

News Flash

From The Retired Enlisted Assn

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TREA WASHINGTON UPDATE FOR SEPTEMBER 25, 2009

The TREA National Convention is being held this week in Rapid City, South Dakota. Delegates will be voting for members of the board of directors who will be leading TREA for the next year, as well as on resolutions concerning several of the issues important to military retirees and veterans. The results of those votes will be published in an upcoming issue of *The VOICE*.

In the meantime, Congress has been working this week on several issues, the most prominent of which is – once again – restructuring the nation's health care insurance. However, it was not until today (Friday) that the Senate began debate on the FY2010 Defense appropriations bill. They are not expected to finish work on the bill until next week. There are many areas of disagreement in the bill, including U.S. troop deployment strategy in Afghanistan and the President's decision not to deploy a missile defense system in eastern Europe, so debate is expected to last several days.

The Senate has not begun debate on the appropriations bill for the Department of Veterans Affairs and it is not expected to do so before the end of the 2009 fiscal year, which is next Wednesday. In fact, the only fiscal 2010 spending bills that have been passed by both the House and the Senate are Agriculture, Energy-Water, Homeland Security, Interior, Legislative Branch and Transportation-HUD.

As a result, the House of Representatives today passed a continuing resolution that will fund the entire government at current levels until October 31, by which time they hope Congress will have completed its work on all appropriations bills. The good news about that is that they made an exception for the Department of Veterans Affairs, and instead of funding it at the 2009 level they funded it at an annualized rate that would give it \$3.85 billion more than its FY 2009 funding. The Senate is expected to take up the continuing resolution next Tuesday, the 29th.

The Defense authorization bill continues to be worked on by the House-Senate conference committee. There are hundreds of differences between the Senate and House versions of the bill and they must come up with one bill that is exactly the same. This is a very important piece of legislation because, among other things, it would give concurrent receipt to some Chapter 61 (medically retired) retirees. Most observers expect that it will take several more weeks before they can finish their work.

[1. TRICARE Offers Option for Beneficiaries Struggling with Weight](#)

[2. Inspector General Completes Study of VA Endoscopic Programs](#)

[3. VA Says It Has Processed Less Than Half of Pending GI Bill Claims](#)

[4. Rep. McHugh Sworn In As New Secretary of The Army](#)

5. Report: Too Many Vets Wait A Year For Claim

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1. TRICARE Offers Options for Beneficiaries Struggling with Weight - TRICARE beneficiaries whose weight poses a serious health risk have surgical alternatives available to them. For those who medically qualify, TRICARE covers gastric bypass, gastric stapling and gastroplasty procedures including vertical banded gastroplasty and laparoscopic adjustable gastric banding, commonly known as Lap-Band surgery.

These procedures are covered for non-active duty beneficiaries who suffer from morbid obesity and meet specific medical criteria. For a TRICARE beneficiary to medically qualify he or she must weigh 100 pounds or more over their ideal weight for height and bone structure, and the excess weight must be associated with a severe medical condition. Beneficiaries who weigh more than twice their ideal weight for height and bone structure are also eligible.

Additionally, TRICARE covers surgery for beneficiaries who had a previous intestinal bypass or other surgery for obesity and, because of complications, require a second surgery.

"TRICARE covers procedures that have been proven safe and effective, and are accepted by the medical community," said John Kugler, chief medical officer, TRICARE Management Activity. "For some beneficiaries, gastric surgery may be the right course of action to preserve their health."

Nonsurgical treatment of obesity, morbid obesity, dietary control or weight reduction, biliopancreatic bypass and gastric bubble or balloon for the treatment of morbid obesity are not covered by TRICARE.

Bariatric surgery represents a major and permanent change in the digestive system and beneficiaries are required to maintain a strict adherence to a specific dietary regimen, which may interfere with the operational deployment of active duty service members (ADSMs). Because of this, ADSMs are not allowed to have bariatric surgery and may be separated from the service if they choose to have the procedure. If an ADSM has bariatric surgery without Military Health System authorization—e.g., by using other health insurance carried by a spouse—he or she is permanently non deployable and may be considered for separation.

Before gastric bypass or Lap-Band procedures are considered, TRICARE encourages beneficiaries to use healthy diets and exercise to prevent obesity. Military personnel,

retirees and their families can use the tools provided by TRICARE at the Healthy Living Web site at <http://www.tricare.mil/getfit/> or the Defense Commissary Agency, <http://www.commissaries.com>, including dietary advice columns, recipes and information on making healthy food choices. The Department of Agriculture's "MyPyramid" tool at <http://www.mypyramid.gov> can help in creating personalized meal and physical activity plans.

Physical activity is important for physical health and weight management. Exercise reduces the risk of cardiovascular disease, diabetes and other diseases. Consistent physical activity is helpful in weight loss and helps prevent regaining the weight.

The Centers for Disease Control and Prevention recommends 30 minutes of daily physical activity for adults and 60 minutes for children. Everyday activities provide opportunities for being more active. Visit the CDC Healthy Living Web Page at <http://www.cdc.gov/healthyliving> and try a few of these suggestions:

- Walk, cycle, jog, skate, etc., to work, school, the store or place of worship.
- Park the car farther away from your destination.
- Take the stairs instead of the elevator or escalator.
- Use leg power by taking small trips on foot to get your body moving.
- Take fitness breaks by walking or doing desk exercises instead of taking cigarette or coffee breaks.
- Perform gardening or home repair activities.

Details of TRICARE's coverage of surgical treatments for morbid obesity are available in Chapter 4, Section 13.2 of the TRICARE Policy Manual, and can be found at <http://manuals.tricare.osd.mil>.

2. Inspector General Completes Study of VA Endoscopic Programs - The Department of Veterans Affairs (VA) Office of Inspector General inspected every VA medical site with endoscopic equipment, independently verifying the success of a national program VA instituted to ensure safe and sterile procedures for reprocessing endoscopic equipment across the country.

"VA's top priority is to provide the highest quality care to the Veterans of this Nation," said Acting Under Secretary for Health Dr. Gerald M. Cross. "This report shows VA's unparalleled quality assurance programs identified a risk and successfully corrected that risk on a national scale."

The VA Office of Inspector General report, dated September 17, 2009, shares findings from 129 medical sites inspected across the country. Only one discrepancy was found, a typographical error in certification paperwork.

In late 2008 and early 2009, VA found that inconsistencies in the sterilization of endoscopes at three medical centers led to possible infection risks among 10,000 patients. VA facilities rapidly notified patients of the risk and offered testing. Since that time, VA has been able to contact over 99 percent of these patients. Although fifty-six patients potentially screened positive for infections, though it is uncertain whether the

endoscopes are the source. The national information line at 1-877-345-8555 is available for patients and their families.

VA instituted a national review of facilities in February, 2009, to ensure all VA medical sites are trained on proper endoscope use and cleaning procedures. VA then established a new policy for the reprocessing of reusable medial equipment, including certification of staff, to prevent future incidents. VA has also currently taken over forty disciplinary actions related to this event.

Following the completion of this national effort, the Office of the Inspector General inspected every VA medical site with endoscopic equipment for compliance with manufacturers' instructions and VA's national policy on endoscopic equipment and procedures. This report is found at: <http://www.va.gov/oig/54/reports/VAOIG-09-02848-218.pdf>

3. VA Says It Has Processed Less Than Half Of Pending GI Bill Claims - This week the Department of Veterans Affairs said that it has processed less than half of the pending education benefits claims veterans are entitled to under the post 9/11 GI bill claims. VA officials said it takes an average of 35 days to process post-9/11 GI bill claims, but added the processing time increased by an unspecified number of days when the fall semester began at colleges and universities.

"Our top priority is providing our students and schools with accurate and timely benefit payments so veterans can focus all of their energy on studies," said Patrick Dunne, undersecretary for benefits. Despite the optimistic report, however, student veterans groups expressed concern that their checks would not be in the mail in time to cover tuition payments or housing expenses, as outlined in the GI bill.

4. Rep. McHugh Sworn in as New Secretary of the Army -John M. McHugh became the Secretary of the Army on Monday after having been confirmed by the Senate on September 16. He resigned his seat representing the 21st District from the state of New York in the House of Representatives shortly before being sworn into his new position. McHugh is the 21st Secretary of the Army.

5. Report: Too Many Vets Wait A Year For Claim - The Associated Press reported this week that the VA's inspector general says too many veterans' disability claims take more than a year to process. According to the AP, "An audit released by the VA showed that a year ago, 11,000 veterans had claims pending more than a year. It says the agency awarded retroactive payments totaling about \$43 million for about a third of them. Of that total, it says about \$14 million was unnecessarily delayed because of deficient claims processing.

"Among the worst cases, one veteran was owed nearly \$65,000 for a delayed claim, and another veteran waited more than two years for payment, the IG said.

"The report said the VA has made progress in reducing lingering claims, but it's still creating too much of a financial burden for veterans. The VA has hired more claims processors but is struggling with a growing number of claims approaching one million as more veterans file claims who served in the Iraq and Afghanistan wars.

"It recommended changes such as improving its workload management.

"The VA agreed with most of the IG findings and recommendations, the IG said."

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