said 21 JUL that starting in 2009 doctors can earn additional money from Medicare if they use electronic prescribing systems. The bonus program, which will continue for four years, is designed to streamline the prescription process and cut down on errors. In 2009 and 2010, Medicare will give doctors an additional 2% bonus on top of their fee for "e-prescribing." In 2011 and 2012, the bonus will drop to 1%, and in 2013, the bonus will drop again to 0.5%. After five years, bonuses for e-prescribing will be phased out; doctors who haven't adopted e-prescribing will be reimbursed at lower rates. There will, however, be exceptions for doctors who have legitimate reasons for not complying. Mike Leavitt, secretary of the U.S. Department of Health and Human Services, said during a 21 JUL afternoon teleconference that according to the Institute of Medicine 1.5 million Americans are injured every year by drug errors. Another study found that each year pharmacists make more than 150 million phone calls to doctors to clarify what was written on the prescription. "That's a lot of people needlessly hurt and a lot of time spent trying to sort out bad handwriting. E-prescribing will help deliver safer or more efficient care to patients," Leavitt said. He noted that the law that set up the Medicare prescription drug program in 2006 mandated that participating pharmacies be able to accept e-prescriptions.

Medicare started paying bonuses to doctors last year for using the Physician Quality Reporting Initiative, which collects data on the quality of care delivered by doctors. Medicare recently paid the first bonuses to more than 56,000 doctors, totaling more than \$36 million. Payments ranged from \$600 for individual doctors to \$4,700 for group practices. The new bonuses for e-prescribing will be on top of those paid as part of the Physician Quality Reporting Initiative and other Medicare reimbursements. Medicare expects to save up to \$156 million over the life of the e-prescribing program in fewer adverse drug events.

Despite the advantages of e-prescribing, barriers to implementing such systems remain. One of the largest barriers is the cost. It's estimated that it will cost about \$3,000 per doctor to initiate an e-prescribing system. It also takes between \$80 and \$400 a month to maintain and operate a system, Kerry Weems, acting administrator of the U.S. Centers for Medicare & Medicaid Services, said during the teleconference. Other barriers include state laws that prohibit e-prescribing across state lines, King said. And, there are areas in the country where computer systems are slow and inefficient, he said. For more on electronic medical records, visit the American Medical Association. [Source: Washington Post Health Day reporter Steven Reinberg article 21 Jul 08 ++]

COLA 2009 UPDATE 02: On 14 JUL, the Bureau of Labor Statistics at [www.bls.gov/cpi](http://www.bls.gov/cpi) announced the JUN 08 monthly Consumer Price Index (CPI), which is the metric used to calculate the annual cost-of-living adjustment (COLA) for military retired pay, VA disability compensation, survivor annuities, and Social Security. The CPI jumped 1.1% over May's value because of energy prices. The CPI-W for JUN is 215.233. This puts cumulative inflation at 5.7% since the beginning of the fiscal year in October 07. The COLA will be even higher if inflation goes up between now and 30 SEP. A breakdown by expenditure item (i.e. food, housing, apparel, health etc.) can be found at [www.bls.gov/cpi/cpid0806.pdf](http://www.bls.gov/cpi/cpid0806.pdf). About one in every six Americans - millions of former feds, ex-military and people on Social Security - will get the JAN 09 COLA. It's automatic. Congress and the White House don't have to do anything to implement it. And, because Social Security is the dangerous third rail of American politics, Congress and the White House know better than to touch it. The majority of federal retirees are under the old Civil Service Retirement System. They will get the full COLA regardless of their age. Retirees who are under the FERS retirement system get one percentage point less than the full COLA and they don't qualify for it until they are age 62 or older. July's consumer price indices will be released on 14 AUG 08. [Source: MOAA Leg Up 18 Jul 08 ++]

FORECLOSURE UPDATE 02: As foreclosures continue to mount, borrowers who have run out of options are turning to attorneys to fight back -- and they're living mortgage-free for months in the process. Although the chances of ultimately keeping a foreclosed home are slim, for \$1,500 to \$3,000 some lawyers are offering to defend borrowers in court, causing the wheels of justice to turn more slowly. Duking it out can add months and sometimes years to a foreclosure process that in Florida already takes an average of seven months to complete. Homeowners can use the extra time to save for a move, sell the house or mull other options. Investors can continue collecting rent from tenants, recouping at least some of their losses. Foreclosure defense is proving popular enough that some South Florida bankruptcy and real estate lawyers said they were refocusing their practices to meet the growing demand. As with many issues surrounding foreclosures, the practice is not without controversy.

Delaying the inevitable is costly for lenders and for taxpayers who fund the court system, according to some lawyers who represent lenders. The process may also be unethical, they claim, and can put delinquent borrowers into a deeper financial hole. Florida is a "judicial foreclosure" state, meaning a lender must sue to force the sale of a property. Yet the majority of cases are tried without the defendant -- the borrower -- even showing up in court, said Timothy Kingcade, a prominent bankruptcy attorney who also defends foreclosures.

While a foreclosure may seem straightforward -- a borrower doesn't pay and the bank takes back the home -- lawyers say there are numerous ways to fight:

- One way is forcing the lender to prove it owns the debt behind the mortgage by producing a promissory note. A mortgage is a security instrument pledging property as collateral for a loan if a borrower defaults, but it is not the promissory note itself. As

mortgages were bought, bundled and sold off to investors, notes got lost in the shuffle, landing in vaults or warehouses around the country. Physically retrieving them can be difficult and sometimes impossible. About 80% of the time, lenders fail to attach a copy to the lawsuit, Kingcade and others said. When lenders can't prove they own the loan, lawyers can get cases dismissed, said Peter Ticktin of the Ticktin Law Group in Deerfield Beach, whose firm has advertised foreclosure defense services on television.

- Some lawyers also ask lenders to produce all the documents in a loan file, transcripts of phone conversations with the borrower and copies of written correspondence, which can take up to a year or more to compile. Several businesses are involved, and some may have gone out of business. Kingcade said requesting and reviewing a complete file could turn up fraud or other inconsistencies leading to a successful defense, though "the bank may be entitled to its money, and 99.9% of the time the bank is absolutely right."

Neither Kingcade nor other attorneys interviewed said seeking out such documents was intended only to stall the process, which could be considered unethical. Ticktin said many borrowers were duped by dishonest brokers and took on loans they could never afford. They could have their cases successfully mediated. Some borrowers' payments were misdirected and not properly credited to their accounts.

Yet, for every legitimate miscommunication and misconduct by a mortgage lender, dozens of bogus defenses are filed, clogging up the courts, some lawyers said. A borrower can easily extend the sale date of a home by up to 90 days by showing up at the last hearing and explaining to the judge why more time is needed. Marc Ben-Ezra, who also files foreclosures statewide for lenders, said the borrower who seeks to delay the inevitable can face consequences. Interest rates and other costs continue to pile up as the process drags on. Borrowers could be liable for the difference between what the lender recoups from the eventual home sale and the amount owed on the loan. Plus, homeowner and condo fees aren't being paid, which places hardships on people who are paying their debts. [Source: Miami Herald Monica Hatcher article 18 Jul 08 ++]

VA INDEPENDENT LIVING PROGRAM UPDATE 02: A House subcommittee was told 17 Jul that the Department of Veterans Affairs' Independent Living Program is failing to adequately address the needs of severely disabled veterans. Bruce McCartney, a former soldier, told the House Veterans' Affairs economic opportunity subcommittee that the ILP is riddled with problems related to application delays, staffing shortages and limited spots in the program. The ILP, created as part of VA's Vocational Rehabilitation and Employment Services, is designed to provide severely disabled veterans with specialized medical and mental health assistance and training in independent living skills. McCartney, who spent 17½ years on active duty, applied for the ILP in 2003 and was taken on what he called a "four year-nightmare." His application spent four years going from local case managers to counselors and regional and local headquarters until he finally began receiving assistance last year. "ILP should service all eligible [veterans], and it should be faster," McCartney said. "It should not take two to three years."

Part of the problem is high demand; the ILP can serve only 2,500 veterans at one time.

Veterans can stay in the program for up to 30 months. Rep. John Hall, D-N.Y., said many severely disabled veterans have benefited from the program, but he also said he believes the cap on participants should be modified or removed. Theresa Boyd, vocational rehabilitation consultant for Paralyzed Veterans of America, said case managers sometimes try to slow down the process for individual veterans to accommodate to cap. She said VA should hire more staff and remove the cap. John Lancaster, executive director of the National Council on Independent Living, told lawmakers that the application process should take only about a month. "VR&E should be the crown jewel of programs for disabled veterans," said Rep. John Boozman (R-AR). "While I am impressed with the overall program, I believe we must find ways to make improvements in performance assessment methods so that VR&E can be certain it is meeting the needs of disabled veterans." [Source: AirForceTimes Cristian Hernandez article 17 Jul 08 ++]

CONTACT INFO for VETS: Anyone in the military community who feels the need to talk to someone regarding their situation can call or contact:

Veterans Suicide Prevention Hotline

800-273-TALK (8255) and press 1

Para obtener asistencia en español durante las 24 horas, llame al 1-888-628-9454

<http://www.suicidepreventionlifeline.org/Veterans/ResourceLocator.aspx>

National Suicide Prevention Hotline

800-SUICIDE (784-2433)

Para obtener asistencia en español durante las 24 horas, llame al 1-888-628-9454

<http://www.suicidepreventionlifeline.org/help/>

U.S Army Wounded Soldier & Family Hotline

800-984-8523

[wfsupport@conus.army.mil](mailto:wfsupport@conus.army.mil)

Military Severely Injured Center

800-774-1361

[http://www.militaryhomefront.dod.mil/portal/page/itc/MHF/MHF\\_HOME\\_1?section\\_id=20.40.500.393.0.0.0.0](http://www.militaryhomefront.dod.mil/portal/page/itc/MHF/MHF_HOME_1?section_id=20.40.500.393.0.0.0.0)

Deployment Health Clinical Center

800-796-9699

[http://www.pdhealth.mil/downloads/Lets\\_Talk.pdf](http://www.pdhealth.mil/downloads/Lets_Talk.pdf)

Navy Safe Harbor-Severely Injured Support

877-746-8563

<http://www.npc.navy.mil/CommandSupport/SafeHarbor/safeharbor@navy.mil>

Military One Source

800-342-9647

En español llame al: 1-877-888-0727

<http://www.militaryonesource.com>

[Source: EANGUS Minuteman Update 17 Jul 08 ++]

**COST of GOVERNMENT DAY:** Citizens Against Government Waste (CAGW) on 16 JUL observed Cost of Government Day by expressing outrage at the federal, state, and local governments' continued abuse of hundreds of billions of tax dollars in outdated, ineffective, duplicative, and wasteful programs and agencies. Cost of Government Day is the date on which the average American worker has earned enough to pay off his or her share of tax and regulatory burdens imposed by all levels of government, according to the Americans for Tax Reform Foundation ([www.ATR.org](http://www.ATR.org)). Americans now work more than half of the year 197 days to pay their share of the cost of government with 84 of those days due to federal spending alone. This year, the average American will need to work an additional 16 days out of the year to pay off his or her cost of government compared to 2000 and four days compared to last year. Earlier this year, CAGW identified 11,610 pork-barrel projects in its 2008 Congressional Pi

g Book totaling \$17.2 billion. The book can be reviewed online at [www.cagw.org/site/PageServer?pagename=reports\\_pigbook2008](http://www.cagw.org/site/PageServer?pagename=reports_pigbook2008). Citizens Against Government Waste is a nonpartisan, nonprofit organization dedicated to eliminating waste, fraud, abuse, and mismanagement in government. [Source: CAGW News release 16 Jul 08 ++]

**VA RETRO PAY PROJECT UPDATE 12:** The Pentagon's accounting unit agreed 16 JUL to double-check requests by more than 25,000 veterans who were turned down for back benefits, concurring with U.S. Rep. Dennis Kucinich that "a veteran deserves better." Kucinich, head of a domestic policy subcommittee House panel that found flaws in the military benefits system, also got the Pentagon's acting inspector general to order an audit. This will help determine whether more than 60,051 veterans who were approved for back benefits got the right amounts. The head of the Pentagon's Defense Finance and Accounting Service (DFAS) said at a hearing that he thinks the error rate in granting benefits was less than 1%. And an executive of a DFAS contractor, Lockheed Martin, said past problems were caused by automation and data flaws that are now resolved. But DFAS director Zack Gaddy also disclosed at the House hearing that a high-level management team was sent to Cleveland two weeks ago to review

DFAS operations. That would coincide with work by Kucinich's staff on the domestic policy subcommittee of the House Oversight and Government Reform Committee, looking into denial of veterans' benefits.

The controversy stems from a decision by Congress in 2003 and 2004 to allow veterans to collect their military disability pay as well as their veterans pensions. Previously, the amount of their disability pay was deducted from their pensions on retirement. The change created thousands of claims for retroactive payments -- and to

what Kucinich says may have been the improper denial of checks for more than 28,283 veterans, as well as errant payments to many others. Gaddy put the number of denials somewhat lower, at 25,448. Kucinich's subcommittee staff reviewed thousands of pages of records and e-mail and determined that DFAS and Lockheed Martin only brought the backlog of 133,057 cases to date last month. After growing frustrated by numerous delays, DFAS lent its own federal workers to help Lockheed Martin with its Cleveland benefits call center, which freed up more of the contractor's employees to clear the veterans backlog. That raises questions, Kucinich said, about whether taxpayers were billed for Lockheed Martin's call center work even though federal workers were the ones performing it. The Pentagon audit will attempt to answer the question.

In helping its contractor, DFAS also reduced its oversight, Kucinich said, failing to double-check or audit Lockheed Martin decisions on benefits as frequently as it should have. The problem now, Kucinich said, is that no one knows whether the decisions on granting retroactive pay and benefits were proper. Even the ranking Republican on the subcommittee, Darrell Issa of California, agreed that a 100% review of all denials should be done, "so that if one case falls through the cracks, another doesn't." Joseph Cipriano, president of Lockheed Martin Business Process Solutions, blamed the problems on poor or incompatible data. A database from the Department of Veterans Affairs was inadequate for the new task, he said. Additional factors such as changes in veteran's disability status and deaths complicated efforts, and a lot of information had to be input manually before it could be processed. Kucinich cited the case of a retired Army sergeant major, Harold Lewis, who appealed after his denial and ultimately got \$15,000 in retroactive pay. This suggested the system was error-prone, Kucinich said. But Cipriano said Lewis case was one of the earliest ones handled. After realizing there was a problem, Lockheed Martin updated the data and fixed the problem, Cipriano said. [Source: [Source: Cleveland Sun Times Stephen Koff article 16 Jul 08 ++]

VA - HOW TO FILE A CLAIM UPDATE 01: The Department of Veterans Affairs (VA) announced 16 JUL that on-line applications are now accepted from veterans, survivors and other claimants filing initial applications for disability compensation, pension, education, and vocational rehabilitation and employment benefits without the additional requirement to submit a signed paper copy of the application. Effective immediately, VA will now process applications received through its on-line application website (VONAPP) without the claimant's signature. The electronic application will be sufficient authentication of the claimant's application for benefits. Normal development procedures and rules of evidence will still apply to all VONAPP applications. VONAPP ([www.va.gov/onlineapps.htm](http://www.va.gov/onlineapps.htm)) is a Web-based system that benefits both internal and external users. Veterans, survivors and other claimants seeking compensation, pension, education, or vocational rehabilitation benefits can apply electronically without the constraints of location, postage cost, and time delays in mail delivery. VONAPP reduces the number of incomplete applications received by VA, decreasing the need for additional development by VA claims processors. The on-line

application also provides a link to apply for VA health care benefits and much more. Over 3.7 million veterans and beneficiaries receive compensation and pension benefits from VA and approximately 523,000 students receive education benefits. Approximately 90,000 disabled veterans participate in VA's Vocational Rehabilitation and Employment program. For more information about VA benefits, go to VA's website at <http://www.va.gov/> or call 1-800-827-1000. [Source: VA News Release 16 Jul 08 ++]

**NATIONAL PARK PASSPORTS UPDATE 01:** The National Park Service is an participant in the new Interagency Pass Program which was created by the Federal Lands Recreation Enhancement Act and authorized by Congress in DEC 04. Participating agencies include the National Park Service, U.S. Department of Agriculture - Forest Service, Fish and Wildlife Service, Bureau of Land Management and Bureau of Reclamation. The pass series, referred to collectively as the America the Beautiful Pass, went sale 1 JAN 07. It replaces the former Golden Age, Golden Access, and Golden Eagle pass. The new series consist of the following:

- America the Beautiful Annual Pass: This pass is available to the general public at a cost of \$80. It provides access to, and use of, Federal recreation sites that charge an Entrance or Standard Amenity Fee for a year, beginning from the date of sale. The pass admits the pass holder/s and passengers in a non-commercial vehicle at per vehicle fee areas and pass holder + 3 adults, not to exceed 4 adults, at per person fee areas. (children under 16 are admitted free) The pass can be obtained in person at the park, by calling 1(888) ASK USGS, Ext. 1, or via the Internet at <http://store.usgs.gov/pass>.

- America the Beautiful Senior Pass: This is a lifetime pass for U.S. citizens or permanent residents age 62 or over at a cost of \$10. The pass provides access to, and use of, Federal recreation sites that charge an Entrance or Standard Amenity. The pass admits the pass holder and passengers in a non-commercial vehicle at per vehicle fee areas and pass holder + 3 adults, not to exceed 4 adults, at per person fee areas (children under 16 are admitted free). The pass can only be obtained in person at the park. The Senior Pass provides a 50% discount on some Expanded Amenity Fees charged for facilities and services such as camping, swimming, boat launch, and specialized interpretive services. In some cases where Expanded Amenity Fees are charged, only the pass holder will be given the 50% price reduction. The pass is non-transferable and generally does not cover or reduce special recreation permit fees or fees charged by concessionaires.

- America the Beautiful Access Pass: This is a lifetime pass for U.S. citizens or permanent residents with permanent disabilities at no charge. Documentation is required to obtain the pass. Acceptable documentation includes: statement by a licensed physician; document issued by a Federal agency such as the Veteran's Administration, Social Security Disability Income or Supplemental Security Income; or document issued by a State agency such as a vocational rehabilitation agency. The pass provides access to, and use of, Federal recreation sites that charge an Entrance or Standard Amenity. The pass admits the pass holder and passengers in a non-commercial vehicle at per vehicle fee areas and pass holder + 3 adults, not to exceed 4 adults, at per person fee areas (children under 16 are admitted free). The pass can only be obtained in person at the park. The Access Pass provides a 50% discount on some Expanded Amenity Fees charged for

facilities and services such as camping, swimming, boat launching, and specialized interpretive services. In some cases where Expanded Amenity Fees are charged, only the pass holder will be given the 50% price reduction. The pass is non-transferable and generally does not cover or reduce special recreation permit fees or fees charged by concessionaires.

- America the Beautiful Volunteer Pass: This pass at no charge is for volunteers acquiring 500 service hours on a cumulative basis. It provides access to, and use of, Federal recreation sites that charge an Entrance or Standard Amenity Fee for a year, beginning from the date of award. The pass admits the pass holder and passengers in a non-commercial vehicle at per vehicle fee areas and pass holder + 3 adults, not to exceed 4 adults, at per person fee areas (children under 16 are admitted free).

Existing Golden series passes will no longer be sold or issued, but they will continue to be honored for as long as they are valid. The Forest Service, National Park Service, Fish and Wildlife Service, Bureau of Land Management, and Bureau of Reclamation will honor all three passes at sites where Entrance or Standard Amenity Fees are charged. In addition, the Corps of Engineers and Tennessee Valley Authority may honor the Senior and Access Passes. Passes cannot be replaced if lost or stolen; a new pass must be purchased. One goal of the new pass program is to install technology at each site that allows for tracking and replacements. Tattered and worn passes can be exchanged for a new one. Passes from previous pass programs cannot be exchanged or upgraded for the new passes. Bicycles are handled differently within the five agencies. Sometimes they are charged as a per person or walk-up fee; other times they are discounted at vehicle fee sites; while some sites allow them

in at no charge. Because fees and rules vary regarding bicycles across the agencies and sites across the country, you should contact your site of choice directly for their regulation. For additional info refer to [www.nps.gov/fees\\_passes.htm](http://www.nps.gov/fees_passes.htm). [Source: [www.nps.gov](http://www.nps.gov) Apr 07 ++]

VET JOBS UPDATE 03: A recent decision from the Merit Systems Protection Board (MSPB) could open hundreds of law enforcement and other jobs to veterans who previously bumped up against age restrictions during the application process. MSPB ruled on 2 JUL that the State Department must waive maximum entry age requirements for veterans applying to become special agents at the Diplomatic Security Service. The case, *Isabella v. Department of State*, stems from a claim filed by Robert Isabella, a preference-eligible veteran who applied for a special agent position at the department. The job description called for someone 37 or younger; Isabella was 36 when he applied and when he turned 37, the agency stopped processing his application. The reasoning was that he was too close to the cutoff age. But MSPB found that this violated Isabella's rights under the 1944 Veterans Preference Act, the 1998 Veterans Employment Opportunities Act, and the 1994 Uniformed Services Employment and Reemployment Rights Act.

The ruling pointed to a section of the Veterans Preference Act that requires federal agencies to waive maximum age rules for preference-eligible applicants unless the age

requirement is essential to the performance of the work. The board determined that in this case the sole purpose of the age restriction was to allow agents to enjoy a full career before reaching the mandatory retirement age, which is normally 57, but can be extended three years to 60 if the agency has a particular need. "Being 37 is not critical to the job," said Mathew Tully, the attorney who represented Isabella. "[State] has special agents up to age 60, and if you could be 60 and a special agent, it's not a critical element of the job." MSPB ordered State to waive the age requirement for Isabella and finish processing his application. Tully said the ruling opens up to veterans 280 federal law enforcement and firefighter jobs that used to have age restrictions. The only other field that is not covered by the ruling is air traffic control, which has a maximum entry age of 30. But Tully said the ruling for law enforcement positions would make winning a second case for air traffic control "relatively easy." "It's crucial that veterans are knowledgeable about the laws that can help them get an edge in federal employment," Tully said. "The more who know, the more who will become federal employees." [Source: GocExec.com Newsletter Brittany Ballenstedt article 15Jul 08 ++]

**PAY AS YOU DRIVE:** An alliance of insurance companies and environmentalists wants to bring a new kind of mileage-based auto insurance to California and charge motorists only for the number of miles actually driven. Called pay as you drive, the option is available from a few insurers in 34 states -- but not California -- as well as Canada, Japan and Europe. One company, GMAC Insurance Group, says its customers -- whose mileage is tracked by General Motors Corp.'s OnStar system -- have reduced the premiums they pay by 13% to 54%. And California drivers could expect to get similar savings if pay as you drive is approved here. The system could cut motoring costs, protect the environment and reduce traffic congestion, boosters say. Opponents, mainly privacy advocates, say they fear that insurance companies could begin tracking more than just a driver's mileage. High-mileage drivers could also see higher rates. People who agree to tie their insurance premiums directly to miles driven are likely to make the maximum effort to stay out of their cars. That way, proponents say, they'll save money on gasoline and insurance, the top two costs of owning a car.

The concept, if applied nationwide, would do a lot more than cut insurance bills. A study by the Brookings Institution, a Washington think tank said Pay as you drive could create \$52 billion in annual benefits from fewer accidents, reduced traffic and pollution, and less reliance on foreign oil, the study concludes. "This is a tool to reward drivers who actually drive less," said Assemblyman Jared Huffman (D-San Rafael), the author of a bill in the Legislature, AB 2800, to authorize pay as you drive in California. Huffman's measure is sailing through the Legislature with little opposition. State Insurance Commissioner Steve Poizner is working on regulations that would put a similar proposal on the books. Pay-as-you-drive skeptics say they're all for reducing auto use but are wary about how insurers might keep tabs on their customers. Others worry that the deep discounts offered urban drivers, who don't use their cars much, could be offset by making rural motorists pay more. GMAC and a second insurer, Progressive Corp., report widespread customer acceptance of their pay-as-you-drive policies in other states. Progressive says that about

one-third of its new customers are volunteering for pay-as-you-drive pilot programs underway in Minnesota, Michigan and Oregon. GMAC says it has signed up 30,000 policyholders nationwide for a low-mileage discount program.

Proponents, including trade groups representing most major insurance companies, say that now is the perfect time for pay as you drive. With gasoline prices near \$5 a gallon and likely to head higher, motorists are changing their driving patterns. Last month the U.S. Department of Transportation reported that Americans drove 1.4 billion fewer miles in April than they did a year earlier. But privacy advocates worry that companies might install sophisticated GPS devices on cars that would communicate via satellite where and when motorists travel and whether they are speeding or driving recklessly. Insurance experts suggest that privacy concerns may have been the undoing of a pay-as-you-drive product launched two years ago by Britain's largest auto insurance company, Norwich Union. In June the company canceled its program after only 10,000 customers signed up. Huffman said he didn't want to make the same mistake. He said his bill would allow the tracking of mileage but didn't

endorse GPS surveillance. His bill would leave details about how to record mileage to the California Department of Insurance.

Poizner said he intended to explore techniques that are less invasive than GPS. Those include using electronic monitors that check only odometer readings, accessing maintenance records and authorizing smog inspection stations to report mileage readings. Under California law, the number of miles driven in a year is the second-most-important factor that insurers must use to compute a customer's premium. But companies complain that policyholders' estimates of how much they drive often are way off the mark. According to a 2006 Department of Insurance study, 56% of policyholders underreported annual driving. [Source: Los Angeles Times Marc Lifsher article 15 Jul 08 ++]

VA CLAIM BACKLOG UPDATE 18: The title of the House committee report sums up what happened: "Die or Give Up Trying: How Poor Contractor Performance, Government Mismanagement and the Erosion of Quality Controls Denied Thousands of Disabled Veterans Timely and Accurate Retroactive Retired Pay Awards." The report by the majority staff of the House Oversight and Government Reform domestic policy panel, released Tuesday, concluded that at least 28,283 disabled retirees were denied retroactive pay awards because rushed efforts to clear a huge backlog of claims led program administrators to stop doing quality assurance checks on the claims decisions. And of the original 133,057 potentially eligible veterans, 8,763 died before their cases could be reviewed for retroactive payments, according to the report. At issue are the Concurrent Retirement and Disability Payments and Combat-Related Special Compensation programs, approved by Congress in 2003 and 2004 to allow large numbers of disabled retirees to receive full concurrent military retirement pay and veteran's disability compensation.

For more than a century before those programs were enacted, disabled retirees were forced to forfeit a dollar of military retirement pay for every dollar they received in

veterans' disability payments. About 223,180 disabled veterans receive monthly CRDP payments, while another 60,155 disabled veterans receive monthly payments under CRSC. Under the programs, many disabled veterans also became eligible for a single retroactive payment due to changes in their disability status. As of SEP 06, the Defense Finance and Accounting Service (DFAS) determined that 133,057 veterans potentially were eligible for these so-called "VA Retro" payments. Over time, another 84,237 newly retired and other veterans were added to the list. Yet as of 1 MAR 08, more than 60,000 eligible veterans were still waiting for reviews of their cases under the two programs. The claims processing shortfall was raised during a February defense budget hearing; Pentagon Comptroller Tina Jonas told the Senate

Budget Committee that she had recently asked Zack Gaddy, the director of the DFAS, to triple the number of people working on the backlog. In FRB 08, the backlog was said to be "more than 39,000" cases. Jonas said she had been assured that the backlog would be cleared by APR 08.

That did not happen, according to the subcommittee report, because Lockheed Martin, the contractor hired in JUL 06 to compute the complex retroactive pay awards, had difficulty making the computations fast enough to eliminate the backlog quickly. The complexity of the computations also hindered Lockheed Martin's ability to develop software to automate the process. Two other factors played a role: The required databases did not exist, and the Department of Veterans Affairs and the military services "were slow to put the data in the necessary form for automation." As a result, Lockheed Martin was forced to compute the cases manually. It did so, and with just under half the number of workers the government had previously used for the work - a relic of the original contract proposal, according to the report. Lockheed Martin missed its original NOV 07 deadline and every succeeding one, the report stated. The committee said Gaddy personally monitored the program and "frequently complained to Lockheed about low productivity and the high number of errors DFAS quality control auditors were detecting." Gaddy also expressed concern that the delays were damaging the reputation of DFAS.

To ease congressional concerns and speed up the review process, DFAS chose several "questionable approaches" - assigning federal workers to duties covered by the contract with Lockheed Martin, and suspending independent quality checks on Lockheed's calculations. After those measures went into effect on 1 MAR, up to 60,051 payments were made to eligible veterans. But the subcommittee concluded that "serious questions" remain about the accuracy of these payments. "While the subcommittee majority staff does not know how many erred payments were sent, we do not believe that DFAS knows either," the report said. Under Lockheed's operating procedures, its quality assurance team also did not verify the accuracy of any "No Pay Due" determinations, which are sent directly to veterans without verification, the report added. "Neither DFAS nor Lockheed knows how many 'No Pay Due' letters could be in error," the report states. Such letters were sent to at least 28,283 veterans. DFAS and Lockheed Martin announced that the VA Retro backlog was finally eliminated by the end of June, seven months after the original deadline. Lockheed Martin was paid \$18.74 million for its work on the backlog. [Source: AirForceTimes William H. McMichael

article Posted 16 Jul 08 ++]

MEDICARE REIMBURSEMENT RATES 2008 UPDATE 12: President Bush sought to block a bill 15 JUL aimed at forestalling an 11% cut in payments to doctors taking care of Medicare patients, but Congress quickly overrode his veto. The House voted 383 to 41 to override the veto, while the Senate voted 70 to 26, in both cases far more than the two-thirds necessary to block the president's action. With organized medicine, other lobbies, and the military community promoting the popular measure in an election year, Republicans broke heavily from the white house. A total of 153 House Republicans voted to defy the White House, 24 more than in a 24 JUN vote that started the momentum toward passage of the Medicare doctors' bill. Twenty-one Senate Republicans voted for the bill this time, including four senators who had voted "nay" in the two previous Medicare votes. The Medicare bill is the third, along with the recent farm bill and a water resources bill, to become law despite Bush's veto. Overall, Bush has vetoed 12 pieces of legislation during his presidency, including a "pocket veto" of last year's defense authorization bill.

At issue in this bill was how the government should respond to a planned reduction in Medicare doctors' fees, mandated by a formula that requires the cuts if certain spending targets are not reached. Under the formula, a 10.6% cut in fees for doctors was supposed to go into effect 1 JUL, but Congress overwhelmingly voted instead to reduce the reimbursement to insurance companies that serve Medicare beneficiaries under its managed-care program. Those reductions would allow the postponement of the pay cut to doctors for 18 months, but would cost the insurers \$14 billion over five years. Bush said the cuts to insurers would harm the managed-care program, which his administration sees as giving seniors more choices and eventually leading to lower health costs for the federal government. "I support the primary objective of this legislation, to forestall reductions in physician payments," Bush said in his veto message. "Yet taking choices away from seniors to pay physicians is wrong." He called the bill "fiscally irresponsible" and charged that it "would undermine the Medicare prescription drug program." But Democrats said their legislation would prevent doctors from fleeing the traditional treatment practices that are used by more than 8% of the mostly elderly Medicare patients. They said private insurers were receiving too much funding in the Medicare Advantage program. "I guess the president is voting with them and not with America's seniors and those with disabilities when he vetoed this bill," said House Speaker Nancy Pelosi (D-CA).

The House and Senate votes followed a large political push by the American Medical Association -- which ran ads in home states and districts of key Republicans -- and AARP, which held a lobbying campaign in which 1.2 million of its activists contacted members of Congress urging the veto override. Health-care experts said Congress is simply moving the problem down the road, since lawmakers will be confronted within the year with the need to take additional steps or allow a major cut in physician fees. "This is stopgap Medicare legislation," said Charles N. "Chip" Kahn III, president of the Federation of American Hospitals. "It is not

confronting any of the major spending or organizational issues concerning Medicare." Yesterday's congressional votes were not as dramatic as the maneuvering that occurred last month over the original legislation. On 26 JUN, Senate Democrats fell one vote short of the 60 needed to pass the measure. But on the day of the veto vote, Sen. Edward M. Kennedy (D-MA) -- recuperating from brain surgery to remove a cancerous tumor -- left Boston after a morning treatment of chemotherapy and radiation at Massachusetts General Hospital to return to the Senate for another Medicare vote. Once his vote assured Democrats of the 60 needed for passage, an

other nine Republicans switched sides, pushing the margin to a veto-proof 69 votes. The bill affects the 9.2 million active and retired military personnel and their family members who use the military's Tricare system, because it uses payment rates set by Medicare.

[Source: Washington Post Michael Abramowitz & Paul Kane article 16Jul 08 ++]

**MEDICARE REIMBURSEMENT RATES 2008 UPDATE 13:** Much of the controversy over the Medicare bill enacted 15 JUL concerned how much to pay the insurance companies that offer private Medicare Advantage health plans. The bill made modest adjustments to the formula that determines the subsidies these companies receive, which will save taxpayers \$45 billion over the next 10 years. The insurance lobby tried unsuccessfully to convince Congress that these subsidy reductions would result in benefit cuts and higher costs for enrollees in their plans. The lobbyists did not mention that, for every dollar they receive, insurance companies on average pay 87 cents for medical care, with some plans paying even less. The rest goes to administrative and marketing expenses and, of course, to profit. Original Medicare spends about 3 cents on the dollar on administrative costs. No money is diverted towards marketing or profit. The lobbyists also did not mention that most of the excess subsidies that insurance companies receive remain untouched by this bill. These subsidies will cost taxpayers \$150 billion over the next ten years, compared to the cost of providing coverage through Original Medicare.

Insurance companies are not the only middlemen who are taking an excessive cut of the dollars they receive from taxpayers and people with Medicare. Since the Part D drug benefit began in 2006, some pharmacy benefit managers have been overcharging consumers for drugs, particularly for some widely used generics: often the price for the consumer is double or triple the price that pharmacy benefit managers pay to pharmacies. This overcharging, sometimes called lock-in pricing, pushes consumers into the doughnut hole, where they are forced to pay inflated prices. It also raises costs to Medicare for covering low-income people with Medicare under the Extra Help program. The political influence of the pharmacy benefit managers has allowed this scam to continue, although the Centers for Medicare & Medicaid Services has recently proposed regulations to put an end to the practice. The Medicare Rights Center and other consumer groups support these new regulations. The cut taken by the middlemen in our health care system has impacts far beyond Medicare. According to a recent report comparing health care in the U.S. with care in other industrialized countries, the U.S. tops the chart on the percentage of health care spending that goes to administrative costs, marketing and profits. We also have the highest rates of death from

preventable or treatable diseases. And we have the highest percentage (over one third) of adults who go without care or medicine because of the cost. [Source: Weekly Medicare Consumer Advocacy Update 17 Jul 08 ++]

**DEATH GRATUITY UPDATE 02:** Effective 1 JUL service members will be able to select from one to ten persons of their choosing to receive the \$100,000 death gratuity benefit. Prior to the change in law, payments were restricted to the spouse, then children (if applicable), and then to a family member as elected by the service member. It didn't allow a married service member to leave the death gratuity to anyone else. Beginning 1 JUL, service members will be able to select persons to receive death benefits in increments of 10%. An unmarried service member with children will be able to designate a person of his choice, such as a parent or other person, to receive the death gratuity directly on behalf of their children. Married service members may elect to leave less than 100% of the death gratuity to the spouse. The law; however, requires the spouse be notified in writing when such an election is made and will not disclose any percentages or identify any additional beneficiaries.

s. If the service member does not make a designation or designates only a portion of the amount payable, the Defense Finance and Accounting Service (DFAS) will pay the amount of the death gratuity not covered by a designation to the following in the order listed: surviving spouse; if no spouse, then to any surviving children; if no children, then to surviving parents or their survivors. If none of the preceding exist, payment will be made to the appointed executor or administrator of the estate. The death gratuity is not an insurance policy, but should serve as a bridge between the death of a service member and the start of survivor benefits. Benefits, such as the death gratuity, do not replace the need to do proper estate planning and guardianship agreements for minor children. [Source: NMFA Government and You E-News 15 Jul 08 ++]

**BLOOD THINNERS:** A trio of experimental drugs has doctors hopeful that for the first time in decades, millions of people at risk of lethal blood clots may soon get easier treatment. The first goal is a pill option for people who now need daily blood-thinning shots for weeks after knee or hip replacement surgery. But the ultimate goal is an alternative to that old standby warfarin, also called Coumadin, the nation's most troublesome lifesaver because of side effects and restrictions its 2 million users face. Now in late-stage testing in thousands of Americans are three pills that work to prevent blood clots in ways that promise to be less burdensome. One of the trio, Boehringer Ingelheim's Pradaxa, just began selling in Europe. The drug research comes as Medicare is considering withholding payment from hospitals when at-risk patients develop clots in their veins, usually the legs \_ a common preventable cause of hospital deaths. The National Quality Forum has estimated that only about a third of patients who need protective blood thinners while hospitalized get them.

Known medically as a "deep vein thrombosis" or DVT, such a clot can kill quickly if it moves up to the lungs. There aren't good counts, but recent estimates suggest that about

900,000 people a year suffer a vein clot, and nearly 300,000 die. Being immobile for long periods, such as during hospitalizations or even long airplane flights, can trigger a clot. Vice President Cheney suffered one after a long trip last year. NBC correspondent David Bloom died of one in 2003 after spending days in a cramped military vehicle while covering the invasion of Iraq. But there are a variety of risks, including increasing age, smoking, birth control pills, obesity \_ and especially, big surgeries like knee or hip replacements. Doctors use faster-acting shots of the blood thinner enoxaparin to protect orthopedic surgery patients. But warfarin is a top treatment once a vein clot strikes \_ and the leading protection for other types of clots, such as strokes caused by the irregular heartbe

at atrial fibrillation. However, too many of those patients go unprotected because warfarin is so hard to use. Dangerous bleeding is the worst side effect, but it requires monthly blood checks because diet and other factors can throw off the dose. "The need is substantial" for an easier alternative, says Dr. Richard Becker, a hematology and cardiovascular specialist at Duke University Medical Center who is monitoring the pipeline. "I don't know of a drug that has the inherent complexities and potential for harm that Coumadin does."

Hopes have been dashed before. Just a few years ago, the highly anticipated blood thinner Exantra was pulled off Europe's market, and rejected here, because of surprising liver damage. So while trial results have U.S. specialists optimistic about the three new attempts, they're watching closely for any hints of problems. If they work, their targeted action promises fewer side effects, dietary restrictions or dose problems than warfarin. But warfarin still will play an important role, since the generic form sells for as little as \$40 for a three-month supply. Other drugs in the pipeline are:

- . Rivaroxaban tamps down action of a key player in blood clotting, called Factor Xa. Last month, the New England Journal of Medicine published two studies of more than 7,000 knee and hip replacement recipients who received either a daily rivaroxaban pill or today's standard injections. Pill users were less likely to suffer fatal and nonfatal vein clots. Bleeding and other side effects were similar with both drugs. Johnson & Johnson, which is developing rivaroxaban with Bayer Healthcare AG, plans to seek Food and Drug Administration approval later this summer.

- . Pradaxa, or dabigatran, interferes with another blood clotting agent, called thrombin. European regulators cited research showing Pradaxa was as effective as standard shots in protecting orthopedic patients. Duke's Becker cautions that one U.S. study didn't show as big an effect; other research is continuing. This drug works similarly to the ill-fated Exantra, but Becker says there are no signs of liver toxicity so far.

- . Bristol-Myers Squibb's apixaban works against the same clotting factor as rivaroxaban; its key studies are under way.

[Source: Washington Post AP Lauran Neergaard article 14 Jul 08 ++]

**KNOW YOUR FOOD:** Almost everyone strives for a healthy diet, whether it's low-fat, low-carb, or low-cal. Others are on specific diets for medical reasons. When you cook from scratch, it is fairly easy to control ingredients and know what you're eating, but that's often not the case with packaged foods. Nutrition facts labeling, required on most

food products, can provide plenty of useful information. It might be helpful to grab a food package from your cupboard and look at the nutrition label as you read the rest of this article:

. Although most similar foods have similar serving sizes, there can be significant differences - an 8-ounce carton of yogurt might be one serving; so might a 4-ounce carton. A 1-ounce serving of cereal could be 1 cup or ¼ cup, depending on the density of the product (e.g., puffed cereals are less dense than granola). What seems to be a single-serving package actually might contain more than one serving. Make sure you consider serving size when calculating calories and other nutrients consumed. When you compare nutrients among products, make sure that serving sizes are comparable.

. Beside total calories, the label lists calories from fat. Although the actual numbers are given, the ratio also can be important if you are trying to limit fat content to 25% to 30% of your total calories. Divide the calories from fat by the total calories to determine the percent of calories from fat.

. Another section of the food label provides information about food components that should be limited - fats, cholesterol, and sodium (also found in table salt). The amounts are listed by weight (grams) and as a percentage of the recommended daily maximum. The recommended maximum is based on a 2,000-calorie-a-day diet. If you are trying to lose weight, you might be on a diet of 1,000 calories a day, and your recommended maximum will be lower. For example, a one-serving bag of potato chips might have 10 grams of fat, which is about 15% of the recommended daily maximum of 65 grams for someone on a 2,000-calorie-a-day diet. Someone eating only 1,000 calories a day is eating half as much food, so the fat in that bag of chips becomes 30% of their recommended daily maximum.

. The next section lists carbohydrates and protein. If dietary fiber is less than 5%, a food is considered low in fiber.

. Four other nutrients might be listed - vitamins A and C, calcium, and iron. If a food product has 20% or more of the daily requirement of any of these nutrients, it is considered high in that nutrient. Some foods naturally contain these nutrients, but others do not.

For more information, see the Food and Drug Administration's Web site at [www.cfsan.fda.gov](http://www.cfsan.fda.gov). [Source: MOAA Magazine Ask the Doctor Aug 05]

**HAVE YOU HEARD:** An Indian walks into a cafe with a shotgun in one hand pulling a male buffalo with the other. He says to the waiter: 'Want coffee.' The waiter says, 'Sure, Chief. Coming right up.'

He gets the Indian a tall mug of coffee. The Indian drinks the coffee down in one gulp, turns and blasts the buffalo with the shotgun, causing parts of the animal to splatter everywhere and then just walks out.

The next morning the Indian returns. He has his shotgun in one hand, pulling another male buffalo with the other. He walks up to the counter and says to the waiter 'Want coffee.' The waiter says 'Whoa, Tonto! We're still cleaning up your mess from yesterday. What was all that about, anyway?' The Indian smiles and proudly says,

Training for position in United States Congress: Come in, drink coffee, shoot the bull, leave mess for others to clean up, disappear for rest of day.

VETERAN LEGISLATION STATUS 29 JUL 08: Congress returned from vacation on 7 JUL. Congress is scheduled to again recess 6 AUG to 4 SEP. Refer to the Bulletin's House & Senate attachments for or a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. A cosponsor is a member of Congress who has joined one or more other members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The member who introduces the bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can also review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d110/sponlst.html>. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting our representatives know of veteran's feelings on issues. At the end of some listed bills is a web link that can be used to do that. You can also reach his/her Washington via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to [http://www.thecapitol.net/FAQ/cong\\_schedule.html](http://www.thecapitol.net/FAQ/cong_schedule.html) for future times that you can access your representatives on their home turf. [Source: RAO Bulletin Attachment 13 Jul 08 ++]

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