



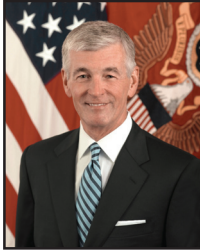
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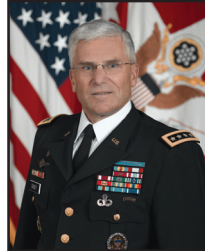
Volume 25 • Number 1

Jan - Feb 2011

Army Leaders Promise Not to Cut Family Programs



John McHugh
Secretary of the Army



George Casey
Chief of Staff of the Army

Army leaders have promised to leave family support programs intact when looking for ways to lean out the service's massive budget.

"We want to ensure that the family programs we're operating are run well and efficiently and if we need to make adjustments so they can be more so, that's fine," said Secretary of the Army John McHugh. "But what we won't do particularly as a first reaction, is look to those programs as a source of budgetary savings."

During the opening presentation at the 2010 Association of the United States Army's Annual Meeting and Exposition in Washington, D.C., late last year McHugh discussed the

Army's challenge of operating in a constrained budget environment as well as efforts to modernize the Army. He and Chief of Staff of the Army George W. Casey Jr. went into more detail during a press conference immediately following that ceremony.

In regard to a challenge by Secretary of Defense Robert Gates to the military services to find ways to trim some \$100 billion from the defense budget over the next five years, the Army's two senior leaders said they won't look to family support programs -- which they say are important to supporting the all-volunteer force -- but will instead look to things like restructuring commands and doing "portfolio reviews" of Army capabilities.

"A lot of what we're finding is coming out of capability portfolio reviews and it's basically redundant programs or nonperforming programs," said Casey, also adding the Army is looking at force structures. "We're asking ourselves, for example, do we still need a four-star general in Army Europe and what should a support force structure in Europe look like? I suspect we'll be able to garner some significant military and civilian savings at those headquarters."

Those portfolio reviews, said McHugh, "already show
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REPORT from the HILL by Chuck Partridge Government Relations

Active Duty Pay Raise

As this issue of the *Advocate* goes to press, the pay raise for active duty and reserve component personnel still has not passed as a result of Senate inaction on the National Defense Authorization Act for 2011. The House of Representatives is proposing a 1.9 percent increase and the Senate position is 1.4 percent. The one-half percent difference supported by the House is the result of a long-standing policy to increase military pay over the Employment Cost Index (used to measure the annual change in private sector pay) by one-half percent each year until military pay is equivalent

to private sector pay. AMS supports this increase while disagreeing with the reasoning. There is no accurate way to compare military pay with civilian pay, because you can't compare military service with civilian employment. It is remarkable that during wartime especially, the Senate would object to adding the one-half percent. We are urging the Senate to support this small incremental increase.

Military Absentee Voting

AMS belongs to the Alliance for Military and Overseas Voting Rights (AMOVR) which is an alliance of 36 military and overseas advocacy groups, elected officials, students and voting rights advocates. AMS has worked long on this issue and we believe this is the most effective effort yet to solve the problem of disenfranchising military voters.

In the 2008 election, more than one

out of every four military votes were not counted. It is disgraceful that we send our young men and women to fight wars, then do not take the necessary action to see that they have the most precious right in a democracy -- the right to vote.

The 2010 National Defense Authorization Act included provisions that improved the process for absentee voting and required state election officials to send ballots to military and overseas voters no later than 45 days before the election. This provision is designed to get the ballot to the voter and then make sure there is time to get it back and be counted in the vote totals. This is a significant advance in procedures for military absentee voting and we hope the results reflect that there were fewer cases of missed opportunity to vote by our men and women in the Armed Forces. We will continue efforts

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John P. May

There have been some dramatic changes since our last issue of the *Advocate* was published. The first change occurred as a result of the November elections. As everyone knows, there was a massive change in the House of Representatives and the Republicans will now have the majority in that chamber of the Congress, as well as increased numbers in the Senate.

At this point we are not certain what this means for military personnel issues. Historically, both parties have passed legislation that has been very favorable to military people and during the last 15 to 20 years we have done very well. But there are many new members of Congress who have come with a pledge to cut back on the size of government. When that atmosphere is added to the warnings by Secretary of Defense Robert Gates that he intends to shift money around in the DoD budget and raise various fees paid by TRICARE beneficiaries, we simply don't know at this point what the outcome will be.

AMS is always careful to be non-partisan. We have worked with and supported the efforts of members of Congress from both parties over the years and we will continue to do so. Having said that, we are very sorry to lose several members who have been champions for military retirees and veterans during their years in Congress. Included among these are outgoing Chairman of the House Armed Services Committee Ike Skelton, as well as Representatives Chet Edwards, Gene Taylor, and Vic Snyder -- all Democrats who were defeated in the elections. In addition, we are losing former Chairman of the House Veterans Affairs Committee Steve Buyer, a Republican,

who decided to retire. We hope the new members coming into Congress will be as supportive of our issues as those members were, and we will be working to educate them about our issues.

In addition, just before we went to press the deficit commission that was appointed by the President released a list of the cuts in spending and the increases in revenues (in other words, new taxes) that they were going to vote on. Included among these were the increases in TRICARE and VA health care fees we have been fearing they would recommend, decreases in COLAs, elimination of DoD schools, as well as elimination of the home mortgage tax credit and an increase in gasoline taxes, just to name a few. We want to point out that the commission had not yet voted on which of those items they were going to recommend and it is certain that not all of the changes on that initial list will be recommended in the end. AMS will continue to carefully monitor the commission and you can be certain we will wage an all-out fight against any recommendations that reduce your promised and earned military benefits in any way.

As you can see, we face a great deal of uncertainty as we head into this new year. What is certain, however, is that we need your support more than ever. These next few months are going to be among the most difficult we, as military people, have ever faced. So when your membership renewal comes in the mail, please renew immediately. It is crucial that we stand together this year to defend those benefits we all earned and that we all depend on. *

TRICARE Promotes Mail-order Pharmacy Option

As TRICARE officials explore ways to control costs while continuing to provide the best health care possible, they are encouraging beneficiaries, especially those taking long-term medications, to get their prescriptions delivered to their doorsteps. Navy Rear Adm. Christine S. Hunter, Deputy Director for the TRICARE Management Activity, cited increased usage of the health care system's home delivery option as a win-win situation that saves patients, as well as the government, money.

TRICARE's almost 9.7 million beneficiaries filled 10.5 million prescriptions through home delivery in 2009, officials noted. That is up from more than 9 million in 2007, but still represents

only about 8 percent of the 130 million prescriptions filled in 2009.

Thirty-seven percent of those prescriptions -- just over 48 million -- were filled at military medical facilities, which is the least expensive delivery method for the Defense Department, and patients pay no co-payment, Admiral Hunter said. But getting prescriptions filled at a military facility is not always convenient for beneficiaries, who are increasingly turning to retail pharmacies within the TRICARE network.

Last year, beneficiaries filled more than half of their prescriptions -- 71.4 million -- at retail pharmacies. This is the fastest-growing of the TRICARE delivery options, officials noted, up

from more than 67 million retail pharmacy-provided prescriptions in 2008 and just less than 63 million in 2007.

While retail pharmacies may be convenient and often the best choice for patients needing short-term medications, Admiral Hunter noted that they are also the most expensive. Beneficiaries pay the same co-payment for a 30-day supply of medication at the corner drugstore that they would pay for a 90-day supply delivered through TRICARE's home-delivery option.

"So the cost to them is one-third" using home delivery, Admiral Hunter said. "That's a real incentive there."

Mail order is the hands-down best choice even for those who value conve-

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Report from the Hill

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to improve absentee voting. Much of the improvement must come from the state and local voting officials.

Military Health Care

TRICARE continues to come under attack by Secretary of Defense Robert Gates and senior uniformed officials in the Pentagon. Gates has said that health care costs “eat us alive.” His idea is that by shifting costs to military retirees the Defense Department will have more to spend on weapons systems. AMS’s position is that the entire nation is responsible for providing funds for national defense. To single out retirees to take the equivalent of a pay cut in their earned and promised retirement benefits is renegeing on the health care promise and creating a climate of distrust.

Dr Gail Wilensky, who co-chaired the Task Force on the Future of Medical Care, a DoD sponsored effort clearly designed to question the cost of military medicine, said passing TRICARE for Life was “a mistake.” DoD is spending a lot of effort to lay the groundwork for increasing TRICARE fees, reduce the benefit and lower DoD’s medical costs while shifting them to military retirees.

Much of the problem of increasing military medical care costs is the direct result of unwise decisions made by officials in DoD. Studies done years ago showed that providing care in military hospitals and clinics could be done for 25 to 40 percent less than having it done in the private sector. However, DoD for years has reduced uniformed military medical personnel authorizations, closed clinics, and downgraded hospitals. This has forced military patients and their families to obtain care in the private sector. The result is higher costs and increasing exposure of the military health care system to medical inflation. These factors, coupled with the fact that we are at war, has certainly increased medical costs.

AMS opposes increasing fees and urges Congress to continue to reject increases in fees, co-payments and deductibles.

Concurrent Receipt

We continue to work toward concurrent receipt of military retired pay and veteran’s disability compensation without a reduction of either. Currently several steps have been taken to reduce the impact of disabled retirees being forced to forfeit one dollar for every dollar received from the VA in disability compensation. However, over 540,000 disabled retirees with a service connected disability rating below 50 percent must pay for their own disability compensation by giving up an equivalent sum of their retired pay and will not be included in the phase out of the forfeiture.

Despite the historic number of House members who were defeated in this election, we still have champions of concurrent receipt in Congress and will work with them in the 112th Congress.

Survivor Benefit Plan

Another inequity related to concurrent receipt applies to the spouses of service connected disabled military retirees. When a military retiree enrolls in SBP and pays the monthly premium he expects his spouse will receive the benefit when he dies. However, if the retiree has a service connected disability which entitles the widow (er) to VA Dependency and Indemnity Compensation (DIC), the widow must forfeit a dollar from SBP for every dollar in DIC she receives. The government then refunds a proportionate amount of premium that was paid in and the IRS taxes it. If an insurance company had a program like this, the officials of the company would go to jail. The SBP/DIC offset is a grave injustice that we must fight in the 112th Congress.

Physician Payment Rates under TRICARE and MEDICARE---The Doc Fix

Under a law passed several years ago in an attempt to try and keep the Medicare program financially solvent, the payment rates to doctors were supposed to be reduced each year. But ever since then Congress has refused to allow the cuts to go into effect for good reason -- doctors would drop out of the Medicare and TRICARE programs. The problem is that by preventing the rates from being cut each year, Congress did not solve the problem but simply “kicked the can down the road” each year. Because of that, we are now at a point where if those cuts are allowed to go into effect it would reduce physician compensation by a whopping 23.5 percent. Until this is properly fixed, the TRICARE program has a serious problem.

The fact is, when Medicare rates for doctors’ services are too low TRICARE patients get hurt. TRICARE rates are tied to Medicare and doctors are much more likely to turn away TRICARE patients than Medicare patients. Congress must act or the cuts will go into effect with devastating results for TRICARE patients.

As this is written, Congress is under the gun to fix the looming cuts in Medicare reimbursement rates that are scheduled to go into effect by the end of the year. However, most political observers believe they will once again pass a short-term “fix” that will merely delay the cuts for 30 or 60 days and pass the problem along to the newly elected Congress that begins in January. Permanently fixing the problem will cost billions of dollars and the mood of the electorate in the November elections seemed to be one of cutting back on government spending, not increasing it. On the other hand, millions of America’s seniors, the group of citizens that votes most faithfully, depend on Medicare and TRICARE. So how Congress decides to solve this crisis is something we all are waiting to see. You can rest assured that AMS will stay on guard to make sure the Congress lives up to its responsibility to fix this problem and keep the promise that it has made to America’s seniors and especially to military retirees. *



Army Leaders Promise Not to Cut Family Programs

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great promise in bringing better discipline to our programs -- better evaluating and realigning our requirements with the reality of today and where we think tomorrow is going."

The secretary said a task force is working now and will provide a report within 90 days, though he is getting updates on their progress. He also said a good budget policy starts with people.

"We can't have an Army without people," he said. "All our efforts must start with them, with training and education -- the things that create our greatest hedge against future threats. That hedge: adaptive, innovative, thinking enlisted soldiers, officers and NCOs -- folks who will make a difference."

McHugh also discussed a new project, an effort to modernize the institutional Army, or generating force. That's the portion of the Army whose primary mission is to generate and sustain the operational Army's capabilities for employment by joint force commanders.

"The operational Army has changed dramatically," McHugh said, explaining that 10 years of conflict in Iraq and Afghanistan have changed the way the Army fights and reacts. But the institutional Army, he said, the generating force, has not changed. "It looks pretty much the same as it did structurally since the early to mid-1970s."

The secretary said there are examples of changes in the institutional Army in the past, including a reorganization of the War Department by Gen. George C. Marshall, and, after the Vietnam War, Operation Steadfast, which reorganized the Army and built an all-volunteer force.

"But these models really don't address what I call the new paradigm," McHugh said. "America's enemies are no longer solely defined by nations or contained by borders. Our combat

formations quickly adapt to changes in terrain, mission and the enemy they face. I believe the institutions and processes we have to help those forces do better, need to change as well."

The Army's chief of staff also discussed the Army's effort to restore balance to the force, which it has been working on since 2007.

"With the drawdown in Iraq, we are getting to a situation where we can breathe again," he said. "When you're only home for 12-15 months between deployments, you really don't have much time to breathe -- you take a break then you get back on the treadmill and get ready to go."

He said as a result of the increased growth the Army completed in 2009 and a temporary end-strength increase of 22,000, units are home for 15 to 18 months now, and the units that are deploying toward the end of this year will end up in the 18 to 24-month range.

"Increasing the time the soldiers spend at home is the most important element of getting ourselves back in balance," Casey said.

The general also touched on other Army efforts, including modular conversions. He said the service has converted about 290 of the 300 brigades to modular designs. Also, he mentioned an effort to move soldiers out of Cold War-era career fields and into specialties more relevant to today's conflicts. He said so far some 124,000 soldiers have been converted, and by this time next year that number will be 150,000. That move, he said is "significantly increasing our ability to do the 21st-century tasks."

Casey also said in the Army's second decade of combat it faces several challenges, including maintaining a combat edge, reconstituting the force and building resilience. *

TRICARE Promotes Mail-order Pharmacy Option

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nience over cost, she said. "I don't know how it gets more convenient than in your own mailbox at your house, not having to go anywhere to get your prescription," she said.

TRICARE can mail prescriptions almost anywhere in the world, including deployment sites where specific medications may not be available. The only exceptions are extremely hot climates that may affect some temperature-sensitive drugs.

In addition, beneficiaries who sign up for home delivery can get automatic refills -- a big plus for anyone taking medications for a chronic, long-term condition. "We'll send you an e-mail saying, 'It looks like your refill is due.

Unless you say you don't need it for some reason, we are going to ship it,'" Admiral Hunter said.

That eliminates last-minute dashes to the drugstore when a prescription runs out, or worse, gaps before patients resume taking the drugs they need. "The key to staying healthy and using medications to help you manage your health is to take them," Admiral Hunter said. "And if you don't have them, you can't take them."

Regardless of where beneficiaries get their medications, they are protected by a safety feature built into the TRICARE pharmacy program, Admiral Hunter said. The patient data transaction service monitors the medications every TRICARE beneficiary receives to flag potential adverse drug interactions or allergic reactions.

"Both the military services and TRICARE are very focused on prevention and keeping people healthy," Admiral Hunter said. "All of these programs are designed to support patients partnering with us to stay healthy."

Partnering is a new emphasis in health care, she said, with patients playing an increasingly key role in their health. "We are really moving toward partnering for health, and giving you the information and the services you need to be active and healthy for as long as possible," Admiral Hunter said.

For more information and to register, visit www.tricare.mil/pharmacy/tmop_order.cfm. *

Donna Miles
American Forces Press Service

VA Backs 19 Million Home Loans

Home Loan Program Going Strong Despite Tight Market

With mortgage rates at historic lows, Veterans and military personnel continue to use the Department of Veterans Affairs (VA) home loan program in record numbers to purchase a home or refinance their existing loans.

Since the VA Home Loan program began in 1944 as part of the original GI Bill, VA has helped Veterans by guaranteeing more than 19 million home loans, valued at more than \$1 trillion. During the past four years, the number of Veterans VA has helped purchase a home has risen by 63 percent.

VA's foreclosure rate for the last nine quarters and serious delinquency rate for the last six quarters have been the lowest in the housing industry, even when compared to prime loans, according to the Mortgage Bankers Association's National Delinquency Survey. In a time where other no-downpayment programs are virtually non-existent and mortgage credit can be difficult to obtain, Veterans and Servicemembers have an avenue to obtain financing and take advantage of historically low rates through the VA home loan program.

Most Veterans, Servicemembers, Reservists and National

Guard members, as well as some surviving spouses, are eligible for the program, which provides an opportunity for borrowers to qualify for no-downpayment home loans as well as regular and interest-rate-reduction refinance home loans.

A unique aspect of VA's program is a commitment to help borrowers keep their homes if they encounter financial difficulties. During the past decade, VA loan specialists have helped more than 150,000 families hold onto their homes when threatened by foreclosure.

Secretary of Veterans Affairs Eric K. Shinseki attributed the "professionalism" of VA employees and the "unshakeable sense of responsibility" among Veterans and military personnel as key factors for maintaining a low foreclosure rate on VA-backed home loans. VA's loan specialists can intervene on a Veteran's behalf with the loan servicer to explore home-retention options, including repayment plans, loan modifications, and forbearance. When home retention is not an option, VA can help arrange a compromise sale or a deed-in-lieu of foreclosure, both of which are less detrimental to borrowers than foreclosure.

More information about VA's Home Loan program is available online at www.homeloans.va.gov or by calling toll-free at 1-877-827-3702. *

Officials: 1 in 5 Undeployable by 2012

By the time the Army meets its goal to have soldiers home for twice the time they're deployed, the service could face the problem of having nearly one in five soldiers unable to deploy. Today, nearly 14.5 percent of soldiers in a brigade combat team are unable to deploy by the unit's latest arrival date in theater. That number is up from a little over 10 percent in 2007. By 2012, it's expected the number will be as high as 16 percent, said Lt. Gen. Thomas P. Bostick, the Army's Deputy Chief of Staff.

"We don't want it to grow, but the reality is, we're tracking what's happening with our soldiers and we're making our best assumptions and assessment of what's going to happen in the future," Bostick said. The general spoke to a gathering of Army personnel in Washington, D.C. He said medical issues are a prime factor in the increase of non-deployable soldiers.

"Some of it is temporary medical, where we fix the soldiers and they are not ready to go at the deployment time," Bostick said. He also said about 68 percent of those injuries are musculoskeletal issues, including knees, backs or muscles, for instance.

The Army's leadership asked the Secretary of Defense for a temporary end-strength increase in 2009 to help alleviate problems associated with non-deployable soldiers. As a result, about 22,000 additional soldiers were approved above and beyond the Army's congressional mandate of 547,400.

Also adding to the roster of non-deployable soldiers is the elimination of stop-loss. That policy allowed the Army to extend soldiers' enlistment beyond their end-of-service date, so they could deploy with their unit. Without stop-loss, some soldiers stay behind when their unit deploys.

"We have to make up for those losses," Bostick said.

"They are on our books and we have an end strength, so we can't recruit against them. So you have to find a way to have three-to-one, about 12,000 soldiers, to make up for 4,000 that might be stop-lossed." Non-deployable soldiers are a "huge issue we are working across the Army that we have got to fix," Bostick said.

The need for additional soldiers can also be attributed to the service's wounded warrior program, Bostick said. The number of soldiers in that program is increasing.

"We thought that number was going to actually start coming down, but with what is happening in Afghanistan, the number is going the other direction," he said. Today, there's about 9,000 soldiers in the wounded warrior program from both the Active Duty and Reserve Components, Bostick said.

The general said the temporary end-strength increase is not forever. By September 2011, the Army will have to drawdown again to 547,000, the end strength prescribed in law. Bostick said a challenge with such a temporary increase is balancing the need to grow to what is needed, but at the same time dealing with the fact of cutting back at the end and having to tell people that want to stay that they can't. "From a personnel point of view, you have to care for soldiers and their families and treat them with dignity and respect," he said.

Maj. Gen. Donald Campbell, commander, U.S. Army Recruiting Command, said the Army is working to fill gaps and targeting recruiting efforts to find the kind of soldiers the service needs. He said the Army is focusing on making sure recruiting is supporting the Army Force Generation model.

Campbell said the Army's recruiting mission for fiscal year 2011 is 67,000 new soldiers, and that already there are some 33,276 in the entry pool. Nearly half the mission is already complete, he said. *



Chairman: Veterans Deserve Nation's Best Now, in Future

The nation has not begun to comprehend the long-term consequences of protracted war, the military's top officer said recently. "The human toll -- the fear, the stigma, and the hard work of recovery ahead for our troops and their families -- these are the real costs of war," he said. Navy Adm. Mike Mullen, Chairman of the Joint Chiefs of Staff, spoke at a Business Executives for National Security dinner in New York honoring David and Mary Boies with the organization's Eisenhower Award. He said the Boieses and other BENS members' efforts demonstrate their passion to give back to the country.

"National security is not just the purview of the military or the government," Mullen said. "But ... I think for many of our fellow citizens, the military remains an abstraction." While it's clear Americans love and support the nation's troops and their families, he said, "My fear is that we're losing touch."

Service members and their families commonly have endured five year long or up to 25 shorter deployments since 2003, he said. "From the everyday sacrifices of missed birthdays, soccer games and special moments each family cherishes, to the physical and psychological repercussions

attached to the post-combat experience, these are lives forever changed," Mullen said.

"Long and frequent absences are testing their resilience," he added. "They want to know, 'How many deployments can a marriage take?'"

Veterans struggle with the combined stress of combat missions, family separations and eventual reintegration into civilian life, Mullen said. "Military families live in a war zone of their own," he said. "The pressure to try to bear up with a stiff upper lip is driving some to leave the service or -- most tragically -- to leave this life."

He said many veterans have a hard time translating military experience into viable jobs, particularly in a burdened economy. Transition challenges, post-traumatic stress, strain on families, health care demands, rising homelessness among veterans, and the silent epidemic of suicide all paint a stark forecast, the chairman said.

"There must be a sense of urgency here," Mullen told the audience. "The sooner we empower our veterans and their families through these transitions, the less likely they will spiral downward." *

By Karen Parrish, American Forces Press Service

New Medical Forms Will Streamline Veterans Claims Process

Physician Questionnaires to Boost Disability Exam Efficiency

The Department of Veterans Affairs (VA) has released three new disability benefits questionnaires for physicians of Veterans applying for VA disability compensation benefits. This initiative marks the beginning of a major reform of the physicians' guides and automated routines that will streamline the claims process for injured or ill Veterans.

"This is a major step in the transformation of VA's business processes that is yielding improvements for Veterans as we move to eliminate the disability claims backlog by 2015," said Secretary of Veterans Affairs Eric K. Shinseki.

These new questionnaires are the first of 79 disability benefits questionnaires that will guide Veterans' personal physicians, as well as VA physicians, in the evaluation of the most frequent medical conditions affecting Veterans.

Accurate and timely medical evaluations are a critical element of VA's continued commitment to high-quality and prompt decisions about the nature and degree of conditions afflicting Veterans. Streamlining this process

by directly involving Veterans' treating physicians in providing specific information needed to evaluate their claims will lead to completeness in the examination and faster compensation decisions.

VA's goal is to process all claims in fewer than 125 days with a decision quality rate no lower than 98 percent, a mark Secretary Shinseki has mandated by 2015. The physician questionnaire project is one of more than three dozen initiatives actively underway at VA, including a major technology modernization that will lead to paperless claims processing.

The disability benefits questionnaires are part of VA's automated health records system which prompts VA physicians conducting disability examinations to include precise information in a standardized way to assist claims adjudicators in ensuring Veterans receive the benefits they deserve as quickly as possible. These VA examination results are electronically available to claims adjudicators in VA regional offices.

For Veterans who receive their care from private physicians, VA has placed

the disability benefits questionnaires on its Internet site (<http://www.vba.va.gov/disabilityexams>) with instructions for physicians to submit examination results on Veterans' behalf.

The first three questionnaires cover B-cell leukemia (such as hairy-cell leukemia), Parkinson's disease and ischemic heart disease. VA recently established the presumption of eligibility to VA disability compensation benefits for Veterans with one of these three conditions who were exposed to Agent Orange, a herbicide agent used extensively in Vietnam.

In practical terms, Veterans who served in Vietnam during the war who have a "presumed" illness do not have to prove an association between their illnesses and their military service. This "presumption" establishes eligibility to VA compensation if their condition is disabling to a compensable level.

For additional information on the VA disability compensation program or additional presumptive disabilities for Veterans exposed to herbicide agents, contact VA at 800-827-1000 or visit <http://www.vba.va.gov/bln/21/AO/claimherbicide.htm>. *

5 Tips to Prevent Home Heating Fires

When it's time to turn up the heat in your home this winter to battle the icy cold, follow these simple tips to prevent the chance of fire:

1. **Hire a professional to inspect and clean your furnace.** Maintaining your furnace and ensuring that it's operating properly and efficiently will save you money and keep you free from worry.
2. **Open your windows when you first turn on your furnace.** Choose a warm day to let your furnace burn off the dust and dirt that have collected on its heating element. A residual odor is not harmful, but if the furnace rumbles or produces black smoke, call 911 and evacuate the premises.
3. **Clean your chimney.** Before you cozy up to the fireplace, open the flue and check for obstructions that can cause a build-up of harmful carbon monoxide. Hire a chimney sweep to inspect for creosote, a substance that gradually builds up as wood burns and can ignite in the chimney flue.

4. **Use electric heaters sparingly.** Don't let a space heater run for hours on end. Turn it off at night or when you vacate a room. Move bedding, clothing and other flammable items at least three feet away from the heater. And never leave children and pets unattended near a space heater.
5. **Handle propane-powered equipment carefully.** Follow the manufacturer's instructions, store cylinders outside, and call 911 if you smell a strong odor of gas.

For more information on home fire safety, go to BeFireSmart.com. *

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The AMS Advocate

is published bi-monthly by the
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