Subject: RAO Bulletin Update 1 June 2007

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Editor's Note: Attached is a listing of veteran legislation with current cosponsor status that has been introduced in the 110th Congress. To see any of these bills passed into law representatives need input from their veteran constituents to instruct them on how to vote.

VA HEALTH CARE FUNDING UPDATE 08: On the heels of Memorial Day, Rep. Phil Hare (D-IL), a member of the House Committee on Veterans' Affairs, introduced the Assured Funding for Veterans Health Care Act of 2007, a bill to make VA health care a mandatory spending item within the federal budget. He was joined by co-sponsors of the bill and representatives from the American Legion, the Iraq and Afghanistan Veterans of America, the VFW, the Disabled American Veterans, the Blinded Veterans Association, and the Disabled American Veterans. Below are his remarks, as prepared. Hare made a number of remarks in support of the legislation which included wake-up calls for the following:

- The fact that a backlog of 600,000 VA disability claims is not only inefficient, it's immoral.
- The fact that our nation's vet centers are short on staff and many veterans suffering from PTSD are going without the counseling they need.
- The fact that it's hypocritical to say you support the troops while our wounded soldiers are living in rat-infested rooms at Walter Reed.
- The fact that it is wrong to give senior VA officials lucrative bonuses at the same time veterans are waiting in line to see a doctor.
- The fact that the way we budget for the needs of our veterans is inadequate in an era of terror.
- The fact that the VA actually ran out of money the last 2 years-suffering shortfalls of $1 billion in 2005 and $2 billion in 2006.
- The fact that VA health care is currently the only major federal health program that is not funded through mandatory appropriations.

He commented that the system is broken and said, "It is nearly impossible to continue to meet the growing needs of our veterans through discretionary spending. It is a 19th century solution to a 21st century challenge". The Assured Funding for Veterans Health Care Act of 2007 has 73 co-sponsors, including the Chairman of the House Veterans' Affairs Committee. In addition, the idea of multi-year funding has bipartisan support. Representative Smith of New Jersey, a Republican, has introduced legislation to fund VA health care in two-year blocks. [Source: Congressman Phil Hare Press Release 24 May 07 ++]

MOBILIZED RESERVE 30 MAY 07: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 30 MAY 07 in support of the partial mobilization. The net collective result is 4940 more reservists mobilized than last reported for 9 MAY 07. 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. Total number currently on active duty in support of the partial mobilization for the Army National Guard and Army Reserve is 67,769; Navy Reserve, 5,391; Air National Guard and Air Force Reserve, 6,181; Marine Corps Reserve, 6,651; and the Coast Guard Reserve, 356. This brings the total National Guard and Reserve personnel, who have been mobilized, to 86,348, 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/May2007/d20070530ngr.pdf . [Source: DoD News Release 30 May 07 ++]

RED CROSS SCAM: The American Red Cross has learned about a new scam targeting military families. This scam takes the form of false information being told to military families. A caller (young-sounding, American accent) calls a military spouse and identifies herself as a representative from the Red Cross. The caller states that the spouse's husband (not identified by name) was hurt while on duty in Iraq and was med-evacuated to a hospital in Germany. The caller states they couldn't start treatment until paperwork was accomplished, and that in order to start the paperwork they needed the spouse to verify her husband's social security number and date of birth. American Red Cross representatives typically do not contact military members/dependents directly and almost always go through a commander or first sergeant channels. In addition, American Red Cross representatives will contact military members/dependents directly only in response to an

emergency message initiated by your family. The Red Cross does not report any type of casualty information to family members. The Department of Defense will contact families directly if their military member has been injured. Should any military family member receive such a call, they are urged to report it to their local Family Readiness Group or Military Personnel Flight.

Military family members are urged not to give out any personal information over the phone if contacted by unknown/unverified individuals, to include confirmation that your spouse is deployed. It is a federal crime, punishable by up to 5 years in prison, for a person to falsely or fraudulently pretend to be a member of, or an agent for, the American National Red Cross for the purpose of soliciting, collecting, or receiving money or material. The American Red Cross ensures that the American people are in touch with their family members serving in the United States military by operating a communications network that is open 24-hours, 7 days-a-week, 365 days-a-year. Through a network of employees and volunteers at Red Cross national that link families during emergencies, access to emergency financial assistance, confidential counseling, community support headquarters, local chapters, on military installations, and deployed with troops, the Red Cross offers a broad range of services. Among these services, the Red Cross provides communications for families left behind, assistance to veterans, and preparedness courses for military personnel and their families For more information refer to the American Red Cross website at http://www.redcross.org/. [Source: Red Cross Press Release 30 May 07 ++]

GI BILL OF RIGHTS UPDATE 01: Senator Hillary Rodham Clinton (D-NY) and Patrick Murphy (D-PA), former U.S. Army Captain and Iraq war veteran, announced 16 MAY that they have introduced legislation in both chambers of Congress (H.R.2385 & S.1409) to enact a new GI Bill for the 21st Century. The new legislation, the 21st Century GI Bill of Rights Act of 2007, will expand educational, housing and entrepreneurial opportunities for soldiers, veterans and their families. The Act will guarantee eligibility to all servicemembers -- Active Duty, National Guard, and Reserves -- who have served since September 11, 2001 and deployed overseas in support of a combat operation. Eligibility will also be extended to Active Duty personnel who have served a minimum of two years on Active Duty since September 11, 2001, and National Guard and Reserve personnel who have served a minimum aggregate of two years on Active Duty since September 11, 2001. The Clinton-Murphy bills will:

- Increase Education Opportunities. The act will fund undergraduate education for servicemembers - eight college semesters of tuition, fees, books, room and board, and other educational costs (commensurate with costs paid by non-veterans). The education grant also can be used for specialized trade or technical training, and certification and licensing programs for both veterans and disabled veterans. Participants will not be required to pay into the program to receive grants.
- Increase Veterans Housing Opportunities. The act will exempt Veterans from paying loan fees and expand opportunities for veterans to purchase, build, repair or improve a home by increasing access to low interest loans through the Veterans Affairs Home Loan Guaranty Loan Program for homes valued up to $625,000. The current program requires loan fees and is capped at the conforming loan rate of $417,000.

- Increase Veterans Entrepreneurial Opportunities. The Clinton-Murphy bill would establish a Veterans Microloan Program, administered by the Department of Veterans Affairs and the Small Business Administration. The program would provide Veterans microloans for entrepreneurial ventures up to $100,000 with interest rates capped at 2.5 percent and without requiring collateral. The program would also direct the Department of Veterans Affairs to provide Veterans counseling, technical assistance, and community outreach assistance.
[Source: Sen. Clinton Press Release 16 May 07 ++]

TATTOO LASER REMOVAL: It is estimated that close to 10% of the U.S. population has some sort of tattoo. Eventually, as many as 50% of them want to have laser tattoo removal. Newer laser tattoo removal techniques can eliminate your tattoo with minimal side effects. Here's how it works: lasers remove tattoos by breaking up the pigment colors of the tattoo with a high-intensity light beam. Black tattoo pigment absorbs all laser wavelengths, making it the easiest to treat. Other colors can only be treated by selected lasers based upon the pigment color. Because each tattoo is unique, removal techniques must be tailored to suit each individual case. In the past, tattoos could be removed by a wide variety of methods but, in many cases, the scars were more unsightly than the tattoo itself. Patients with previously treated tattoos may also be candidates for laser therapy. Tattoos that have not been effectively removed by other treatments or through home remedies may respond well to laser therapy providing the prior treatments did not result in excessive scarring.

You want to make sure you find a reputable dermatologist or cosmetic surgery center to ensure proper treatment and care. If possible, you should obtain a recommendation from your family physician for a dermatologist or skin surgery center that specializes in tattoo removal. Depending on the size and color of your tattoo, the number of treatments will vary. Your tattoo may be removed in two to four visits, though many more sessions may be necessary. You should schedule a consultation, during which time a trained professional will evaluate your personal situation and advise you on the process. Treatment with the laser varies from patient to patient depending on the age, size and type of tattoo (amateur or professional). The color of the patient's skin, as well as the depth to which the tattoo pigment extends, will also affect the removal technique.

In general, this is what will happen during an office visit for tattoo removal using the newer lasers:

- Protective eye shields are placed on the patient.
- The skin's reaction to the laser is tested to determine the most effective energy for treatment.
- The treatment itself consists of placing a hand piece against the surface of the skin and activating the laser light. As many patients describe it, each pulse feels like a grease splatter or the snapping of a rubber band against the skin.
- Smaller tattoos require fewer pulses while larger ones require more. In either case, the tattoo requires several treatments and multiple visits. At each treatment, the tattoo should become progressively lighter.
- Immediately following treatment, an ice pack is applied to soothe the treated area. The patient will then be asked to apply a topical antibiotic cream or ointment. A bandage or patch will be used to protect the site and it should likewise be covered with a sun block when out in the sun.

Most patients do not require any anesthesia. However, depending on the location of the tattoo and the pain threshold for the patient, the physician may elect to use some form of anesthesia (topical anesthesia cream, painkiller injections at the site of the procedure). There are minimal side effects to tattoo removal by lasers. However, you should consider these factors in your decision:

- The tattoo removal site is at risk for infection. You may also risk lack of complete pigment removal, and there is a slight chance that the treatment can leave you with a permanent scar.
- You may also hypopigmentation, where the treated skin is paler than surrounding skin, or hyperpigmentation, where the treated skin is darker than surrounding skin.
- Cosmetic tattoos like lip liner, eyeliner and eyebrows may darken following treatment with tattoo removal lasers. Further treatment of the darkened tattoos usually results in fading.

Thanks to newer technology, treatment of tattoos with laser systems has become much more effective with very little risk of scarring. Laser treatment is often safer than many traditional methods such as excision, dermabrasion or salabrasion (i.e. using moist gauze pads saturated with a salt solution to abrade the tattooed area) because of its unique ability to selectively treat pigment involved in the tattoo.

Since tattoo removal is a personal option in most cases and is considered a cosmetic procedure, most insurance carriers will not cover the process unless it is medically necessary. Physicians or surgery centers practicing tattoo removal may also require payment in full on the day of the procedure. If you are considering tattoo removal, be sure to discuss associated costs up front with the physician, and obtain all charges in writing before you undergo any treatment. Note: The information provided here is designed to provide general information only and is not a replacement for a physician's advice. For details pertaining to your specific case, arrange a consultation with a physician experienced in the use of tattoo lasers. [Source: WebMD article 25 May 07 Reviewed by the doctors at The Cleveland Clinic, Department of Dermatology ++]

JETS FOR VETS: Freedom Is Not Free (FINF) is sponsoring a program called Jets for Vets in order to ease the burden of the cost of transportation for wounded military personnel and their families. The program enables volunteers to make would-be empty travel seats available on private jets to those wounded while serving. "Non-conforming" relatives such as fiancés, best friends, grandparents, and significant others who do not qualify for Department of Defense travel benefits may also take advantage of the program. For more information or to request a flight through the Jets for Vets Program, refer to http://www.freedomisnotfree.com/Partnerships.aspxwebsite. FINF is an a-political, non-partisan 501(C)3 non-profit organization registered with the Registry of Chartiable Trusts which receives no federal, state or governmental support or funding. [Source: NAUS Weekly Update for 25 May 07 ++]

AFRC VIRGINIA BEACH VA: The Army recently opened the Cape Henry Inn, a military-only resort in Virginia Beach VA. The Inn offers 120 rooms, two swimming pools, two outside cabanas, playgrounds and outside grills. The

Army Family and Morale, Welfare and Recreation Command plan to expand the property over the next two years with additional rooms and conference facilities. Those individuals who are Active Duty, Retired, Reserve military, or DoD civilian must make reservations. For more information, visit the website http://www.capehenryinn.com/contact.htm or telephone the Inn at (757) 422-8818. [Source: NAUS Weekly Update for 25 May 07 ++]

MILITARY HEALTH CARE TF UPDATE 06: At a briefing before the Defense Health Board, the Task Force on the Future of Military Health Care revealed its support for higher Tricare premiums, fees and co-pays for military retirees under age 65. This DoD-appointed task force will formally release its interim report to Congress on 31 MAY. Although the specifics are not detailed, some of their preliminary recommendations are:

- Reviewing TRICARE contracts to ensure they contain the flexibility required to allow for inclusion of best business practices.
- Altering pharmacy incentives (including beneficiary copays) to encourage use of the lower-cost mail-order system.
- Rebalancing" beneficiary fees "at or below" the share of DoD costs they represented when TRICARE was implemented in 1996 (the co-chairs indicated beneficiaries under 65 paid 11% of DoD costs in 1996 vs. 4% today; DoD leaders previously cited those figures as 27% and 14%, respectively).
- Phasing in beneficiary fee increases over 3 to 5 years.
- Establishing a formula for regular fee increases in the future.
- Increasing the catastrophic expense cap (currently $1,000 for active duty families and $3,000 for retiree/survivor families).
- Establishing a tiered fee structure, with members in higher grades paying larger fees.
- Requiring independent audits to ensure TRICARE pays only after any other insurance available to beneficiaries has paid.

In announcing preliminary recommendations, Co-chair Gail Wilensky noted the importance of increasing fees yet ensuring premiums would not be more of a burden for retirees and families than fee levels were when Tricare was started in 1996. The co-chair suggested that Congress consider a one-time boost in military pay to help soften the blow. Some of the other recommendations include a full review of DoD pharmaceutical acquisition procedures, regular audits of the Defense Enrollment Eligibility Reporting System (DEERS), and closer screening of patients by MTF personnel for other health insurance coverage. [Source: MOAA Leg Up 25 May 07 ++]

VETERAN LEGISLATION 2007 UPDATE 02: The House passed six bills before the Memorial Day recess to expand benefits and services for veterans. The bills now move to the Senate for consideration. A brief description is provided below:

- HR 0067 establishes a grant program for state veterans outreach activities.
- HR 0612 extends eligibility for health care for combat service in the Persian Gulf or future hostilities from two years to five years after discharge or release.
- HR 1470 requires VA to provide chiropractic care and services at all medical centers by 2011.
- HR 1660 directs the Secretary of Veterans Affairs to establish a national cemetery for veterans in the southern Colorado region.
- HR 2199 authorizes five new research centers for the treatment of

individuals with traumatic brain injuries. It also authorizes $7.5 million
for a pilot program of mobile veterans' centers to improve access to
readjustment counseling for returning veterans.
- HR 2239 expands eligibility for vocational rehabilitation benefits
to servicemembers awaiting medical discharge.
[Source: VFW Washington Weekly 25 May 07 ++]

VA CLINIC OPENINGS UPDATE 04: Secretary of Veterans Affairs Jim Nicholson
on 29 MAY announced plans to open 38 new clinics in 22 states. The new
facilities, called community-based outpatient clinics, or CBOCs, will become
operational by October 2008. Local VA officials will keep communities and
their veterans informed of milestones in the creation of the new CBOCs. VA's
Proposed Sites for the New Outpatient Clinics are:

Alabama -- Childersburg
Arkansas -- Pine Bluff
Florida -- Jackson & Putnam
Georgia - Camden County & Stockbridge City
Idaho -- North Idaho
Indiana -- Elkhart County & Knox
Iowa -- Carroll, Cedar Rapids, Marshalltown & Shenandoah
Kansas -- Hutchison
Kentucky -- Madison (Berea), Daviess & Grayson County
Maryland -- Andrews Air Force Base & Ft. Detrick
Michigan -- Alpena County & Clare County
Missouri -- Branson &Jefferson City
Montana -- Cut Bank & Lewistown
Nebraska -- Bellevue
Ohio -- Hamilton & Parma
South Carolina -- Aiken & Spartanburg
South Dakota -- Wagner & Watertown
Tennessee -- Hawkins & Madison
Utah -- Western Salt Lake Valley
Virginia -- Charlottesville
Washington -- Northwest
West Virginia -- Monongalia
[Source: VA Press Release 29 May 07 ++]

GOLD STAR PARENTS ANNUITY ACT: In remarks on 24 MAY to the Gold Star Wives
of America, Sen. Hillary Clinton announced that she will reintroduce
legislation in the Senate to create a special monthly pension of $125 for
Gold Star parents - surviving mothers and fathers whose sons or daughters
lost their lives while serving in the Armed Forces during a period of war.
Under the Clinton's bill, the monthly stipend would be for life and would be
in addition to any other pension or benefit to which they may be entitled.
Clinton introduced the Gold Star Parents Annuity Act in the 108th and 109th
Congresses and co-sponsored a previous version of the Gold Star Parents
Annuity Act when that legislation was introduced during the 107th Congress
by former Senator Max Cleland. [Source: Sen. Clinton Press Release 24 May
07 ++]

PASSPORT OBTAINMENT UPDATE 01: A passport is an internationally recognized
travel document that verifies the identity and nationality of the bearer. A

valid U.S. passport is required to enter and leave most foreign countries. Only the U.S. Department of State has the authority to grant, issue or verify United States passports. For info on obtaining a passport refer to http://www.travel.state.gov/passport/passport_1738.html. Five Things to Know About Passports are:

1. At present a passport is not needed for land or sea travel to the Caribbean, Bermuda, Canada or Mexico.
2. There is a lot of information available on-line at the State Department's consular affairs web site www.travel.state.gov -- what you need to bring when you apply for a passport, how to check the status of your application after it is submitted and how to send an e-mail to Passport Services if you have additional questions or need to communicate with them about the status of your application.
3. The State Department is receiving a very large number of telephone calls from customers right now. To address this, they have dispatched additional temporary staff to their call center. If you are traveling or need your passport in order to get a visa within the next two weeks, call 1(877) 487-2778. Representatives are available from 07-2400 M-F EST except holidays.
4. Routine processing time for a passport is now about ten weeks. Expedited processing is about four weeks. The Department is doing everything possible ina an attempt to bring those times back to their normal six weeks and two weeks respectively.
5. There is an optional question on the passport application asking for departure date and destination. If filled out it It helps to get the passport to customers in time for their trip.
[Source: Rep. Cathy Rodgers (R-WA-05) website May 07 ++]

STATE VETERANS HOME PROGRAM UPDATE 01: Legislation which would allow the U.S. Department of Veterans Affairs to take a new approach to the long-term care needs of veterans was introduced this week by U.S. Senator Larry Craig. The goal of the State Veterans Home Modernization Act (S.1441) is to transition the state home program from one focused heavily on beds to one that offers flexibility for home and community-based care. According to data by the Department of Veterans Affairs, at the current rate of Congressional funding, it will take nine years to fund all of the new state home construction projects currently on VA's list. Craig said, "That doesn't include any new applications. But even as we move to build more facilities, I fear if we don't begin to transition to a more non-institutional family-focused approach to care, we may find ourselves 15 years from now, staring at thousands of empty state home beds wondering what to do with half of them." He noted that modern technology and newer long-term care approaches already enable people to live at home longer and happier. "It used to be that when people reached a certain age, the only option was a nursing home. Now the general public is using assisted living facilities, where seniors can live in their own apartments but have professional help nearby as needed. Craig said, "Americans are able to live at home using professionals who come by, once a day or a few times a week. We need to allow state homes to have that same kind of options when thinking of providing care to veterans. My legislation will allow them that flexibility." [Source: Senate Committee on Veteran Affairs Press Release 23 May 07 ++]

TRICARE UNIFORM FORMULARY UPDATE 19: Selected medications are continuing on the TRICARE Uniform Formulary and 10 others have been designated as nonformulary (or third tier) effective 1 AUG 07, announced Army MG Elder Granger, Tricare Management Activity deputy director. The following drugs as reported in Update 18 will have nonformulary (or third tier) status: Sonata, Roserem; Ambien CR, Ultram ER, Travatan, Travatan Z; Istalol, Betimol, and Emsam. For a complete list of the status and effective date see the TRICARE press release at http://www.tricare.mil/pressroom/news.aspx?fid=282.
First-tier medications (formulary generics) are available through a Tricare Retail Pharmacy for $3 copays for up to a 30-day supply, and through the Tricare Mail Order Pharmacy (TMOP) for $3 copays for up to a 90-day supply. Beneficiaries may purchase second-tier medications (formulary brand-name) for $9 for up to the same number of days through a Tricare Retail Network Pharmacy or through the TMOP. By using TMOP, beneficiaries may save up to 66% on prescriptions. Beneficiary cost-shares in non-network pharmacies are higher.

Beneficiaries taking third-tier medications may consult their health care providers about changing to a first- or second-tier alternative. When providers prescribe medications, beneficiaries should ask if a generic alternative is available that would provide the same clinical results in that drug class. Beneficiaries can also ask providers if establishing medical necessity for the third-tier medication is appropriate. If medical necessity is established for a third-tier medication, the co-payment is reduced to $9. Third-tier medications are not available at military treatment facility (MTF) pharmacies unless an MTF provider establishes medical necessity and writes the prescription. Medical necessity forms and criteria are available at www.tricare.mil/pharmacy/medical-nonformulary.cfm. For a complete list of medications, their formulary status and where they are available refer to www.tricareformularysearch.org/dod/medicationcenter/default.aspx. For information on the Tricare Retail Pharmacy and locations, and TMOP refer to www.express-scripts.com/TRICARE or call (866) 363-8779 for the retail pharmacy or (866) 363-8667 for the mail order pharmacy. For information about the Uniform Formulary Beneficiary Advisory Panel review process, visit http://www.tricare.mil/pharmacy/BAP. [Source: DoD MHS Press Room News 9 May 07 ++]

AVANDIA SAFETY ALERT: The U.S. Food and Drug Administration (FDA) is aware of a potential safety issue related to Avandia (rosiglitazone), a drug approved to treat type 2 diabetes. Safety data from controlled clinical trials have shown that there is a potentially significant increase in the risk of heart attack and heart-related deaths in patients taking Avandia. However, other published and unpublished data from long-term clinical trials of Avandia, including an interim analysis of data from the RECORD trial (a large, ongoing, randomized open label trial) and unpublished reanalysis of data from DREAM (a previously conducted placebo-controlled, randomized trial) provide contradictory evidence about the risks in patients treated with Avandia. Patients who are taking Avandia, especially those who are known to have underlying heart disease or who are at high risk of heart attack should talk to their doctor about this new information as they evaluate the available treatment options for their type 2 diabetes.

FDA's analyses of all available data are ongoing. FDA has not confirmed the clinical significance of the reported increased risk in the context of

other studies. Pending questions include whether the other approved treatment from the same class of drugs, pioglitazone, has less, the same or greater risks. Furthermore, there is inherent risk associated with switching patients with diabetes from one treatment to another even in the absence of specific risks associated with particular treatments. For these reasons, FDA is not asking GlaxoSmithKline, the drug's sponsor, to take any specific action at this time. FDA is providing this emerging information to prescribers so that they, and their patients, can make individualized treatment decisions.

Avandia was approved in 1999 for treatment of type 2 diabetes, a serious and life threatening disease that affects about 18 to 20 million Americans. Diabetes is a leading cause of coronary heart disease, blindness, kidney failure and limb amputation. Since the drug was approved, FDA has been monitoring several heart-related adverse events (e.g., fluid retention, edema and congestive heart failure) based on signals seen in previous controlled clinical trials of Avandia alone and in combination with other drugs, and from postmarketing reports. FDA has updated the product's labeling on several occasions to reflect these new data, most recently in 2006. The most recent labeling change for Avandia also included a new warning about a potential increase in heart attacks and heart-related chest pain in some individuals using Avandia. This new warning was based on the result of a controlled clinical trial in patients with existing congestive heart failure.

Recently, the manufacturer of Avandia provided FDA with a pooled analysis (meta analysis) of 42 randomized, controlled clinical trials in which Avandia was compared to either placebo or other anti-diabetic therapies in patients with type 2 diabetes. The pooled analysis suggested that patients receiving short-term (most studies were 6-months duration) treatment with Avandia may have a 30-40% greater risk of heart attack and other heart-related adverse events than patients treated with placebo or other anti-diabetic therapy. These data, if confirmed, would be of significant concern since patients with diabetes are already at an increased risk of heart disease. Avandia is manufactured by GlaxoSmithKline, which is based in Research Triangle Park, N.C. [Source: FDA Press Release 21 May 07 ++]

AO & PROSTRATE CANCER: A new study shows exposure to Agent Orange (AO) in the Vietnam War appears to boost veterans' risk for a recurrence of prostate cancer even after the organ is surgically removed. And if the cancer does return, it tends to be more aggressive among veterans exposed to AO than in those not exposed to the chemical defoliant. Black veterans are especially vulnerable to these tough-to-treat recurrences. Lead researcher Dr. Sagar Shah, a urology resident physician at the Medical College of Georgia, will present his team's findings at the annual meeting of the American Urological Association, in Anaheim CA. He noted that Vietnam veterans PSAs [prostate specific antigen levels] should be checked regularly and that they be screened aggressively for prostate cancer. The sooner it is identified the more treatment options are available.

Exposure to dioxin and AO has long been linked to increased risks for a variety of malignancies, including leukemia's, lymphomas, prostate cancer and lung tumors, according to Phil Kraft, program director for the National Veterans Services Fund, which lobbies on behalf of U.S. veterans. AO

contains dioxin, which, Shah said, "isn't really a tumor mutagen -- it doesn't cause cancer -- but it is a tumor-promoter. So, if the cancer is there, it makes it more prominent." In the new study, Shah's team sought to determine if there were any differences in the rate or type of prostate cancer recurrences seen among a group of 1,653 black and white Vietnam veterans -- 199 of whom had been exposed to Agent Orange. All of the veterans were treated after first being diagnosed with prostate cancer between 1990 and 2006. Their treatment included surgical removal of the prostate gland. Examination of biopsy samples under a microscope showed no pathological differences between the tumors of men exposed to Agent Orange and those who were not exposed. Differences did emerge, however, when the researchers compared rates of "biochemical recurrence."

Biochemical recurrence means that blood levels of the marker prostate-specific antigen (produced by prostate cancer cells) rose sharply and steadily in the months after surgery. Doctors routinely test men for their blood levels of PSA to help spot prostate cancer. In this study, the shorter the time it took for a man's PSA level to double, the more aggressive his cancer appeared to be. Veterans exposed to AO had a higher relative risk of having a biochemical recurrence than unexposed veterans. The researchers found the rate of post-surgical prostate cancer recurrence among white veterans rose by 42% if they had been exposed to AO, compared to non-exposed veterans, Black veterans exposed to the herbicide fared even less well, with a recurrence rate that was 75% higher than their non-exposed peers. And when prostate cancer did recur among veterans exposed to AO, "it seemed that they had a much shorter PSA doubling time, a surrogate for aggressiveness," Shah said. Among black men with a cancer recurrence, PSA levels doubled in just nine months for those exposed to AO, compared to 16 months for those unexposed to the toxin.

"Why might black Vietnam veterans be most vulnerable? Numerous studies conducted among the general population have already suggested that genetics or other factors put black American men at higher prostate cancer risk compared to whites. In addition, black troops serving in Vietnam were also more likely to have higher levels of exposure than whites. They were more likely to be ground troops and less likely to be officers away from AO exposure," Shah said. He stressed that the study did not look at recurrence rates for prostate cancer patients treated with methods other than surgery -- for example, with radiation. "We just don't know about those outcomes," he said.

In a separate study the June 2007 issue of Harvard Men's Health Watch reported researchers have found that men between ages 40 and 64 who drink an average of four to seven glasses of red wine per week are only 52% as likely to be diagnosed with prostate cancer as those who do not drink red wine. In addition, red wine appears particularly protective against advanced or aggressive cancers. Even low consumption amounts seemed to help, and for every additional glass of red wine per week, the relative risk declined by 6%. Many doctors are reluctant to recommend drinking alcohol for health, fearing that their patients might assume that if a little alcohol is good, a lot might be better. The Harvard Men's Health Watch notes that men who enjoy alcohol and can drink in moderation and responsibly may benefit from a lower risk of heart attack, stroke, diabetes, and cardiac death. [Source: Washington Post Health Day E.J. Mundell article 20 May 07 ++]

VA CLAIM BACKLOG UPDATE 08: U.S. Senator Blanche Lincoln (D-AR) announced that her proposal to help our nation's veterans receive the benefits they have earned and deserve has been included in a final budget agreement. Lincoln's provision provides the VA an additional $70 million to address the growing backlog of pending disability compensation claims. The provision addresses the growing backlog of pending disability claims by providing $65.4 million to hire an additional 600 disability claims processors. The amendment also provides $4.1 million to hire an additional 32 processors for the Board of Veterans Appeals and provides the one-year cost for increased training resources and quality measures with $400,000 for Training and Performance Support Systems and $400,000 for Skills Certification. Last year, the backlog of pending compensation and pension claims was 586,008. The most time-consuming and labor-intensive claims to process are the disability claims, which require ratings decisions. The number of disability claims received by the VA has increased nearly 23% since 2000. Last year, the backlog of disability claims was at 371,839. Today, it has grown to 405,536.

The Bush budget proposal requested 8,320 direct compensation full-time employees (FTE), an increase of 457 FTE over last year's request. Lincoln's provision provides an additional 600 direct compensation FTE to allow the Board of Veterans Appeals (BVA) to more effectively address the growing backlog of pending disability claims as well as its current incoming workload. As the VA receives and adjudicates more claims, the result will be a larger number of appeals which will make it more difficult for them to address its growing backlog of claims. BVA staff has decreased since 2001 in spite of the number of cases it receives growing by 82.5%. It is estimated to reach 40,000 at the end of 2007. With current staffing the appeals resolution time is estimated to increase to 700 days next year. The Bush budget proposal recommended an increase of $2.5 million (totaling $58.5 million) to hire an additional 31 FTE to cope with the increases. The Lincoln proposal increases this to $4.1 million to bring the BVA's FTE level to approximately 500 and would allow the BVA to better handle its incoming caseload, improve its timeliness, and reduce its existing backlog. [Source: Sen. Lincoln Press Release 17 May 07 ++]

VA CBI: The National Office of Compliance and Business Integrity (CBI) and the National Center for Ethics in Health Care joined together to celebrated National Compliance and Ethics Week, 20-26 MAY. National Corporate Compliance and Ethics Week is an industry tradition celebrated by health care systems across the country. The goal is to raise awareness of Compliance and Business Integrity (CBI) and IntegratedEthics (IE) throughout VA. CBI provides reasonable assurance that VHA's business operations follow all applicable laws, regulations and policies and promote standards of excellence in business practices. CBI operates a help-line service (866) 842-4357 where VA employees, veterans or their family members can report alleged compliance incidents for investigation. IE builds on VA's reputation for quality and innovation in health care. It paves the way for ethics quality to encompass all levels of health care quality through a national, systematic, integrated approach to ethics in health care. [Source: Secretary of VA VSO Liaison article 21 May 07++]

TMOP UPDATE 06: Rep. Gus Bilirakis (R-FL-09) wants the Pentagon to find ways to cut its pharmacy costs without penalizing beneficiaries. The

Defense Department has complained repeatedly that most retirees obtain their medications through retail outlets, which is far more expensive to the government than Tricare's mail-order pharmacy (TMOP) system. To date, the Pentagon's only proposal to change that behavior has been to propose raising retail pharmacy copays by nearly 70% to try to drive more beneficiaries to use the mail-order system. Rep. Bilirakis has introduced H.R.2319, a bill that would require the Pentagon to test a positive-incentive approach. It calls for a two-year pilot program, starting by MAR 08, under which at least 2,000 beneficiaries who currently use only retail pharmacies would be offered free access to the mail-order system to refill prescriptions for their maintenance medications. Participants would be shown how much that would have saved them over the previous year, and would be provided information on how to enroll in the mail-order program to have the medications delivered to their door at no cost. Bilirakis' bill would require DoD to work with beneficiary associations to develop the details of this "beneficiary-friendly" program. The Secretary of Defense would have to report to Congress on the results of the program, including surveys of beneficiary satisfaction and data on cost savings of the program for beneficiaries and the government. If the Pentagon is serious about saving money on pharmacy costs, it should be willing to expend a little planning effort and 41 cents in postage to generate hundreds (or in many cases, thousands) of dollars in savings for each participating beneficiary.
[Source: MOAA Leg Up 18 May 07 ++]

NDAA 2008 UPDATE 02: As the House of Representatives prepared to pass its fiscal 2008 defense authorization bill, the White House urged lawmakers to reconsider a host of costly personnel initiatives added by the Armed Services Committee. In spite of this all were included in the House proposal. Initiatives opposed by the White House included:

1.) Bigger pay raises. The House voted for a 3.5% basic pay increase for January 2008 which was 0.5% higher than proposed by the Bush administration. The House would continue a string of annual raises set 0.5% higher than private sector wage growth through at least 2012. The White House's 16 MAY OMB letter to committee leaders in a "Statement of Administration Policy" said a 3% raise next January would be enough to keep military pay competitive. Budget officials complained the unnecessary extra half-percentage bump in pay would cost $265 million in 2008 and $7.3 billion over six years. When combined with the overall military benefit package, the President's proposal provides a good quality of life for servicemembers and their families. Both House Republicans and Democrats disagreed. Rep. Thelma Drake (R-VA) offered the amendment, adopted by the armed services committees, to stretch the string of bigger raises out to 2012.

2.) Higher Tricare fees. The White House was disappointed that the House bill did not allow Defense officials to raise Tricare fees and co-payments for retired military beneficiaries under 65 or allow implementation of some new set of cost-containment actions expected to be recommended soon by the DOD-appointed Task Force on the Future of Military Health Care. The administration said fee increases are needed to sustain a high-quality health care benefit by largely capturing the inflation increases that have occurred since cost sharing was first established in 1996." Blocking any such initiatives this year would add $1.86 billion to military health costs in 2008 and more than $19 billion through 2013. The House bill also would restore $200 million in health care spending that

Defense officials sought to remove through unspecified efficiency wedges imposed on service medical budgets.

3.) Fair pricing. The administration strongly opposed a provision in the House bill to require drug manufacturers to give the Defense Department the same price discounts on drugs dispensed through the Tricare retail network that they provide to base pharmacies, the Tricare mail order pharmacy and VA clinics and hospitals. The White House said market competition, not government price control, is the most effective way to promote discounts. Rep. Steve Buyer (R-IN), reiterated that argument on the House floor. He said price-setting in Tricare retail pharmacies will eliminate retail competition and, in time, endanger drug discounts for veterans using VA health care.

4.) Reserve GI Bill. The administration opposed a provision that would transfer oversight for the Reserve Montgomery GI Bill from the Department of Defense to the Department of Veterans Affairs. Proponents say it is a first step toward raising reserve GI bill benefits and increasing them in future years in concert with VA-provided active duty GI Bill benefits. The White House said the change would mean DOD loses control of a critical incentive program for reserve recruiting and retention.

The House subsequently passed its version of the FY08 National Defense Authorization Act inclusive of those items opposed by the White House by a vote of 397-27. The Senate Armed Services Committee will mark up its version of the defense authorization bill is JUN. That committee is said to be more supportive of the administration's view that military pay is competitive now and will stay competitive with a 3% raise in JAN 08. The final version of the NDAA will be written in a conference committee made up of members from the House and Senate after the Senate passes its FY 2008 NDAA. [Source: Stars & Stripes Tom Philpott article 19 May 07 ++]

NDAA 2008 UPDATE 03: The House of Representatives spent two days and approved more than 40 amendments before finally passing the FY2008 Defense Authorization Bill on 17 MAY by a 397-27 vote. Some of the amendments adopted would:

- Extend the military pay raise plus-ups (3.5% raise in 2008 and raises that are one-half percentage point larger than the average American's for 2009-2012) to also include uniformed members of the Coast Guard, Public Health Service and NOAA Corps (Rep. Drake, R-VA).
- Require increased family support and mental health services for National Guard and Reserve personnel (Rep. Braley, D-IA).
- Let employees who are family members of mobilized military personnel use family medical leave to deal with issues arising from that call to duty (Rep. Altmire, D-PA).
- Authorize Guard and Reserve members up to 10 years after leaving service to use GI Bill benefits (Rep. Carney, D-PA).
- Authorize vouchers for free mail delivery [less than 10 lbs] to military personnel in Iraq or Afghanistan or hospitalized in military facilities. (Rep. Altmire, D-PA/Rep. Udall, D-NM).
- Bar simultaneous deployment of both military parents to a combat zone when the military couple has minor dependents (Rep. LaHood, R-IL).
- Bar courts from changing child custody orders while a servicemember is deployed, other than temporary orders issued in the best interest of the

child. Original custody order to be reinstated upon the member's redeployment (Rep. Turner, R-OH).

Other significant provisions in the Defense bill, in addition to those already mentioned would:

- Guarantee funding for Walter Reed to protect against skimping on facilities for this closing installation.
- Require at least 30 days advance notice, and preferably 90 days, for Guard and Reserve members scheduled for deployment (can be waived during times of national emergency).
- Authorize DoD to make servicemembers' Thrift Savings Account deposits twice a month (i.e., from mid-month paycheck) rather than the current once per month.
- Authorize the service to pay part or all of the premium to continue a Guard/Reserve member's employer-provided health coverage when a dependent has special health care needs that are best served by continuing that coverage.
- Ease naturalization/visa issues for nonresident alien spouses/children of members assigned overseas by treating such periods of overseas assignment as residence within the United States.
- Require the Defense Finance and Accounting Service to ease stresses on survivors of members who die of service-connected causes by simplifying and clarifying SBP annuity recoupment and premium refund processes.
- Authorize surviving spouses that are also in receipt of the VA's dependency and indemnity compensation (DIC) a monthly payment of $40 beginning on October 1, 2008.
- Expand eligibility to include chapter 61 (disability) retirees with at least 15 years of service and at least a 60% combat-related disability rating.
- Increase Army end-strength by 36,000; Marine Corps levels by 9,000; and Army National Guard by 1,300.
- Authorize $50 million in aid to school districts impacted by military populations, with an additional $15 million for districts affected by base closures or other military population changes.
- Authorize the Secretary of Defense to reimburse drilling Guard and Reserve members up to $300 per training session for travel costs to drill locations outside commuting distance, effective Oct. 1, 2008.
- Make the Guard chief a four-star position.

[Source: MOAA Leg Up 18 May 07 ++]

RESERVE RETIREMENT AGE UPDATE 10: In adherence to a "pay go" rule the House would not consider an amendment to the FY08 NDAA that would have included Rep. Latham's legislation, (H.R. 1428), to lower the 60 year age for receipt of retired pay by 3 months for every aggregate 90 days of deployment during a fiscal year. House rules would not allow the language to be considered without offsetting deductions from other existing military retirement benefits that would fund the projected $400 million dollar cost of the bill. Unless the House leadership is willing to waive the blanket "pay go" rule that is blocking these legislative efforts, or the bill's sponsors can identify offsets, the House will not proceed on this issue Representative Saxton and the co-sponsors of of his bill H.R. 690 to reduce the minimum age for receipt of military retired pay for non-regular service from 60 to 55 did not seek an amendment to the FY08 NDAA that would have included the provisions of the Saxton bill. Senator Chambliss' version of the bill, S.648, still has life in that chamber. [Source: NGAUS Leg Up 18 May 07 ++]

VET CEMETERY COLORADO: On 15 MAY the House Veterans' Affairs Committee unanimously passed U.S. Rep. John Salazar's (D-CO-03) national cemetery bill H.R.1660 out of committee. The bill creates a new national cemetery for Southern Colorado veterans that would be located in the Pikes Peak region. Currently, the state has the Fort Logan National Cemetery in Denver and the Fort Lyon National Cemetery near Las Animas. The Department of Veterans Affairs estimates that there are approximately 150,000 veterans located in Southern Colorado. For years, veterans groups have listed the addition of a cemetery in Southern Colorado as one of their top priorities. Salazar, the only military veteran in the Colorado congressional delegation, has met with local veterans groups to build support for this legislation. Several veterans' organizations have endorsed the Salazar bill including the Colorado chapters of the American Legion, the Veterans of Foreign Wars, Paralyzed Veterans of America, and the Association for Service Disabled Veterans. H.R. 1660, now moves to the House floor for consideration. [Source: Rep. Salazar Press Release 15 May 07 ++]

GULF WAR SYNDROME UPDATE 03: Scientists working with the Defense Department have found evidence that a low-level exposure to sarin nerve gas could have caused lasting brain deficits in former service members. The study, financed by the Department of Veterans Affairs (DVA) and the federal Centers for Disease Control and Prevention, is the first to use Pentagon data on potential exposure levels faced by the troops and magnetic resonance imaging to scan the brains of military personnel in the exposure zone. Though the results are preliminary, the study is notable for being financed by the federal government and for being the first to make use of a detailed analysis of sarin exposure performed by the Pentagon, based on wind patterns and plume size. The report, to be published in the June issue of the journal NeuroToxicology, found apparent changes in the brain's connective tissue (its so-called white matter) in soldiers exposed to the gas. The study found the extent of the brain changes corresponded to the extent of exposure (i.e. less white matter and slightly larger brain cavities). White matter volume varies by individual, but studies have shown that significant shrinkage in adulthood can be a sign of damage.

Previous studies had suggested that exposure affected the brain in some neural regions, but the evidence was not convincing to many scientists. The new report is likely to revive the long-debated question of why so many troops returned from that war with unexplained physical problems. Many in the scientific community have questioned whether the so-called gulf war illnesses have a physiological basis, and far more research will have to be done before it is known whether those illnesses can be traced to exposure to sarin. The long-term effects of sarin on the brain are still not well understood. But several lawmakers who were briefed on the study say the DVA is now obligated to provide increased neurological care to veterans who may have been exposed. Phil Budahn, a spokesman for the DVA, said the research required further examination. "It's important to note that its authors describe the study as inconclusive," Mr. Budahn said, adding, "It was based upon a small number of participants, who were not randomly chosen."

In March 1991, a few days after the end of the gulf war, American soldiers exploded two large caches of ammunition and missiles in Khamisiyah, Iraq. Some of the missiles contained the dangerous nerve gases sarin and

cyclosarin. Based on wind patterns and the size of the plume, the Department of Defense has estimated that more than 100,000 American troops may have been exposed to at least small amounts of the gases. When the roughly 700,000 deployed troops returned home, about one in seven began experiencing a mysterious set of ailments, often called gulf war illnesses, with problems including persistent fatigue, chronic headaches, joint pain and nausea. According to the DVA those symptoms persist today for more than 150,000 of them, , more than the number of troops exposed to the gases. Advocates for veterans have argued for more than a decade and a half that a link exists between many of these symptoms and the exposure that occurred in Khamisiyah, but evidence has been limited. [Source: The New York Times Ian Urbina article 17 May 07 ++]

VA BONUSES UPDATE 02: Rep. John Hall (D-NY-19), chairman of the House Veterans' Affairs disability assistance subcommittee has introduced the Pay Veterans First Act H.R. 2292. It is a response to the recent revelation that senior executive at the VA received $3.8 million in performance bonuses in 2006. Hall said in a statement, "It is shocking and scandalous even by the VA's own low standards that top officials at the VA would be getting the most lucrative performance bonuses in government when there is a backlog of over 600,000 benefits claims. It is simply unacceptable that veterans are waiting longer and longer for benefits they desperately need while senior staff members in charge of bad policy are rewarded with so-called performance bonuses. These bonuses are a deeply flawed approach to the principle of pay for performance."

Congressman Jack Space (D-OH-18) sent a letter to Secretary Nicholson outlining his disgust and lack of confidence. In it, Space asked for Nicholson's immediate resignation. Documents obtained by the Associated Press raise questions of conflicts of interest or appearances of conflicts in connection with the bonuses since nearly two dozen officials who received hefty performance bonuses also sat on the boards charged with recommending the bonus payments. According to a report provided to Congress, one of the people receiving the biggest VA bonus last year, $33,000, was the deputy undersecretary for benefits, who Hall said is responsible for the system that has a backlog of more than 600,000 claims and takes an average of six months to issue an initial decision on a claim and as long as two years to decide an appeal. Hall's bill would not force anyone to return bonuses already received, but would prevent 2007 bonuses from being awarded unless the claims backlog is substantially reduced. The bill would freeze 2007 bonuses for senior Department of Veterans Affairs employees until the backlog of veterans' benefits claims is reduced below 100,000. Aides to Hall said this would give the VA until September, when performance awards are given, to make a big improvement in the claims process. [Source: NavyTimes Rick Maze article 15 May 07 ++]

STOLEN SSN USAGE: Victims of identity theft can have their benefits adversely affected a number of ways if anyone uses their social security number for fraudulent purposes. In addition to the risks it places on existing credit and bank accounts, use by an illegal immigrant to obtain work or open accounts will inflate a victim's actual income on which many of their benefits are based. Age and alien status are factors as to the degree they are affected if earnings are reported under their SSN. If it is suspected that someone has gained access or used your or a relative's number

you must act quickly to report problems, correct SSA records and continue ongoing vigilance for new problems. Correcting an SSA record could take repeated attempts since some problems may not surface until years from now. Here's just a partial listing of what to watch out for:

- Benefit reductions due to excess earnings. Earnings showing up under a victim's Social Security number could subject those benefits to reductions. For those still under full retirement age, Social Security would withhold $1 in benefits for every $2 over $12,960 in annual earnings, ($1,080 per month).
- IRS audits and taxation of Social Security benefits. Added earnings that appear under a number could subject from 50% to as much as 85% of a victim's Social Security to tax if those earnings make income appear to be over $25,000 or more (single) or if over $32,000 (joint). Your first indication that there's any problem could be a notice from the IRS that you owe taxes.
- Letters saying victim's are no longer, or is not, eligible for "Extra Help" to cover prescription drug costs. "Extra Help" pays all or most of the monthly drug plan premiums and deductibles, much of the co-insurance, and provides coverage during the "doughnut hole" coverage gap for low-income seniors. If single and added earnings make monthly income appear to be over $1,276 (or $1,711 if married) then one could be mistakenly dropped from the program, or told they are not eligible.
- Notifications that victim's are no longer, or is not eligible for "Medicare Savings Programs". These programs cover the Medicare Part B premium deductible and co-insurance for certain low-income seniors. If added earnings make monthly income appear higher than $871 (single) or $1,l61 (joint) an individual could be mistakenly dropped from one of these programs, or told they are not eligible.
- Notifications that a victim must pay higher "income related" Medicare Part B premiums. It's not uncommon for more than one illegal immigrant to work under the same Social Security number. In one particularly egregious case cited by the Government Accountability Office, a single employer used one Social Security number for 2,580 W2's filed in a single tax year. Should the earnings make an individual's income appear to be over $80,000 (single) or $160,000 (couple) they could be mistakenly notified that they would have to pay substantially higher Medicare Part B premiums.
- Notifications that a victim is no longer eligible, or is not eligible, for other low-income programs. Earnings could also make your mother's income appear too high to qualify for Medicaid, food stamps, low-income housing subsidies, assistance to pay cooling and heating bills, in addition to state, local and private programs from which individuals may receive benefits.
- Reduction of VA widow pension benefit. By law VA must take in consideration all income, regardless of source, of a widow and offset the pension dollar for dollar until the other income exceeds the pension.

If you think someone is using you're a number for work purposes, contact Social Security. You or your relative can ask to check the associated Social Security Statement that lists earnings posted to SSN records. If an error is found on a statement, contact Social Security right away. Social Security's website, however, is not very encouraging about fixing problems. The publication, Identity Theft and Your Social Security Number (Publication No. 05-10064) states, "If you have done all you can to fix the problem and someone still is using your number, we may assign you a

new number. We cannot guarantee that a new number will solve your problem." Call Social Security toll free at 1(800) 772-1213 or visit online at www.ssa.gov. Should you continue to have problems, contact your Congressional Representative or one of your Senators and ask for help. Each office has aides who handle constituent problems of this nature.

Legislation has been introduced that addresses this issue. . Sue Wilkins Myrick (R-NC-9) on 3 MAR 07 Rep introduced the Social Security Number Fraudulent Use Notification Act of 2007. If signed into law the Act would require the Social Security Commissioner to notify individuals of improper use of their social security account numbers by amending the Social Security Act (42 U.S.C. 405(c)(2)). Section 205(c)(2) to include a new subparagraph that reads, "In any case in which the Commissioner of Social Security determines that--

- (i) the Social Security account number in the wage records provided to the Social Security Administration by an employer with respect to any employee does not match relevant records otherwise maintained by the Social Security Administration, or
- (ii) the Social Security account number issued to an individual has otherwise been used by any other person in a fraudulent or otherwise illegal manner, the Commissioner shall promptly provide the individual (if any) to whom such Social Security account number was issued with written notification of the Commissioner's determination.". At present this bill has been referred to the House Committee on Ways and Means. With only six cosponsors to date it will likely never reach the floor of the House for a vote unless enough concerned citizens contact their Congressional representative and ask for their support. [Source: TREA Social Security and Medicare Advisor 16 May 07 ++]

MILITARY UNEMPLOYMENT COMPENSATION: If you are a servicemember separating from active duty you may qualify for unemployment compensation if you are unable to find a new job. The Unemployment Compensation for Ex-service members (UCX) program provides benefits for eligible ex-military personnel. The program is administered by the States as agents of the Federal government. You are eligible if:

- You were on active duty with a branch of the U.S. military, you may be entitled to benefits based on that service.
- You must have been separated under honorable conditions.
- There is no payroll deduction from your wages for unemployment insurance protection. Benefits are paid for by the various branches of the military.

Receiving separation pay may also influence your receipt of unemployment compensation. Retirees will almost certainly receive a lesser amount [or no amount] since the weekly amount of retirement pay is usually "offset" against the amount of unemployment compensation. Your state employment office handles unemployment compensation. Benefits vary from state to state. Because of this, only the office where you apply will be able to tell you the amount and duration of your entitlement. The nearest state employment office is listed in your local telephone directory. To receive unemployment compensation, you must apply. The best time to do that is when you visit the Local Veterans Employment Representative (LVER) at the state employment services office for assistance in finding a new job. To apply for unemployment compensation, you must bring your Certificate of Release or Discharge from Active Duty (DD Form 214), your Social Security Card and your

civilian and military job history or resume.

Arkansas recently became the fifteenth state to provide eligibility for unemployment compensation for a military spouse who must terminate employment due to a military-required location of his or her family. The new law will take effect on 1 OCT 07. The states of South Carolina, New Jersey, and Connecticut are currently considering similar legislation. [Source: Military.com May 07 ++]

VA SUCCESS QUESTIONED: Citing VA's own independent study, a widely-circulated article on 10 MAY by McClatchy Newspaper's writer Chris Adams reported that the Department of Veterans Affairs has habitually exaggerated the record of its medical system, inflating its achievements in ways that make it appear more successful than it is. The critical report noted that while the VA's health system has gotten very good marks for a transformation it's undertaken over the past decade, the department also has a habit of overselling its progress in ways that assure Congress and others that the agency has enough resources to care for the nation's soldiers. Although VA has boosted preventive care in a growing network of outpatient clinics and received glowing news coverage for the transformation, other data contradict the agency's statements on key issues of access, satisfaction and quality of care..... The article says that while experts inside and outside the VA point to studies showing the agency does a good job. McClatchy also found top VA officials buffing up those respectable results in ways that the evidence doesn't support. Among several discrepancies cited between VA assertions and substantiating evidence is Secretary Nicholson's statement to Congress in February describing VA's 'exceptional performance' in getting veterans in to see doctors. However, evidence from the VA itself indicates the record might be inflated.

On 14 May the Miami Herald, among others, reported Secretary Nicholson's response to the McClatchy article. Nicholson writes, "Re the May 10 story VA gets mixed record on aftercare: The historic transformation of the Department of Veterans Affairs' healthcare system has been lauded by the healthcare industry, professional journals, members of Congress, the media, foreign governments and veterans themselves.... The story makes a valid case that we need to be more careful with our numbers and public statements, but it does not challenge the basic truth about VA that our healthcare is a constant and shining emblem of how to reform a system for excellence. The McClatchy (5/10, Adams) article cited in the Secretary's letter charged that VA has "habitually exaggerated its record" and "inflat[ed] its achievements." [Source: Office of the Secretary of Veterans Affairs liaison VA News 15 May 07 ++]

VETERAN LEGISLATION STATUS 30 MAY 07: Congress is on recess for the Memorial Day Holiday. The House will reconvene at 1400 on 5 June and the Senate will reconvene at 1430 on 4 June. During the recess, a variety of committees hold field hearings on law enforcement information sharing, rural veterans' issues, Chinese lumber, and sustainable water programs. for a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress refer to the Bulletin attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. A cosponsor is a member

of Congress who has joined one or more members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The first member to sign onto a bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At http://thomas.loc.gov you can review a copy of each bill, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. The key to increasing cosponsorship is letting our representatives know of veterans feelings on issues. At the end of some listed bills is a web link that can be used to do that. Otherwise, you can locate on http://thomas.loc.gov who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making.

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