



Advocate



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An Open Letter to Veterans From Secretary of Veterans Affairs Eric K. Shinseki



Following is an open letter to Veterans from Secretary of Veterans Affairs Eric K. Shinseki:

“My name is Ric Shinseki, and I am a Veteran. For me, serving as Secretary of Veterans Affairs is a noble calling. It provides me the opportunity to give back to those who served with and for me during my 38 years in uniform and those on whose shoulders we all stood as we grew up in the profession of arms.

“The Department of Veterans Affairs has a solemn

responsibility to all of you, today and in the future, as more Veterans join our ranks and enroll to secure the benefits and services they have earned. I am fully committed to fulfilling President Obama’s vision for transforming our department so that it will be well-positioned to perform this duty even better during the 21st Century. We welcome the assistance and advice of our Veterans Service Organizations, other government departments and agencies, Congress, and all VA stakeholders as we move forward, ethically and transparently, so that Veterans and citizens can understand our efforts.

“Creating that vision for transforming the VA into a

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REPORT from the HILL by Chuck Partridge Government Relations

In testimony before both the Senate and House Veterans Affairs Committees, Secretary Eric K. Shinseki, former Chief of Staff of the Army, presented an outline of the Department of Veterans Affairs budget for fiscal year 2010, which begins October 1, 2009.

According to Secretary Shinseki, the budget proposal would increase VA’s budget to \$113 billion— up \$15 billion, or 16 percent, from the 2009 enacted budget.

Nearly two thirds of the increase (\$9.7 billion) would go to mandatory programs (up 20 percent); the remaining third (\$5.6 billion) would be discretionary funding (up 11 percent). The total budget would be almost evenly split between mandatory funding (\$56.9 billion) and discretionary funding (\$55.9 billion).

The President’s 2010 budget is the

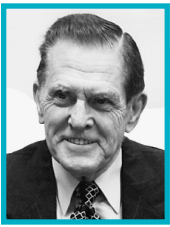
first step toward increasing VA funding by \$25 billion over the baseline over the next five years. The Administration is still developing the details of the President’s 2010 budget request to be released later. Therefore, Secretary Shinseki’s testimony is more conceptual than detailed.

Health Care Funding. VA’s request for 2010 provides the funds required to treat more than 5.5 million Veteran patients. This is 9.0 percent above the Veteran patient total in 2008 and is 2.1 percent higher than the projected number in 2009. The number of patients who served in Operations Enduring Freedom and Iraqi Freedom will rise to over 419,000 in 2010. This is 61 percent higher than in 2008 and 15 percent above the projected total. VA plans to increase its emphasis on treating those with vision and spinal cord injury and meet the rising demand for prosthetics and sensory aids. More than 450,000 women Veterans have enrolled for care and this number is expected to grow by 30 percent in the next five years. The VA expects to have 144 full-time Women Veterans Program Managers

serving at VA medical facilities. They will serve as advisors and advocates. The funds are expected to provide the means to continue cooperation between DoD and the VA to establish a DoD/VA vision center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of eye injuries. The FY 2010 budget request provides resources to continue development of a network of eye and vision care specialists to assist with the coordination and standardization of vision screening, diagnosis, rehabilitative management, and vision research associated with traumatic brain injury (TBI). This network will ensure a continuum of care from DoD military treatment facilities to VA medical facilities.

Expanding Health Care Eligibility. For the first time since 2003, the President’s budget would expand eligibility for VA health care to non-disabled Veterans earning modest incomes. This commitment recognizes that economic conditions have changed and there are many lower-income Priority 8 Veterans who are now facing serious financial

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PRESIDENT'S COLUMN

Douglas Russell

Every year since 2001 I have gone to Ft. Huachuca, Arizona, to present an award to the top NCO in the Military Intelligence Corps. We established this award because we believe those who serve in the field of military intelligence perform a critically vital mission for all others who wear the uniform of our nation.

The job of military intelligence professionals is to “unlock the enemy’s secrets.” The lives of so many depend on the ability of MI personnel to discover the enemies’ plans and intentions, and thereby thwart them.

The recipient of this year’s top Military Intelligence NCO Award is SGT Julian Jones.

During the past year SGT Jones distinguished himself among his peers and exceeded the expectations our nation has come to demand from the NCO corps. SGT Jones is considered to be a soldier’s soldier and a solid leader and he sets the highest standards for all to emulate. A consummate professional, SGT Jones always places the mission and the welfare of his soldiers first and he is respected by all who serve with him.

It was my great honor to meet SGT Jones and present him with his award.

In addition to saluting one of our nation’s finest, I am sad that we must bid farewell to another of our nation’s finest, Paul Airey, the first Chief Master Sergeant of the Air Force. Paul passed away recently, and it was a great loss for all military people. Paul was 85 and he died due to complications of heart failure.

He enlisted in the Army Air Corps in 1942 and was a gunner on B-24 bombers. He was on his 28th combat mission in July 1944, flying above oil refineries on the outskirts of Vienna, Austria, when his B-24 was hit by flak. The pilot ordered everyone out of the plane and Paul went straight out the camera hatch at 18,000 feet. As he floated closer to the ground, he could see a group of farmers waiting for him. They beat him until German soldiers and police arrived and took him to a local jail. He ended up at Stalag Luft IV, a German POW camp near the Baltic Sea. As Allied armies pushed farther into the Reich, he and 6,000 fellow POWs began a forced march of 400 miles to another camp near Berlin. He was liberated by British forces in May 1945. Paul served in Okinawa during the Korean war and then made a career of the Air Force. In 1966, the Air Force had more than 5,900 Chief Master Sergeants on duty. When the service began its search to fill the newly-created position of “Chief Master Sergeant of the Air Force,” only 26 of those chiefs were eligible to be considered. Only three were chosen

as finalists. The honor went to Paul. History has shown that it was the right choice. After retiring from the Air Force, Paul continued to serve in other ways. He was a member of the first board of directors of the organization that became the American Military Society. He subsequently became president of AMS for a time and then served on the AMS board of directors after that.

Paul left a great legacy and set a great example and I was privileged to have met him and serve with him on the AMS board. Our thoughts and prayers are with his family.

As you’ll see in this issue of the *Advocate*, there is a lot going on in Washington, D.C. Although the economic crisis gets all the news headlines, there are many bills that have been introduced that affect all military retirees and veterans in some way or another. We’ll keep you posted as things progress in the coming weeks. I suspect there will be much legislation we will support and seek to get passed into law. But I also fear there may be some legislation that we will have to go all-out to defeat. As this is written, the President’s budget proposal has not yet been submitted. But it will be shortly and we’ll update you about what he has requested in the next issue.

Finally, we have several days of note in May and June, so I wish you a happy Fathers’ Day, Mothers’ Day, VE Day, Armed Forces Day, Memorial Day, and Flag Day! Most of all, I wish all good health and an improving economy. 🇺🇸

Douglas Russell

COLA Update

We won’t know what the COLA will be until late next fall. However, with the extremely low inflation rate we’ve been experiencing these past few months, some retirees have started worrying about a “negative COLA.”

Just to put your mind at ease, there is no such thing as a “negative COLA.” While it could be possible that there will be no inflation this year, which would mean there would be no COLA, no matter what the COLA is, no money will be taken from you. In other words, the worst thing that could happen would be that you receive no COLA this year. But you will continue to receive whatever your retirement pay currently is. 🇺🇸

Report from the Hill

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difficulties due to the rising cost of health care. This year VA will open enrollment to Priority 8 Veterans whose incomes exceed last year's geographic and VA means-test thresholds by no more than 10 percent. Secretary Shinseki estimates that 266,000 more Veterans will enroll for care in 2010 due to this policy change. Furthermore, the budget includes a gradual expansion of health care eligibility that is expected to result in nearly 550,000 new enrollees by 2013.

Mental Health Care and Cognitive Injuries, Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). The Department's 2010 budget provides funds to expand mental health programs. A key element of VA's program expansion is integrating mental health services with primary and specialty care. Veterans receive better health care when their mental and physical needs are addressed in a coordinated and holistic manner.

This budget would allow continued efforts to improve access to mental health services across the country. It will continue to allow the VA to place particular emphasis on providing care to those suffering from PTSD as a result of their service in Operations Enduring Freedom and Iraqi Freedom. The Department plans to increase outreach to these Veterans as well as provide enhanced readjustment and PTSD services. The strategy for improving access includes expanding the telemental health program, which allows VA medical services to reach thousands of additional mental health patients annually, particularly those living in rural areas.

To better meet the health care needs of recently discharged Veterans, the 2010 budget enables VA to expand its screening program for depression, PTSD, TBI, and substance use disorders. The Department will also enhance its suicide prevention advertising campaign to raise awareness among Veterans and their families of the services available to them.

In 2010, VA will expand the number of Vet Centers providing readjustment counseling services to Veterans, including those suffering from PTSD. The Department will also improve access to mental health services through expanded use of community-based mental health centers. The VA plans to continue to place VA mental health professionals in community-based programs to provide clinical mental health services to Veterans. Where appropriate, they will provide fee-basis access to mental health providers when VA services are not reasonably close to Veterans' homes. They also expect to expand use of Internet-based mental health services through "MyHealthVet," (www.myhealth.va.gov) which provides an extensive degree of health information to Veterans electronically. These steps are critical to providing care to Veterans living in rural areas.

The 2010 budget provides resources for vital research projects aimed at improving care and clinical outcomes for

Veterans of Afghanistan and Iraq. Some of this key research will focus on TBI and polytrauma, specifically studies on blast-force-related brain injuries, enhancing diagnostic techniques, and improving prosthetics. They also expect to strengthen burn injury research to improve the rehabilitation and daily lives of Veterans with burn injuries. VA will also enhance research on chronic pain, which, according to Secretary Shinseki, afflicts one of every four recently discharged Veterans. And the Department will also advance research on access to care, particularly for Veterans in rural areas, by studying new telemedicine efforts focused on mental health and PTSD.

Information Technology (IT). This budget provides funds to continue IT initiatives, particularly advancement of VA's "HealthVet" program, which is the future foundation of VA's electronic health record system. This system includes a health data repository, a patient scheduling system, and a reengineered pharmacy application.

The Secretary of Defense and VA have been directed to cooperate and simplify the transition of military personnel into civilian status through a uniform approach to both registering into VA and accessing electronic records data. Through a cooperative effort VA and DoD are to improve the delivery of benefits and assure the availability of medical data to support the care of patients shared by the two agencies. This is designed to enhance the care to Veterans, active-duty service members receiving care from both health care systems, and wounded warriors returning from Iraq and Afghanistan.

The 2010 budget provides the funds to continue moving toward the goal of improving the benefits claims process through the use of automated systems. VA's paperless processing initiative expands on current paperless claims processing already in place for some of the benefit programs and will improve both the timeliness and accuracy of claims processing. It will strengthen service to Veterans by providing them the capability to apply for and manage their benefits on-line. It will also reduce the movement of paper files and further secure Veterans' personal information. Secretary Shinseki stated that the initial features of the paperless processing initiative will be tested in 2010, and by 2012 he expects to complete the implementation of a fully electronic benefits delivery system.

Homeless Veterans. Legislation passed last year expanded VA's responsibility for homeless veterans. The 2010 budget includes funds for VA to expand work with the Departments of Housing and Urban Development, Labor, Education, Health and Human Services, and the Small Business Administration, in partnership with non-profit organizations, to improve the well-being of Veterans. This effort focuses on reducing homelessness and increasing employment opportunity among Veterans, and includes a pilot program aimed at maintaining stable housing for Veterans at risk

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of homelessness while also providing them with ongoing medical care and supportive services.

GI Bill Implementation. The Department is on target to implement the Post-9/11 Veterans Educational Assistance Act starting August 1, 2009. VA is pursuing two parallel strategies to successfully implement this new education program, both of which are fully supported by the resources presented in the 2010 budget. The short-term strategy relies upon a combination of manual claims processing and modifications to existing IT systems. The long-term strategy is the development and implementation of an automated system for claims processing. The automated solution will be available by the end of calendar year 2010, by which time full operational control of the automated system will be in VA's hands.

Closing. Secretary Shinseki's testimony closed with this statement: "Veterans are VA's sole reason for existence and my number one priority—bar none. I am inspired by this committee's unwavering commitment to Veterans, and I look forward to working with you to transform VA into an organization that reflects the change and commitment our country expects and our Veterans deserve."

TRICARE Fee Increases

Representative Chet Edwards has again introduced a bill, HR 816, to prohibit increases in TRICARE fees.

The bill has 75 cosponsors. However, there is increasing talk that there must be fee increases this year.

Friends in Congress are searching for ways to prevent it and AMS and most other military associations oppose any increases and are working to prevent it. We are asking all AMS members to let their members of Congress know that they oppose increases in fees and urge them to cosponsor Mr Edwards' bill. We believe that with funding shortages and the economic slowdown there will be tremendous pressures to reduce defense spending. The Pentagon leadership always looks to personnel accounts for quick sources of funds. With two wars going on and the military stretched thin, now is not the time to even be considering it.

TRICARE Incentives and Discrimination

In Section 707 of the National Defense Authorization Act (NDAA) for fiscal year 2007, Congress sought to prevent employers from offering improper incentives to TRICARE beneficiaries not to enroll in the employer provided group health plan. The law accomplished that and more. In fact, the prohibition has resulted in penalties being imposed on TRICARE beneficiaries unrelated to the stated intent of the legislation. The prohibition has also increased the cost of military health care to the government

One of the provisions of the law no longer allows TRICARE beneficiaries to have their TRICARE supple-

ment, co-pays and deductibles paid for on a pre-tax basis through their companies' authorized cafeteria plans. As a result, these employees no longer have the tax benefit other employees have and must pay TRICARE premiums on an after tax basis. Because of this, many employees have given up their TRICARE Standard policies and elected to use TRICARE Prime. This in turn increases the cost to the Department of Defense since TRICARE Prime costs the government about 19 percent more than does TRICARE Standard. As a result, both the military beneficiary and the US Government lose. The Secretary of Defense has the authority to make an exception to allow payment through tax advantaged plans, but to date has not done so. The next step is to seek legislation to grant relief. While the current situation does not make economic sense for the government or the TRICARE beneficiary, the real injustice is curtailing a benefit earned by military service which places an extra financial burden on members of the military family and retirees and their families.

Concurrent Receipt

Senator Harry Reid (D-NV), the Senate Majority Leader, has introduced S 546, Retired Pay Restoration Act of 2009. This bill would allow military retirees with a service connected disability to receive disability compensation from the Department of Veterans Affairs and either military retired pay based on their years of service or Combat-Related Special Compensation. As we go to press the bill has 18 co-sponsors.

AMS and many other military and veterans associations have supported this proposal for many years to end the unfair law requiring retirees to give up their earned retired pay to, in effect, pay for their own combat wounds, injuries or disabilities resulting from military service. Fixing this problem, which is a holdover from two centuries ago, has been opposed by the Executive branches of both parties and the Congressional committees with the responsibility for overseeing military personnel and veterans. They have argued that allowing receipt of both pays would be wrong since the service and the injuries occurred during the same period of service. Our argument is that the retired pay is for service and the VA compensation is for the injuries -- two different things. We are right, but in this period of budget shortages and the economic recession, it will be difficult. We believe it will stimulate the economy and veterans should be at the top of the list of funding priorities among government agencies. The main reason that this should be done is that it's the right thing to do.

There is also concurrent receipt legislation in the House of Representatives. Representative Gus Bilirakis (R-Fla) has introduced two bills, HR 303 and HR 811. In addition, Representative Jim Marshall (D-Ga) has introduced HR 333 which would also give concurrent receipt, or as he likes to say, would end the "veterans disability tax." There are differences between these three House bills and they are different

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An Open Letter to Veterans From Secretary of Veterans Affairs Eric K. Shinseki

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21st Century organization requires a comprehensive review of our department. We approach that review understanding that Veterans are central to everything VA does. We know that results count, that the department will be measured by what we do, not what we promise, and that our best days as an organization supporting Veterans are ahead of us. We will fulfill President Lincoln's charge to care for ". . . him, who shall have borne the battle, and for his widow, and his orphan . . ." by redesigning and reengineering ourselves for the future.

"Transforming any institution is supremely challenging; I know this from my own experience in leading large, proud, complex, and high-performing organizations through change. But the best organizations must be prepared to meet the challenging times, evolving technology and, most importantly, evolving needs of clients. Historically,

organizations that are unwilling or unable to change soon find themselves irrelevant. You and your needs are not irrelevant.

"Veterans are our clients, and delivering the highest quality care and services in a timely, consistent and fair manner is a VA responsibility. I take that responsibility seriously and have charged all of the department's employees for their best efforts and support every day to meet our obligations to you. Our path forward is challenging, but the President and Congress support us. They have asked us to do this well—for you. Veterans are our sole reason for existence and our number one priority—bar none. I look forward to working together with all VA employees to transform our department into an organization that reflects the change and commitment our country expects and our Veterans deserve.

"Thank you, and God bless our military, our Veterans, and our Nation."

Signed: Eric K. Shinseki 

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from S 546. However, all four bills are designed to solve the problem and we urge AMS members to contact their members of Congress, let them know of your interest in concurrent receipt legislation and urge them to correct this long standing inequity.

SBP/DIC Offset

How would you like insurance where the military retiree takes out a policy on his spouse, then when he dies, his spouse is told by the insurance company that they won't pay the benefit she expected, but will refund to her the premiums that the retiree paid? Further, they won't pay interest on the premiums returned, and the widow will

have to pay income tax on the refunded amount. An insurance company that did that would be put out of business and the executives would be sent to jail.


However, the current law requires the Department of Defense to do exactly that for service-connected disabled military retirees who pay for a Survivor Benefit Plan (SBP) for their spouses. When the military retiree dies, the widow(er) receives Dependency and Indemnity Compensation (DIC) from the Department of Veterans Affairs.

For every dollar in DIC payments the Widow(er) receives, the government deducts an equal amount from the SBP annuity. There is one exception -- in recognition of this gross inequity, friends in Congress led a successful effort which authorized a

monthly payment of \$50 to these surviving spouses. Long time supporters in Congress have also once again introduced legislation to end the SBP/DIC Offset.

Representative Solomon Ortiz (D-TX) and long time supporter Rep Henry Brown (R-SC) have introduced HR 775, to correct this problem. The bill has 151 co-sponsors.

Senator Bill Nelson (D-FL) has introduced a companion bill in the Senate, S 535.

These bills need our strong grass roots support if they are going to pass. We urge you to contact your members of Congress and ask for their support. If they haven't already cosponsored the bill ask them to do so. If they have cosponsored, thank them. 

Congresswoman Halvorson Introduces First Bill to Benefit Disabled Veterans


In an issue that is "near and dear" to her heart, freshman U. S. Representative Debbie Halvorson (IL-11) is reaffirming her commitment to veterans by introducing the *Disabled Veterans' Health Care Fairness Act*, her first bill since elected to Congress.

Heralded as a bipartisan effort, Halvorson co-sponsored the bill with 17 members of Congress.

The *Disabled Veterans' Health Care Fairness Act* prohibits the collection of co-payments and other fees for medical and/or nursing home care from veterans who are in the Department of Veterans Affairs (VA) health system - and are catastrophically disabled from non-service related cases.

"Catastrophically disabled" veterans are classified as those who have a severe and permanent condition that compromises their ability to carry out activities of daily living. They require assistance and constant supervision to avoid harm to themselves or others.

"It just seems ridiculous that our veterans with catastrophic disabilities are asked to pay health care fees and co-payments," said Congresswoman Halvorson. "This bill insures this will no longer happen - and should help alleviate their financial burden. They deserve no less."

Data from the VA shows they collected about \$6 million from catastrophically disabled veterans in 2006. Additional funding will be necessary to help make up for the loss of co-payments under the bill. 

Be A Smart Consumer – Knowing Your Auto Insurance Coverage Can Help You Save Money

Purchasing the right amount of auto insurance at an affordable price can be complex. There are three major factors that impact your cost of insurance – the coverage you purchase, your driver characteristics, and the discounts for which you qualify. Here is an overview on how those may affect your premiums, as well as some tips on how to choose and understand your coverage:

1. Coverage – Full vs. Liability Only

There are two primary types of coverage: *Comprehensive & Collision* (also called “Physical Damage”) which covers your vehicle for damage or theft; and *Liability*, which covers injuries you cause to other people or damage to other property. Depending on the vehicle you’re insuring, you can choose to buy full coverage or just Liability (in most states liability coverage is mandatory). For example, you may want to buy Liability-only coverage if the vehicle is older than 10 years and has little market value. You could save as much as 50 percent on your premium by not buying Physical Damage coverage on that vehicle.

2. Limits & Coverage Options

A common question is how much *Liability Coverage* a person needs. Of course, that depends on the person and their assets. Lawsuits are a real part of our society, and not having enough Liability coverage not only jeopardizes your current assets, but your future earnings as well. You should talk to your sales representative about the appropriate amount of Liability coverage for you, but the general rule of thumb is: “buy as much as you can reasonably afford.”

If you have Comprehensive & Collision coverage on your vehicle, you should consider the highest deductible you can reasonably afford. The higher the deductible you choose, the greater the premium savings. The most commonly chosen deductible is typically between \$250 - \$500.

3. Discounts

There are many types of insurance discounts – make sure you ask your sales representative if you are taking advantage of what’s available to you. For example, as a member of AMS, you are eligible for additional member discounts on your auto and homeowners insurance from Liberty Mutual, which can be as high as 20 percent depending on the state in which you live.

Your driving record is a major factor in determining not only your insurability, but also the cost you will pay. For instance, safe drivers can typically expect to save as much as 20 percent annually depending on the state in which they live.

Many insurers offer an “accident forgiveness” plan,

which prevents increases in insurance premiums after a collision, for customers who are accident-free for five years. Although most insurers typically offer this benefit to their customers of at least five years, Liberty Mutual’s “Exceptional 5” accident forgiveness program is available immediately to eligible new customers.

Installing an alarm system, having your car VIN-etched (professionally etching your vehicle identification number discretely onto your car windows makes it easier for police to trace and less attractive to thieves) or using other anti-theft devices may also lead to an additional discount depending on the state in which you live.

Finally, driving less can also lower your insurance costs. People with short commutes or who use public transit can typically lower their premiums by as much as 15 percent depending on the state in which they live. Owners of specialty or “classic” cars may also take advantage of this discount since these cars are typically driven less frequently.

4. Duplication of Coverage

Check to see if you’re buying outside coverage or services that might be more affordable through your insurer. For example, see if your insurance policy includes roadside assistance before joining an auto club. Liberty Mutual customers who have purchased Towing and Labor coverage can have their towing costs covered and, if a tow isn’t necessary, Liberty Mutual will still pay for roadside assistance.

You should consult with your insurance sales representative to see if you need first-party medical coverage (which covers injuries to you) because it is possible that your health insurance plan might already cover these expenses.

As an AMS member, you are eligible for a discount on your auto, homeowners and renters insurance through the convenience of electronic fund transfer or direct billing at home with Liberty Mutual’s Group Savings Plus® program. For more information about this program, please call 800-524-9400 or visit www.libertymutual.com/lm/ams. Please mention client #3825 when you call. 🇺🇸



The American Military Society would like to wish all its members a Happy Memorial Day!

And, thank you for your service!

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