



Advocate



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Peake: Lapses “Unacceptable,” Procedures and Accountability Tightened



Dr. James B. Peake

Secretary of Veterans Affairs Dr. James B. Peake vowed swift action after a handful of documents related to veterans’ applications for financial benefits from the Department of Veterans Affairs (VA) were found among documents identified for shredding late last fall. The documents, which were not duplicated in government files, could have affected veterans’ eligibility for benefits.

“I insist on the highest possible standards for processing and safeguarding information in VA’s custody,” Peake said. “It is unacceptable that documents important to a veteran’s claim for benefits should be misplaced or destroyed.”

Peake said VA’s Office of the Inspector General (IG) is investigating the misplaced documents, and anyone who violated Department policy on protecting documents will be held accountable.

The documents were discovered by employees of VA’s

IG office during an audit at three of VA’s 56 regional benefits offices, which process applications for disability pay, VA pensions, educational assistance, home loans and similar financial benefits.

IG auditors found a handful of documents waiting to be shredded, which might have affected the fate of veterans’ applications. The documents were returned to the proper offices for processing.

Retired Rear Adm. Patrick W. Dunne, VA’s Under Secretary for Benefits, immediately directed all of VA’s regional offices to suspend all document shredding while IG and VA officials determine whether the problem is more widespread. Directors of the regional offices will have to certify in writing that no original copies of key documents or records from veterans’ cases under consideration are being destroyed.

VA has procedures for determining the disposition of paperwork. Original copies of discharge papers, marriage

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REPORT from the HILL by Chuck Partridge Government Relations

NDAAs for FY 2009

In our last *Advocate*, shortly before going to press the Senate had voted on an amendment to end the SBP/DIC offset. However, in a rush to complete action on the National Defense Authorization Act for 2009, the Senate decided not to consider some 300 plus amendments to the authorization act and that amendment was one of the casualties. Other issues of interest to AMS members that were not part of the final bill included concurrent receipt improvements, enhancements to reserve components

retirement and provisions to protect the TRICARE program against future fee increases. The military pay raise of 3.9 percent was included in the bill. The pay raise includes one-half percent over the Employment Cost Index (which is used to establish private sector pay increases). That is DoD’s effort to bring military pay up to par with private sector pay.

The bill did include a one year prohibition against increasing TRICARE fees and pharmacy co-pays for retirees. This issue is not going away and we expect future efforts to impose fee increases on military retirees. AMS President, Douglas Russell, stated that we will see serious challenges to military personnel and retiree benefits. We owe it to those still serving as well as to retirees, families and survivors to see that the

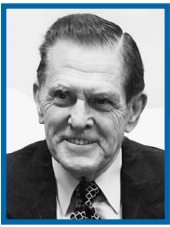
Government honors its promises to our nation's Warriors.

With a presidential election and the convening of the 111th Congress, the American Military Society’s goals and those of the National Military and Veterans Alliance (NMVA) and other military coalitions and veterans groups are very important in establishing the direction of the military and veterans’ community legislative efforts in 2009.

Some of the major objectives AMS will be pursuing in the 111th Congress are listed below.

COLA: Support full Cost of Living Adjustments for military retired pay, Survivor Benefit Plan annuities, Veterans disability compensation and dependency and indemnity compensation and pensions. Full COLAs are

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PRESIDENT'S COLUMN

Douglas Russell

Happy New Year to one and all! I hope your holidays were filled with happiness and the warmth and love of friends and family.

As we begin this new year with a new President and a new Congress, it is hard not to speculate about what we will be facing. Many promises were made during the campaign last year and many of those promises involved spending more money. The question now is: where will the money come from?

Let me give you a few figures.

In fiscal year 2008 the federal deficit was \$438 billion. With all of the bail outs supported by the President and passed by the Congress last fall, we face the first-ever trillion dollar deficit in FY 2009. Up until now we have been borrowing most of that money from foreign countries, but there are real questions about whether those countries will be willing to continue loaning us the money. If they don't then either taxes will be raised or the budget must be cut, or there could be a combination of both.

Since President (elect) Obama ran on a platform of cutting middle class taxes, the only people who will see their taxes increased are the wealthy. But even raising their taxes will not provide the amount of money that is needed. So making cuts in the budget will be on the priority list.

But where will those cuts come from? Without a doubt, Social Security and Medicare will not be cut. Neither will Medicaid nor food stamps. Interest on the debt cannot be cut. And in a recession like this, unemployment benefits, education, welfare, student loans and veterans' benefits won't be cut.

That list contains almost all of the federal budget – except for defense. And the defense budget is over 50 percent of federal discretionary spending – which is the

part of the budget that Congress actually votes on every year. (Non-discretionary spending, or mandatory spending, happens automatically without a specific vote by Congress.)

That means the natural target for spending cuts is the defense budget. In fact, Congressman Barney Frank of Massachusetts, Chairman of the House Financial Services Committee, called for a 25 percent cut in defense spending last fall.

Although Frank stated that those spending cuts should come from weapons systems, the Pentagon will fight to keep their weapons. Which means they will target personnel costs, just as they have done for the past several years.

That's why we believe this will be one of the most difficult years we have faced in decades. Winning new battles will be very difficult, because it is likely we will have to fight to stop cuts from being made in your current earned military retirement benefits. Your COLA has already been targeted for a "temporary cut" in 2013, and as we all know, your health care benefits have been targeted by DoD for the past 5 or 6 years.

That's why we need you more than ever. We need every AMS member to stand with us as we fight to protect your hard-earned military retirement benefits. It is urgent that you renew your membership when you receive your notice that it is about to expire. And we need you to be ready to contact your members of Congress when we alert you about legislation to either support or oppose.

If we all stand together, we can be victorious.

Douglas Russell

New Law Authorizes Veterans' Salutes during National Anthem

Veterans and active-duty military not in uniform can now render the military-style hand salute during the playing of the national anthem, thanks to recent changes in federal law. "The military salute is a unique gesture of respect that marks those who have served in our nation's armed forces," said Secretary of Veterans Affairs Dr. James B. Peake. "This provision allows the application of that honor in all events involving our nation's flag."

The new provision improves upon a little known change in federal law in

2007 that authorized veterans to render the military-style hand salute during the raising, lowering or passing of the flag, but it did not address salutes during the national anthem. Last year's provision also applied to members of the armed forces while not in uniform.

Traditionally, members of the nation's veterans service organizations have rendered the hand-salute during the national anthem and at events involving the national flag while wearing their organization's official head-gear. The most recent change, authorizing hand-

salutes during the national anthem by veterans and out-of-uniform military personnel, was sponsored by Sen. Jim Inhofe of Oklahoma, an Army veteran. It was included in the Defense Authorization Act of 2009, which President Bush signed last Oct. 14.

The earlier provision authorizing hand-salutes for veterans and out-of-uniform military personnel during the raising, lowering or passing of the flag, was contained in the National Defense Authorization Act of 2008, which took effect Jan. 28, 2008. 🇺🇸

Report from the Hill

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essential to maintaining the standard of living of those who have served our nation.

Concurrent Receipt: Support full Concurrent Receipt for all disabled retirees. Continue efforts to resolve problems of equity and coordination regarding Concurrent Retirement and Disability Payments (CRDP) and Combat Related Special Compensation (CRSC).

Defense Health Program: Support full funding of the Defense Health Program. Oppose efforts to impose new fees or increase current co-pays, deductibles and fees on military personnel, retirees and families. The Department of Defense has routinely used the promise of “pre-paid by service” health care in retirement as a recruiting and retention incentive for decades. There are many options to reduce the rate of cost growth in the Defense Health Program. All of these options should be pursued.

Medical Personnel: Require ban on deleting or converting military medical and dental personnel to civilian spaces. Authorize a study to consider removing a percentage of military medical personnel spaces from end-strength limitations and manage military medical spaces based on budget, force structure, rotation base, graduate medical education needs, and other pertinent factors. Military medical and dental strength management should not require tradeoffs with war fighter personnel spaces, but should be based on the most cost effective mix of military, federal civilian and contract personnel. Significant reductions in military medical personnel have reduced the Military Health Systems capability to lessen the impact of medical inflation, thus greatly increasing the cost of providing health care to military beneficiaries.

Protect Drug Supply: Support efforts of the Federal Drug Administration and other agencies to fight prescription drug counterfeiting and other threats to the security of the nation’s prescription drugs. A secure drug supply system is essential to protecting the health of military personnel and veterans and is necessary to our national security. NMVA opposes any actions that would weaken current controls on importation of drugs and supports strong FDA enforcement and oversight. Importation of tainted prescription drugs has already cost American lives. Further, weak controls invite terrorist activity with potentially devastating results.

TRICARE Discrimination: Amend Federal law to allow TRICARE-eligible employees to have their TRICARE co-pays, deductibles, fees and supplements paid for on a pre-tax basis through their company benefits plan. The law was passed to prevent employers from offering improper incentives to TRICARE eligible employees to select the company group health plan. However, the law is so broad that it has also gone beyond that and resulted in discrimination against retirees using their TRICARE Standard benefit on a pre-tax basis and shifting, in many cases, to TRICARE

Prime at greater cost to the government. The law should be changed to allow retirees to use their TRICARE benefit on the same basis that other employees use their benefit. This would benefit both the military beneficiary and the government.

Medical Tax Deduction: Support efforts to authorize tax deductions for health insurance premiums for military service members, retirees, family members and survivors. This would include premiums for TRICARE supplements, dental plans, and TRICARE Prime enrollment fees. Federal civilians and private sector employees in many cases now pay premiums on a pre-tax basis.


Veterans Status: Seek veteran status for National Guard and Reserve members who serve 20 years. Some reserve component members qualify for reserve retirement, health care, other retiree benefits, and some veteran’s benefits, but do not under current law qualify as veterans under Title 38, US Code.

USUHS: Support full funding for the Uniformed Services University of the Health Sciences (USUHS). USUHS has become the cornerstone institution of the military medical training and the provision of physicians, nurses and other health care professionals. It also has provided training support for the nation’s first responders in event of terrorist attack, hurricanes and other emergencies.

Claims Backlog: Support efforts by Congress and the Department of Veterans Affairs to reduce the claims backlog. There are over 800,000 claims in the VA system, reflecting the large increase in claims. Congress has authorized 2,000 more claims personnel for this fiscal year. These are essential to deal with the increasing numbers and complexity of claims being filed. In addition to bringing on these personnel and training them, continuing emphasis on technology and claims management system is necessary.

In addition to these objectives, we must continue to ensure that the commissary and exchange benefits are protected and that other Morale, Welfare and Recreation funding is adequate.

We support adequate pay and other compensation and oppose ill considered recommendations such as changes to the retirement system proposed in the 10th Quadrennial Review which we discussed in the November/December 2008 edition of *The Advocate*.

AMS will continue to work on these and other legislative goals. Further, with a new Congress and Administration, additional issues will no doubt develop. It is essential that we speak up for current retirees and Armed Forces personnel currently serving and their families. You can help by visiting with your elected officials and responding when we ask that you write, call or otherwise let your members of Congress know your position on critical issues. 

VA To Deploy Mobile Counseling Centers across America

50 Motor Coaches to Bring Services Closer to Veterans

Starting last October and continuing through January, the first of a fleet of 50 new mobile counseling centers for the Department of Veterans Affairs (VA) Vet Center program has been put into service. “Our widespread distribution of this fleet from coast to coast marks a new chapter in VA’s innovation to reach rural and underserved veterans with high-quality readjustment counseling,” said Secretary of Veterans Affairs Dr. James B. Peake.

Each vehicle will be assigned to one of VA’s existing Vet Centers, enabling the center to improve access to counseling by bringing services closer to veterans. The 38-foot motor coaches, which have spaces for confidential counseling, will carry Vet Center counselors and outreach workers to events and activities to reach veterans in broad geographic areas, supplementing VA’s 232 current Vet Centers, which are scheduled to increase to 271 facilities by the end of 2009.

Vet Centers, operated by VA’s Readjustment Counseling Service, provide non-medical readjustment counseling in easily accessible, consumer-oriented facilities, addressing the social and economic dimensions of post-war needs. This includes psychological counseling for traumatic military-

related experiences and family counseling when needed for the veteran’s readjustment. The team leader at each Vet Center will develop an outreach plan for use of the vehicle within that region, not being limited to the traditional catchment area of a particular Vet Center.

These vehicles will be used to provide outreach and direct readjustment counseling at active-duty, reserve and National Guard activities, including post-deployment health reassessments for returning combat service members. The vehicles will also be used to visit events typically staffed by local Vet Center staff, including homeless “stand downs,” veteran community events, county fairs, and unit reunions at sites ranging from Native American reservations to colleges.

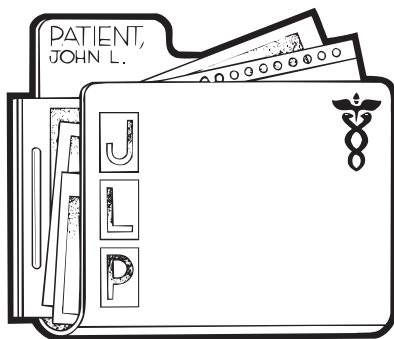
While most of their use will be in Vet Centers’ delivery of readjustment counseling services, the local manager may arrange with VA hospitals or clinics in the region to provide occasional support for health promotion activities such as health screenings. The normal counseling layout can be converted to support emergency medical missions, such as hurricanes and other natural disasters.

The 50 vehicles are being manufactured for VA by Farber Specialty Vehicles of Columbus, Ohio. 

Home Bases of Planned Vet Center Vehicles

- Alabama: Birmingham
- Arizona: Chinle; Prescott
- Arkansas: Fayetteville
- California: Corona; Fresno; Santa Cruz; Eureka;
- Colorado: Colorado Springs
- Florida: Pensacola
- Georgia: Savannah; Macon
- Idaho: Boise
- Kansas: Wichita
- Kentucky: Lexington
- Illinois: Springfield
- Louisiana: New Orleans
- Maine: Caribou; Lewiston
- Massachusetts: Springfield
- Michigan: Escanaba
- Minnesota: St. Paul
- Montana: Missoula; Billings
- Nebraska: Lincoln
- New Mexico: Sante Fe; Las Cruces
- New York: Watertown
- North Carolina: Greenville
- North Dakota: Minot; Fargo
- Ohio: Dayton
- Oregon: Eugene
- Pennsylvania: Erie; Scranton
- South Carolina: Columbia
- South Dakota: Rapid City
- Tennessee: Johnson City; Memphis
- Texas: Amarillo; Midland; San Antonio
- Utah: Salt Lake
- Vermont: White River Junction
- Virginia: Richmond
- Washington: Spokane; Tacoma
- West Virginia: Morgantown; Beckley
- Wyoming: Casper

Veterans Have Other Options For Storing and Sending Records



In order to alleviate the strain on the National Personnel Records Commission (NPRC), and Veterans Affairs (VA), U.S. Veteran Compensation Programs has announced that veterans can permanently store their service medical records (SMR), legal records, or military records in their new, user-friendly, Records Archive Division (RAD).

“Too often we hear stories from veterans around the world that their service medical records have been misplaced or lost and that is unacceptable,” stated Michael Clark, RAD Director.

“Using RAD, veterans can also gain access to their records with promptness and accuracy. According

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House Passes 75 Veterans Bills: 18 Become Law

The U.S. House of Representatives passed 75 Veterans bills during the 110th Congress. Of these, 18 became law, including many important bipartisan initiatives. Here are a few of the 18.

Public Law 110-387 – Veterans’ Mental Health and Other Care Improvements Act of 2008 (S. 2162)

- Signed by the President on October 10, 2008.
- Includes several provisions of other legislation such as:
 - Expansion of Substance Use Disorder and Mental Health Care programs (H.R. 2874), introduced by Rep. Michael Michaud (D-Maine) and Rep. Jeff Miller (R-Florida).
 - Veterans Rural Health Care Act of 2008 (H.R. 1527), introduced by Rep. Jerry Moran (R-Kansas), which passed the House on September 10, 2008.
 - Veterans Revenue Enhancement Act (H.R. 6366), introduced by Rep. Steve Buyer (R-Indiana).
 - Prohibit collection of copayments for all hospice care furnished by VA (H.R. 2623), introduced by Rep. Jeff Miller (R-Florida), which passed the House on July 30, 2007.
 - Provide for Department of Veterans Affairs Medical Facility Authorization and Leases (H.R. 5856), introduced by Rep. Michael Michaud (D-Maine).
 - Comprehensive Policy on Pain Management (H.R. 6122), introduced by Rep. Timothy Walz (D-Minnesota).

Public Law 110-389 – Veterans’ Benefits Improvement Act of 2008 (S. 3023)

- Signed by the President on October 10, 2008.
- Provides for expedited claims processing for compensation and pension programs.
- Provides for the modernization of VA’s Disability Compensation system, with provisions from a number of other bills:
 - Allow for substitution of eligible survivors upon death of claimant for purposes of accrued benefits, introduced by Rep. Doug Lamborn (R-Colorado) in H.R. 3047.
 - Develop and implement comprehensive information technology upgrades, including web portals, rule-based expert systems, and decision support software to support benefits claims processing capabilities, introduced by Rep. Doug Lamborn (R-Colorado) in H.R. 3047, the Veterans’ Claims Processing Innovation Act of 2007.
 - Reform of the USERRA complaint administrative process, introduced by Rep. David Reichert (R-Washington) in H.R. 1632.
- Increase the delimiting date for Chapter 35 education

assistance for surviving spouses.


- Waive the 24 month limit for Independent Living Program for veterans of the post-9/11 Global Operations period introduced by Rep. John Boozman (R-Arkansas) and Rep. Stephanie Herseth-Sandlin (D-South Dakota) in H.R. 6221.
- Extend the Stimulus Act’s increased VA conforming loan limits through 2011, introduced by Rep. Steve Buyer (R-Indiana) in H.R. 5561.
- Extend the Department of Veterans Affairs authority to guarantee Adjustable and Hybrid Adjustable home loans to September 30, 2012, introduced by Rep. Bob Filner (D-California) and Rep. Steve Buyer (R-Indiana) in H.R. 6731.
- Provide assistance to the U.S. Paralympic Integrated Adaptive Sports Program, introduced by Rep. Steve Buyer (R-Indiana) in H.R. 1370, and Rep. Bob Filner (D-California) in H.R. 4255.
- Allow servicemembers to terminate or suspend contracts for cellular telephone service when called to active duty, introduced by Rep. Stephanie Herseth Sandlin (D-South Dakota) in H.R. 6225.
- Authorize VA to purchase advertisements in national media to promote awareness of benefits, introduced by Rep. John Boozman (R-Arkansas) in H.R. 3681.

Additional Legislation Affecting Veterans Considered by Other Committees:

Public Law 110-181 – National Defense Authorization Act for Fiscal Year 2008 (H.R. 4986)

- Signed by the President on January 28, 2008.
- Includes provisions from an amendment offered by Representative Steve Buyer (R-Indiana) that would require seamless transition for and a continuum of care of wounded servicemembers.
 - Requires the transmission of electronic medical records between the Department of Defense and the Department of Veterans’ Affairs.

Public Law 110-317 – The Hubbard Act (H.R. 6580)

- Signed by the President on August 29, 2008.
- Provides for the fair treatment of a member of the Armed Forces granted an early discharge from service, pursuant to the Department of Defense policy permitting the early discharge of a member who is the only surviving child in a family in which the father, mother, or one or more siblings, served in the Armed Forces and because of hazards incident to that service was killed, or died as a result of wounds, accident or disease is in a captured or missing in action status, or is permanently disabled.
- Amends the IRS Code of 1986 to repeal the dollar limitation on contributions to funeral trusts. 

Veterans Have Other Options For Storing and Sending Records

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to VA statistics, it can take a veteran up to six months to get their records after a request has been made. Using our service, a veteran can receive their records in three business days or less," Clark added.

For veterans working on a service-connected benefits claim, a Veteran Service Officers (VSO) access to a veterans service medical records is vital. Getting civilian medical records is just as important. Rather than contacting multiple agencies to request records, a veteran can make one stop

and have their records faxed or mailed to the agency of their choice.

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) entitles veterans to have copies of their medical records on request. Through RAD, veterans have access to any of their personnel records stored with speed, efficiency, and accuracy. A veteran can also request to have their records sent to any agency or provider in a timely manner. Veterans may also supply contact information to their providers and have them fax records to RAD for immediate security and

storage.

About U.S. Veteran Compensation Programs:

Launched in March 2007, U.S. Veteran Compensation Programs researches and distributes compensable benefits information to U.S. veterans. Also, they are a major conduit for free services available to veterans.

Contact:

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Peake: Lapses "Unacceptable," Procedures and Accountability Tightened

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certificates and death certificates are returned to veterans or families when no longer needed. Duplicate copies of paperwork no longer needed are appropriately destroyed to protect the privacy of veterans and their families.

"This shredding of personal documents is outrageous," stated AMS President Doug Russell in giving his reaction to the report. "It is imperative that the new Secretary of Veterans Affairs make correction of these actions a top priority." AMS will keep an eye on the VA and do all we can to keep the pressure up to make sure this never happens again.



TRICARE, Medicare work together for eligible beneficiaries



TRICARE officials want beneficiaries who receive a disability check to ensure they are getting the TRICARE coverage they are entitled to receive. In general, most beneficiaries become eligible for Medicare at age 65; however, many beneficiaries younger than 65 also qualify for Medicare and there is one critical fact they need to know: "Most TRICARE beneficiaries who are eligible for premium-free Medicare Part A are required under federal law to enroll in Medicare Part B to keep TRICARE benefits," said Anne Breslin, the TRICARE For Life program manager.

Medicare Part A covers inpatient care in hospitals and skilled-nursing facilities. It also covers hospice and some home health care.

Medicare Part B is medical insurance. It helps cover outpatient and physician services as well as some physical and occupational therapies and home health care. The Medicare Part B monthly premium is currently \$96.40 and will remain the same for 2009. Individual premiums could be higher, based on income.

When Medicare coverage is effective, it becomes the primary insurance, while TRICARE becomes the secondary. Beneficiaries who take appropriate steps to maintain their TRICARE eligibility will often have no out-of-pocket expenses for health care services covered by Medicare and TRICARE.

Generally, beneficiaries who receive Social Security disability benefits begin receiving Medicare benefits after two years, and they may choose between options such as TRICARE Prime or TRICARE for Life. Most will need to have Medicare Part B, although there are some exceptions.

"Whatever they choose, we can't emphasize enough that beneficiaries need to look carefully at their options before making decisions that could result in a loss of TRICARE coverage," said Ms. Breslin.

Factors beneficiaries must take into consideration before making a decision when it comes to Medicare and TRICARE include: whether their spouse is on active duty; if they are disabled because of injuries suffered while serving on active duty; if they have other health insurance; or if they are enrolled in the Uniformed Services Family Health Plan or TRICARE Reserve Select.

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