

# RAO Bulletin Update

## 15 October 2006

THIS BULLETIN UPDATE CONTAINS THE FOLLOWING ARTICLES:

- 2 NDAA 2007 [14]— (Additional Provisions)
- 2 NDAA 2007 [15] — (Pay Increases)
- 5 GI Bill [11] — (Modest Rate Increase)
- 5 Tricare Skilled Nursing & LTC — (What They Are)
- 7 Generic Drug Prices [02] — (WalMart Expands Program)
- 7 Vet Cemetery New Jersey [01] — (\$3.8 Million Grant)
- 8 Medicare Rates 2007 [03] — (Lower SS checks)
- 9 SSA Fund Depletion [03] — (Totalization Agreement)
- 10 Military Insurance/Investment Predators [01] — (Bill Signed)
- 11 SAT/ACT Offer Extended — (Retirees eligible)
- 12 Reserve GI Bill [03] — (DoD Opposes Raise)
- 14 Reserve GI Bill [04] — (New Bill)
- 14 WW1 Vet Search — (VA Looking For)
- 14 Veterans Recruitment Office — (2nd Office Opening)
- 15 Tricare Handbook [01] — (New Issue)
- 15 Mobilized Reserve 11 OCT 06— (Net Decrease 9,426)
- 16 VA Health Care Funding [06] — (Increase in Claims)
- 17 Medicare Part D [09] —(2007 Cost Increase)
- 17 ID Card (CAC) [02] — (Available OCT 07)
- 18 TSP [06] — (September Gains)
- 19 Tricare Newborn/Adoptee Registration — (Action to Take)
- 20 Questionable Email — (Don't Be Fooled)
- 22 Veterans Educational Assistance Program [01] — (New Bill)
- 23 Tricare Rx Drug Dispute [01] — (No 2007 Discount)
- 25 FEMA Mobile Homes — (Sale to Vets)
- 25 Tricare WIC Overseas Program — (What it is)
- 26 Sole Surviving Child — (Assignment Limitations)
- 28 Medical Mistakes — (Being proactive)
- 30 Medicare Scam — (Seniors targeted)
- 30 Business Opportunity Scams — (FTC action)
- 31 Elderly Cold Prevention — (Vitamin E impact)
- 31 Skin Cancer — (Cause & treatment)
- 32 Military Legislation Status — (Where we stand)



# RAO

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

**NDA 2007 UPDATE 14: The 1600-page FY2007**

Defense Authorization Act that Congress passed on 30 SEP and the President signed into law included hundreds of provisions, large and small, that affect nearly all members of the military community one way or another. A sampling of some not previously mentioned in the Bulletin are:

**Retiree Eligibility for Army Referral Bonus:** Makes Army retirees (including Gray Area Reserve retirees) and Department of the Army civilians, as well as any active member of the Army, Army National Guard or Army Reserve, eligible for a \$2,000 bonus for each recruiting referral that results in the referred recruit completing basic training and individual advanced training. Excludes JROTC administrators and instructors.

**Employer Incentives to Take TRICARE:** Prohibits civilian employers from providing cash or other incentives to their TRICARE-eligible employees to opt out of the company health plan and use TRICARE instead. The effective date of this provision is delayed until JAN 08. It also directs the Secretary of Defense to report to Congress by next spring on how this would affect situations in which employee coverage is through a cafeteria plan or when employers provide a generic token payment to all employees who use alternative coverage, only a small minority of which may be Tricare eligibles. Concerns are that the provision, as written, would unfairly penalize retired members whose employers only offer cafeteria plans (in which the employee receives a set amount of cash to buy whatever health care he or she uses) or who provide \$100 a month to any employee already using some other plan through a spouse or previous employer.

In many cases, there may be one eligible employee who uses TRICARE and 20 who use a spouse's federal civilian insurance or other coverage. The advance report requirement will allow Congress time to change the law if they do not like the answer in the Pentagon report.

**Mortuary Affairs in Combat Theater:** Requires expanded transportation and escort/honors considerations for members who die in a combat theater, and requires comprehensive Pentagon review and report to Congress on improving mortuary affairs procedures at forward locations and improving assistance to survivors.

**Physical Evaluation Board (PEB) Reform:** Requires Secretary of Defense to establish regulations to improve timeliness and consistency of physical evaluation board results for all services, and improved communications/explanations for members on PEB decisions and rationale.

**Housing Allowance for Mobilized Members:** Authorizes additional housing allowance for mobilized Guard and Reserve members and recalled retirees who are assigned to a location remote from their permanent residence and without government housing.

**Voluntary Separation Incentive:** Authorizes payment of voluntary separation pay, up to four times the amount of involuntary separation pay, to members in categories identified by service secretaries as requiring force reductions.



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

This provision is intended mainly for the use of the Air Force and Navy, which must reduce their manpower levels by 23,000 and 12,000, respectively, in the coming year.

**Survivor Benefits for Active Duty Deaths:** Allows surviving spouses of members who died on active duty since 7 OCT 01 the option of transferring Survivor Benefit Plan (SBP) coverage to a child or children, if any. This effectively allows the survivor to receive both Dependency and Indemnity Compensation (DIC) from the VA and SBP from the military, without having the former deducted from the latter. However, transfer to the child is irrevocable, and eligibility is not restored to the spouse when the youngest child loses dependent status.

**Chiropractic Services:** Requires Pentagon to provide a report by March 31, 2008 on the feasibility and cost vs. benefit of providing chiropractic coverage for all military beneficiaries.  
**Health Care Options for Families of Mobilized Reservists:** Requires Pentagon study (due in April 2007) of allowing family members of Guard/Reserve members the option of retaining their civilian employer coverage, with premiums subsidized at some level by the Defense Department, during periods when the member is mobilized.

For a more detailed summary of personnel and benefit provisions of the FY2007 Defense Authorization Bill, check out [www.moaa.org/lac\\_resources\\_07ndaa\\_matrix.htm](http://www.moaa.org/lac_resources_07ndaa_matrix.htm). A complete list of provisions can be found on the websites of the Senate Armed Services - <http://armed-services.senate.gov/press.htm> and/or House Armed Services - <http://www.house.gov/hasc/pressreleases/>. Congress recessed and headed home to their home states to campaign before the November elections. Leaving all but the Defense and Homeland Security funding bills unfinished, they are expected back in Washington the week of 13 NOV. A continuing resolution was passed to keep the government running until 17 NOV. [Source: MOAA Leg Up 6 Oct 06 ++]

#### **NDA 2007 UPDATE 15:**

The approved 2007 defense authorization bill will bring better pay and benefits to large segments of the military community. Drilling reservists who lack affordable health-care coverage will be pleased. So will medical scholarship students seeking stipend increases. Others will be upset to see prized initiatives fail again. Reservists will not see an increase in GI Bill benefits or an easing of the age-60 threshold for retired pay. Disabled retirees rated as "unemployable" will not see full retired pay restored before 2009. Survivor benefits will continue to be reduced by VA dependency and indemnity compensation. And there will be no change to the 2008 effective date of the paid-up rule on premiums for Survivor Benefit Plan participants. But the undisputed champions of compensation for 2007 appear to be the military's top 161 officers. There is no evidence these officers lobbied for dramatic pay gains. Yet their lifetime compensation is about to get a pleasant jolt.

In JAN 07, when most service members will receive a 2.2% basic-pay raise, their smallest in 12 years, America's 36 four-star generals and admirals and its 125 lieutenant generals and vice admirals will see basic pay climb by 8%, or \$1,100 a month. More significant are changes in the way



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)



their retired pay will be calculated. To use one prominent officer as an example, Army Gen. John Abizaid, commander of U.S. Central Command, could see his future retired pay jump by almost \$37,000 a year. The pay gains voted for the most senior officers' flow from a four-part packet of changes designed by the Senate Armed Services Committee. The first provision raises the executive pay cap that now affects only officers in pay grades O-9 and O-10. Currently their basic pay can't exceed Executive Level III for federal civilians (i.e. \$12,667 a month). On 1 JAN that will change to Executive Level II which will boost the basic-pay ceiling to \$13,767 a month. The ceiling could go even higher when Congress returns after November elections and decides on 2007 federal civilian pay levels.

The three other bill provisions of the Senate Armed Services Committee packet that will affect future annuities for three and four-star officers are:

- If Abizaid were to retire today, with 33 years of service, he would get retired pay equal to 75% of his \$12,667 a month basic pay. That would total \$9,500 a month or \$114,000 a year. But if Abizaid, with more than 30 years of service, retires later, his retired pay multiple might no longer max out at 75%.

The Secretary of Defense will have authority to add 2.5% for each year served past 30. So with 33 years, he could receive 82.5% of basic pay in retirement.

- Effective 1 OCT, senior officers who retire no longer will have their annuities based on capped basic pay. Instead pay officials will apply the basic-pay levels shown for O-9 and O-10 in the military pay chart. This change alone will be substantial using the 2006 pay chart.

- In April the military will move to a new 40-year pay chart. It sets new, higher basic-pay levels for members who have served more than 30 years, 34 years and 38. This will also raise the retired pay of long-serving senior enlisted members.

Thus, returning to the Abizaid example, his retired pay after 33 years could be 82.5% of the new basic-pay rate of \$15,234 a month for a O-10 with at least 32 years' service. His monthly retirement check could be \$12,568, instead of \$9,500, and annual retired pay \$150,816, not \$114,000. Two other key changes Congress embraced in its final 2007 defense authorization bill are:

- On 1 APR, warrant officers and some middle-grade enlisted will get a second basic-pay raise, the latest in series of adjustments to keep the pay table competitive. Warrant officers' raises will range from 0.8% to 8.3%, depending on grade and years of service.

- Enlisted grades E-5 with 8 or more years of service, and E-6 and E-7 grades with 12 years or more of service will see April raises of 1.2% to 2.5%.

- Increase of medical education loan repayment authority from \$22,000 to \$60,000.



**RAO**

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

- Increase the stipend under the Health Professions Scholarship Program from \$579 a month to a maximum of \$30,000 a year.
- Triple the maximum grant under the Health Professions Scholarship Program from \$15,000 to \$45,000.
- Increase the reserve critical health skill special pay from \$10,000 to \$25,000.
- Increase the accession bonus for dentists from \$30,000 to \$200,000.
- Allow eligibility for those with critical physician and dentist skills for a new \$400,000 accession bonus.
- Authorizes voluntary separation pay as high as four times the amount of the separation pay given a member of the same grade and years of service who is being involuntarily separated.

[Source: SunHerald.com article 8 Oct 06 [www.sunherald.com/mld/sunherald/news/local/15707408.htm](http://www.sunherald.com/mld/sunherald/news/local/15707408.htm) ++]

#### **GI BILL UPDATE 11:**

Monthly GI Bill benefits increased 4% 1 OCT, while fees for four-year public schools jumped 7.1% and four-year private school costs rose 5.9%. With the GI Bill increase, the maximum payment for full-time students with three or more years of active-duty will reach \$1,075 per month, or \$38,700 for the full 36-month limit on payments. Reservists who have not been mobilized for more than a year since 911 will receive up to \$309 a month. The Reserve Education Assistance Program (REAP) will be up to a maximum of \$806 a month and the GI Bill Apprenticeship and On The Job Training program will pay as much as \$913 a month. Students will see the new rates in their November checks. The Montgomery GI Bill (MGIB) was created to help veterans of active duty military service pay for their education and training. However, it is good for only 10 years after the date of your last discharge from active duty service. Only about 50% of veterans use their GI Bill. [Source: Armed forces News 6 Oct 06 ++]

#### **TRICARE SKILLED NURSING & LTC:**

At some point in your life, you or a family member may need skilled nursing care, long-term care or both. You should understand what each term means and how they affect you. For skilled nursing care and long term care issues contact your Tricare Service Center which can be found at [www.tricare.osd.mil/tricare-servicecenters/default.cfm](http://www.tricare.osd.mil/tricare-servicecenters/default.cfm) or your regional contractor listed on [www.tricare.osd.mil/Factsheets/viewfactsheet.cfm?id=92](http://www.tricare.osd.mil/Factsheets/viewfactsheet.cfm?id=92):

#### **Skilled Nursing Facilities:**

Under Tricare, this is a



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

facility with the staff and equipment to provide skilled nursing, skilled rehabilitation or other medically necessary healthcare services, including prescription medications. Skilled nursing care isn't typically provided in a nursing home or a patient's home. For Tricare to cover your facility admission you must meet the following criteria:

You must be treated in a hospital for at least three consecutive days, not including the day of discharge; you must be admitted within 30 days of your hospital discharge (with some exceptions) to a skilled nursing facility; your doctor's treatment plan must demonstrate your need for medically-necessary rehabilitation and skilled services; and the facility must be Medicare-certified and a participating provider.

**Under skilled nursing care, TRICARE typically covers:**

Medically-necessary skilled nursing care; Rehabilitative (physical, occupational and speech) therapies; Room and board; Prescribed drugs; Laboratory work; Supplies; Appliances; and Medical-equipment. You are responsible for Tricare beneficiary cost shares. The amount you pay varies, depending on your eligibility status and Tricare option. For more information, please see the chart at [www.tricare.osd.mil/tricarecost.cfm](http://www.tricare.osd.mil/tricarecost.cfm). If you are Medicare and TRICARE eligible for days 1 to 20, Medicare pays 100%; For days 21 to 100, Medicare covers all costs, except for the required Medicare copayment. TRICARE covers the copayment; and after day 100, TRICARE is the primary payer and you pay TRICARE beneficiary cost shares. Medicare and TRICARE have the same benefits, skilled nursing facility decision process and payment calculation method, except TRICARE doesn't limit the benefit to 100 days (after obtaining a Medicare claim denial).

**Long Term Care (LTC):**

LTC includes support services for patients with a degenerative condition (Parkinson's, stroke, etc.), a prolonged illness (cancer) or cognitive disorder (Alzheimer's). A trained professional doesn't have to provide long term care and it may be given in nursing homes, assisted living facilities, adult day care centers or in your home. LTC services include help with the walking; personal hygiene; sleeping; using the bathroom; dressing; cooking/feeding; medication; and moving from a bed to a chair. Tricare and Medicare do not cover LTC—it's your financial responsibility. Ask the facility whether you are getting skilled nursing care or long term care. If LTC ask your regional contractor or case manager about exceptions or partial exceptions to the "no coverage" guidance. You may buy long term care insurance through commercial companies. Most plans let you choose how much coverage you need and where you will use it. Another option is the Federal Long Term Care Insurance Program (FLTCIP). Nearly 20 million people are eligible to apply for FLTCIP, including all active duty and National Guard members activated for more than 30 days, retired uniformed service members and members of the Selected Reserve.

For more information, refer to [www.opm.gov/insure/ltc/index.htm](http://www.opm.gov/insure/ltc/index.htm) or call 1-800-582-3337.

Medically necessary equipment: Tricare covers medically necessary equipment costing more than \$100, such as



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)



wheelchairs, hospital beds and respirators. You may buy or rent the equipment (whichever costs less). Send your doctor's prescription with your claim, specifying the type of equipment, why you need it and for how long. Tricare won't cover general use equipment, such as air cleaners or whirlpool baths. Before getting durable medical equipment, check with your region's toll free call center listed on [www.tricare.osd.mil/tricare-servicecenters/default.cfm](http://www.tricare.osd.mil/tricare-servicecenters/default.cfm) about rules and coverage limitations.

**Hospice:**

Hospice care is available for terminally ill patients expected to live six months or less if the illness runs its normal course. A Medicare-approved program must provide the hospice care, which may include the Physician services; Nursing care; Counseling; Inpatient respite care; Medical supplies; Medications; Home health aide services; and Short-term acute patient care. Tricare Standard pays the full cost of covered hospice care services, except for small cost-share amounts the hospice may collect for drugs and inpatient respite care. Check with your regional contractor or the Tricare for Life and Medicare Fact Sheet at [www.tricare.osd.mil/factsheets/viewfactsheet.cfm?id=294](http://www.tricare.osd.mil/factsheets/viewfactsheet.cfm?id=294) for details. [Source: TMA Fact Sheet 5 Oct 06]

**GENERIC DRUG PRICES UPDATE 02:**

In early OCT 06 Wal-Mart announced that due to demand they are expanding their \$4 generic drug pricing for over 300 medicines from Tampa, Florida only, to the entire State of Florida starting today, October 6. They also announced that they will be expanding this pricing nationwide as soon as possible but there was no timetable given. A spokesman said that the overwhelming success of the program and the thousands of requests including one from Florida Governor Jeb Bush, to expand the program more quickly had led to their decision. Wal-Mart also raised the number of generic prescription drugs offered under the \$4 price for a month's supply plan to 314 from 291. The new number comprises 143 drugs in a variety of dosages and solid or liquid forms that together make up the total, up from about 125 drugs when the program started.

DoD failed in their attempt to raise Tricare user's generic drug cost for a 30 day supply from \$3 to \$6 in FY 2007. However, it is expected that this issue will be brought to the table again by DoD for inclusion in the 2008 National Defense Authorization Act (NDAA). This proposed increase was included in the 2007 NDAA which the full House passed on 11 MAY 06 before sending it to the House/Senate Compromise Committee. The House members who supported this increase are up for reelection. One more issue for vets to consider when they cast their vote in NOV. [Source: USDR Weekly Update 6 Oct 06 ++]

**VET CEMETERY NEW JERSEY UPDATE 01:**

Recently the Department of Veterans Affairs announced the award of a \$3.8 million grant to the state of New Jersey to expand the Brig. Gen. William C. Doyle Veterans Memorial Cemetery in North Hanover Township. The grant will cover the cost to develop approximately seven acres, which will result in an additional 1,556 single and



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

3,392 double-crypt gravesites. Also included will be improvements to roads and landscaping. The Doyle Cemetery has received more than \$20 million in VA grants for development, expansion and improvements since its dedication in 1986. The last VA grant to Doyle Cemetery was for \$6.1 million in 2005. The cemetery is available to New Jersey's approximately 592,000 veterans and their dependents.

VA's State Cemetery Grants Program is designed to complement VA's 123 national cemeteries across the country. VA state cemetery grants have helped establish, expand or improve 70 state veterans cemeteries in 35 states, Saipan and Guam, which provided more than 20,000 burials in fiscal year 2005. Since the program began in 1980, VA has awarded 151 grants totaling more than \$262 million.

Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at <http://www.cem.va.gov> or by calling VA regional offices toll-free at 1(800) 827-1000. Information about the New Jersey state veterans cemetery can be obtained from the New Jersey Department of Veterans Affairs, if calling within the state, at 1(888) 8NJ-VETS or from the Doyle Cemetery at (609) 758-7250. Information is also available online at [www.state.nj.us/military/veterans](http://www.state.nj.us/military/veterans). [Source: USDR Weekly Update 6 Oct 06 ++]

#### **MEDICARE RATES 2007 UPDATE 03:**

Some social security recipients will see lower monthly checks in 2007 as a result of two recent changes. Most beneficiaries have their Medicare Part B (doctors' and hospital outpatient) premiums automatically deducted from their Social Security check. Few know that SEC 1839 (f) of the Social Security Act protects most Social Security recipients from reduction in benefits when the annual increase in Medicare Part B premium exceeds the Cost-of-Living Adjustment (COLA) dollar amount that a person receives. The law adjusts the premium increase so that benefits don't get cut when the Medicare Part B premium increase is higher than the COLA. That provision of law will have implications for two groups of beneficiaries starting in 2007; enrollees of Medicare Part D prescription drug plans who have their drug plan premiums automatically deducted from their Social Security, and beneficiaries with annual incomes higher than \$80,000.

With the implementation of the new Medicare Part D coverage Congress didn't extend this same protection to the Part D drug premiums. If you have new Medicare Part D premiums deducted from your Social Security, any increase in your drug premium starting 1 JAN 07 that's greater than the amount of your COLA increase will come straight out of your Social Security benefit. You could wind up with a lower Social Security check next year than what you receive now. Also, in 2007 for the first time since Medicare began, the government will determine Medicare Part B premium based on income. The government calls it income relating, or income based premiums. It's also referred to as "means testing." Seniors with annual incomes of \$80,000 and more will be affected.

These individuals will pay significantly higher premiums than other seniors, and the higher premiums will come right out of Social Security benefits.



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)



The special protection that currently prevents Social Security benefits from reduction will not apply to persons affected by means testing. These change will have the greatest impact on beneficiaries whose Social Security benefits are average or below average, but whose other income subjects them to the highest Medicare Part B premiums.

The government estimates that beneficiaries with incomes of less than \$80,000 will pay a monthly premium of at least \$93.50 in 2007. This is based on the latest 13 SEP estimate by CMS of an increase of 5.6% vice 11.2%. Beneficiaries with incomes \$80,000 and higher will likely pay a monthly Part B premium that ranges from \$106.00 to as much as \$162.00. Retirees having incomes higher than \$80,000, but with only average Social Security benefits (about \$1,002 in 2006), may see reductions in their Social Security starting in January of next year to cover higher Medicare Part B premiums. If Medicare premiums continue to grow at the current annual pace of about 12%, the average rate of growth since 2002, the impact on the Social Security benefits of persons affected by means testing will grow proportionally. Seniors with incomes of \$100,000 a year will see their premiums skyrocket \$232.90 or 279% by 2009. For those with incomes of %200,000 or greater the increase to \$372.60 will be 320%. Those persons affected will eventually need most of their Social Security check just to cover the Medicare Part B premium. If Medicare premiums become too high beneficiaries may be driven out of the program. The Centers For Medicare and Medicaid Services estimates that some 50,000 seniors may drop their enrollment in Medicare Part B in 2007 alone. There is no guarantee that the \$80,000 cutoff will not be lowered in future years making Medicare Part B less and less attractive to seniors. Since only the oldest and sickest will not be in apposition to drop the coverage, in time their medical care requirements will rise up program costs and future premiums for everyone, no matter what their income. [Source: TREA Senior Citizens League alert 7 Oct 06 ++]

### **SOCIAL SECURITY FUND DEPLETION UPDATE 03:**

TREA Senior Citizens League (TSCL) has filed two Freedom of Information Act lawsuits intended to force the federal government to release information about the costs of the Social Security Totalization Agreement with Mexico and to the U.S. Social Security Trust Fund.

Despite repeated requests by TSCL under the Freedom of Information Act (FOIA), the Department of State, and the Social Security Administration have refused to release an actual copy of the Agreement or provide all pertinent information. A 1986 law rarely enforced makes it illegal to employ immigrants without valid work-authorized Social Security numbers. Illegal immigrants who are working under fake, or non-work authorized, Social Security numbers can receive credit towards benefits for work they performed while illegal if they later gain a valid, work-authorized Social Security number. TSCL believes that a Totalization Agreement with Mexico would allow millions of illegal Mexican workers to draw hundreds of billions of dollars from the U.S. Social Security Trust Fund.

The Agreement between the U.S. and Mexico was signed in JUN 04, and is awaiting



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

President Bush's signature. Many critics believe he intends to sign it shortly after the 2006 mid-term elections. Once the President approves the Agreement, which would be done without Congressional vote, either the House or Senate would have only 60 legislative days to stop it from taking effect by voting to reject it. The U.S. currently has 21 totalization agreements in effect with other nations, which are intended to eliminate dual taxation for persons who work outside their native countries. The agreements are with nations having economies similar to that of the U.S. But Mexico's retirement system is radically different, since only 40% of non-government workers participate, as opposed to 96% of America's workers. In addition, the U.S. system is progressive, meaning lower wage earners get back much more than they put in. But in Mexico, workers get back only what they put in, plus accrued interest. Adding millions of illegal Mexicans to the Social Security system would mean the retirement program would run out of money even sooner than already predicted and trigger benefit cuts for citizens who earned their benefits legally. Guest worker immigration amnesty legislation presently being considered by Congress would legitimize an even greater number of worker's eligibility to draw on the fund. Without constituent input to congressional representatives on this subject Congress is not likely to oppose this Totalization Agreement. [Source: TREA Senior Citizens League alert 7 Oct 06 ++]

#### **MILITARY INSURANCE/INVESTMENT PREDATORS UPDATE 01:**

Organizations concerned about the lending practices of payday loan businesses operating in Virginia verbally sparred with industry supporters last week at a hearing of the Commerce and Labor Committee of the Virginia House of Delegates. Members of the Committee looked for ways to understand the effects of the industry on state residents and the patterns of use by Virginians who seek short term loans from these establishments. Representatives from the NMFA, NAACP, AARP, the Center for Responsible Lending, the Consumer Federation of America, and the Virginia Joint Leadership Council of Veterans Service Organizations testified in favor of curbing payday lending practices in the state. Legislators were urged to provide more protections for state consumers, especially military families. The hearing was in preparation for the next General Assembly session, which will feature legislation to tighten controls on payday lenders. Since 2002, when lawmakers decided to regulate the industry, Virginia payday loan shops have doubled, now numbering 756. Virginia law exempts payday lenders from the 36% annual interest cap that governs other Virginia lenders. As a result, payday lenders may charge 391% annual interest for their loans. When a person takes out a payday loan in Virginia, they write a check in the loan's amount to the lender plus \$15 for each \$100 borrowed—\$575, for example, for a two-week \$500 loan. On the borrower's next payday, the loan company can cash the check to recover the loan principal and fees.

Representatives of the payday lending industry countered opponents by arguing that payday lending serves a consumer need, pointing out that 445,000 Virginians took out 3,372,000 separate payday loans last year. They asserted that many of these state residents would not have other alternatives for fast cash if payday lenders were driven from the state by more stringent regulations.

They could not, however,



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

document negative effects on potential borrowers in nearby states—North Carolina, Maryland, and West Virginia—that have either banned payday lenders or imposed lower rate caps. They rejected the efforts by Delegate John M. O'Bannon III (R-Henrico), who had unsuccessfully sponsored a bill at the behest of Henrico County government that would have placed payday loans back under the 36% annual interest cap. Committee members also had questions about the provision in the NDAA mandating a 36% rate cap for all loans to military members and their dependents. While payday lenders stated they would go out of business if limited to charging 36%, a representative of the Langley Federal Credit Union spoke of its program to provide short-term small loans carrying a maximum interest rate of 18%. While the loans are not a money maker for the credit union, he said, it does break even on them.

On 29 SEP 06 President Bush signed into law the Military Personnel Financial Services Protection Act (S.418). The law shields military personnel from abusive sale practices, bans the sales of inferior investment products, and ensures regulatory oversight of financial services sales on military installations. The new law, sponsored in Congress by Representative Geoff Davis (R-KY-04), Senator Michael Enzi (R-WY) and Senator Hilary Clinton (D-NY), is intended to help protect service members from companies selling risky financial products, including expensive and unnecessary life insurance, as well as mutual funds with excessive fees. The law originated as H.R. 458 and was overwhelmingly approved in the House of Representatives before being modified by the Senate and approved again by the House as S. 418. Provisions included in the Military Personnel Financial Services Protection Act will:

- Ban the sales of contractual plans,
- Require disclosures before the sale of private life insurance to military personnel,
- Require military personnel be informed of life insurance available through the federal government before the sale of private life insurance,
- Clarify state jurisdiction for insurance sales on military bases located within their borders, as well as military installations overseas,
- Establish a list of barred brokers and agents to be made available to installation commanders and state and federal financial regulators, and
- Provide investors with online access to information, including disciplinary actions, regarding broker-dealers.

[Source: NMFA Government and You E-News 10 CT 06 ++]

#### **SAT/ACT OFFER EXTENDED:**

The Scholastic Assessment Test (SAT) and the American College Testing Assessment (ACT) are designed to provide college admissions officers with two things: a predictor of first-year academic achievement in college, and a common yardstick to use in comparing students from a wide range of educational backgrounds.



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)



While SAT and ACT are very different tests, they both fulfill the same role in the admissions process. For additional info on the composition, scoring, and use of these tests refer to [www.act-sat-prep.com](http://www.act-sat-prep.com). A group of NFL, NFL Europe, AFL, and CFL football players have announced they are extending and enhancing their sponsorship of \$200 SAT/ACT training to all military families. The sponsorship allows any military person (active, National Guard, Reserve, or retired) to request as many programs as they need for the students in their lives. DoD has created a secure website to confirm a person's military status before directing the user to the software order site.

Instructions for ordering the software are available at: [http://www.militaryhomefront.dod.mil/portal/page/itc/MHF/MHF\\_DETAIL\\_0?current\\_id=20.20.100.30.0.0.0.0.0](http://www.militaryhomefront.dod.mil/portal/page/itc/MHF/MHF_DETAIL_0?current_id=20.20.100.30.0.0.0.0.0). Personnel can also access the confirmation and request pages through several military related associations and organizations, including the education page of the NMFA website: [www.nmfa.org/site/PageServer?pagename=home\\_education](http://www.nmfa.org/site/PageServer?pagename=home_education).

The sponsorship will last through the entire 2005-07 school years, which will end 1 JUL 07. Families may use the program for an entire year even if the program is requested the last day of the sponsorship. Programs are shipped to domestic U.S. and APO addresses. The sponsorship covers the regular purchase price of \$199 and the family pays only the shipping and handling of \$9.95. The programs have a one-year license and are intended for the individual use on students' personal home or laptop computer and are not intended for group or classroom instruction through the schools. The SAT & ACT test prep training programs come in either a single DVD or two CD-ROM sets and include more than eleven (11) hours of training video and 25-40 hours of student participation.

They can be used as a stand-alone complete course or as a supplement to other SAT & ACT prep materials. The students select the training they most need and can study at their own pace by picking which of the 120 video lessons they want to view. The program also provides progress tracking and much more. To view a flyer that has been made to assist in the effort, go to: <http://sat.eknowledge.com/military.asp>. [Source: NMFA Government and You E-News 10 CT 06 ++]

### **RESERVE GI BILL UPDATE 03:**

During an unusually testy joint hearing of the House armed services subcommittee on military personnel and the veterans' affairs subcommittee 27 SEP on economic opportunity proponents for strengthening Montgomery GI Bill (MGIB) benefits for the National Guard and Reserve said the critical issue is fairness. Reserve rates, frozen for years, need to be raised. Reserve benefits need to be made as portable as MGIB for active forces, their wartime deployment partners. The two panels share oversight responsibility for MGIB programs. The Republican chairman and ranking Democrat on the personnel subcommittee John McHugh (NY) and Vic Snyder (AR) were in sync laying out their case for raising reserve MGIB benefits perhaps next year. Snyder in particular sees two major inequities that need correction. The first, he said, is that MGIB for reservists ends when they separate after



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

a typical six-to-eight-year service obligation. That's true even now, in wartime, with Reserve and National Guard members being mobilized routinely for 16-to-18 months, and spending a year in Iraq or Afghanistan. When active duty members leave service, they take along MGIB benefits. Reserve benefits can only be used while they remain in drill status. A second inequity is the level of benefits under MGIB for Selected Reserves. Payments used to be set to equal 47% of benefits for active duty MGIB users. But cost of living increases to active duty MGIB, which the Department of Veterans Affairs administers and VA committees oversee, have not been applied to Reserve benefits since the attacks of 9-11. The armed services committees are responsible for Reserve MGIB and so can be blamed for letting benefits slip. Snyder said it is not fair and unconscionable when two members serve side by side in combat, they return home together, both leave the service, but one will have education benefits and the other will not have any.

The Bush administration has not asked for money to adjust Reserve MGIB. On 1 OCT when active duty benefits go up once again, Reserve MGIB benefits will stay frozen and their value, relative to active duty MGIB, will fall to 27%. Snyder asked Michael L. Dominguez, principal deputy under secretary of defense for personnel and readiness why Congress should not bring that benefit up to where it was at the time the program was established. Dominguez refused to concede the point, instead providing what he described as a number-crunching, bean-counter view. Reserve MGIB was designed primarily as a retention tool to keep members in drill status. He said, "If we look at our recruiting and retention numbers, we're achieving the purposes for which the program was intended". Following that logic, an angry Snyder told Dominguez, "If the Reserve MGIB deteriorates to 3% of the [active duty] benefit...or 1%, you're going to be perfectly satisfied as long as Americans are stepping forward and signing enlistment contracts for reasons for patriotism, family heritage, for love of country. You don't care where that benefit deteriorates to...I think you stepped in it, Mr. Secretary." Dominguez refused to retract his statement and countered, "If people understand what we offer in return for their service, and they know that up front and they agree to that service, under those conditions I think that needs to be honored". Retired Navy Vice Adm. Norbert Ryan, testifying on behalf of the partnership, warned that three of six reserve components won't make their recruiting goals for fiscal 2006

The Senate, in its version of the 2007 NDAA, adopted an amendment from Sen. Blanche Lincoln (D-AR) that would give Reserve MGIB benefits the same portability as active duty MGIB, a 10-year window to use benefits after separation. The House bill was silent on the issue. Odds were seen as slim the Lincoln provision would survive a House-Senate conference committee ironing out differences between the two bills. The Bush administration, in opposing the Lincoln provision, also pointed to projected costs of \$1.5 billion over 10 years and urged a delay on any changes to benefits until a joint VA-Department of Defense task force completes a comprehensive review of MGIB issues. Among proposals under review is a Total Force MGIB conceived by the Partnership for Veterans Education, a coalition of military, veterans and educational associations. The Total Force MGIB would end the inequities cited by Snyder, move responsibility for all GI bill benefits under the Department of Veterans and raise



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

benefits to mobilized reservists. They would earn a month of active duty MGIB benefits for every month of activation beyond 90 days. Dominguez said that if given an extra \$1.5 billion for reserve forces, he would recommend spending it on Reserve equipment not MGIB benefits. [Source: [Military.Com](http://Military.Com) Tom Philpott article 29 Sep 06 ++]

#### **RESERVE GI BILL UPDATE 04:**

Since 9/11, more than 550,000 members of the National Guard and Reserve have been called to federal active duty. But Congress has neglected to adjust Reserve Montgomery GI Bill benefits, either to keep pace with active duty benefit improvements or to acknowledge the vastly greater burden of sacrifice imposed on our "warrior-citizens" in the war on terror. The Ranking Member of the Military Personnel Subcommittee of the House Armed Services Committee (HASC) and a senior member of the Veterans Affairs Committee (HVAC) Rep. Tom Snyder is trying to correct this inequity through his new 'Total Force G.I. Bill' legislation H.R.6250. He said it was unconscionable that Guard and Reserve veterans are not entitled to any post-service use of the benefits they earn during a call-up. H.R.6250 would combine active duty and reserve MGIB benefits under the same law (to ensure equal increases) and allow Guard and Reserve servicemembers activated for a "contingency operation" to use their mobilization benefits for up to 10 years following satisfactory completion of a reserve service agreement or retirement from the Selected Reserve. At present, reserve MGIB benefits can only be used while a soldier continues to serve in the Guard or Reserve. H.R.6250 is a first step towards realizing a total force approach to the Montgomery GI Bill. To send a message of support for Rep. Snyder's bill to your representative refer to <http://capwiz.com/moaa/issues/bills/> [Source: MOAA Legislative Action Center 14 Oct 06 ++]

#### **WW1 VET SEARCH:**

Time is running out to find and recognize the last remaining veterans of "The Great War." The rolls of World War I veterans have declined so rapidly that the day is fast approaching when there will be one remaining, then none. The VA, with assistance from historians, state agencies and others, is keeping a roster of those veterans. Three years ago, there were about 250 remaining WWI American veterans. Yet, there may be other WWI veterans out there, perhaps in private nursing homes or in the care of family members, who have not been identified by VA. If you know of any WWI veterans in your area it is requested that you contact VA's Office of Public Affairs in Washington, DC, at [opaweb@va.gov](mailto:opaweb@va.gov). [Source: Military Report 10 Oct 06]

#### **VETERANS RECRUITMENT OFFICE:**

The Office of Personnel Management announced 5 OCT that it is opening the second of three outreach offices intended to boost recruitment of veterans into federal jobs. The new part-time office will be located at Brooke Army Medical Center in San Antonio. The first such center, also part-time, opened in DEC 05 at Walter Reed Army Medical Center in Washington; the location of a third has not been determined. Brooke and Walter Reed are separation points for service members about to leave the military. They



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)



also serve as rehabilitation centers for disabled veterans — a subset to which the federal government gives an extra edge in hiring. Federal agencies are required to give some preference to all veterans when filling job openings and when choosing who to lay off. The office will be staffed two or three days a week, and will provide soldiers with information about federal job opportunities and guidance for the sometimes confusing application process. It also will provide a contact point for agency representatives trying to recruit veterans.

Even though veterans' preference in federal hiring is required by law, many advocacy groups have criticized the government for circumventing the rule. In March, the Senate Homeland Security and Governmental Affairs Subcommittee on Oversight of Government Management, the Federal Workforce and the District of Columbia held a hearing to examine potential violations. One of those critics, Richard Weidman, director of government relations for Vietnam Veterans of America, said the new Brooke center is a step in the right direction, but is hardly adequate. He pointed out that up to now, despite the size of the federal service, OPM has only have one-and-a-half people doing the whole recruitment for the entire federal government. This opening will raise that to only two part time offices. Weidman said, "Returning veterans are the perfect candidates for hard-to-fill slots, especially in less populated areas. In his group's experience, returning veterans will move home if they are single and unemployed, move to their wife's hometown if they are married and unemployed, or move to where they have a job. It needs to be much more methodical. It needs to be built in once a person has determined they're going to leave the military. That's when the recruitment needs to start." In fiscal 2004, the most recent year for which figures are available, 33.6% of employees hired into full-time federal positions were veterans. The total number of veterans in the federal workforce at that time was 453,725, out of about 1.8 million employees. [Source: [GOVEXEC.com](http://GOVEXEC.com) Daily Briefing 6 Oct 06 ++]

#### **TRICARE HANDBOOK UPDATE 01:**

TRICARE is making a handbook available to all beneficiaries covered under Tricare Standard. This new manual goes into much greater detail than the old booklet, making it as useful as the Tricare Prime and Prime Remote handbooks. The handbook is full of useful data from what's covered to how to file a claim. However, because of annual cost changes it does not include cost information. Tricare created a separate summary of beneficiary costs flyer that contains costs for all Tricare programs, including dental and pharmacy. Tricare will update the flyer whenever the rates change. Starting in early OCT 06, beneficiaries may ask for copies of the Tricare Standard handbook or the summary of beneficiary costs flyer from their regional contractors or from a local Tricare Service Center, or view the documents on the Tricare Smart Site, [www.tricare.osd.mil/TRICARESmart](http://www.tricare.osd.mil/TRICARESmart). Basic information on Tricare Standard is available at [www.tricare.osd.mil/Factsheets/viewfactsheet.cfm?id=318](http://www.tricare.osd.mil/Factsheets/viewfactsheet.cfm?id=318). [Source: TMA News Release 11 Oct 06]

#### **MOBILIZED RESERVE 11 OCT 06:**

The Army, Navy, Air Force, Marine Corps and Coast Guard announced the current number of reservists on active duty as of 11 OCT 06 in support of the partial mobilization.



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

The net collective result is 9,426 fewer reservists mobilized than last reported for 13 SEP 06. Total number currently on active duty in support of the partial mobilization for the Army National Guard and Army Reserve is 80,234; Navy Reserve, 6,053; Air National Guard and Air Force Reserve, 6,925; Marine Corps Reserve, 7,217; and the Coast Guard Reserve, 265. This brings the total National Guard and Reserve personnel, who have been mobilized, to 100,694, including both units and individual augmentees. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at <http://www.defenselink.mil/news/Oct2006/d20061011ngr.pdf>. [Source: DoD News Release 11 Oct 06]

#### **VA HEALTH CARE FUNDING UPDATE 06:**

A newly released report finds 42% of recently discharged combat veterans are filing service-connected disability claims, a trend that could overwhelm the Department of Veterans' Affairs budget and claims process. The 20 JUL report, based on data obtained by the National Security Archive through a Freedom of Information Act request, shows that more than 104,000 disability claims from veterans of the wars in Iraq and Afghanistan have been approved, with all but about 18,000 involving the granting of monthly disability pay and automatic eligibility for lifetime care of the service-connected injury or illness. The National Security Archive, a non-partisan research group, made the report available on its Web site. A House Veterans' Affairs Committee aide who asked not to be identified because the report is still being studied said, "What this really shows is the long-term cost of war".

Aides believe the number of claims and the fact that so many been filed and processed while combat operations in Iraq and Afghanistan continue are a signal of several trends that are good for veterans but could lead to long-term funding problems for the VA. Everyone being separated from service is receiving a complete postwar physical that makes it possible for them to immediately file disability claims for minor problems that might in the past has escaped immediate notice or might not have been worth the trouble for a separating service member to pursue, aides said. The VA also is providing two years of medical care, no questions asked, for all veterans of the current wars. For treatment to continue beyond two years, an OIF or OEF veteran must have a proven service-connected disability. The cutoff date is well known to separating service members. Thus, there is a incentive for them to get a disability rating approved so they can keep getting VA care.

A contributing factor to the number of claimants is that improvements in armored protection and combat medicine have resulted in more service members surviving what would have been fatal injuries in past conflicts. The flood of claims comes at a time when VA officials have been losing ground as they try to eliminate a backlog of claims for disabilities and other benefits. With no near-term reductions planned in U.S. troop levels in Iraq, and no end to the violence there in sight, congressional aides said the VA has to be prepared to spend more money on claims and on hiring personnel to process the claims. About 1.3 million people have deployed to Afghanistan and Iraq since the



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

wars began, with about 567,000 now discharged. As of 20 JUL, some 152,669 of the discharged combat veterans had filed VA claims. The VA had processed 118,264 of those claims, granting 108,819 and denying 13,445, with 34,405 still pending. [Source: NavyTimes Rick Maze article 11 Oct 06 ++]

#### **MEDICARE PART D UPDATE 09:**

Seniors and disabled beneficiaries are likely to pay more next year for Medicare Part D drug benefits. Even while Initial Enrollment for Part D was still underway, Medicare officials announced the higher 2007 costs of the government standard drug benefit. Out-of-pocket costs before reaching the catastrophic level of coverage are expected to increase from \$3,600 to \$3,850. But that amount doesn't include the increase in drug plan premiums.

Beneficiaries will learn those costs soon, as drug plans notify enrollees this month of 2007 premiums and other coverage changes. Medicare's Open Enrollment period starts 15 NOV and runs through 31 DEC 06 for beneficiaries wanting to shop for, and switch, supplemental Part B health and Part D drug plans.

Here are the cost increase details of the 2007 standard Medicare drug benefit. Note, that, if you are enrolled in a Medicare Part D drug plan, the details of your actual plan may vary. Insurers are allowed wide latitude to offer plans of their own design, as long as the value of the coverage is equal to or greater than the Medicare standard benefit.

- Standard Benefit 2006 :Deductible \$250; Initial Coverage Limit\* \$2,250; Out-of-Pocket Maximum\*\* \$3,600

- Standard Benefit 2007: Deductible \$265; Initial Coverage Limit\* \$2,400; Out-of-Pocket Maximum\*\* \$3,850

\*Amount in retail drug costs, meaning the amount both you and your drug plan pay, not just co-pays, before you reach the "doughnut hole" gap in coverage.

\*\* Total amount you pay out-of-pocket (a.k.a doughnut hole), before you reach catastrophic coverage when your plan covers 95% of your drug costs, and you pay 5%.

[Source: USDR Action Alert 7 Oct 06 ++]

#### **ID CARD (CAC) UPDATE 02:**

The Pentagon will begin issuing millions of next-generation common access cards (CAC) to every service member in an effort to heighten the effectiveness and security of the cards, make them more interoperable and allow them to be more useful in more places. The new cards, officially called "Next Generation CAC" will be issued to service members and other government employees over the next three years. Mary Dixon, Deputy Director of the Defense Manpower Data Center in Arlington VA said, "There are no security guarantees, but the card's technology is far more secure than anything



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)



to come before it. There is nothing that cannot be broken into, given enough time, dollars and resources, but we believe that this is as good as it gets, and will only get better over time.”

The front of the new card looks slightly different than the original, with a vertical, rather than horizontal, identifying stripe to indicate that it is the new model and a larger expiration date that will help security personnel more easily identify which cards are still valid. The cards will come in different colors for different populations of people, including green and red. They will contain bar codes, computer chips and magnetic strips, all very high-tech. But it is what’s under the hood that really distinguishes this card from the existing CAC. The new cards have been re-engineered with a contactless capability that will allow them to be used like a subway card in that people can wave them over card readers at a distance of up to about four inches. That capability could raise concern that personal data could be removed from the card, but Dixon said the chip within the card and the card’s magnetic strip are encrypted, making the data almost impossible to remove. Data to be placed on the cards include an individual’s name, gender, card expiration date, blood type, government agency and branch of service, duty status, paygrade, date of birth plus other information. The chip also will include two encrypted fingerprints.

The magnetic strip will include an individual’s Social Security number and physical security information. The card will be used to authenticate someone’s identity serving as an identity credential while the bulk of information on a particular person is stored elsewhere. The card also will give holders logical access to computers, eliminating some of the need to manually enter a computer name and password to log on. Ultimately, the switchover will mean that those who have the new cards will not need additional cards to access sites within other governmental organizations. Someone with authority to access both the Pentagon and the National Security Agency, for example, would need only the one card.

Creation of the new card is part of a broader security initiative led by President Bush called Homeland Security Presidential Directive 12, which aims to increase the security of employees and government agencies by creating a more recognizable card with a single security standard. More than 4 million of the new cards eventually will be issued to federal employees. But the military, often the guinea pig for many such programs and initiatives, has the lead on this one. All active-duty, Selected Reserve, Defense Department civilian employees and other contractors will get the card. Individual Issuance will start Oct. 27 and will proceed by attrition as older cards expire. The new cards are now being tested at 10 locations around the country, including Maxwell Air Force Base, Ala.; Wright-Patterson Air Force Base, Ohio; Redstone Arsenal, Ala.; Fort Belvoir, Va.; Fort Hood, Texas; and Marine Corps Base Quantico, Va. Spouses and military retirees will not get new cards, but will continue to use the ID cards they have now, officials said. [Source: NavyTimes Gordon Lupold article 9 Oct 06 ++]

#### **TSP UPDATE 06:**

The TSP is a 401(k)-style retirement savings plan for federal employees and some members of the military. At last count, it had \$191 billion in its funds. The five basic funds making



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

up the Thrift Savings Plan made incremental gains in September. None lost any ground, but only one gained more than 1%.

- The C Fund, composed of common stocks on the Standard & Poor's 500 Index of the largest domestic companies, earned 2.58% last month. That gain brought the C Fund's 12-month earnings to 10.78%.
- The S Fund, which is invested in small- and mid-sized American companies, was the next highest earner. The S Fund gained 0.88% in September for a 12-month gain of 8.77%
- The F Fund, invested in fixed-income bonds, earned just less, at 0.82%. For the year, the F Fund lagged behind other investment options, with the lowest 12-month earnings at 3.68%.
- The G Fund, which is TSP's most popular investment, is made up short-term Treasury securities specially issued to provide a higher return than inflation without any serious risk from market fluctuations. It gained 0.35% last month which brought the fund to a 4.90% 12-month total.
- The I Fund made up of international stocks and previously the star performer in the TSP earned the least last month, at 0.15%. Still, the I Fund had the highest 12-month earnings at 19.23%.

TSP participants also can invest in a mix of the five underlying funds, called the life-cycle funds. This option automatically shifts participants' money from riskier to more conservative allocations as they age. These funds, too, made incremental gains, with those geared toward younger, more aggressive investors earning slightly more. L 2040, intended for employees with a target retirement date around the year 2040, gained 1.41% last month. The L 2030 Fund earned 1.33%; the L 2020 gained 1.17%; the L 2010 increased 1.01%; and the L Income, designed for employees with planned retirements in the very near future, grew 0.73%. Over the last 12 months, the L Funds with riskier allocations also earned more. L 2040 gained 11.52%, L 2030 grew 10.72%, L 2020 gained 10.07%, L 2010 earned 8.72% and L Income made 6.50%. [Source: [GOVEXEC.com](http://GOVEXEC.com) Daily Briefing 5 Oct 06]

#### **TRICARE NEWBORN/ADOPTEE REGISTRATION:**

It is important to register newborns and adoptees in DEERS to establish TRICARE eligibility for essential well-baby and pediatric health care. By registering your newborn or adopted child in DEERS, you may avoid potential claims problems. To establish a newly-born, adopted or pre-adoptive child's TRICARE eligibility in DEERS, you must submit the following to the registration activity.

- A certified birth certificate or certificate of live birth (authenticated by the attending physician or other responsible person from a U.S. hospital or military treatment facility);



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

- A record of adoption or a letter of placement of the child into the home by a recognized placement/adoption agency or the court in anticipation of the final adoption; and
- A copy of the DD Form 1172 (signed by the sponsor). If a sponsor can't sign the DD Form 1172, then a family member must submit a notarized copy of the form for enrollment.

It is important for you to apply for your child's social security number by visiting the Social Security Administration Web site, [www.ssa.gov](http://www.ssa.gov) or by calling (800) 772-1213. Once you receive your child's social security number, be sure to go to your nearest identification (ID) card-issuing facility to update their DEERS information.

Children are eligible for coverage under all Tricare programs. With Tricare Prime as long as another family member is enrolled in Prime, it covers Newborns for 60 days beginning from the date of birth; Adopted children for 60 days beginning from the effective date of the actual adoption; and Pre-adoptive children for 60 days beginning on the date of placement of the court or approved adoption agency. To continue Prime coverage past the first 60 days, you must enroll your newborn or adoptee in either TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members (TPRADFM) within the 60 day window. On the 61st day and after, if your child isn't enrolled in Prime or TPRADFM, TRICARE processes all future claims under Standard (higher costs) until you enroll them in Prime or TPRADFM. Your child loses all TRICARE eligibility 365 days after birth or adoption unless they are registered in DEERS. It is important for you to apply for your child's social security number by visiting the Social Security Administration Web site [www.ssa.gov](http://www.ssa.gov) or by calling (800) 772-1213. Once you receive your child's social security number, be sure to update their DEERS information.

For additional information on newborn or adoptee DEERS registration, you can contact or visit your military personnel office, uniformed service ID card-issuing facility, or call the Defense Manpower Data Center Support Office telephone center at (800) 538-9552. A list of ID card facilities is available at [www.dmdc.osd.mil/rsl/owa/home](http://www.dmdc.osd.mil/rsl/owa/home). DEERS eligibility information is also available on the TRICARE Web site, [www.tricare.osd.mil/deers/default.cfm](http://www.tricare.osd.mil/deers/default.cfm). [Source: TMA Fact sheet 12 Oct 06 ++]

#### **QUESTIONABLE EMAIL:**

Ever wonder about the truth of all those emails you receive with enticing or warning messages. You can usually get the straight skinny on those stories and fraud attempts at [www.snopes.com](http://www.snopes.com). This is a Web site that is known as the Urban Legends Reference Pages. Here you can visit to find out if something is true or not. It is 100% dedicated to finding out the truths and falsities of urban legends, modern day myths and any other stories that travel around the Internet and the realistic world. For example, maybe you heard a story from one of your friends, but you're just not sure whether it's reputable or not. Well, to clear up your suspicions, you can visit Snopes and put your wonderings to rest. [Snopes.com](http://Snopes.com) is hosted by Barbara and David Mikkelson, a married couple from California. They are very



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)



determined to provide the complete truth to their Web site visitors. They don't want anyone leaving Snopes feeling like they still don't know the facts. They spend most of their time doing extensive researching on their topics. They also try to include references with their findings when they can. A few examples of the truth of topics that can be found on the site are:

- Ashley Flores is not missing. It's a hoax.
- Shopping center parking lots across America have not been overrun by thieves who trick women into sniffing perfume that is actually a knock-out drug.
- The e-mail warning about the dangers of outdated pancake mix is true.
- The phone number 1-800-FREE-411 does offers free directory assistance service.
- Dialing #77 or \*677 is not a surefire way of reaching the local highway patrol. The service is in place in some regions, but not in others. If in need of assistance, dial 911 instead for the sure thing.
- The e-mail asking for help in locating 9-year-old missing Penny Brown is a hoax. Photo of a cute redheaded kid or not, there is no such child. This hoax has been running since 2001.
- Beware of the 809 area code scam. Unsuspecting phone customers have been gulled by con artists into placing calls to area codes in the Caribbean that result in hefty phone charges.
- While Venezuela president Hugo Chavez did make nasty remarks about the U.S., boycotting Citgo brand gasoline is not necessarily an effective protest.
- While it's true a consortium of wireless providers is planning to create a 411 (directory assistance) service for cell phone numbers, you need not register your cell phone with the national "Do Not Call" directory to prevent your number from being provided to telemarketers.
- The warning about gang member inductees killing motorists who flash their headlights is false.
- Someone has confused Pepsi with Dr Pepper. Dr Pepper's "one nation" can design that omitted "under God" from a quote from the Pledge of Allegiance was used for only a short time ending in February 2002. The cans haven't been on the shelves since. Newer versions of incitements to boycott name Pepsi as the culprit responsible for Godless cans, but this is just a garbling of the Dr Pepper story - Pepsi has nothing to do with this.
- The Target Corporation's chain of retail stores is the subject of a number of e-mailed



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

items, some true, some not.

- It is true that during a 1972 trip to North Vietnam, Jane Fonda propagandized on behalf of the North Vietnamese government, declared that American POWs were being treated humanely and condemned U.S. soldiers as "war criminals" and later denounced them as liars for claiming they had been tortured. She was profiled in 1999 in ABC's A Celebration: 100 Years of Great Women. It is not true that she handed over to their captors the slips of paper POWs pressed upon her.

- It is technically true that pressing #-9-0 on your telephone could allow scammers to make long-distance calls and charge them to your phone bill dependent upon the phone system you have. However, there is practically no chance that the scam could affect the average residential or cell phone customer.

- The email warning of Identity thieves tricking the unwary into revealing their personal details by telling them they've failed to report for jury duty and warrants for their arrest are being issued is a fraud attempt.

- While the potentially deadly illness Leptospirosis can be caught by exposure to the urine of diseased animals (including rats), stories about rat urine-encrusted soda cans killing people are false.

- Theobromine, a chemical found in cocoa mulch, can be harmful to pets.

- While there was a serial killer using the screen name 'Slavemaster' who lured women to their deaths over the Internet, he was arrested in 2000 and is now under sentence of death.

- Bill Gates is not sharing his fortune with everyone who forwards a specific e-mail on his behalf.

Some other sites on which the validity of messages are can checked are: Truth or Fiction <http://www.truthorfiction.com>; Hoax [http://www.europe.f-secure.com/hoaxes/hoax\\_new.shtml](http://www.europe.f-secure.com/hoaxes/hoax_new.shtml) ; and Internet Fraud <http://www.scambusters.org>

[Source: [www.snopes.com](http://www.snopes.com) Oct 06 ++]

#### **VEAP UPDATE 01:**

Rep. Mike Billirakis (R-FL) has introduced the Military Education Enhancement Opportunities Act of 2006 (H.R.6100) to expand eligibility under the Veterans Educational Assistance Program (VEAP). It would extend enrollment opportunity to those currently denied GI Bill benefits that entered service on or after 1 JAN 77 and before the start of the Montgomery G.I. Bill 1 JUL 85 who previously declined to enroll in the program another chance to enroll provided he/she:



# **RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

- Has served on active duty without a break in service since the date the individual first became such a member or first entered on active duty and continues to serve on active duty for some or all of the one-year period after the date the Act is enacted; and
- Has not enrolled in the educational benefits program provided by chapter 32 of Title 38, United States Code; and
- Before making an election under this Chapter 30 section, has completed the requirements of a secondary school diploma (or equivalency certificate) or has successfully completed (or otherwise received academic credit for) the equivalent of 12 semester hours in a program of education leading to a standard college degree; and
- Is discharged or released from active duty with an honorable discharge; and
- Makes an irrevocable election into the new program during the one-year period beginning on the date of the Act's enactment

Those who enroll become entitled to basic educational assistance but cannot receive any until they have paid the VEAP prerequisite \$2700 either by payroll deduction of active duty basic pay or retirement pay. Enrollees will be allowed 18 months beginning on the date the election is made to pay the \$2700. While on active duty participants can make a lump sum contribution to their VEAP account. DoD will match the participant's contribution at the rate of \$2 for every \$1 the individual puts into the fund. Eligibility generally expires 10 years from date of last discharge. Two open enrollment periods had been established previously for those who had enrolled in the VEAP and discontinued. Additional information on VEAP can be found at [www.gbill.va.gov](http://www.gbill.va.gov) .[Source: <http://thomas.loc.gov> Oct 06 ++]

#### **TRICARE Rx DRUG DISPUTE UPDATE 01:**

Pressured by the White House and drug industry lobbyists, Congress has killed a Senate-passed provision that would have forced pharmaceutical manufacturers to grant the DoD deep discounts on drugs dispensed through the Tricare retail pharmacy network. House Republicans were under enormous pressure last month to sideline a provision inserted in the 2007 defense authorization bill that would cut 40% or more off the cost of many drugs available to Tricare beneficiaries through retail network pharmacies and stores. DoD officials contend that the Veterans Health Care Act of 1992 requires drug makers to include Tricare retail drugs in Federal Supply Schedule (FSS) discount agreements negotiated with the Department of Veterans Affairs. The discounts already apply to drugs dispensed through base pharmacies, the Tricare mail order program and VA pharmacies.

To avoid having to grant more discounts, drug manufacturers have filed a lawsuit challenging DoD's contention. The Senate Armed Services Committee voted to make that lawsuit moot with clarifying language in its defense bill that



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)



federal discounts are to apply to Tricare retail drugs too. After the Senate passed its bill, White House politicians began to pressure House Republicans to fight the Senate provision in final negotiations over the defense bill, in effect, undercutting their own Defense Department as it strives to curb soaring drug costs. According to a staff member the armed services committees were subjected to tremendous forces emanating from Pharmacies and drug manufacturers which targeted conferees as they began to negotiate over the bill. Given that pressure, Rep. Chet Edwards (D-TX) introduced a motion to instruct House conferees to accept the Senate's drug discount provision when negotiating behind closed doors. Edwards, joined by several Democratic colleagues, argued that applying FSS discounts for Tricare retail drugs would save \$251 million in 2007 alone. It also would suck the wind out of plans to hold down Tricare costs by raising co-payments on military retirees and others who use the more costly retail network.

Opposing Edwards' motion was Rep. Steve Buyer (R-IN.), chairman of House Veterans Affairs Committee and a friend to drug manufacturers. Eli Lilly & Co. has its headquarters within miles of Buyer's district. The company this year is his second largest campaign contributor, providing \$10,000. While no member of the Senate Veterans' Affairs Committee had objected to squeezing the drug companies, in the House, Buyer alone vigorously attacked the Senate plan, calling it a very bad idea that would lead to higher drug costs for disabled vets. Buyer said to the Committee, "I have come to the floor, as chairman of the Veterans' Affairs Committee, appalled, appalled. I am just dumbfounded that we are going to vote on a motion to instruct that we should accept what the Senate does? It seems that some people in this body are possessed in their fight against drug companies." During floor debate Buyer said as chairman of the House armed services personnel subcommittee several years ago he had created the Tricare retail program and if he had intended for FSS pricing to be included, he would have included it in the bill. Buyer's reelection campaign, as of 11 SEP had received more than \$45,000 from drug manufacturers through political action committee contributions. Only 13 House members, all of them Republicans, had received more in pharmaceutical dollars, according to data gathered by the Center for Responsive Politics.

Drug manufacturers worry that expanding FSS discounts to all Tricare drug sources will lead to them having to negotiate discounts with other federal programs, including Medicare and Medicaid. Buyer echoed that concern in his remarks but emphasized always the impact on disabled vets. "A discount for everyone is a discount for no one," he said later in a written statement. In the end, Buyer lost the battle but won the war. Edwards' motion passed 7 SEP, on a lopsided vote of 370 to 30, with Buyer and 29 other Republicans in opposition.

However, the motion was not binding. A few weeks later a compromise defense bill emerged with the Senate's drug discount provision removed. Critics of the conference can argue that tax dollars are being sacrificed to drug industry profits. But they cannot argue that Tricare beneficiaries have been harmed, at least not for 2007. That's because, in a surprise move, conferees also shelved a House plan to raise Tricare co-payments on generic and military formulary drugs obtained through retail outlets. Congress wants no change in Tricare fees or co-pays for at least a year.



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

Rep. John McHugh (R-NY), current chairman of the personnel subcommittee and a conferee on the defense bill, said in a phone interview that the administration, the VA committee and others weighed in strongly against the Senate provision. Though Buyer was not a conferee his words as VA committee chairman had an impact, but not on him. McHugh said he favored the Senate provision and does not believe that applying discounts to the retail network will have a cataclysmic impact on veterans. "If there are savings, I am for finding them." he said. That will have to wait for at least another year and another Congress. [Source: Military.com Tom Philpott article 13 Oct 06 ++]

#### **FEMA MOBILE HOMES:**

On 2SEP 06, Congress approved a homeland security spending bill that included a provision allowing Federal Emergency Management Agency (FEMA) to sell or donate the trailers in Hope Arkansas to municipalities, nonprofit groups or American Indian tribes across the country. Operation Firing For Effect (OFFE), a grassroots veterans' rights organization, is working to insure veterans are given first opportunity to acquire a mobile home from the 9500+ trailers sitting at an airfield in Hope Arkansas. Also, on getting some of these homes donated to qualified homeless veterans and their families. They has been working on this project for six months and feel confident that FEMA will take their suggestion very seriously. Communications with both the VA and FEMA have confirmed that eligible veterans can use their VA home loan entitlements to finance one of these brand-new mobile homes. There are a few requirements but the procedure is almost exactly the same for purchasing a fixed home.

According to FEMA, once a distribution process is finalized in the next few weeks, the fully furnished mobile homes will be sold at a fraction of their original cost. The Buyer will be responsible for transporting and setup of the mobile home. OFFE has started a list of veterans who are interested in the FEMA trailers to buy, and to donate. Applicants should realize that OFFE cannot guarantee every eligible veteran will be approved for receipt of a trailer. All sales and donation request will be subject to approval by FEMA. However, according to the organization's spokesman Gene Simes, OFFE will insure that your name or organization is submitted through the proper FEMA channels for consideration. All submissions will be on a first come, first serve basis. OFFE is offering this listing service free of any charges or commissions. If you are a veteran and interested in buying one of these surplus trailers, or you wish to sponsor a homeless and needy veteran for the possible award of one of these homes, contact Gene Simes for details at (315) 986-7322 [gdsusa@rochester.rr.com](mailto:gdsusa@rochester.rr.com). Information on OFFE is available at [www.firebasenetwork.net](http://www.firebasenetwork.net) [Source: FBN Rick Townsend article 13 Oct 06 ++]

#### **TRICARE WIC OVERSEAS PROGRAM:**

The Women, Infants and Children (WIC) Overseas, a Department of Defense special supplemental food program, provides several important benefits including education on nutrition and proper diet; tips for preparing a balanced meal; nutrition and health screening; redeemable food coupons, called "drafts," for



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

nutritious food; and referrals to other health agencies. Eligibility extends to members of the armed forces and civilian employees of a military department or a contractor for the Department of Defense living overseas. Retirees and their dependents are not eligible unless they meet the aforementioned criteria. To receive benefits under this program, you and/or your family members must first be certified at nutritional risk for medical or dietary reasons. Then you must meet the program's income guidelines published by the Secretary of Health and Human Services. The WIC Overseas Program uses the income poverty table for the State of Alaska when determining income eligibility.

Once eligibility is established, and you are pregnant, you will receive WIC services throughout your pregnancy and up to six weeks after you deliver, or if your pregnancy ends. If you are breastfeeding, you can continue to use the program until your infant's first birthday. If you are not breastfeeding, you can continue in the program for up to six months after your child's birth. Upon approval to participate you will meet with a nutrition counselor who will give you approved food lists specifying type, brand and quantity of foods you may purchase using food drafts for specified foods and quantities that may only be redeemed at overseas commissaries and NEXMARTs. Food items generally available through the WIC Overseas program include: Iron-fortified infant formula and infant cereal, Iron-fortified adult cereal, Vitamin C-rich fruit and/or vegetable juice, Eggs, Milk, Cheese, Peanut butter, Dried beans or peas, Canned tuna, and Vitamin A-rich vegetables. The WIC Overseas program offices are located in Germany, England, Belgium, Netherlands, Italy, Spain, Japan, Korea, Turkey, Portugal, Central America and Iceland. Check with your local installation telephone operator to obtain the WIC Overseas office listing in your area or see "Site Locations" on the WIC Web site [www.tricare.osd.mil/Wic/](http://www.tricare.osd.mil/Wic/). [Source: TMA Fact Sheet 5 Oct 06]

#### **SOLE SURVIVING CHILD ASSIGNMENT:**

In addition to being able to request a discharge, sole surviving sons and daughters are exempt for involuntary deployment or assignment to combat areas. However, for the assignment limitation program, there are a couple of differences. First of all, it applies to commissioned and warrant officers, as well as enlistment members. The biggest difference, however, is that under the discharge provisions, an enlisted member does not have to be the sole surviving son or daughter in order to apply for a discharge. Under the assignment policy, however, one must be the sole surviving son or daughter. A sole surviving son or daughter is a service member who is the only surviving son or daughter in a family where the father, or mother, or one or more sons or one or more daughters, served in the U.S. Armed Forces, and as a direct result of the hazards of duty in the Service, the father, or mother, or one or more sons or daughters:

- Was killed, or
- Died as a result of wounds, accident or disease, or
- Is in a captured or missing-in-action status, or
- Is permanently 100% physically disabled (including 100% mental disability), as determined by the



**RAO**

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)



Department of Veterans Affairs or one of the Military Services, and is not gainfully employed, because of that disability. In the Marine Corps, the veteran must also be "continually hospitalized."

Sole surviving sons or daughters, upon request (or request from member's immediate family) for noncombat duty may not be assigned to duties normally involving actual combat or to duty where the member might be subjected to hostile fire. In the Air Force, the deferment request must come from the member, not the immediate family. Members may waive entitlement to the assignment limitation, whether entitlement was based on the member's own application or the request of the member's immediate family.

Unless entitlement is waived, sole survivor military members will not be assigned to:

- Combat and hostile fire areas.
- Duties that require travel within the limits of the hostile fire zone.
- A command where combat conditions exist, unless the area is not physically located in the geographical limits of the hostile fire zone.

The requirement that death or disability be a direct result of the hazards of service does not require that the family member's death or disability occur in combat or during assignment to a designated hostile fire or imminent danger area, but does require that death be determined as in the line of duty. In general, in the line of duty means death or disability did not occur: while the person was in desertion status or voluntarily absent without authority for more than 24 hours or voluntarily absent from a scheduled duty, a formation, a restriction, or an arrest; by reason or a condition that existed before service; or as a result of his or her own misconduct [the term "misconduct" includes both willful misconduct and gross negligence].

Examples:

1. A male captain has one brother and two sisters. The brother dies in a military training accident. This member would be eligible for hostile fire assignment deferrment, because there are no other brothers left. He is the sole surviving son.
2. A female Private First Class has one sister and one brother. The brother dies in combat. The member would not be eligible for combat zone assignment deferrment, because she is not the sole surviving daughter (there is another daughter still living).
3. A female major has no brothers or sisters. While serving in the military, her father becomes rated as 100 percent disabled (service-connected) by the VA. The member is eligible for hostile fire assignment deferrment, because she becomes the sole surviving daughter when the father was rated 100 disabled by the VA.



**RAO**

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

4. A male Staff Sergeant has one brother. While serving in the military, his father becomes rated as 100 percent disabled (service-connected) by the VA.

In this case, the member is not eligible for hostile fire assignment deferral, because he is not sole surviving; there is another son (his brother) who is living and not disabled.

Members who have waived sole surviving son or daughter status may request reinstatement of that status at any time. If reinstatement is approved, the member will be removed promptly from the hostile fire area or to a safe haven within the combat zone until reassignment. [Source: About U.S. Military Rod Powers article 26 Sep 06 ++]

### **MEDICAL MISTAKES:**

A recent study by the health care ratings company HealthGrades estimated that the number of patient safety incidents in hospitals rose to 1.24 million between 2002 and 2004, up from 1.14 million over the previous three years. By being vigilant, engaged, and informed, patients can work with health care providers to prevent mistakes from happening. Speak up if something doesn't seem right. Following are five kinds of medical mistakes and problems that can lead to mistakes and what you can do to ensure that they don't happen to you or a loved one:

1. Confusing Medical Directions Or Advice: Too often, patients leave the doctor's office or hospital without a clear understanding of how they're supposed to care for themselves. Consider asthma, a condition that affects thousands and needs daily management. A 2005 Global Asthma Physician and Patient survey of 6,000 doctors showed that 85% devote less than half of their time to communicating key facts about asthma management.

What You Can Do: If you don't understand something, or if you need more information, you need to speak up and demand clear answers — that's what you're paying your doctors for. Experts recommend taking a list of questions to every doctor's visit and writing down or tape recording the answers so you can review them later. Also, consider asking a family member or friend to come with you to serve as another pair of ears and ask questions that might not occur to you.

2. Missed Diagnoses: Doctors have an array of diagnostic tools and tests to get to the root of medical problems, but they don't always follow up on test results. A 2005 study published in the *Annals of Internal Medicine* examined the medical records of more than 2,500 patients at Boston-area hospitals and found their doctors didn't always know about test results that signaled a serious problem; in some cases, they didn't even know that certain tests had been ordered.

What You Can Do: Never assume that no news is good news. Call the doctor or hospital and ask about test results. Also, if all the tests turn out negative but you still think something is



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

wrong, don't hesitate to pursue the problem by getting a second (or even third or fourth) opinion.

3. Wrong-Site Surgery: This is perhaps the most horrifying and dramatic kind of medical mistake: A patient wakes up after surgery to find that the wrong limb has been operated on or the wrong procedure has been performed. Wrong-site surgery encompasses all surgical procedures performed on the wrong patient, wrong body part, wrong side of the body, or at the wrong level of the correctly identified anatomic site. As of DEC 05, 455 wrong-site surgeries had been reported to the Joint Commission on Accreditation of Healthcare Organizations, a nonprofit agency that evaluates and accredits health care facilities.

What You Can Do: Ask your surgeon to mark the surgical site before you are sedated or anesthetized so you can ensure it's in the correct place. Also, ask if the surgical team routinely takes a "time out" just before the surgery begins. During a time out, the team takes a few critical moments to assure themselves that they are performing the correct procedure at the correct site on the correct person.

4. Health Care-Associated Infections: Health care facilities are breeding grounds for infectious diseases such as pneumonia, hepatitis, and tuberculosis, which can be passed between health care workers and patients. These infections affect approximately 2 million people and cause 90,000 deaths annually.

What You Can Do: Many health care-associated infections are transmitted from patient to patient through a seemingly innocuous source: the hands of health care workers. Make sure that every medical professional who touches you cleans his or her hands first by washing them or using a hand-sanitizer gel.

5. Medication Errors: According to the AHRQ, 7,000 people die each year from taking the wrong kind or dosage of medication or taking it in the wrong way. Adverse medication reactions are responsible for more than 4 million doctor visits every year. Many of these incidents could be prevented if patients knew more about the medicines they take and how and when to take them.

What You Can Do: Experts recommend the following:

% Tell your doctor about all the medications you're taking, including prescription and over-the-counter medicines and dietary supplements such as vitamins and herbs.

% Make sure your doctor knows about any medications you're allergic to and any adverse reactions you've had.

% If your doctor handwrites your prescription, make sure you can read it, and when you pick up the medicine from the pharmacy, make sure the type and dosage are correct.



**RAO**

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)



% Make sure you understand everything about what the medicine is for, how to take it and for how long, and what to do about possible side effects.

[Source: MOA A News Exchange 6 Jul 06 ++]

### **MEDICARE SCAM:**

The Centers for Medicare & Medicaid Services (CMS) is warning Medicare recipients to be wary of schemes being played off the new Medicare prescription drug program. In one scheme, people shopping for a Medicare prescription drug plan are asked to withdraw \$299 from their checking account to pay for a plan that does not exist. A more recent scam involves a new Medicare card instead of a prescription drug plan. The dollar amount requested by phone callers is usually \$350, \$365, or \$379. As part of the new scams, callers are now asking for bank information or telling beneficiaries they can provide a new Medicare card for a fee. The new Medicare card or prescription drug plan they claim to be selling is not legitimate. Callers may use the name of a fictitious company such as Pharma Corp., National Medical Office, Medicare National Office, and National Medicare. It is against Medicare 's rules to telephone and ask for a bank account number, other personal information, or a cash payment over the telephone. No beneficiary should ever provide that kind of information to someone who calls. Such calls must be initiated by the beneficiaries themselves or handled by a follow-up letter to which the beneficiary may choose to reply. Legitimate Medicare drug plans will not ask for payment over the telephone or the Internet. They must send a bill to the beneficiary for the monthly premium. If someone calls asking for personal information, or the call doesn't seem right for some other reason, a beneficiary should hang up and contact Medicare at (877) 772-3379 or a local law enforcement or consumer protection agency. [Source: Consumer Health Digest 4 Jul 06]

### **BUSINESS OPPORTUNITY SCAMS:**

The Federal Trade Commission is seeking comments on its proposed rule to protect consumers from work-at-home schemes, multilevel marketing (MLM) scams, and other dubious business opportunities. The proposed rule defines business opportunity as a situation that includes:

- a. A solicitation to enter a new business.
- b. Payment or a promise of payment to a third party, and
- c. An earnings claim or an offer to provide business assistance.

The proposal is intended to require all sellers of business opportunities to provide enough information to enable prospective buyers to make an informed decision about their probability of earning money. The most important provisions pertain to MLM companies, in which independent distributors sell products, recruit more distributors, and theoretically profit from both their own sales and those of the people they recruit. MLM companies, which nearly always exaggerate what new distributors are likely to make, are



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

terrified about meaningful disclosure. If the proposed rule or a stronger one becomes final, millions of Americans will benefit. Citizens who would like this to happen can express their support or suggestions through an FTC Web page until July 17th. The process is simple to do online. FTC trade regulation rules usually take 1-1/2 to 3 years before a final rule is established. For detailed background information, links to key documents, and instructions for submitting comments, refer to [www.mlmwatch.org/06FTC/business\\_opportunity/npr.html](http://www.mlmwatch.org/06FTC/business_opportunity/npr.html). [Source: Consumer Health Digest 27 Jun 06]

#### **ELDERLY COLD PREVENTION:**

Want to protect yourself from colds this winter? Try taking vitamin E. A study published by JAMA, the journal of the American Medical Association, shows the vitamin can help fight upper respiratory tract infections, such as colds, in the elderly. The study adds to the scientific evidence that vitamin E is beneficial for improved immune function in the elderly. The study, conducted at Tufts University, included 617 elderly long term care facility patients, who were given a multivitamin and either additional vitamin E or a placebo. Fewer people in the vitamin E group suffered one or more upper respiratory infections. Those given the vitamin E supplement also had a 20-percent lower risk of catching a cold than participants given the placebo. Researchers say the results are promising, especially given the preponderance of respiratory infections in the elderly and the potential for colds to lead to more severe illness. [Source: MOAA News Notes Nov 04]

#### **SKIN CANCER:**

Each year there are about a half million new cases of basal cell carcinoma, most in people 40 years and older. Basal cell carcinoma is often difficult to recognize. It's usually painless and not very noticeable, and it can manifest itself in many ways. It may be a small bump on the skin that is shiny and somewhat translucent or a bump that is ulcerated, oozing, and crusted. Sometimes the lesion looks like a flat, reddened area, resembling a small scar. It also can be a slightly raised, irritated-looking area resembling psoriasis. In 90% of cases it occurs on parts of the body that are exposed to the sun, including the scalp. Basal cell carcinoma lesions can change slowly over time, generally over months or years. After several years of growth, a lesion could be less than an inch in diameter. It might begin as a shiny bump and gradually grow and develop visible, purple-reddish blood vessels. A lesion might be an oozing sore, then appear to heal, then ooze and crust again. These "healing" lesions can be the most dangerous, because even though they appear to be gone, they are still growing. Meanwhile, patients (and even physicians) who suspected a problem can forget about it when it appears to heal.

When a lesion is suspicious, a biopsy is essential. It's the only way to make an accurate diagnosis. A biopsy is usually quite simple and can be done quickly and easily in the doctor's office. After an injection of a local anesthetic, a small piece of the affected skin is removed, and a pathologist looks at it under a microscope. Once basal cell carcinoma has been diagnosed, treatment is essential. The specific treatment depends upon the location and severity of a



**RAO**

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

lesion; the goal is to remove the entire lesion. A small, clearly delineated lesion may be treated by scraping and electrodesiccation (burning). Cryosurgery (freezing) is another accepted treatment. Surgical removal is optimal when additional pathology examinations are desired to ensure the entire tumor has been removed. If the tumor is large or near important or fragile tissues, such as on the face, microsurgery (sometimes called Moh's surgery) may be performed.

Sun exposure increases your risk of basal cell carcinoma. People with fair skin, blond or red hair, and blue or green eyes are more susceptible because they don't have as much skin pigment to filter the sun's damaging UV rays. If basal cell carcinoma is found and treated early, nearly all patients are cured. However, a patient can have another lesion months or years later in another area of the skin. Bottom line if you have a sore that doesn't heal or bleeds easily, a skin spot that changes, a waxy or pearl-like bump, or a bump with visible blood vessels, you should ask your doctor about basal cell skin cancer. Once a year ask your doctor to examine your skin to check for this cancer. [Source: MOAA Ask the Doctor May 06]

#### **MILITARY LEGISLATION STATUS UPDATE:**

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

**H.R.303:** The 'Retired Pay Restoration Act of 2005' To amend title 10, United States Code, to permit certain additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation and to eliminate the phase-in period under current law with respect to such concurrent receipt. Rep Alcee Hastings [FL-23] has signed on to support the bill giving it a total of 240 sponsors. There are no related bills. Last major action was a motion to the Discharge Committee on 5/24/2005 to bring the bill to the floor for a vote. A discharge petition requires 218 signatures for further action. To support this bill and/or contact your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7728776>.

**H.R.602:** The 'Keep Our Promise to America's Military Retirees



**RAO**

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)



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

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

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

To support the discharge petition and/or contact your Representative refer to <http://capwiz.com/moaa/issues/alert/?alertid=8248891&type=CO>

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

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

**H.R.994:** To amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for TRICARE supplemental premiums. Last major action was it being ordered to be reported by Voice Vote 6 JUN 05. No new representatives have signed on to support the bill which presently has a total of 340 sponsors. This is the House version of S.484. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7761876>

**H.R.995:** The 'Combat Military



**RAO**

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

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

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

**H.R.1366:** The 'Combat-Related Special Compensation Act of 2005' to amend title 10, United States Code, to expand eligibility for Combat-Related Special Compensation paid by the uniformed services in order to permit certain additional retired members who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for that disability and Combat-Related Special Compensation by reason of that disability. Last major action was Referral to the House Subcommittee on Military Personnel 6 APR 05. No new representatives have signed on to support the bill which presently has a total of 52 sponsors. S.2385 is a related bill. To support this bill send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7718711>

To support Sen. Reid's amendment to the 2007 NDAA bill S.2766 send a message to your Representative refer to <http://capwiz.com/usdr/issues/alert/?alertid=8371516&type=ML>

**H.R.2076:** The 'Retired Pay Restoration Act of 2005' To amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation. Last major action was referral to the House Subcommittee on Military Personnel 6/21/2005. No new representatives have signed on to support the bill which presently has a total of 29 sponsors. Related bills are H.R.303, S.558, S.845. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7728776>

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



**RAO**

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7742321>.

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

**H.R.4259:** The 'Veterans right to Know Act' to establish a Commission to investigate chemical or biological warfare tests or projects, especially such projects carried out between 1954 and 1973, placing particular emphasis on actions or conditions associated with such projects that could have contributed to health risks or been harmful to any United States civilian personnel or member of the United States Armed Forces who participated in such a project or who was otherwise potentially exposed to any biological or chemical agent, simulant, tracer, decontaminant, or herbicide as a result of such projects; and to submit a report to Congress of its findings and recommendations. Last major action was referral to the House Subcommittee on Military Personnel 30 NOV 05.

No new representatives have signed on to support the bill which presently has a total of 43 sponsors. There are no other related bills.

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

**H.R.4949:** The 'Military Retirees Health Care Protection Act' to amend title 10, United States Code, to prohibit increases in fees for military health care. Last major action was referral to the House Committee on Armed Services 14 MAR 06. No new representatives have signed on to support the bill which presently has a total of 163 sponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=8591231>

**H.R.4992:** The 'Veterans Medicare Assistance Act of 2006' to provide for Medicare reimbursement for health care services provided to Medicare-eligible veterans in facilities of the Department of Veterans Affairs. Last major action was referral to the House Subcommittee on Health 27 MAR 06. No new representatives have signed on to support the bill which presently has a total of 24 sponsors.

There are no other related bills.



**RAO**

**Retiree Assistance Office (RAO) Bulletin**

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)



To support this bill and/or send a message to your Representative refer to [http://capwiz.com/usdr/index\\_frame.dbq?url=http://capwiz.com/usdr/issues/bills/?bill=8670886](http://capwiz.com/usdr/index_frame.dbq?url=http://capwiz.com/usdr/issues/bills/?bill=8670886)

**H.R.5881:** The 'Disabled Veterans Tax Termination Act' to amend title 10, United States Code, to eliminate the offset between military retired pay and veterans service-connected disability compensation for certain retired members of the Armed Forces who have a service-connected disability, and for other purposes.

Introduced 26 JUL 06 by Rep Marshall, Jim (GA-03). There are no other related bills. Last major action was referral to the House Subcommittee on Military Personnel 25 JUL 06. Rep Jo Ann Davis [VA-1] , Rep Chet Edwards [TX-17] & Rep Bob Filner [CA-51] have signed on to support the bill which presently has a total of 3 sponsors To support this bill and/or send a message to your Representative refer to [http://capwiz.com/usdr/index\\_frame.dbq?url=http://capwiz.com/usdr/issues/alert/?alertid=8969606&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/index_frame.dbq?url=http://capwiz.com/usdr/issues/alert/?alertid=8969606&queueid=[capwiz:queue_id])

**H.R.6100:** introduced the 'Military Education Enhancement Opportunities Act of 2006' to amend title 38, United States Code, to provide for certain servicemembers to become eligible for educational assistance under the Montgomery GI Bill. Introduced by Rep. Mike Bilirakis [R-FL-09] on 9/19/06. There are no other related bills. Last major action was referral to the House Subcommittee on Economic Opportunity 9/26/2006. No new representatives have signed on to support the bill which presently has no sponsors.

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

To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/bills/?bill=7709421>

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

**S.484:** To amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for Tricare supplemental premiums. A related bill is H.R.994. Last major action was referral to the Senate Committee on Finance 1 MAR 05. No new senators have signed on to support the bill which presently has a total of 64



**RAO**

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

sponsors. To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/bills/?bill=7787396>

**S.2147:** The 'Multiple Sclerosis' bill to extend the 7 year time period during which a veteran's multiple sclerosis is to be considered to have been incurred in, or aggravated by, military service during a period of war. Last major action was referral to the Senate Committee on Veterans' Affairs 20 DEC 05. The bill has no cosponsors and there is no related legislation in the House.

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

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

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

Note: The House and Senate are adjourned to allow members of both chambers to return home for the final critical weeks before the November 7th elections. All 435 members of the House of Representative, 33 of our 100 Senators, and 36 state governors, along with many other locally elected positions will be decided in that election. On 9 NOV they will reconvene for introduction of bills only and on 13 NOV they will return to work on the nation's business. 17 NOV is the Thanksgiving recess target with return on 4 DEC if necessary to complete work.

Legislation not passed will die with the end of the 109th Congress. Those concerned with unpassed existing legislation need to encourage their representative



**RAO**

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

to reintroduce the bills in the 110th Congress which convenes in JAN 07. There are only 23 days until Election Day. Be sure you are registered to vote and make your vote count. [Source: <http://thomas.loc.gov> & USDR Action Alerts 1-1 5 Oct 06 ++]

Lt. James "EMO" Tichacek, USN (Ret) Director, Retiree Assistance Office, U.S. Embassy Warden & VITA Baguio City RP PSC 517 Box RCB, FPO AP 96517 Tel: (760) 839-9003 or FAX 1(801) 760-2430; When in RP: (74) 442-7135 or FAX 1(801) 760-2430 Email: [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net). When in Philippines [raoemo@mozcom.com](mailto:raoemo@mozcom.com) Web: [http://post\\_119\\_gulfport\\_ms.tripod.com/rao1.html](http://post_119_gulfport_ms.tripod.com/rao1.html)

**BULLETIN SUBSCRIPTION NOTES:**

To subscribe first add both the above email addrees to your address book and then provide your full name plus either the post/branch/chapter number of the fraternal military / government organization you are currently affiliated with (if any) "AND/OR" the city and state/country you reside in so your addee can be properly positioned in the directory for future recovery. Subscription is open to everyone except AOL users. After purging 12,212 blocked AOL subscribers from the Bulletin directory it presently lists 47,375 subscribers.



**RAO**

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)