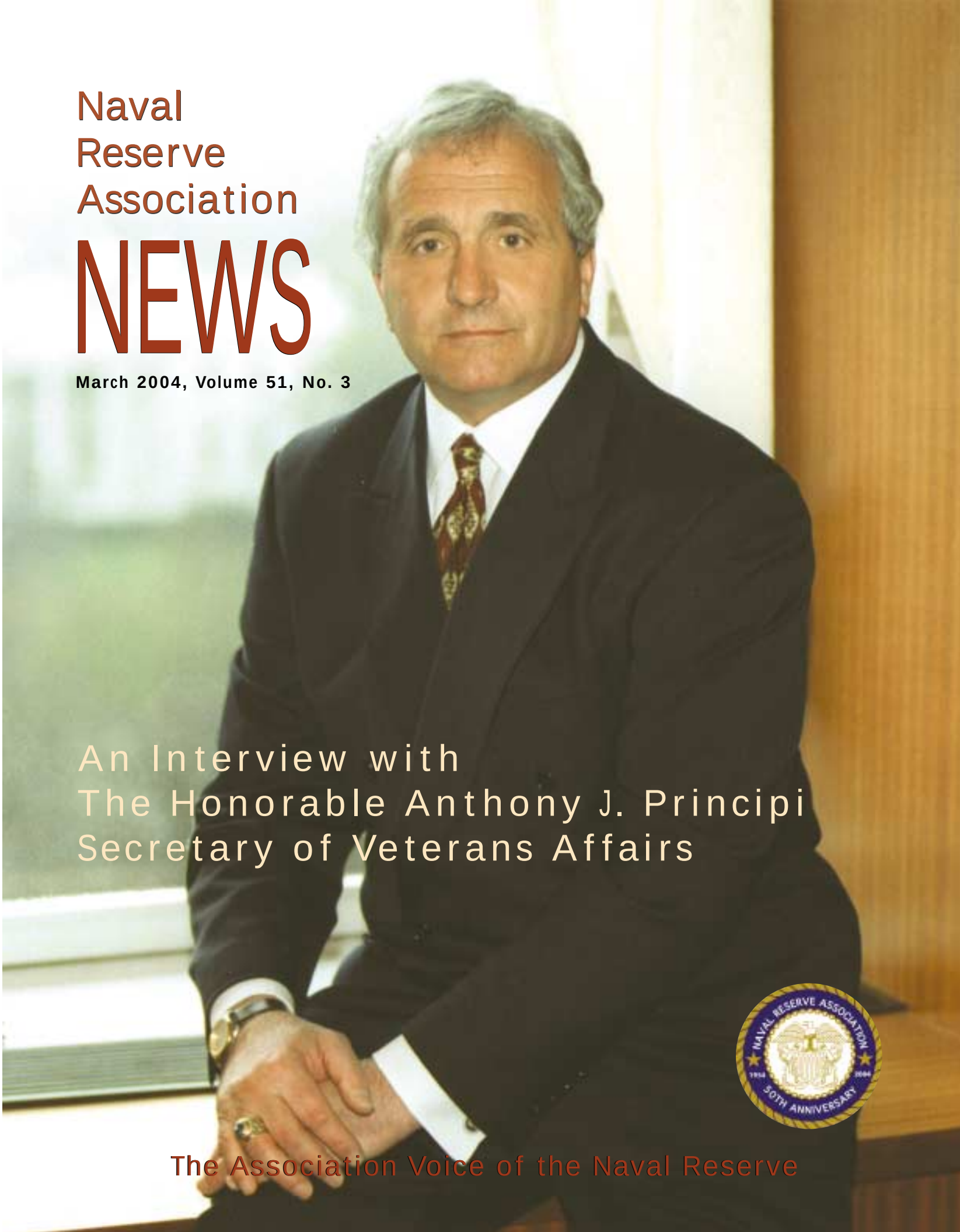
Naval Reserve Association NEWS

March 2004, Volume 51, No. 3



An Interview with The Honorable Anthony J. Principi Secretary of Veterans Affairs

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Contents

NRA NEWS March 2004, Volume 51, No. 3

FEATURE

11 INTERVIEW WITH THE SECRETARY OF VETERANS AFFAIRS

"VA is a living embodiment of our nation's commitment – using the language from Lincoln's second inaugural address . . . "to care for him who shall have borne the battle, and for his widow and his orphan." — **The Honorable Anthony J. Principi**

SPECIAL FEATURES

19 NAVIGATING THROUGH TRICARE AND TRICARE FOR LIFE

"Understanding a few key elements of the Department of Defense health care programs will greatly assist your transition to TRICARE at age 60, and to Medicare/TRICARE for Life at age 65."

— **CAPT Tom McAtee, USNR (Ret)**

26 NAVAL RESERVE AIR TRAINING COMMAND

"I fully support the Navy's Reserve in the Training Command. In fact, I insist that we are the model for Reserve integration in the Navy. Naval Reservists are full participants in our training process, and we could not meet our production requirements without them."

— **RADM George E. Mayer, USN**

DEPARTMENTS

4 From the Editor
6 President's Message
7 Legislative Update
8 Retirees' Corner
10 Professional Development
18 Health Affairs
24 Junior Officer Country
32 Membership
34 Letters
35 Info That You Can Use
38 Reservists In Action

OTHERS

5 Corporate Associates Program
23 News Notes
25 TRICARE While on Active Duty
30 NRA's Spring Conference Schedule – San Francisco, CA

ON THE COVER

The Honorable Anthony J. Principi, Secretary of Veterans Affairs.

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From the *Editor*

Congress is back in session, the President has submitted his budget, and election year politics are picking up. Hearings before Congress are under way. The President has nominated Admiral Vern Clark to serve another two years as CNO. As a result, he will soon appear before the Senate Committee on Armed Services. There are many who speculate that this extension will make him a prime candidate to become the next Chairman of the Joint Chiefs of Staff. More than likely, it will take six-to-ten years of determined leadership at the top to bring to fruition all the changes that Admiral Clark is evoking in the Navy. Finding a replacement who is an equally visionary, focused, and engaged change agent who makes informed decisions on facts rather than feelings, emotions, and biases must be on the minds of both the Secretary of Navy and Secretary of Defense.

From all that we read and hear, Guardsmen and Reservists want health coverage and an earlier than age 60 retirement. Retirees are concerned with eliminating the age 62 SBP offset. These "big three" form the focus of our own legislative effort and that of TMC (The Military Coalition) this year. We are watching with great interest for the Congressionally directed GAO report on the tactical aviation force structure. That report is due in February; and the decommissioning of VFA-203 in Atlanta, supposedly, hangs in the breech. We understand that the Navy is hedging its bets by transferring all aircraft by April and decommissioning the squadron in June!

We also understand that the Navy is moving forward with several portions of their Active/Reserve Aviation Integration plans despite direction from the Secretary of the Navy to delay the decommissioning of squadrons. VAW-78 in Norfolk is earmarked for decommissioning this year. We also understand that the Fleet Replacement Units (FRUs) that will replace many of the squadrons lost in this genocide attempt will not have an approved mission. These FRUs will train Reservists; but, without a mission, how can it last long in this constrained budget environment?

All that said, let me turn to this issue. For the second month in a row, we feature a successful Active Component/Reserve Component integration success story. Please take time to read the piece on the Naval Air Training Command story. You'll also find plenty of good information that you can use and advice from our elected Vice Presidents. Our President also discusses the changes taking place in the Navy and salutes our first Platinum Level Corporate Associate – IBM Federal.

CAPT McAtee and I went over to the Department of Veterans Affairs in late January to interview Secretary Principi. It was an absolutely refreshing experience for us, and I know that you will enjoy reading the feature. What many of you probably don't know is that he is a "gray area" Navy retiree. In April, he will reach that "magic" birth date which entitles him to retirement pay. Captain Principi has served his country exceptionally well during active service, inactive service, and as a devoted public servant and patriot. We wish him all the best in retirement (from the Navy) and in his role as Secretary of Veterans Affairs. Many thanks, Mr. Secretary!!

We hosted the Commander Naval Forces Reserve Junior Officer of the Year selection board in the Headquarters in early February. RADM Debbout has approved the recommendations and we congratulate: LCDR Mark Brazelton (VFA 203); LT Laura Foster (*USS JOHN C. STENNIS*); LCDR Douglas Scheon (HCS 5); and, LT David Bailey (COMUSNAVCENT). They will be at our Spring Conference next month. We'll also be discussing much of the change going on in the Naval Reserve there. So, make your plans today to attend.

Best regards,

Steve Keith

Looking Ahead

April. Our feature will be an article by The Honorable William A. Navas, Jr., Assistant Secretary of the Navy for Manpower and Reserve Affairs. We will also include a special feature on the Naval Air Force Reserve.

May. Our special pull-out feature will be "Entitlements for Reservists" by CAPT Tom McAtee.

June. We will wrap up the Spring Conference for you and include a special feature on the Reserve Component Survivor Benefit Plan (RCSBP) by CAPT Tom McAtee.

Naval Reserve Association
NEWS

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*Deceased

Our Sister Organization and Corporate Associates

(L to R) Maj. Gen. Bob McIntosh, CAPT John Lindell and RADM Bob Merrilees

I took time in late January to travel to Washington to enjoy the snow and ice. Just kidding, I went there for two reasons. First, to attend the Navy Professional Development Seminar on the Sunday prior to the start of the Reserve Officers Association Midwinter Conference. The second reason was to attend our sister organization's conference. We do so much work together, one-on-one, and in The Military Coalition (TMC) that I wanted to get to know them better. As you can see in the photo, I was so impressed that I signed up for membership in ROA.

The Professional Development Seminar was most informative and educational. Commander James Dick, USN, in the CNOs Strategy and Concepts Branch, gave an hour presentation on all the tenet of Sea Power 21. The tentacles on this are very far reaching. And, although CDR Dick did not mention this, it is fairly well known within the Naval Reserve community that Naval Reservists are heavily involved in developing the enabling technology for FORCEnet. Another valued Naval Reservist and life member of this Association, CAPT Sam Wright, gave a wonderful brief on USSERA (Uniformed Services Employment and Reemployment Rights Act).

In the afternoon, VADM Cotton addressed about 150 Naval Reservists. He is an impressive speaker and on top of his game. He used about 11 slides and talked from the floor for more than an hour. During the Q&A session following, he was direct and matter of fact with his answers. Much of the future of the Naval Reserve rests in the hands of the Commander, Fleet Forces Command who is doing a Zero Based Review (ZBR) of the Navy's requirements for Naval Reservists, and, hopefully, equipment needed to train, employ, and deploy. We remain concerned that this significant enabling factor (equipment) has already been decided by the budgeters in OPNAV and will be a boundary value on the ZBR outcome. OPNAV is where outcomes of the Active Reserve Integration work were dictated because they were not bold enough. There is good reason for us to be on guard – Semper Advigilo!

All this will be discussed further at our Spring Conference in San Francisco. If you haven't made your plans, I ask you to do so – we need to be engaged in this and other transformational issues. We have a great and visionary CNO, but his work will not really have taken hold by the time he leaves office in two years. When that happens, what is left behind of the Naval Reserve is something to ponder.

On the Corporate Associate front, I am pleased to inform that IBM Federal has signed up as our first Platinum Level Associate. This ten-year partnership between your Association and IBM is a milestone that has great potential. My personal thanks to Dr. Wells and CAPT Michael Brown for making this happen. Welcome aboard, IBM Federal!

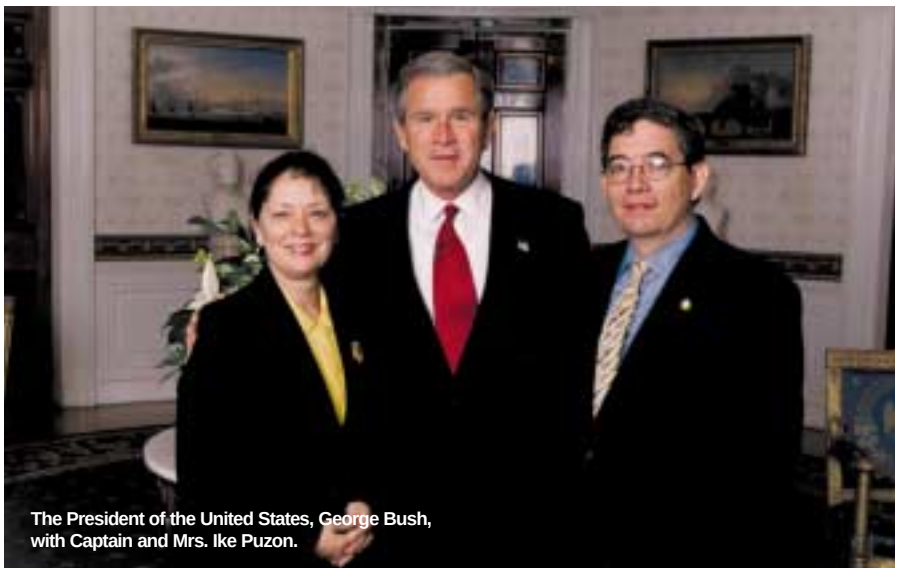
John Eric Lindell

Naval Reserve Association 2004 Conferences

Spring Conference - San Francisco, CA, 16-18 Apr. 2004
Sheraton Fisherman's Wharf, Toll Free Number 1-800-325-3535
Fall National Conference - Washington, DC, 15-18 Sep. 2004
Radison Hotel, Old Towne Alexandria, VA

Second Session of the 108th Congress

By CAPT Ike Puzon, USNR (Ret), Director of Legislation



The President of the United States, George Bush, with Captain and Mrs. Ike Puzon.

As the second session of the 108th Congress begins, the "new" Naval Reserve has arrived. The transformation of the Navy's Reserve is on a track that ensures that the Navy takes full and total ownership of what the Navy and Congress used to consider through public law (which has not really changed) as the Naval Reserve Force. It is my desire and full intention fully to support and defend these changes when they truly are transformational and good for the service and our nation. I feel that we owe it to those who are trying to transform the Navy and the former Naval Reserve Force to give it all we have. And, our legislative effort will reflect that we are supporting the transformation.

In full support of this change, with the resolutions of the Naval Reserve Association as our guide, we continue to be strong advocates for those members of the "former" Naval Reserve Force – past, present, drilling Reservists, Ready Reserve members, and those who wear the uniform every day. It is our desire to focus on legislative effort in the following areas:

*** Retention and recruiting improvements for whatever happens to the force –**

o Health care improvements, and continuation of TRICARE for Reserve/Guard.

o Support retirement improvement for current drilling Reserve members.

o Operations support improvements.

o SBP improvements for retired members, surviving spouses, and those working towards retirement.

o Relating to Improved Montgomery GI Bill Benefits: Congress is urged to improve the benefits of the Montgomery GI Bills by setting financial support to keep pace with the rising costs of education, not just the cost of living, and to offer an education contribution option to the members of the Reserve Component similar to active duty.

*** Force structure issues –**

o Support for hearings on the Guard and Reserve usage and improvements.

o Support for a Commission on Guard and Reserve for the 21st Century.

o Review of the full integration of Reserve members and units.

*** Tax improvements –**

o Support for the employers of Guard and Reserve members.

o First time enlistment and second term reenlistment bonuses. Amend the Internal Revenue Code of 1986 to exclude from gross income any enlistment, accession, reenlistment, or retention bonus paid to a member of the Armed Services.

*** Recalled Reservist remaining on Reserve promotion lists –**

o Congress is urged to amend 10 USC 115(d) to exclude these and other Reserve Component officers for the duration of their recall from counting against active duty strength limitations should they be promoted off the RASL, while under voluntary recall under the provisions of 10 USC 641.

These are areas of our emphasis, with an overall eye on advocacy for those members who have served, those who are serving, and those who will serve in the Reserve Component of the Navy. The national military strategy can not be met without the use of current day Reserve Components. This is unlikely to change for the foreseeable future. Our concentration is on the members of the Reserve Force, no matter when they served, as well as active members, no matter what their official or unofficial name.

I invite our members to review past legislative efforts of the Naval Reserve Association and to provide us input on your focus. I, also, invite nonmembers to review current Navy policy and our resolutions, then to give me feedback on what you believe is the right emphasis.

Note: One member of the NRA believes that I erroneously reported the outcome of use of the Naval Reserve Force during the 1960's, and that the mobilization of the Naval Reserve Force had failed. Please see his letter to the editor. I note that the writer points out that the mobilization of his unit was a success and formidable. I also note that overall policy towards use of the Naval Reserve Force still suffered from the "pools" of people during that time frame, where equipment exposure was limited. That policy appears to be very much a part of Navy current plans and policy. The overall issue: Did the Reserve Component members have access to train, and train on equipment?

Potpourri

CDR Sharon K. Kleinschmidt, USNR (Ret)
National VP for Retired Personnel

Tax Benefits in Charitable Planned Giving

By Kathleen Sweeney, CFP

As many Americans engage in writing big checks for their 2003 tax bills, it may be time to look for ways to avoid the same pain again in April 2004. One strategy that will substantially reduce income taxes – eliminating the need to write the Internal Revenue Service a bonus check on 15 April 2004 or increasing the amount of the refund – is charitable planned giving.

This approach makes it possible to make a tax-deductible gift to a charity while retaining the right to use the asset or to derive income, or payments, from it. Many donors don't realize that they may receive payments from assets transferred to a charity. Two of the most popular vehicles are charitable gift annuities and charitable remainder trusts.

Charitable planned giving, which pays larger dividends for millions of taxpayers each year, is encouraged by federal and state governments. Our lawmakers have protected and enhanced provisions in the tax code that encourage charitable giving because it supports the important work nonprofit organizations perform for individuals and communities.

Retirement Pay and SBP Premium Calculation

Go to <www.bol.navy.mil> (BUPERS On-Line) to the Annual Retirement Point Record (ARPR), input the requested information, and view your anniversary years and points accrued. Then, go to our Association Web site at <www.navy-reserve.org> and request a retired pay estimate. You may also get your Survivor Benefit Plan questions answered by calling CAPT McAtee at 703-548-5800.

Retiree Status and Categories

In time of war or national emergency declared by Congress, the Secretary of the Navy may recall any retired member of the Reserve Component, with the approval of the Secretary of Defense, when it is determined there are insufficient qualified Reservists in active status. The Department of Defense categorizes all military retirees:

– Category I retirees are those within their first five years of retirement who are under the age of 60 and are not disabled.

– Category II retirees are those who have been retired more than five years and are under the age of 60 and not disabled.

– Category III retirees include all others, and include those who are disabled.

All Category I and II retirees are considered mobilization assets. Category III retirees with selected skills, primarily medical personnel, are also considered mobilization assets.

Did You Know?

* Vietnam Veterans – Vietnam veterans with prostate cancer may apply for VA disability compensation if they served in Vietnam between 9 January 1962 and 7 May 1976. Vietnam veterans are not required to prove they were exposed to Agent Orange. The VA presumes any veteran who served within the borders of South Vietnam or in adjacent waters was exposed to the compound. Those wishing advice or guidance should call the VA Claims office at (800) 827-1000.

* Scholarship season kicks off and children of active, reserve, and retired may apply through 18 Feb. for the Defense Commissary Agency Scholarship. Apply at a commissary or on-line, <www.militaryscholar.org>.

* Support our Sailors, Marines and Coast Guard. When you buy at the commissary and exchange, part of the money goes to support the moral, welfare and recreation fund at the installation. Without this money, there would be no ball fields, basketball courts, gyms, golf courses, hobby shops, or picnic facilities at some bases.

CDR Sherry's retirement thought: *"I am not afraid of storms, for I am learning how to sail my ship" – Louise May Alcott.*

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"Out here, they depend on me. For auto insurance, I depend on USAA."

Auto Insurance. USAA has the best auto insurance for the military. Why? Because military members and their families are our primary concern. We're proud to offer auto insurance at great prices, with outstanding service and fast claims response 24 hours a day, 7 days a week. We know that sudden deployments are part of the job. With USAA, your coverage moves with you, even to many overseas locations.

We also have a full line of property and life insurance products geared to meet your unique needs. But don't take our word for it. Ask around. With more than five million USAA members, you won't have to look far. Let us focus on your individual needs. To find out more and obtain a free auto insurance quote, contact us today.

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Get in the Zone – Promotion

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Last month, we discussed how seniority and precedence is determined. This month, we'll look at promotion zones.

What is a promotion zone?

Congress establishes the maximum number of officers who may be on active duty in the Navy. This number, not job vacancies, drives promotion opportunities. Thus, while the Navy may be fully manned to Congressional specifications, several billets can still remain vacant. Each fiscal year, the Navy determines the number of active duty vacancies anticipated by competitive category at each paygrade due to retirements, resignations, promotions, deaths, etc. Additionally, the Secretary of the Navy determines a promotion opportunity (expressed as a percentage) for each competitive category. For unrestricted line (URL) officers, these numbers are typically 50 percent to 60 percent for CAPT (57 percent for FY05), 70 percent to 80 percent for CDR (77 percent for FY05), and 70 percent to 90 percent for LCDR (85 perccent for FY05). These numbers can be driven by a number of factors, including retention goals and keeping promotion "flowpoints" within range.

The Deparment of Defense has issued flowpoint guidance for the Services. Annually, the Navy plans promotions to adhere to Department of Defense guidelines. Flowpoint is expressed as years and months of commissioned service the average officer will serve before actual promotion (date of rank). Each must remain within a predefined two-year band, but may drift from year to year. Flowpoints for FY05 URL selection boards are 9 years 10 months to LCDR, 15 years 5 months to CDR, and 21 years 10 months to CAPT. Other competitive categories may flow earlier or later, depending upon community requirements.

Thus, a zone consists of a range of lineal numbers, which can be correlated with dates of rank. Officers within a zone will be considered for promotion during that fiscal year's statutory promotion board.

How are active duty zones established?

Starting with the most senior officer who has not yet been considered for promotion, BUPERS counts down until the correct total is reached. This range of officers becomes the zone. (For example, if the Navy needs 100 new URL captains, and the promotion opportunity is 50 percent, 200 URL officers will be in the zone.) Officers who are senior to the first officer in the zone are considered to be "above zone." These officers have already been considered for promotion. Officers who are lineally above zone but have not been considered by a Reserve board are listed as "above zone not previously considered" (AZNPC), and are treated as if in-zone for board purposes. This situation can occur when an officer leaves active duty and affiliates with the Naval Reserve after some delay. This also happened in 2001 when the 1700 community was folded back into the line community, and officers were redesignated as 1100. This created a one-time "surge" of AZNPC URL officers, and the FY01 URL O-6 zone shrunk to only seven months.

An above-zone officer remains above zone and is considered each year by the appropriate board until promotion, resignation, discharge, or retirement. Active duty zone announcement messages also include a "below zone" range, providing early promotion opportunity for truly outstanding officers. Under SECNAV policy, except for Reserve warrant officers, Reserve officers may not be considered for promotion from below the zone.

Each year, the Secretary of the Navy publishes a message that lists the convening dates of promotion boards, along with the senior and junior officers eligible for consideration for promotion. This year's message date time group is SECNAV WASHINGTON DC 112014Z DEC 03 (ALNAV 091/03). Reserve promotions are driven by active duty promotions. Under Title 10 USC, Reservists must be eligible for promotion at the same time as their active duty counterparts. Therefore, Reserve promotion zones mirror the active duty promotion zones based on the running mate system.

Since eligibility for promotion as a Reserve officer is based on the running mate system, there may be more or fewer Reserve officers than active duty officers in a promotion zone. Usually, there are more. So, while active duty may select 100 captains based on a given zone and promotion opportunity, the Naval Reserve could conceivably select 200. Over time, this results in a "glut" of O-5 and O-6 Reserve officers, which is why the Apply board can only assign about 1/3 of these officers to pay billets. Congress and money, via selected Reserve endstrength, act as a throttle on career opportunities for Reserve officers. As a Reservist, it is easier to get promoted than it is to get a pay billet.

Promotion board results do not adjust relative seniority of officers, except in the case of early promotions. An officer's original precedence relative to peers at commissioning does not change over a career when promoted on due course. Being the best-qualified, most decorated officer does not result in an earlier date of rank.

On the BUPERS Web site is an annual planning document known as a "promotion zone forecast," which provides a five year look-ahead that estimates promotion opportunity, flowpoints, and promotion zones. The URL forecast for FY05-FY09 is available at *<http://www.persnet.navy.mil/pers43/5-9prmzn.htm>*.

You may also find additional important information concerning promotion boards at *<http://www.persnet.navy.mil/selectbd/index.html>*. ⚓

An Interview with

The Honorable Anthony J. Principi Secretary of Veterans Affairs

(L to R) RADM Steve Keith and Secretary Anthony Principi with CAPT Tom McAtee in the background.

Keith: Thank you for taking time for this interview, and thank you for your continued public service to this great country.

Principi: Thank you for giving me the opportunity to talk to you. I'd like to commend you, too, for the valuable service the Naval Reserve Association performs for your members and for all American veterans.

Keith: In size, the Department of Veterans Affairs ranks number two behind DoD in the President's Cabinet, and provides many valuable services to veterans, widows, and families. Finding a good starting point is a challenge. Let me start by asking what are your products and services; how are you organized to provide them; and what resources (physical and fiscal) are available to meet them?

Principi: VA is a living embodiment of our nation's commitment – using the language from Lincoln's second inaugural address that's memorialized on a plaque outside our main building in Washington – "to care for him who shall have borne the battle, and for his widow and his orphan."

As you know, it's a commitment of the highest order for President Bush, as it's been for chief executives before him and members of Congress on both sides of the aisle. That commitment is reflected in the $65 billion budget approved in late January for VA this fiscal year, and in the authorization for about 230,000 federal employees. The president recently reaffirmed his support for providing the best possible health care and benefits for our veterans when he announced his intention to seek $67.7 billion in the fiscal year 2005 budget for VA, a $5.6 billion increase in budget authority, primarily targeted for health care and disability compensation.

Perhaps the quickest way to understand VA is to look at the way we're organized. We're structured into three major elements, called "administrations," each headed by an Undersecretary and dedicated to providing specific services to veterans. By far, the largest is our Veterans Health Administration, which operates the largest integrated health care system in the country.

VA operates 163 medical centers, about 850 outpatient clinics, 137 nursing homes, 43 domiciliaries, and 206 Vet Centers. At the moment, we're engaged in the most comprehensive review of VA's infrastructure since World War II, and those numbers will be changing. Most likely, we'll see a slight decrease in the number of medical centers and a dramatic rise in the number of outpatient clinics, because 21st century medicine is based upon outpatient care. We expect to care for about five million patients this year, accounting for about 600,000 inpatient admissions and

nearly 50 million outpatient visits. That's an increase of a million patients on my watch.

Our Veterans Benefits Administration is responsible for overseeing a wide range of complex financial programs for our veterans and their families, from disability compensation and a wartime pension, to GI Bill educational assistance and home loans. Those programs this year are budgeted for about $35 billion. More than 3.3 million people receive a monthly check from VA. You can imagine the demands of making those payments accurately and on time.

Finally, our National Cemetery Administration is charged with overseeing the memorial affairs of our department. VA is presently responsible for 120 national cemeteries where more than 80,000 interments are expected this year. We'll also provide nearly 350,000 headstones or other markers for veterans not buried in a VA facility. With our World War II generation passing away at a painfully swift rate – about 1,200 World War II veterans die each day – VA is in the midst of the largest expansion of national cemeteries since the Civil War. We've also embarked upon a program we call the "National Shrine Commitment" to bring all of our cemeteries, many which go back to the Civil War, to the standards befitting their status as national shrines for our veterans.

Keith: What is the VA's definition of "VETERAN"?

Principi: My definition is "hero." Since the war in Iraq started, I've spent as much time as I could visiting the wounded at Walter Reed and Bethesda. The sacrifices those young men and women have made to this country are beyond description, as were the sacrifices of their fathers during the Tet Offensive, their grandfathers at the Chosen Reservoir and Normandy, and their great-grandfathers at Belleau Woods.

Many veterans who never heard a shot fired in anger have made similar sacrifices during training exercises or because of the hazards inherent in working with explosives, heavy equipment, and aircraft during times of great fatigue and during weather conditions when the private sector shuts down.

And, let's not forget those who were willing to face hardships – who left their families, endured physical hardships and loneliness on the far-flung citadels of freedom, but who weren't called upon to make the ultimate sacrifice. VA is there for them, too.

It's important to remember that the Reserve Component members who are called to active duty, for example, for the war on terrorism and Operation Iraqi Freedom become eligible for many veterans benefits.

Keith: How many veterans, widows, and families do you serve?

Principi: There are about 25 million living veterans today, ranging from less than 200 World War I veterans; to 4.3 million from World War II; 3.5 million from Korea; 8.2 million from Vietnam; 1.9 million from the first Gulf War; and, of course, our newest combat veterans from the war against terrorism. Most of these veterans are eligible for our home-loan guarantee program and the Montgomery GI Bill's educational assistance. As I indicated earlier, about five million will seek care this year from a VA medical facility; and 2.7 million will receive disability compensation or pensions.

It's important to note – and I suspect a large number of veterans aren't aware of this – that VA provides financial support to the survivors of many veterans, especially those who die on active duty and those who die from causes that are officially recognized as service connected. About 600,000 survivors of deceased veterans receive compensation or pensions from VA under a variety of programs.

Keith: What are the projections for the future?

Principi: We'll be seeing a gradual decrease as the World War II generation passes away. The latest projections I've seen call for 20 million veterans in ten years and 16 million in 20 years.

Of course, those numbers don't tell the whole story. With advances in modern medicine, more veterans are living longer and require more assistance from VA's health care system. On the financial side, we've seen a clear increase after each major conflict in the proportion of veterans who file for service-connection (and receive) disability compensation. They're become more knowledgeable about VA benefits, and they're willing to step forward and seek their benefits. We have embarked on an extensive program of predischarge outreach programs to ensure that our newest veterans are well informed of the benefits they have earned.

We make a lifelong commitment to our veterans in this country, and many of those lives last a long, long time. The last woman drawing federal benefits as the spouse of a Union soldier from the Civil War passed away in 2003, and I understand there's at least one Confederate widow still alive who is not receiving any sort of federal benefits. Using this standard, we'll be caring for the spouses of World War II veterans beyond the middle of the 21st century.

Keith: In this ever changing world, tell us how you are preparing to meet the needs of your customers in the future.

Principi: I see a mix of high tech and the human touch. Let me give you two examples. Nothing this department does is as important as serving the needs of our newly returning veterans from Iraq and Afghanistan. In the beginning, we made mistakes; and some veterans were in danger of falling through the cracks. I directed the department to put VA employees into the wards at Walter Reed and Bethesda to talk to our latest heroes, to make sure they know about the benefits and services for which they're eligible, and to ensure that, when they're discharged, we reach out to them. It's not good enough to give them a handful of pamphlets and wish them good luck. I want VA to make the human touch, the human commitment.

That's the human touch. But, we're also going high tech. VA is moving aggressively into the Internet era. Our hospitals and clinics are setting the pace for the U.S. health care industry in their use of computerized patient records. Our claims process for disability compensation and pensions is moving rapidly into a paperless environment. We're bringing on-line a new initiative – called MyHealthEVet – that will allow our patients secure access to records, request prescription renewals, schedule appointments, and conduct more of their health care business over the Internet.

Keith: You are indeed an agency in significant transition/transformation. Those accomplishments are very impressive and reflect positively on your leadership here. From experience, I know that it takes visionary planning, strong management, dedication, and commitment on the part of many in the Department to make it a reality; so, congratulations to all!

Principi: Thank you. I don't have to tell the members of the Naval Reserve Association that leadership and management begin with a top-down statement of values, a dedication to the mission, and a commitment to sound business practices. But, that focus has to be picked up by each management layer and, ultimately, by the individual employee. At VA, we're blessed with a workforce that is truly dedicated to the well-being of our veterans. Going the extra mile for our veterans is part of the job for the vast majority of VA employees.

Keith: Some have compared the CARES initiative to the Base Realignment and Closure process. Please comment.

Principi: There is a huge difference between BRAC and CARES. CARES – short for "Capital Asset Realignment for Enhanced Services" — is VA's study of its health care infrastructure. The Pentagon's BRAC process was designed to identify unneeded military installations and close them. VA's CARES is intended to make sure we have our medical centers, hospitals, outpatient clinics, and other facilities in the locations that give access to the greatest number of veterans. While CARES may result in the closure of some medical centers, we're also going to set up a few new medical centers and dramatically expand our network of outpatient clinics. We plan to spend $4.6 billion on new facilities.

It's important for your members to realize that most VA medical facilities were built during two major construction spurts – during the 1930's for the World War I generation, and during the late 1940's and early 1950's for the World War II generation. Those building booms left us with facilities that are now, on average, more than 50 years old, compared to ten years on average for private sector health care facilities.

Many of those facilities were designed for medicine as it was practiced over half a century ago. For example, hospitals were built to warehouse the mentally ill for indefinite periods in isolated rural communities.

But, age isn't the only problem with our current infrastructure. Those aging facilities were built in places that made sense 50 and 70 years ago, but make less sense today. The U.S. population is shifting to the south and southwest. VA's health care system is underbuilt in that part of the country, while other communities have massive, aging facilities without the service-disabled and indigent wartime veterans to use them efficiently.

Keith: Does it make sense to have CARES – to reduce the number of medical facilities – when we have troops returning from Iraq and Afghanistan?

Principi: Because of the needs of returning combat veterans, it doesn't make sense to delay any longer a comprehensive review of our infrastructure. Remember that CARES is about ensuring that veterans are able to receive the care they're entitled to get. Our troops don't have to fight with weapons designed for World War II battles. They shouldn't get care in a medical system designed for World War II standards.

Every VA employee has clear guidance from me and from their direct supervisors. When a wounded or injured veteran from Operation Iraqi Freedom or Operation Enduring Freedom contacts us for care, the only question we should ask is: "How can we help you?" Each of our medical centers and benefits offices now has a point of contact to work with our newest combat veterans. Many of these veterans enroll in our health care system and file for disability compensation before they even leave active duty.

We've trained tens of thousands of our hospital employees to treat the anticipated health needs of this new cohort of veterans. We've established two new research centers for the study of war-related illnesses and injuries. And, we've developed new guidelines for our physicians and nurses on how to restore these heroes to their highest levels of functioning.

Keith: I believe that CARES is looking at possibilities of expanding cemetery space as well. Are we running out of burial space?

Principi: CARES is devoted exclusively to evaluating our health care facilities. But, yes, our cemetery system has been affected by the same changing demographics. Our existing national cemeteries have about 2.4 million grave sites, with the potential to add another 2.4 million. So, in total numbers, we're a long way from running out of space. But, those aggregate numbers don't tell the entire story, because our cemeteries, like our health care facilities, were established decades ago to reflect the veteran population that existed at that time.

Empty space in a national cemetery in New York isn't going to help a family in Florida who would like to see their loved one interred in the special, hallowed ground of a national cemetery that's also close enough for the family to visit regularly. That's why, as I indicated earlier, VA has undertaken the most ambitious cemetery-development campaign since the Civil War. Five cemeteries are in various stages of development, and we've just received authorization from Congress to establish another six.

I think it's important to note that most of the states have their own veterans cemeteries that often follow the same standards for eligibility and physical maintenance as the VA-run national cemeteries. VA has always subsidized about 65 percent of the construction costs for state veterans cemeteries, and now we have the authority to underwrite 100 percent. Many veterans and their families will find it more convenient to choose a state cemetery as a veteran's final resting place. It's one more option for them.

Keith: I've read your Strategic Plan and was very impressed with it. In fact, I am impressed with everything that I've read and you have told me about the Department. I cannot help but think that the quantification of your customer needs and performance metrics have helped garner more support and resources from Congress. How has this played out? And, what legislative changes are needed to permit even greater customer service/care?

Principi: We can be proud of the support, benefits, and programs this nation offers to its veterans. No other country comes close to matching us. Still, the federal budget is finite, and we have a responsibility to the U.S. taxpayer to be wise stewards of the nation's treasure. President Bush has energized an effort, that actually had been tried by earlier administrations of both parties, to use metrics – measurement – to gauge our progress. After all, you can't tell how you're doing or how well you're achieving your goals unless you can tell with precision exactly where you are. That's where the measurement comes in.

Every change encounters resistance. And, the drive for quantification has critics who contend that nothing is too good for our veterans and that measurements are a way of rationing resources. Our veterans deserve the very best service from the Department, but the only way to be sure that we're truly providing that level of care is by quantifying services. Metrics also allow us to set specific objectives for our professionals that give them a clear understanding of what's expected of them. Increasingly, the professional evaluations of our senior managers – from hospital directors to undersecretaries – are dependent upon their success in meeting quantifiable objectives.

Keith: But, as you point out in the Strategic Plan, there are resource limits. The President's Management Agenda calls for a government that is active but limited – a government that focuses on priorities and does them well. You recently made an extremely difficult, and still controversial, decision to stop enrollment for category eight veterans (no service-connected conditions, with incomes above the geographically-adjusted means threshold). What prompted you to do this?

Principi: That was one of the toughest decisions I've had to make during my government service. Many VA professionals have worked hard for years to bring our health care system to a level unequaled by the private sector, to make it a system that offers the quality service that our veterans have earned by the hardships they faced for our country. I wish I could offer VA health care to all veterans.

But, we've had unprecedented growth in the number of veterans coming to us for health care – from 2.9 million patients in 1998 to five million this year. Even though our health care budget has grown by two-thirds during the same time, we cannot continue that rate of growth while maintaining our standards for health care. And, there was an added element. Many veterans were being enrolled in VA's health care system only to be told, if they didn't require emergency services, that they would have to wait months to see a doctor for primary care. In July 2002, about 320,000 veterans were expected to wait more than six months for a nonemergency appointment. That's immoral; that's unfair to veterans.

By limiting enrollment in January 2003, VA was able to maintain its standards for quality, continue serving the most deserving veterans – those with service-related disabilities, the combat veterans with no financial resources, and those with catastrophic injuries – and reduce the patient backlog for all veterans. We now have about 30,000 who have waited – or are likely to wait – six months for a nonemergency appointment. I'm glad to hear you understand the enrollment restrictions don't affect those with service-connected medical problems. Several critics of the decision overlook that distinction and unnecessarily alarmed deserving veterans.

The enrollment decision, by the way, didn't reduce the number of veterans we treat. The numbers continue to increase. Since 2001, we have enrolled about one million veterans in VA health care. That decision did focus our care on the veterans identified by Congress as having the highest priority – the service-connected disabled, the low income, and those who need our specialized services.

Keith: Do you see a time when all veterans will again be able to enroll?

Principi: I would like to open enrollment for VA health care to all veterans, but I don't believe in making promises until I'm sure I'll be able to keep them. We haven't reached a point where I can be confident that we can have unrestricted enrollment. I'll open enrollment as soon as I can.

Keith: We've been talking a great deal about health care. What have been your major initiatives with disability compensation and pensions?

Principi: When I took office – in fact, before I took office, when I was going through my confirmation hearings in the Senate – I told the senators that if I don't bring down the backlog on claims for disability and pensions, then I'll consider my time in office to be a failure.

I'm proud of the progress that we've made, but we have challenges still ahead. To ensure that veterans receive prompt decisions on their disability claims, I revamped our system to eliminate the ordeal of waiting year after year for a decision on claims. Last year, our inventory for what we call "ratings-related claims" – those claims for disability compensation, pensions for wartime veterans, low-income, death gratuities – peaked at 432,000. Even though we receive, on average, an additional 60,000 new or reopened claims every month, we were able to get the number of cases in our inventory down to 253,000. Now, the number is higher because a recent court decision actually requires us to hold onto cases for a year; but we've clearly shown that we can control the claims backlog.

A year ago, it took an average of 233 days to process a claim. Today, it takes about 150 days. I'm confident that once we complete this backlog of older claims, we'll reach my goal of never having to take longer than 100 days to decide a veteran's claim for disability compensation, pension, or similar claims.

Keith: Are there any cooperative programs in health care between DoD and the VA?

Principi: Defense Secretary Donald Rumsfeld and I take care of the medical needs of the same people – only at different points in their lives. DoD and VA should have the closest, strongest cooperation, especially on the health care side. In fact, more than once at Cabinet meetings, President Bush has asked me how Secretary Rumsfeld and I are doing in coordinating our health care systems.

Secretary Principi visits Army Sgt. 1st Class Roy Mitchell at Walter Reed.

Keith: Is there a tie between TRICARE and VA health care or is it completely independent?

Principi: TRICARE and VA's health care system are totally different, with DoD operating the TRICARE system. It's an area, however, where we can have greater cooperation.

While we're talking about TRICARE, I'd like to point out that some military retirees may find it advantageous to receive their health care under the VA system. Of course, I'm thinking of those with serious medical problems who take the time to have their conditions officially recognized as service-connected. For the most severely disabled – those rated at 50 percent or higher – VA will take care of all medical treatment without any co-payments. For people with smaller disability ratings, co-payments might apply for the treatment of problems that aren't service-connected, although we'd still continue to care for service-related problems without seeking co-payments.

In February 2002, VA and DoD formed a Joint Executive Council to provide coordination at the highest levels in health care and other issues of mutual importance. With the war against terrorism, that cooperation has intensified. VA has launched an effort toward what we call "a seamless transition" that would allow service members to pass from the DoD health care system to VA's, smoothly and automatically. Some of that effort is rather esoteric – for example, making sure our electronic patient records are compatible, so that VA doctors can read on their computers information written by the military physicians who treated someone while on active duty. Other elements of that effort come down to common sense – making sure that someone leaving the military's health care system knows exactly who's going to treat him or her at VA and how to reach that person. We should be able even to make the first VA appointments before someone has been discharged.

Together with DoD, we have a common goal of finding ways to move records more efficiently between our two agencies; to share critical medical information electronically; to process benefit claims as if we were, for all intents and purposes, one shared system; and to protect the health of our troops stationed in areas where environmental hazards pose a real or possible threat.

One of the reasons I'm proud of VA's health care system – and it's illustrated in this question of VA-DoD cooperation – is that the men and women running our medical centers and hospitals haven't been waiting for the folks in Washington to tell them to work with their active-duty counterparts. VA medical centers across the country have a variety of cooperative agreements with the military, sometimes backstopping each other in emergencies or providing specialized care or high-tech equipment. We even have places – Albuquerque comes to mind – where the military hospital and the VA hospital are built on the same site.

Keith: You recently directed an outreach effort whereby representatives from the Department would visit wounded veterans from Iraq in military hospitals to explain VA benefits and entitlements should they be released from active duty. You yourself have visited Bethesda Naval Hospital and Walter Reed Army Hospital. Please tell us more.

Principi: Every visit to Walter Reed and Bethesda is memorable. The courage and the grace under adversity that those young men and women show, every day, often performing the simplest tasks – it defies description. They make you feel so humble, yet so proud, both at the same time.

When this conflict, the war against terrorism is over, I wonder if we're going to end up seeing a greater number of facial wounds and lost arms and legs than in previous wars. Improvements in body armor and better helmets have done an amazing job of protecting our troops from bullets and shrapnel. They've saved countless lives; but when you have an injury, it's likely to be to the arms, legs, or face. I'm glad that VA has been continuing its cutting-edge research into prosthetics, although, we all wish those services weren't needed.

On a more personal note, you may know that two of my three sons are Air Force officers, and both were actually in Iraq when the ground war was still underway. Every time I walk into Bethesda or Walter Reed and see some brave young American in a hospital bed, sometimes with wounds that will affect him/her for the rest of his/her life, I tell myself that it could have been one of my sons in those beds. My wife was a Navy nurse during the Vietnam War and treated many of the wounded from that conflict. Having two sons in a combat zone and knowing firsthand the damage that can be done to the human body – that was a very rough time for her.

(L to R) Mr. Allen "Gunner" Kent, Veterans Service Organization Liaison; CAPT Tom McAtee, NRA Director of Member Services; RADM Steve Keith, NRA National Executive Director; and The Honorable Anthony J. Principi, Secretary of Veterans Affairs.

Keith: Would a military retiree, without a disability rating, ever need Veterans Affairs benefits?

Principi: I can think of three VA benefits every military retiree should consider – life insurance, home-loan guarantees, and educational assistance. Perhaps not all of your members may know it, but those three programs are administered by VA for all of the Armed Forces – active duty, retirees, Reservists and National Guardsmen, and just plain veterans.

VA health care is another option. In many communities, military medical facilities aren't available for retirees, but VA may have a clinic or hospital nearby. Although we've limited enrollment for higher income veterans without service-connected disabilities, we're still enrolling anyone – including military retirees – who have a service-connected disability. I would encourage all veterans with medical problems that started during their days in uniform to explore the possibility of having those conditions rated as service-connected. It may make a big difference down the road, especially once they retire, have more limited incomes, and find themselves needing more health care.

Keith: It appears a Reservist can become qualified for a Non-regular retirement at age 60 but not be considered a veteran unless having served 24 months continuous active duty service or involuntarily recalled to active duty. Does this make sense?

Principi: That's something I'm going to look into. Some of our programs – home loans and educational assistance come to mind – have requirements for continuous months in uniform. But, the two most important ones, health care and disability compensation, don't have them. I wouldn't be surprised if we weren't paying disability compensation and providing medical treatment to people disabled during their first week on active duty.

Keith: The Department has a very robust and informative Web site in general, but we have found your advice for mobilized Guardsmen and Reservists at <http://www.va.gov/ohrm/Reservist> particularly good. What is the one piece of advice that you would give to a Guardsman or Reservist who is demobilizing?

Principi: Going back to something we were talking about a minute ago, I'd encourage everyone to get a complete physical exam. Make sure the doctor makes a record of your physical problems. That knee you wrenched during a field exercise might become a prime candidate for arthritis decades from now. So long as we can connect a medical problem to something that happened on active duty or inactive duty for training, it can qualify as being service-connected and, in turn, open the door to lifetime medical care from VA. The process is so much easier if we have something in the veteran's military medical record.

Keith: You said something earlier that merits further discussion. You talked about people applying for VA's disability pay before they actually leave active duty.

Principi: Yes. Like so much in the government, this program has an acronym – BDD, for "Benefits Delivery at Discharge." At 136 military installations around the country, we've made it easier for separating service members to receive the benefits they've earned from VA. VA ratings specialists and VA physicians are actually located on base. A service member can walk across the street from the barracks, file a claim for disability compensation, see a VA physician, and have that claim decided before he/she receives his/her DD-214 from the military. I think that's the kind of service to which veterans are entitled.

Keith: What volunteer opportunities exist throughout the Department?

Principi: I'm glad you asked. Every VA medical center has a formal program for volunteers. They don't replace the medical staff. They assist the staff with necessary chores that don't require a health care professional, like taking patients to appointments, getting toiletries from the canteen, and writing letters. Many retirees find it a wonderful opportunity to give back to the military community. It's also a way to meet people and stay engaged. I'd encourage anyone interested in becoming a VA volunteer to contact the nearest medical center. They'll take it from there.

Keith: I know that homelessness among veterans is a major concern for you. Could you tell us where that effort stands?

Principi: To me, it's simply unacceptable that men and women who once proudly wore the uniforms of the U.S. Armed Forces should ever find themselves homeless and without the resources you and I take for granted. The President, as you may know, has pledged to end homelessness in a decade; and I'm proud of the contributions that VA makes toward this goal. Our department will devote more than $1.3 billion to help homeless veterans this year, much of it addressing the root causes that lead to homelessness – alcohol and drug abuse, PTSD, mental illness, the lack of decent and affordable housing, insufficient training for today's workforce, and the failure to address lifelong problems of criminalization and victimization.

VA has nearly 6,000 transitional housing beds in service today, and 2,500 are coming on line. For the first time in history, we have programs to combat homelessness in every state in the Union. Our domiciliary program provides care and rehabilitation for homeless veterans with health problems. In our Compensated Work Therapy Program, at-risk and homeless veterans live in community-based, supervised group homes while working for pay. I've recently convened a new task force to address funding and policy initiatives on mental health to ensure that mental health programs are getting the funding, manpower, and other resources they need to address underlying behavioral concerns of homelessness.

I'd be surprised if many of your members knew there is an Interagency Council on Homelessness, where 20 federal agencies work together to develop a strategy to end homelessness for the most vulnerable. I'm proud to serve this year as the council's president. Last year, we announced a $35 million initiative pooling resources from VA, HUD [the Department of Housing and Urban Development], and HHS [the Department of Health Services]. We're making unprecedented advances in collaboration and cooperation across the government.

Keith: We heard a lot during the first Gulf War about troops coming home with mysterious illnesses that doctors couldn't diagnose or treat. Is there any concern about this happing in the current conflict?

Principi: A lesson we've been learning since at least World War II is that bullets and shrapnel aren't the only hazards of the battlefield. There often are things in the environment posing hazards we don't understand. After World War II, it was atomic testing. Sure, we knew a detonated A-bomb was deadly; but we didn't appreciate the long-term hazards of radiation or know how much was safe or have good ways to quantify the exposures of troops. In Korea, it was cold-weather injuries, which we're just starting to realize can cause lifelong problems even for people who avoid frostbite. Of course, during Vietnam, my war, there was Agent Orange; and VA is continuing to study and add illnesses to the list of things presumptively caused by exposure to Agent Orange. And, as you said, in Gulf War One, there was this cluster of symptoms that we first called Gulf War syndrome or Gulf War illnesses.

What's out there in the Gulf and Afghanistan now, threatening the health of our service members? What's the health threat we can't anticipate? It's impossible to tell. But VA and the Pentagon have a moral obligation to do everything we can to prevent another surprise coming to our veterans, like Agent Orange or Gulf War illnesses. For this conflict, the Pentagon has deployed environmental scientists to the battlefield. They're taking samples from the air and soil and water, documenting the environment in which our troops serve. Hopefully, they'll be able to detect any dangerous substance before it affects the health of any service members. At minimum, those scientists will give us hard, quantifiable data that should help us understand what's happening if unexplained illnesses appear among our troops.

Keith: Are any of these environmental hazards of particular concern to our members?

Principi: I believe everyone knows, by now, the risks of atmospheric atomic testing to which many sailors were exposed. Something less familiar is Project SHAD, also known as Project 112. SHAD – short for Shipborne Hazard And Detection – was a series of tests during the 1960's to ensure naval vessels were properly insulated from agents used in chemical and biological warfare. Some of those tests exposed vessels to other materials that were supposed to be benign but which we now know had their own health risks.

The Pentagon has been declassifying the records of Project SHAD and releasing them to the public. VA, for its part, is trying to contact all of the 5,000-plus people who appeared on ships' rosters and to have them come in for a brief medical examination. We don't have any information about specific medical problems occurring in this group; but we won't know for sure until we've contacted the veterans, found out about their medical histories, and compared them to a control group.

Keith: Thank you for your time today. Thank you for your service to the Navy and for service that is above and beyond to this country and all its veterans. God bless!

Travel Medicine - Part I

RADM Peter L. Andrus, MC, USNR
National VP for Health Programs

As a group, NRA members are likely to experience international travel opportunities and challenges, whether in Selected Reserve, retired, or some other status. The reasons for travel are various – Naval duty, business, or leisure – as are the duration and destinations. Likewise, travel may be frequent or occasional. In any event, preparation for travel and the medical challenges that it may present is always appropriate and essential. In this and next month's articles, we will review some of the essential subjects to address in order to ensure that travel goes off without a hitch related to injury or illness.

Prevention always trumps cure, so we will review immunizations as well as provide guidance about a travel first aid kit and medical history items to have available while in travel status. In addition, we'll touch base on some of the common medical issues that may arise while in travel status and how to be prepared for them.

A number of studies and surveys have shown that between a quarter to a half of all travelers are likely to encounter a medical problem while away from home. This can put a definite crimp in one's enjoyment of a leisure trip, as well as interfere with business obligations or compromise mission accomplishment in a military situation. Trauma, respiratory, or skin problems and traveler's diarrhea are commonly encountered conditions. As at home, trauma is the most common cause of death in younger adults; and cardiovascular disease holds that position for older adults. Among infectious diseases, malaria tops the list of significant health risks, while HIV and SARS have had more recent media attention.

Immunizations

Routine immunizations include those which most of us had in childhood: diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella. In addition, adult booster doses are required for tetanus and diphtheria every ten years. Influenza (annually) and pneumococcal (for those over 60) vaccines might also be considered routine vaccines for adults at the present time.

The only currently required immunization for international travel is yellow fever vaccine, which applies for entry into certain South American and African countries. Recommended immunizations will vary with the destination and situation of the individual traveler. Among those most commonly applicable are hepatitis A and hepatitis B, Japanese B encephalitis, meningococcal, rabies, and typhoid vaccines. Other immunizations with specific military applicability include anthrax and smallpox. Cholera and plague vaccines are available but have low efficacy and are rarely pertinent.

The traveler's military or civilian health care provider can review current immunization status and make recommendations for any additional shots that may be appropriate, based either on military instructions or civilian guidance that is readily available from a variety of sources. Useful Web sites in this regard include the CDC (<http://www.cdc.gov/travel> and <http://www.cdc.gov/travel/yb/index.htm>) and WHO <http://www.who.int/ith/index.html>. The World Health Organization's International Certificates of Vaccination (yellow card) should be completed, with all past and current immunizations recorded, and carried for international trips. It is wise to keep a backup copy of this information in a safe location at home in the event of loss of the original record. Since vaccine acquisition and administration may require some time, one should begin the process of updating shots several weeks before an intended international trip to ensure adequate time to complete all requirements.

Medical Records and Travel First Aid Kit

Selected Reservists traveling on orders are likely to be carrying their health records either individually or as part of their units' gear. If so, complete information on health matters should be included. For other travelers, it is useful to carry a summary of their personal medical history including past and current medical diagnoses of importance, past surgical procedures, allergies, and current medications, with complete information on dosages taken. Such information can be committed to a single page of paper and carried in personal luggage, with a duplicate carried on one's person. An allergy, diagnosis, or medication alert bracelet or dog tag may also be helpful. Any prescription or over-the-counter medications should also be taken in adequate supply, with an allowance for possible delays. A legal prescription for any doctor-ordered medication is an important safe-guard against delays or difficulty clearing customs in countries whose regulations may vary from our own. For those deploying for extended periods, unit medical personnel can provide advice on the necessary amount of medications to be carried in accordance with current official guidance.

A personal first aid kit is an essential item to include in one's gear. The size, amount, and completeness of such a kit will vary from a very simple one to one that is much more comprehensive, depending on the length and circumstances of a given travel scenario. Supplies and equipment to be considered would include bandage materials, tape, scissors, tweezers, and a thermometer. Over-the-counter medicines might include: topical antibiotic and steroid creams and sunscreen for skin conditions; decongestants, antihistamines, and cough remedies for respiratory symptoms; medication to relieve either constipation or diarrhea; pain relievers; and special purpose medications such as those for motion or altitude sickness. As noted above, prescription medications, including anti-malarial prophylaxis medications where applicable, are also essential.

In this first installment on travel medicine, we have reviewed immunizations, health records, and a travel first aid kit. Next month, we will review some specific travel-related health problems and the necessary steps to manage them.

*(To be continued in next month's issue of **NRA News**. – April)*

Navigating Through TRICARE and TRICARE for Life

BY CAPT Tom McAtee, USNR (Ret)

TRICARE and TRICARE for Life (TFL) are distinct Department of Defense (DOD) health care programs. As a Reserve military retiree, you will be covered by both but at different stages (ages) in your retirement. In simple terms, TRICARE will become your primary health care payer normally at age 60. TFL will become the second payer, behind Medicare, normally upon enrollment at age 65. The next few pages highlight and centralize key information that is not commonly found in general literature.

TRICARE

It would be impossible to cover all the details and special rules involved in the TRICARE program. However, there are important aspects of the program that must be understood for proper option selection and trouble-free use of TRICARE.

Three Options for Retirees Under Age 65.

Eligibility for TRICARE begins at age 60, based upon successful application for retirement pay. The retiree and eligible family members are automatically covered by TRICARE Standard. With ***TRICARE Standard***, there is no enrollment and no annual fee. Medical service is provided by medical treatment facilities (MTF) or by any TRICARE authorized provider of your choice. A 25 percent co-pay for a civilian provider and an annual family deductible of $300 are part of the TRICARE Standard option. If freedom of choice is a priority, then TRICARE Standard is a good option. The ***TRICARE Prime*** option is characterized by lower costs, HMO-style care, and ease of use. Care is provided through MTFs and TRICARE civilian network providers. A Primary Care Manager (PCM) provides or coordinates your health care and makes referrals for specialty care. There is an enrollment fee (annually $460 per family), but no deductible. Claims are filed by the provider directly to TRICARE. For those who desire TRICARE Prime, you cannot enroll prior to age 60. Prime coverage would commence the first day of the month following enrollment (NLT 10th of month prior). Therefore, you are covered by TRICARE Standard until TRICARE Prime takes affect. ***TRICARE Extra*** is similar to TRICARE Standard except the co-pay is 20 percent instead of 25 percent. There is a $300 (family) annual deductible, but no annual enrollment fee. New ID cards reflecting retired status are required.

TRICARE Supplements

Supplemental insurance policies to cover those costs not covered by TRICARE are readily available. TRICARE supplemental insurance is not considered other health insurance (OHI). Supplemental policies can provide a measure of monetary protection if a balance remains after TRICARE has paid its share in the case of a serious illness. Remember, TRICARE only pays an "allowable" amount. This allowable amount may not cover the "billed" amount. Examine several plans to determine which plan best suits your individual needs for the period between age 60 and 65. Premiums are age and state dependent.

Scope of Article

Information contained in this article is beneficial to Reserve retirees aged 60 and above. TRICARE medical care benefits for those on active duty orders over 30 days and Reservists on mobilization/contingency support orders are on page 25 of this issue.

General Zone of Monthly Premiums for Supplemental Policies

	$150 Deductible	$300 Deductible
Self	$30-$45	$23-$32
Spouse	$26-$33	$20-$30
Eligible child	$16-$20	$8-$13

Other Health Insurance (OHI)

Suppose I have other health insurance? Some Reserve Component retirees have company-paid health insurance that extends into retirement. The main point to remember is, by law, your other health insurer must pay first. TRICARE Standard (or Extra) will only pay after the primary insurer. Do I need OHI? Most would probably say "no" to a "full coverage" medical insurance plan. This does not mean a TRICARE Supplement is not a good way to recover certain out-of-pocket expenses beyond what TRICARE pays. However, as previously stated, , TRICARE Standard co-payment is 25 percent; therefore, if OHI is not an overriding expense to you, keeping OHI may be worthwhile.

OHI and TRICARE

What happens if I go to a TRICARE provider when I have OHI? If you go to a provider who participates in TRICARE Standard, TRICARE will pay the lesser of the amount of the provider's bill, minus the other health insurance's payment. Example: If the participating TRICARE doctor bills you $100, which is the same as the TRICARE Standard allowable charge for the care, your other health insurance pays $80 leaving a balance of $20 unpaid. Since you are a military retiree, the TRICARE Standard share of the doctor's bill would be $75 (if you didn't have OHI). Standard will pay whichever amount ($75 or $20) is less. In this example, TRICARE Standard would pay $20.

Am I prevented from outpatient care at a MTF because I have OHI? No, but you will receive an explanation of benefits of all care services received and the associated costs. This would be passed on to your OHI to pay.

Third Party Liability (TPL) and Claim Processing

A common issue that complicates the processing of TRICARE claims is the requirement to document possible TPL. If you are injured as a result of an action or the negligence of a third person, the TRICARE contractor, under law, must consider possible liability prior to processing your claim. If the liable third party has other health insurance (OHI) (which includes auto or homeowner's medical insurance, no-fault auto, or uninsured motorist coverage) that does not cover all expenses, only then will TRICARE act as secondary coverage. Conversely, if the OHI pays the bill in full, TRICARE will pay nothing.

COST-SHARES AND CO-PAYMENTS RETIREES, ELIGIBLE FAMILY MEMBERS, AND OTHERS:

	TRICARE Prime	TRICARE Extra	TRICARE Standard
Annual Deductible	**None**	**$150/individual or $300/family**	**$150/individual or $300/family**
Annual Enrollment Fees	**$230/individual $460/family**	**None**	**None**
Civilian co-pays: **Outpatient Visit** **Emergency Care** **Mental Health Visit**	 **$12** **$30** **$25** **($17 for group visit)**	**20% of negotiated fees**	**25% of allowed charges for covered services**
Civilian Inpatient Cost Share	**$11/day ($25 minimum) charge per admission**	**Lesser of $250/day or 25% of negotiated charges plus 20% of negotiated professional fees**	**Lesser of $414/day* or 25% of billed charges plus 25% of allowed professional fees**
Civilian Inpatient Mental Health	**$40/day**	**20% of institutional & negotiated professional fees**	**Lesser of $154/day* or 25% of allowable fees**

*Rates are subject to change every fiscal year.

Catastrophic Cap – What is it and how does it apply to me? The catastrophic cost "cap" is a cap on the amount you have to pay for TRICARE covered medical bills in any fiscal year (1 Oct to 30 Sept). The cap is $3,000 on allowable charges for services covered under TRICARE Standard and Extra. Remember, the cap only applies to costs allowable under TRICARE Standard and Extra. You are fully responsible for costs above allowable amounts and for charges for treatment and services not covered by TRICARE.

To resolve this issue, a completed DD Form 2527 (Statement of Personal Injury – Possible Third Party Liability) may be requested. Failing to complete this requirement could result in the claim being denied.

Remember, TRICARE has no way of knowing whether a broken wrist or head injury was caused by a driver rear-ending you at a stop light, or whether you slipped in your own yard and hurt yourself.

Note: If you refuse to claim benefits under your OHI, TRICARE will deny the claim if submitted. However, if your OHI denies payment because the care/procedure was not covered, TRICARE will become primary payer if the care is covered under TRICARE.

The Wellness Issue

Preventive care is becoming a higher priority in many of our lives, so the question that arises is, "Suppose I'm healthy but just want a physical?" The answer boils down to this. If you are enrolled in TRICARE Prime, you can get a physical at your MTF at virtually no cost. If enrolled in another option, like TRICARE Standard, you can get a physical from a TRICARE provider; but you are responsible for the annual deductible and 25 percent co-pay. The story is different for the Medicare Part B enrollee entitled to TFL. Medicare will disallow a claim for a preventive care physical. This allows TFL to become the primary payer and pick up the allowable costs. You must cover the annual deductible.

TRICARE Pharmacy

TRICARE Pharmacy provides options for having your prescriptions filled and is regional:

Option One: Prescriptions filled through a uniformed services medical treatment facility (MTF) is the most cost-effective (no cost) method.

Option Two: TRICARE Mail Order Pharmacy (TMOP) is the most convenient for prescriptions taken on a regular, ongoing basis. There is a co-payment associated with TMOP – $9 per prescription for brand name or $3 for a generic medication. Under TMOP, you may receive up to a 90-day supply. TMOP details may be found at <www.tricare.osd.mil/pharmacy>, or <www.express-scripts.com>. Voice contact may be made at 1-800-903-4680.

Option Three: TRICARE Network Pharmacies are simply contracted retail pharmacies that will fill a 30-day supply for $9 for brand name or $3 for generic medications. For a listing of retail pharmacies nearest you, log on to <www.tricare.osd.mil/pharmacy/retail_ network.htm>.

Option Four: Non-Network Pharmacies is the most expensive option since reimbursement is only 80 percent of the retail value. You must pay full retail price and then file a claim.

TRICARE For Life (TFL)

TFL, which for most begins at age 65, is commonly defined as the enhanced health care benefit for Medicare-eligible Armed Forces retirees and eligible family members. TFL is the second payer to Medicare regarding health care costs. One key benefit of TFL is that if Medicare does not cover something such as physical and overseas travel, many times TFL will. Medicare and TRICARE for Life are great partners. Data reveals that this could save the average Medicare beneficiary two-to-three thousand dollars a year. Additionally, with TFL, conventional wisdom maintains that there is no need for the additional Medicare Supplemental (Medigap) insurance. To exercise the TFL benefit, you must enroll in Medicare Part B. Spouse but not member requires new ID card at age 65.

Enrolling in Medicare Activates TFL

A few months prior to your 65th birthday, you should receive from Medicare an ID card and letter entitling you to Part A and Part B of Medicare. Coverage is designed to begin the first day of your birth month. Part A is premium-free. Part B has a monthly premium ($66.60 per month for 2004). Although you have the option to decline Part B, DO NOT DECLINE PART B. Once you are enrolled in Medicare Part B, and if DEERS is updated, coverage under TFL is automatic. The original TRICARE (Prime, Extra, or Standard) will expire at midnight on the day prior to your birth month. Example, if born on 4 August, Medicare coverage is effective 1 August, and your original TRICARE terminates 31 July. Born on the first of a month? Coverage begins on the first of the previous month.

Not Enrolled in Medicare Part B?

If you were still working or did not enroll in Medicare Part B when first eligible, you may enroll during the General Enrollment Period. General enrollment runs from 1 January through 31 March annually. If you enroll during this period, Medicare Part B coverage will begin on 1 July of that year. There is a penalty cost for enrolling after initial eligibility. For additional information, call 1-800-633-4227 or visit <www. medicare.gov>.

Medicare, TRICARE for Life (TFL), and DEERS

Upon reaching age 65, a simple but critical relationship forms among the three. First and foremost, you must enroll in Medicare Part B to be eligible for TFL. No Medicare Part B, no TFL. Second, once you are eligible for Medicare, the DEERS system will advise your state that you are eligible for TFL and add your name to the "crossover list." This crossover list allows Medicare to pay its share of costs and automatically forwards the claim to TFL for any remaining balance. It is important to note at this point that, if you have other health insurance (OHI), Medicare is the first payer and your OHI becomes second payer. TRICARE is no longer a player except in rare cases. If you have OHI, you must contact TRICARE and have your name removed from the crossover list mentioned above.

IMPORTANT REMINDERS

* TRICARE is regional. You must know your region and contact phone numbers. Refer to Web site <www.tricare.osd.mil/regionalinfo/>.

* Don't assume a service or product is covered; contact a TRICARE Beneficiary Counseling and Assistance Coordinator (BCAC) or Health Benefits Advisor (HBA) at the nearest MTF.

What is TRICARE Senior Pharmacy Program?

The senior pharmacy program allows those Medicare Part B and DEERS enrolled, 65 and over, to obtain low-cost prescriptions from a MTF, TMOP, TRICARE Network pharmacies, and retail pharmacies. Costs to you are the same as TRICARE Pharmacy. Remember, when you utilize a non-network pharmacy, a deductible of $150 single/$300 family applies plus $9 or 20 percent of the total cost, whichever is greater. TRICARE Senior Pharmacy is portable, not regional.

Commonalities with TRICARE and TFL

TRICARE While Traveling

Receiving medical care while traveling is an unfortunate occurrence, but having the claim denied after the fact can be frustrating. Avoid this frustration by knowing:

- TRICARE claims must be filed to the claims address for the region in which the eligible patient lives on the date of service. The following is a link that contains the claims address for each state and overseas area:
  <http://www.tricare.osd.mil/claims/ WheretoFile.htm>.
- When giving a provider your address, provide your home address, not a temporary address. An address on the claim that does not match the address in DEERS will prevent the claim from processing correctly. Prime enrollees should, if possible, always seek prior authorization before seeking care while away from home. The only exception to this rule is an emergency.
- When calling for an authorization from outside the local area, it is usually easiest to call the toll free number and speak to a health care finder.
- Call your TRICARE Service Center before you travel, especially if you have a medical condition.
- Take along enough of your prescription medications to last for the entire trip.

Retiree Dental Coverage

Since its inception in February 1998, the TRICARE Retiree Dental Program (TRDP) has continually enhanced program eligibility and services. This voluntary, premium-based dental program offers coverage in all fifty states, U.S. territories, and Canada. Program eligibility is available to:

- Members entitled to or receiving retired pay. Spouse of an enrolled member. Children under 21 (under 23 if full-time student).
- Unmarried surviving spouse or eligible child of a deceased retired member.
- Those meeting special eligibility rules. For information on special eligibility, call toll free 1-888-838-8737.

Program basics include:

- Initial enrollment commitment of 24 months, with a 30-day grace period to opt out if no benefits were provided.
- Monthly premiums based upon the region in which you live.
- Mandatory premium allotment from retired pay. If not in receipt of retired pay, it will be billed directly.
- Covered services in first 12 months, in which TRDP pays between 60-100 percent, include services such as diagnostic basic restorative, endodontic, periodontal, oral surgery, and dental accident coverage.
- Services available after 12 months of continuous enrollment, in which TRDP pays between 30-50 percent, include cast crowns, onlays, bridges, partial/full dentures, and orthodontia.

Questions regarding eligibility, enrollment, premium collection, monthly rates, and covered services can be answered by calling toll free 1-888-838-8737 or by visiting the TRDP Web site at <www.ddpdelta.org>.

Federal Long Term Care Insurance Program

Retired members, with or without pay, of the Uniformed Services and eligible family members can apply for federally sponsored long term care (LTC) insurance. How can you benefit? You could possibly save a considerable amount over other plans! Long term care is not covered by TRICARE or TFL. It is your responsibility, and it can be very expensive. The average cost for long term care in the home is $20,000 per year. If you require care in a nursing home, the average annual cost is $50,000. For an average nursing home stay of 2.6 years, your expenses would total over $130,000! Consider long term care insurance now. Premiums are based on your age; so if you purchase now, you'll pay a lower premium than if you wait to purchase. If you buy now while healthy, you avoid the risk of having a change in your health disqualify you for coverage entirely. Complete information about the program and a premium calculator can be accessed at <www.ltcfeds.com> or by calling 1-800-582-3337. It's important to point out that the federal government is not providing the insurance, subsidizing the premiums, or guaranteeing the benefits. Also, it's a group policy; and you may be better off with an individual policy, unless your health is poor. Shop around and go with what is best for you and your family.

PROVISIONS OF NEW RELIEF ACT GIVE MEMBERS GREATER PROTECTION

A new law that replaces the Soldiers and Sailors' Civil Relief Act of 1940 (SSCRA) will provide military people – especially those deployed or called to active duty – with greater protections to handle their personal financial and legal obligations, Defense Department officials say.

The new law, called the Service Members' Civil Relief Act (SCRA), was signed into law in December by President Bush.

"The focus of the SCRA is the same as under the SSCRA – to provide protections to service members who have difficulty meeting their personal financial and legal obligations because of their military service," said Air Force LCOL Patrick Lindemann, Deputy Director for Legal Policy in DoD's Office of the Undersecretary of Defense for Personnel and Readiness.

"The SCRA is a significant law because it clarifies and updates the provisions that existed in the SSCRA, while adding some additional protections," he said.

"Service members on long-term deployments or called to active duty should not have to worry about their families in their absences being evicted from their quarters without sufficient legal protections," he continued, "or that they are paying on a leased car or apartment that they can't use, or about civil legal proceedings they can't attend because of their deployment.

"These are some of the situations the SCRA covers so that service members are able to devote their energies to the military mission and the defense needs of the nation and not on civil matters waiting for them at home," he added.

"Service members may not always realize all the protections they have under the law," LCOL Lindemann said. "If service members have questions about the SCRA or the protections that they may be entitled to, they should contact their unit judge advocate or installation legal assistance officer for further assistance."

PRESIDENT BUSH EXTOLS IMPORTANCE OF EMPLOYER SUPPORT FOR GUARD AND RESERVE

President Bush recognized the importance of employers in making their employees' military service possible as he signed a proclamation in November, marking National Employer Support for the Guard and Reserve Week.

"In times of need, our nation counts on the Guard and Reserve members to fulfill their commitments of service," the President said during a White House ceremony. "We value their courage, and we honor their sacrifices. They're defending their nation in the War on Terror, and they are serving in a just cause."

The President said Reservists depend on the understanding of their employers for their service. "Across America where units have been activated, employers at offices, factories, schools, hospitals, and other workplaces have been understanding and really supportive," he said. "They have priority to the needs of our nation."

He said most employers have shown great consideration for their workers. "These companies have the gratitude of our nation. They have the gratitude of the Commander in Chief," he said.

President Bush spoke of his service with the Texas Air National Guard. He said what has stuck with him was his impression of the "high caliber of the people with whom I served."

INTERNET WEB SITE IS CREATED FOR MILITARY HEALTH ISSUES

The Institute of Medicine (IOM) has created a new Internet Web site with information about a variety of military-related health issues.

The Web site has separate sections for health care issues affecting the last four major military conflicts – World War II, the Korean War, the Vietnam War, and the Gulf War – where visitors can read electronic versions of IOM-produced reports or purchase publications.

Other sections list IOM's completed reports and reports in progress, while another area contains studies abut chemical and biological agents suspected of causing health problems for military members. There is, also, a section with reports and information about deployment health. For more information, visit the IOM Web site.

VA ANNOUNCES 2004 PAYMENT OF $517 MILLION IN INSURANCE DIVIDENDS

More than $517 million is to be paid by the Department of Veterans Affairs to 1.5 million active policyholders of veterans' life insurance.

Over the next year, veterans will receive payments on the anniversary date of their policies, with the specific dividend amount varying according to age, type of insurance, and length of time the policy has been in force

Dividends cover only veterans with government life insurance policies who served between 1917 and 1956. Those who served after 1956 are covered by VA term insurance programs that do not pay dividends.

The largest group receiving 2004 payments will be 1.2 million veterans of World War II who have National Service Life Insurance ("V") policies. Total payments are expected to reach $416.8 million.

Dividends totaling $1.8 million will be paid to about 11,000 veterans holding U.S. Government Life Insurance ("K") policies.

Nearly 200,000 Korean War era veterans who have maintained Veterans Special Life Insurance ("RS" and "W") policies can expect to receive dividends totaling $83.9 million.

Veterans from the World War II era holding Veterans Reopened Insurance ("J", "JR" and "JS") policies, currently numbering nearly 53,000, will share a $14.7 million dividend.

FORE AND AFT

The newest *Arleigh Burke* class guided missile destroyer, *USS Halsey* (DDG-97), was christened 17 January in Pascagoula, MS . . . . The Navy has changed the name of the Mess Management Specialist (MS) enlisted rating to Culinary Specialist (CS), saying it better reflects the professional expertise of the holders . . . . Hiring of military veterans across the federal civilian workforce increased by 19 percent in fiscal 2002, the government's director of personnel said recently.

Apply Board

LCDR Phan Phan, USNR
National VP for Junior Officer Programs

The Apply 05 Web site should be up and running by the time this magazine reaches you. Many detailed articles have already been written by experienced senior officers about the mechanics of the board and lessons learned; thus, I won't repeat all that info. What I can share with you is the JO perspective, my own as well as other JOs with whom I've come into contact.

The #1 prerequisite is that: An officer has got to register and apply in order to be considered for any billet; and, in the case of LCDRs and below, a command billet. Sounds simply trivia? Well, a midgrade LCDR, who had been a unit XO and got a thumbs-up from his supporting (formerly "gaining") command for the CO job, didn't apply in time. By the time he'd realized he had to "throw his name into the hat" via the Apply process, it was too late. The Web site was so jammed with last-minute rush traffic from other candidates that he couldn't get in on time. Obviously, another LCDR got the CO job even though he had been less experienced with the unit, the program, and the supporting command. The lesson learned: register early and don't wait until the last minute to select a billet on your wish list. A supporting command's endorsement will not result in an automatic selection by any means, certainly not a guarantee.

On the other side of the coin, if you decide to apply for a particular billet, understand what you're getting into and be very sure you're willing to accept that assignment, if selected. If the middle two letters of the RFAS code of the advertised billet are "AA", that means the billet requires an exact match of the officer's designator as well as his/her currently holding the indicated NOBC(s). An RFAS code of "AB", a little less stringent, means that the billet requires an exact designator match, but the officer can train toward attaining the indicated NOBC(s) once selected. Besides earnest technical qualifications, you should also ask yourself if you have the leadership experience to take on a particular CO job. Having been a unit XO or TO should give an officer the advantage of hands-on knowledge and experience of its mission, people, and other available resources, as compared to other candidates "walking in from the cold." Are you available and willing to fly across the country into the middle of a winter snowstorm on your own time and money? Do you know that a unit for which you're applying has only ten enlisted billets but 100 Sailors assigned (the other 90 are either CAO or IAP or "ghosts")? Even more challenging, you could very well be the only khaki in this unit. What about the conflicting demands of your civilian job(s), schooling, and/or family? Can you commit to the whole tour of 24 months without unforeseeable disruption? Understanding as much as possible before committing to "click-select" on the billet will give you a better chance of being a successful CO. I've seen officers changing their minds after being selected or quitting in the middle of the CO tour. These just caused all kinds of career implications (performance reporting) for the officers involved, chaos and disruption in unit leadership and operation, and was certainly not fair to other more committed candidates who competed for that same billet.

With all this said, I'd highly encourage all JOs, especially the LCDRs, to apply for command. Even if you don't get selected, it's still a good calibration of your competitiveness; and you might still have some time to take corrective actions. Many of you have most probably heard of the familiar advice: "Assume command at the earliest possible opportunity." I've known quite a few top-notch JOs who have already held three or four CO jobs, which is quite impressive. These officers would fly on their own time and expenses from Arizona to Mississippi, from Texas to Indiana, from Oklahoma to Kentucky, or from Washington, DC, to the New England area for their CO jobs. They are, also, putting in a tremendous amount of time between drill weekends to take care of unit business, which typically have a sizable population of enlisted sailors. Why? A LTJG LDO once told me: "Nothing beats a CO job," and that's true. Besides the unparalleled pride, satisfaction, and rewarding experience of command, once you've held a CO job, your chances of getting promoted and/or another CO job is certainly improved. A selection board can look at you as an officer who's already been screened, tested, and with proven experience. The competition for command billets at the O-5 level has historically been quite stiff, one out of ten applicants. If you think you should wait until becoming an O-5 before going through the Apply process for your first CO job or any pay billet, you're in for an uphill battle. Looking further ahead, it would, also, be difficult for an O-5 to expect making O-6 without a command tour. Looking at the caliber of the above-mentioned top-notch JOs, you can reasonably calibrate out your expected competition. But then, some officers are content with just putting in their 20 years and retiring in the grade of LCDR. There's nothing wrong with this choice, which is a personal decision one might have to make, considering one's resources and other priorities in life.

COMMAND AND NONCOMMAND APPLY BOARD FOR FY05

Scheduled to convene 14 June 2004.
Board number 391.

TRICARE For Reservists and Family While on Active Duty or Mobilization Orders

By CAPT Tom McAtee, USNR (Ret)

As a result of the Emergency Supplemental Appropriations Act for Defense for FY 2004 and the National Defense Authorization Act for FY 2004, several temporary enhancements have been made to health care services for Reserve Component members and family members. Why the term "temporary"? Because, many of the enhancements are only valid through 31 December 2004, unless extended by law. This information is of importance to those anticipating mobilization orders or contemplating going on active duty for more than 30 days. Additionally, those being demobilized should review coverage under the Transitional Assistance Medical Program.

> Note:
> This article does not include a discussion on recently enacted TRICARE coverage for Selected Reservists who may enroll and receive benefits if: 1) an eligible unemployment compensation recipient or; 2) not eligible for health care benefits under an employer-sponsored plan. DoD has not yet issued implementation guidance.

Generally, medical coverage (Reservist/family members) is based upon the number of days ordered to active duty instead of the type of orders, such as AT, ADT, or ADSW. The exception to this rule are orders expressly specifying "in support of a contingency operation" whether involuntary or voluntary.

Summary of the temporary enhanced health care

Reservist care: Regardless of duration of orders or IDT, the individual Reservist is covered. For orders over 30 days, the Reservist is automatically enrolled in TRICARE Prime. For orders of 30 days or less, the Reservist's coverage is for appropriate medical and dental care for an injury or illness incurred in line of duty. Temporary enhancements for the Reservists:

- Medical or dental screening and care. Whenever a Reservist receives notice that he/she will be called or ordered to active duty for a period of more than 30 days, medical and dental screening and care will be provided to meet applicable standards for deployment. This care is provided before entry on active duty. Eligibility for such care must be specified in orders. Valid through 31 December 2004, unless extended by law.
- Early eligibility date for TRICARE benefits. Whenever a Reservist is issued active duty orders (for more than 30 days), in support of a contingency operation, with a delayed effective date for reporting to duty, he/she shall be eligible for TRICARE as if on active duty on date of issue, or 90 days prior to report date, whichever is later. Valid through 31 December 2004, unless extended by law.

Family care: Health care for eligible family members is dependent on length of orders and whether those orders were issued in support of a contingency operation. If the sponsor's orders are:

- Not in support of a contingency operation. If orders are specified for a period of more than 30 days, medical care is provided under TRICARE Standard or Extra effective upon entry on active duty. Cost share and deductible apply. If orders specify a period of active duty of 179 days or more, enrollment in TRICARE Prime is available.
- In support of a contingency operation. As mentioned previously under "Reservist care," medical care may begin even before entry on active duty. This also applies to family members of a Reservist ordered to active duty for more than 30 days in support of a contingency operation. Family members may enroll in TRICARE Prime, Extra, or Standard. Specifics of each TRICARE option may be reviewed at <www.tricare.osd.mil>.

Transitional care: Reserve Component members who served on active duty for more than 30 days, in support of a contingency operation, are authorized coverage under the Transitional Assistance Medical Program (TAMP). Reservists and eligible family members will be covered for a period of 180 days beginning on the date of separation. Coverage may be under TRICARE Prime, Extra, or Standard. Valid through 31 December 2004, unless extended by law. If not extended, TAMP coverage will be adjusted to 60 days for those with less than six years of active service or 120 days for those with over six years.

Dental care: Dental care is not provided to eligible family members based on orders. The TRICARE Dental Program (TDP) is a premium-based program with single and family plans available. Enrollment is voluntary with worldwide coverage. Selected Reservists and IRR personnel are eligible to enroll. The 2004 per-month rates are: $22.66 for a family of a Reservist on active duty, and $56.66 for a family of a Selected Reservist or IRR member not on active duty. The plan may be reviewed by going to <www.ucci.com> or by calling 1-800-866-8499. ⚓

Naval Reserve Force Fully Integrated in the Naval Air Training Command – Producing the World's Best Aviators

By LCDR Scott "Homer" Laedlein, USNR, Current TRAWING-6 FTS OIC, and LCDR Mike "Tiki" Varias, USNR, Prospective TRAWING-6 FTS OIC

RADM George E. Mayer, USN, Chief of Naval Air Training

Admiral William Fallon, Commander, Fleet Forces Command, has said that one of his top five priorities is to "bring the Reserve and Active Components of our Navy together as a fully integrated fighting force."

A model for Admiral Fallon's vision of Active/Reserve Integration can be found in the Naval Air Training Command which is headquartered in Corpus Christi, TX. RADM George Mayer, USN, is the Chief of Naval Air Training, and his Reserve Component Commander is CAPT George Westwood, USNR. CAPT Westwood is a Selected Reserve officer who recently served as the NRA's National Vice President for Air Reserve Programs, and he is the first officer to serve as Reserve Componet Commander for the Chief of Naval Air Training.

Admiral Mayer is responsible for training pilots and flight officers from every branch of service, except Army, as well as many foreign countries. He has fully integrated his five training air wings and 16 training squadrons with 268 Selected Reservists and 86 Full Time Support aviators. The Air Wings are located at Naval Air Stations Pensacola and Whiting Field, FL; Corpus Christi and Kingsville, TX; and Meridian, MS.

Reserve Component Commanders CDR Erick "Gordo" Gerdes of TRAWING ONE and CAPT George Westwood of CNATRA.

Each year, over 1,600 pilots and Naval flight officers receive their "Wings of Gold;" and Naval Reservists play a significant role in the production of future aviators for the Fleet.

RADM Mayer has said, "I fully support the Navy's Reserve in the Training Command. In fact, I insist that we are the model for Reserve integration in the Navy. Naval Reservists are full participants in our training process, and we could not meet our production requirements without them."

Fiscal year 2003 ushered in a new era for both the Training Command and the Naval Air Force Reserve. The Chief of Naval Air Training, by means of the Naval Aviator Production Process, utilized statistical analysis to determine the exact number of instructors and time-to-train for students in an effort to improve the overall efficiency of the training process. Presented with the challenges of declining student aviator production caused by instructor manning shortages, Commander, Naval Air Forces, in concert with the Chief of Naval Air Training, initiated an expanded opportunity for Reserve participation. The Reserve Force gladly offered its expertise in training and available manpower to the production effort. While not a traditional Reserve Force squadron hardware organization, it is a mission area that has rapidly expanded within the Naval Air Force Reserve and is regarded as an ideal mission for Reserve aviators. Thus, a full integration of Reservists into the Training Command structure began to take place, from squadron to wing to the Chief of Naval Air Training staff. All 16 squadrons were provided with a Squadron Augment Unit that came under the operational control of the squadron commanding officer. Additional Full Time Support officers were included in the squadron structure to help manage the scheduling and associated administrative matters as well as to provide long-term Training Command professionals.

A squadron augment unit commanding officer, his/her assigned Reserve instructors, and the Full Time Support personnel all support the training squadron commanding officer. The squadron augment unit commanding officer is an aviation

The Reserve Component of Training Air Wing ONE, VT-7, and VT-9, Meridian, MS.

command-screened Naval Reservists and is the squadron commander's Executive Assistant for Reserve matters. Reserve instructor pilots and Naval flight officers conduct numerous training evolutions that include teaching academic classes; instructing simulator events; and flying turboprop, jet, and helicopter aircraft. In addition to their instructor duties, the Reservists within the squadron are assigned to a department and provide Reserve perspective within that department. More importantly, because of their favorable reputation and vast experience in a training squadron, the Reservists offer their professional knowledge and expertise to many of the junior instructors and senior leaders alike. The primary duty of a Reserve instructor is to train the next generation of Naval aviators; however, their experience levels have made them ideal candidates for work as NATOPS evaluators, standardization officers, operations officers, etc. Many Reserve instructors have held those jobs previously or are currently holding these key jobs in the squadron. In addition, each squadron has a Reserve department head who is a Full Time Support officer with multiple years of training command experience and is the squadron COs "go-to person" in all Reserve matters.

The squadrons now have direct control of the mission support provided by the Reservists within their units. Through creative scheduling and long-range planning, each unit can focus Reserve participation when and where it needs it most. This flexibility allows the active duty counterparts to improve their quality of life and adjust for the "ebb and flow" scheduling created by weather, illness, order modifications, and leave. Also, if the need arises, the Reserve instructors have the surge capability to augment during manning shortages when active duty aviators are needed to fill crucial billets for combat operations.

Increased Reserve manning has filled vacancies created to ensure combat units remain properly manned. The increase has also provided a way for squadrons to adjust their manning based on projected increases and decreases in student loading. This luxury is particularly important when weather or other circumstances create a backlog of student events, and the squadron needs to surge to get back on track with production. The flexibility of having a few more instructors at the ready is invaluable. An additional advantage of the Reserve flight instructor is the experience brought to the table. Where the "Old Salt" of a squadron has been around for three years, the average Reservist has been training students for five. Because of his/her longevity in the training command, he/she know what's working and what's not within a squadron and can provide an experienced voice to the commanding officer and the wardroom. This very useful source can provide continuity during job changes and comes in handy when a "new idea" is being formed and can provide insight as to the outcome when this idea was once tried. The experience of the Reserve instructors often results in modifications to the process that enhances the quality of training provided to student aviators. According to Commodore Chaunce Mitchell of Training Air Wing SIX, "The expertise and professionalism provided by my Reserve Component ensures that my commands are able to provide the Fleet with the best navigators and Naval flight officers in the world. The Reservists are among the most experienced instructors in my wing and invaluable to accomplishing our mission."

Each training squadron reports to a training wing which is commanded by an Active Component commodore. The commodore has on his/her staff a drilling Reserve Component commander, a Full Time Support officer in charge, and a Full Time Support administrative yeoman. These Reserve personnel provide support to the commodore on all Reserve matters. The training wing is also responsible for the management of pay and benefits, mobilization readiness, Reserve manning, and overall integration of the Reserve within the wing and its associated squadrons.

Last year, the Reserve Component consisted of 32 percent of the Navy instructor cadre at the squadron level and provided 11 percent of the overall production for the training command. This contribution is significant when it is understood that the

T-34C

Selected Reservists are only funded to provide 60 production days each year and, at a minimum, are only required to provide four drill periods a month and 12 days of Annual Training per year. The Reserve Component alone contributed over 25,000 flight hours producing tomorrow's Fleet aviators. During Operations Noble Eagle and Enduring Freedom, training squadrons were challenged with instructor manning shortfalls which crippled production goals. Providing immediate surge capability, 44 Selected Reservists were mobilized by Commander, Naval Air Force Reserve to meet those instructor manning requirements desperately needed by Naval Air Training Command.

Increased leadership opportunities for both Selected Reserve and Full Time Support officers have been provided in Naval Air Training Command. Currently, the career progression of a Selected Reservist allows for him/her to remain in the squadron until eligible for promotion to commander. At this point, his/her record is screened for command making him/her eligible to serve as a squadron augment unit commanding officer. If selected to serve as a squadron augment unit commanding officer, he/she maintains that billet for two years. If the Selected Reservists does not command screen, he/she will "promote out of billet" and will need to use the Apply Board process for a follow-on assignment. Training wing Reserve Component commander billets are filled with former squadron augment unit commanding officers. Following a training wing Reserve Component commander tour, an officer can broaden his/her experience in other areas of the Reserve Force, promote to O-6, and apply for the Chief of Naval Air Training Reserve Component Commander billet.

Full Time Support officers will progress from one training squadron to another until eligible for screening as a training wing officer in charge. Post-officer in charge Full Time Support officers have the opportunity to continue as the Naval Air Training Command program manager on the Commander, Naval Air Force Reserve staff, the Chief of Naval Training staff, or other FTS positions within the Reserve Force.

Indicative of Active/Reserve integration in the Naval Air Training Command are the Active Component commissioned unit command opportunities available to the Reserve Component. Reserve officers are now eligible for command of VT-9 and VT-27. CDR Jason "Jake" Burke, currently the Naval Air Training Command Program Manager on the staff at Commander, Naval Air Force Reserve, is scheduled to take the helm of VT-9 in 2005. The next command opportunity for a Reservist is planned for 2006, at VT-27. Other command opportunities are still in discussion, and future endeavors remain optimistic.

The Naval Reserve Association has recently established two Naval Air Training Command awards, cosponsored by L-3 AeroTech, which will be presented for the first time at the Spring 2004 National Conference in San Francisco. One award will be for the Reserve Instructor Pilot/NFO of the Year, and the other award will recognize the training squadron/squadron augment unit team which best represents the Naval Reserve Force vision of "Support to the Fleet – Ready and Fully Integrated." Members of the Association serving in the training command have, also, recently established their own NRA Naval Air Training Command Chapter. They join the VP and VR communities with having their own community-specific, rather than geographically based, NRA chapter for mentoring and communication purposes.

The increased integration between the Reserve and Active Components of the Naval Air Training Command has proven to be a model of the alignment sought by today's Navy. Naval Reserve instructor pilots and Naval flight officers bring unmatched Fleet experience and mature flying skills, making this group of training experts essential to the production of Naval aviators. The first full year of Naval Reserve integration in the Naval Air Training Command has been highly successful. This achievement would not have been possible if not for the total commitment and dedication of our Naval Reservists. These professionals will continue to produce the world's best trained aviators who will carry the Navy through the 21st century.

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Naval Reserve Association Spring Conference Agenda

San Francisco, California – 16-18 April 2004

Friday, 16 April 2004

1300-1500 Naval Reserve Fund Board Meeting
1300-1700 Registration and Information, Mason Room
1800-2000 President's Reception, The Courtyard

Saturday, 17 April 2004

0700-1600 Registration and Information, Mason Room
0700-0800 Continental Breakfast, Marina I & II
Anchors Breakfast, location to be determined
0800-0845 Opening General Session of Spring Conference, Marina I & II
Presiding, CAPT John E. Lindell, USNR (Ret)
NRA National President

0810-0830 National Executive Director's Brief - RADM Stephen T. Keith, USNR (Ret)
0830-0845 Committee Chair Announcements

0900-1655 Committee Meetings, locations as assigned
1200-1330 Awards Luncheon, TBA
1700 National Conference recesses

Sunday, 18 April 2004

0700-0800 Continental Breakfast, Marina I & II
0800-1155 General Session
Presiding, CAPT John E. Lindell, USNR (Ret)
NRA National President

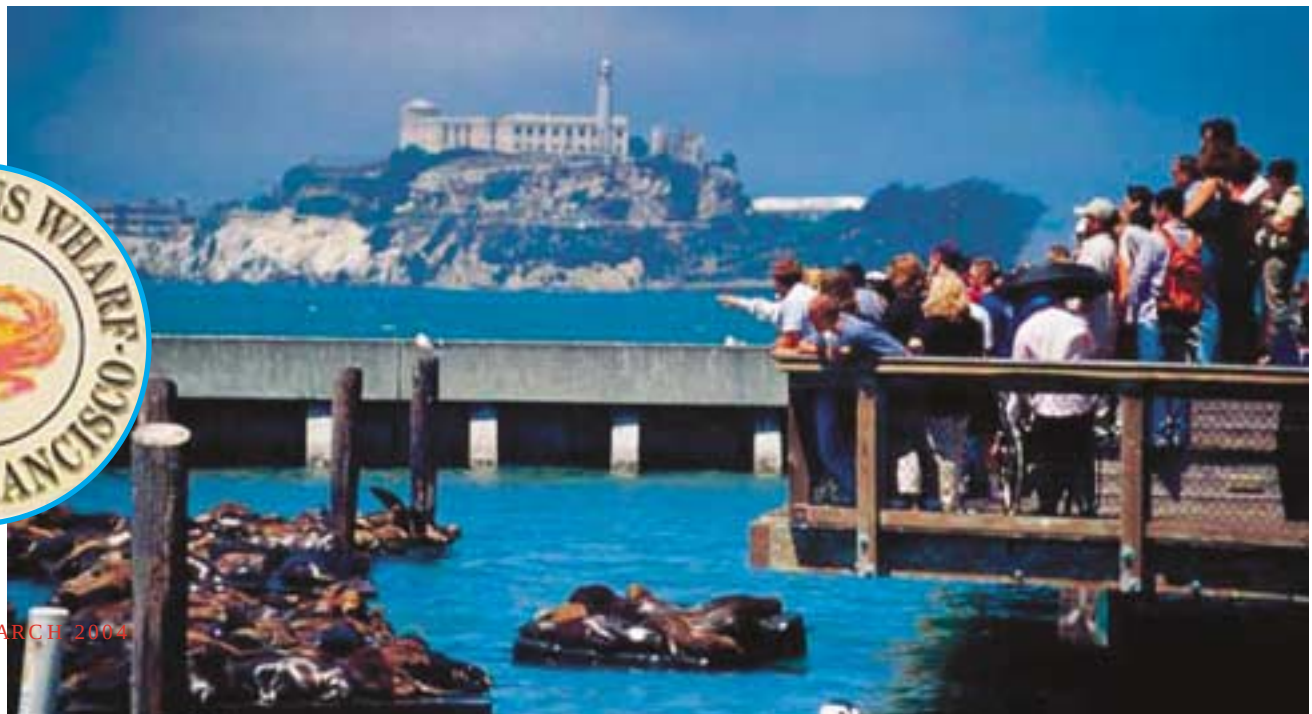
0815-1130 Committee Reports

1200 Spring Conference adjourns

Plan to attend the 2004 Fall National Conference in Washington, DC, 15-18 September 2004, at the Radison Hotel, Old Towne Alexandria, Virginia.

Conference uniforms for all functions:

Service Dress Blue, Service Khaki, or appropriate civilian attire.



Naval Reserve Association

Spring Conference
Sheraton Fisherman's Wharf Hotel
San Francisco, CA
16-18 April 2004

REGISTRATION

NAME/ RANK_____ LIFE MEMBER: YES _____ NO _____
(AS DESIRED ON NAME TAG)

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HOTEL ARRIVAL DATE_____ DEPARTURE DATE:_____

REGISTRATION FEES: MEMBER: $135.00 SPOUSE/ANCHORS: $135.00
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LCDR AND BELOW, REDUCE BY $15.00.

TOTAL FORWARDED $_____ _____
FINANCE CHAIRMAN

REGISTRATION FEES INCLUDE:
Friday night President's Reception;
Saturday & Sunday Continental Breakfast;
Saturday Awards Lunch.

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NRA 2004 SPRING CONFERENCE REGISTRATION

LCDR Lawrence M. Miller, MSC, USNR
National VP for Membership

Membership, Teamwork, Comradeship in the Naval Reserve Association

Using the family unit as an example, when everything is going well, the family unit is intact, we take it for granted that it, and all in the unit, will always be there for us. It;s only in a time of crisis that we realize the true meaning of "FAMILY".

I have been involved in many problems Reservists have had in the mob and demob process concerning their medical benefits. Even after all the work the Navy has put into this system, we still seem to have some members fall into the GRAY ZONE.

As the Senior Medical (MSC) Officer at my Reserve Center, helping solve the GRAY ZONE medical issues has become a way of life for me. What many people don't know is how I solve many of the issues.

This is where the Naval Reserve Association comes into action. I am sure there are many who are tired of hearing from me; but when I ask for help, the response is what I would expect from a FAMILY MEMBER: "Let me look into it" and, "Of course, WE will help you and the member." Keep in mind that many of whom I help may or may not be members of the NRA. Nobody has ever asked for a member number or even if they are members of the NRA. This is an organization in place to assist members of the Naval Reserve. But, of course, no organization or family unit can exist without everybody's contribution.

Most cases are solved with the satisfaction of both the member and the Navy. When all is finished, most say thank you. I tell them that this wouldn't have happened if not for the hard work of someone in the Naval Reserve Association. ARE YOU A MEMBER OF THIS FAMILY?

I surely hope that others in my NRA FAMILY are working at the District level to support the members and future members of the NRA.

DON'T WAIT FOR A CRISIS TO OCCUR; BECOME A MEMBER; JOIN NOW! ⚓

We are pleased to welcome the following individuals as our newest Life Members:

CAPT Mark C. Baker, DC, USNR
LTJG Kelly L. Beamsley, USNR
CAPT David J. Broadbent, USNR
CDR Daniel K. Burton, USNR
LT William A. Contreras, USNR (Ret)
CDR William P. Cook, USNR
LCDR Leonard C. Davis, USNR
CDR Juanito B. Del Rosario, USNR
CWO4 Peter A. Elleman, USNR (Ret)
LCDR Gary F. Feller, USNR (Ret)
CDR W. E. Fenton, USNR
CDR Dean C. Halvorson, USNR
LCDR Daniel P. Hegarty, Sr., SC, USNR (Ret)
CDR David T. Heim, USNR
CWO4 Jon P. Hildreth, USNR (Ret)
CAPT William H. Hobbs, USNR (Ret)
LCDR Maltbie L. Holt, Jr., USNR (Ret)
CAPT Randy Hotton, USNR (Ret)
CAPT Mark G. Hunn, USNR
CDR Barry W. Ingold, USNR
CDR Dennis Francis Kelly, DC, USNR
CDR Roger T. Kennicutt, USNR (Ret)
CDR J. Alex Maultsby III, CHC, USNR
CAPT Patric R. McPoland, MC, USNR
CDR George H. Miller, SC, USNR (Ret)
CDR Richard T. Ouellette, Jr., USNR
RADM Robert O. Passmore, USNR
CDR Emile L. Reed III, USNR (Ret)
CAPT Steven L. Russell, USNR
CDR Michael J. Safina, USNR
CDR Joseph A. Schweigart, USNR (Ret)
LT Ronald W. Soule, USNR
LCDR Calvin E. Tanck, USNR
LCDR Caesar M. Violano, USNR
CAPT Bill L. Yancey, USNR
CDR Jerry L. Yarborough, USNR

(For January 2004)

Our Newest Chapter Naval Air Training Command Chapter (NATRACOM)

New Charter Members

LCDR Robert O. Adair, USNR
LCDR Kenneth Avery Clark, USNR
CDR Jim Facinelli, USNR
CDR Erick William Gerdes, USNR
LCDR Maureen Mary Magnan, USNR
LCDR Colin Gardiner McKee, USNR
CDR John Francis Rust, USNR
CDR Dan S. Schindler, USNR
LCDR Michael A. Varias, USNR
CDR Lorne John Wallace, USNR
CDR Kenneth Davis Whidden, Jr., USNR

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Dear CAPT Puzon,

In l960, 61, and 62, I commanded the reserve crew of the *USS VAMMEN* (DE 644) in the Selected Reserve ASW Program; and assumed command on commissioning in October 1961 during an all-service recall to active duty brought on by the Berlin crisis. The Reserve Crews of 27 Destroyer types were included in that call-up.

Some of the significant accomplishments of that reserve crew in *VAMMEN* during that period were: (1) Successful detection, prosecuting and surfacing of a "nuke" SS off Pearl Harbor during an opposed entry exercise involving some 20 odd destroyer types; (2) Lodging a hedge hog 12-feet forward of the conning tower of an opposing submarine during an opposed deployment from Pearl Harbor. The Hog was returned to me by an embarrassed Chief of the Boat of the submarine; (3) Detection and "sinking" of two subs in an all-encompassing 7th Fleet exercise off Yokosuka. Incidentally, no contacts were made by any of the Regular Navy ships in any of the exercises; (4) During deployment to South Viet Nam, as a member of Cort Ron 7, an all reserve crew squadron, we created and prosecuted the original "Market Time" off-shore patrols in South Vietnam. *VAMMEN* interdicted VC traffic from Cambodia via the Gulf of Siam into the back door or South Vietnam; (5) Detected a Russian nuclear submarine, submerged, alongside a tender. He was observing operations in the Gulf. This was confirmed by ASCAC in ASWFORPAC; (6) Provided screen for VALLEY FORGE task group during vertical envelopment operations from the Gulf of Siam to positions far inland near the Cambodia border. This was the first vertical envelopment operation by Marines against an enemy in the history of the United States.

This is a very short list of significant contributions by *VAMMEN* Reserve Crew, only in 1961 and 1962. The Selected Reserve ASW program was one of the most successful Naval Reserve programs ever. And in the 1960's.

Please print a retraction of your statement that the Naval Reserve Force, "did fail in the 1960's;" and state specifically that a significantly successful program in the Naval Reserve Force in the 1960's was the Selected Reserve ASW Program. I cannot allow your statement that discredits honorable and successful service by so many to stand uncorrected.

Charlie S. Nelson
Captain, USNR (Ret)

On 3 March 2004, the Naval Reserve will mark its 89th birthday. Once again, Reservists have met our nation's call. Only a year ago, our nation stood poised for war. Reservists were ready to take their places alongside the Active forces. We now know that each Reservist was ready, willing, and exceptionally prepared.

The Naval Reservists who have sacrificed throughout history in service to our nation are the essence of the Naval Reserve – true citizen Sailor.

To each and every member of the Naval Reserve and your families, especially those Reservists deployed, you have our thanks, support, and deepest admiration for your dedication and service. Thank you, and God bless you and your families. Happy birthday, Naval Reserve; and stay strong!

The Service Members Civil Relief Act

By LT Marc J. Soss, SC, USNR

On December 19, 2003, President Bush signed into law the "Service Members Civil Relief Act" (the "Act"). The Act serves both to amend and to rename the "Soldiers' and Sailors' Civil Relief Act of 1940" and provides as follows:

Termination of a Lease

A service member may terminate an automobile (used for personal or business transportation) or real property (occupied for residential, professional, business, or agricultural purpose) lease after: (1) his/her entry into military service; or (2) the date of his/her military orders. Eligibility is predicated upon the member's inability to pay the rent as a result of his/her military service.

Real Property:

The lease must have been executed by or on behalf of the member entering military service or executed during military service and the member subsequently receives orders for a permanent change of station or deployment (for a period of not less than 90 days).

A lease, with monthly rent payments, may be terminated 30 days after the first date on which the next rental payment is due and payable. All other leases may be terminated on the last day of the month following the month in which the notice is delivered. Advance rent or lease payments, covering a period after the effective termination date, must be refunded by a landlord to the member.

Except by court order, a landlord may not evict the member or his/ her dependents during the period of military service if the monthly rent does not exceed $2,400. However, if a stay of the proceedings is granted, a court may within its discretion grant such relief as equity may require.

Automobile:

A lease may be terminated by or on behalf of a member entering military service (under orders or an extension of not less than 180 days) or if he/she receives permanent change of station orders outside of the continental United States or deployment for at least 180 days. Written notice of termination must be delivered and the automobile returned within ten days of the notice. No early termination charge may be imposed. However, taxes, summonses, title and registration fees, and other obligation(s) and liability (excess wear, use, and mileage) may be imposed pursuant to the lease terms.

Civil Legal Matters

Rights and Protections:

A member or individual ordered to report to military service or induction is entitled to all rights and protections from the date of his/her receipt of his/her orders.

Future Financial Transactions:

A member's right to a stay, postponement, or suspension of the payment of a tax, fine, penalty, insurance premium, or other civil obligation or liability will not, without other considerations, be the basis for the determination that he/she is unable to pay another obligation or liability or the denial, revocation, or modification of credit by a creditor.

Default Judgments:

In any civil action in which the member does not appear, the court, before entering a judgment, will first require the opposing party to file an affidavit attesting to the member's military status, facts to support the affidavit or to attest to his/her inability, in order to determine whether or not the individual is in military service. A court, within its discretion, may appoint legal counsel for the member. It is important to note that if the member cannot be located, his/her counsel's actions will not waive any defense he/she could have presented or be binding upon him/her. Alternatively, if a judgment is entered, the court can require a plaintiff to file a bond to indemnify the member against any loss or damage he/she may suffer by reason of the court action.

Third Party Legal Action:

A court may postpone or suspend an action (prosecution, enforcement, or performance) against a third party guarantor or individual who may be primarily or secondarily subject to the member's obligation or liability.

Bail Bond:

A court may discharge or elect not to enforce a bail bond against a surety (guarantor) when military service prevents the surety from obtaining the attendance of the member.

Protection of Purchasers:

If a court vacates, sets aside, or reverses a default judgment against a member, that action will not impair a right or title acquired by a bona fide purchaser for value under the default judgment.

Stay of Proceedings:

During a civil legal proceeding, at any stage before final judgment, the court may, on its own motion or request by one of the parties involved, stay the proceedings for a period of not less than 90 days. This protection is available to a member while on active duty and for 90 days after termination of or release and notice of the action.

Eligibility for a stay of the proceedings is predicated upon a "communication setting forth facts stating the manner in which current military duty requirements materially affect the service member's ability to appear and stating a date when the service member will be available to appear" or "communication from the service member's commanding officer stating that the service member's current military duty prevents appearance and that military leave is not authorized for the service member at the time of the letter." The granting of the stay will be based upon a court determining that there may be a valid defense that cannot be presented without the presence of the member or the inability to determine if a meritorious defense exists.

Statute of Limitations:

A period of military service will not be included in computing any period limited by law, regulation, or order for the bringing of any action or proceeding in a court by or against a member or his/her heirs, executors, administrators, or assigns.

Maximum Interest Rate:

Any obligation or liability incurred (individually or jointly with a spouse), with an interest rate in excess of six percent per year,

before entrance on military service shall be reduced to six percent per year during the period of military service. Eligibility for the interest rate reduction requires written notice to the creditor and a copy of the applicable military orders. The interest portion above six percent is permanently forgiven upon termination of the military service.

A court may grant a creditor relief from this limitation if the member would not be "materially affected" by reason of his/her military service. In addition, the six percent interest rate will not be applicable to debts incurred after entrance on active duty or during mobilization.

Enforcement of Contracts:

The sale, foreclosure, or seizure of property (real or personal) for a breach of an obligation will not be valid if made during, or within 90 days after, a period of military service. This provision will apply if other arrangements are negotiated by the parties.

Under an installment obligation for the purchase of real property or secured by a mortgage, a court may grant a stay of the enforcement of the obligation during a period of military service and from the date of termination of or release from military service. The stay shall be: "(1) for a period equal to the remaining life of the installment contract or other instrument, plus a period of time equal to the period of military service of the service member, or any part of such combined period; and, (2) subject to payment of the balance of the principal and accumulated interest due and unpaid at the date of termination or release from the applicant's military service or from the date of application in equal installments during the combined period at the rate of interest on the unpaid balance prescribed in the contract or other instrument evidencing the obligation, and subject to other terms as may be equitable."

Enforcement of Liens:

The holder of a lien (storage, repair, or cleaning of property of a member) on the property or effects of a member may not, during his/her military service and for 90 days thereafter, foreclose or enforce said lien without a court order. In a legal proceeding to foreclose or enforce the lien, the court may, on its own motion or request by a member whose ability to comply with the obligation is materially affected by his/her military service, stay the proceeding or adjust the obligation in the interest of all parties.

Protection of Dependents:

A member's dependent(s) are entitled to the protections of the Act if his/her ability to comply with the contract or obligation is "materially affected" by the member's military service.

Health and Life Insurance Rights and Protections

Health Policy:

Upon termination or release from service, the member is entitled to the immediate reinstatement of any health insurance that was in effect on the day before the military service commenced. The reinstatement will not be subject to any exclusion or a waiting period except an entitlement to participate in employer-offered insurance benefits. An application for reinstatement must be filed not later than 120 days after the date of the termination of or release from military service.

Life Insurance:

Provides protection to an insured (while on active duty), his/her legal representative, and beneficiary from default on a policy for nonpayment of the premium. Increases from $10,000 to $250,000 the maximum policy coverage that the federal government will protect unless the Secretary of Veterans Affairs determines otherwise.

Income Taxes

Deferral:

Upon notice to the Internal Revenue Service or a state taxing authority, the collection of income tax due before or during military service shall be deferred for a period not more than 180 days after termination of or release from military service. Eligibility is predicated upon a member's inability to pay the tax as a result of his/her military service.

No interest or penalty shall accrue for the period of deferment by reason of nonpayment on any amount of deferred tax.

Statute of Limitations:

The running of a statute of limitations against the collection of tax deferred under this section, by seizure or otherwise, shall be suspended for the period of military service and an additional period of 270 days thereafter.

Residence:

For tax and compensation purposes, a member's presence in any tax jurisdiction of the United States in compliance with military orders shall not result in his/her losing a prior or acquiring a new domicile or subject him/her to additional taxation by reason of his/her absence from his/her residence. A Native American Indian, whose residence is a federal Indian reservation, will be taxed by the laws of the reservation and not the state in which it is located.

Personal property "shall not be deemed to be located or present in, or to have a situs for taxation in, the tax jurisdiction in which the service member is serving in compliance with military orders." This does not apply to "taxation by a tax jurisdiction with respect to personal property used in or arising from a trade or business, if it has jurisdiction."

Missing Persons:

"A service member who has been reported missing is presumed to continue in service until accounted for. A requirement under this Act that begins or ends with the death of a service member does not begin or end until the service member's death is reported to, or determined by, the Secretary concerned or by a court of competent jurisdiction."

Tax Relief:

During military service or within 180 days from termination of or release, a member may apply to a court for relief: "(1) from any obligation or liability incurred by the service member before the service member's military service; or (2) from a tax or assessment falling due before or during the service member's military service."

Forced Sale of Property and Redemption:

With the exception of a court order or upon the determination that his/her military service does not materially affect his/her ability to pay a tax or assessment, property may not be sold to enforce the collection effort. When property is sold, during the collection process, the member may redeem or commence an action to redeem the property during his/her period of military service or within 180 days after termination of or release therefrom.

Power of Attorney

A power of attorney, with an expiration date, will be automatically extended for the period a member is classified in "missing" status. Eligibility is predicated on his/her execution of the instrument while on military service or before entry (after receipt of an order to report). The instrument must also designate, as the attorney in fact, a spouse, parent, or other relative and expire after the date he/she entered missing status. However, the instrument may not be extended, regardless of the member's status, if the document clearly indicates a specific expiration date.

Professional Liability Protection

A member engaged in providing health care, legal services, or other professional services (as determined by the Secretary of Defense) with professional liability insurance shall have the policy suspended, upon written request, during his/her military service. The carrier may not require that premiums be paid on the suspended coverage.

In order for the insurance coverage to be reinstated promptly, the member must notify his/her insurance carrier, within 30 days from his/her release from active duty, and make payment of his/her premium within 30 days after receipt of a premium notice.

During the member's military service and suspension period, any professional negligence or liability action shall be stayed until the end of the period, if the act occurred before his/her military service and the action is commenced during the suspension period. In addition, the insurance carrier will not be liable for any claim based on professional conduct (including any failure to take any action in a professional capacity) that occurs during the suspension period.

Voting

For voting purposes (federal, state or local office), a member will not lose his/her state of residence by virtue of his/her absence and location in another state or county.

Tax Tip Reminder

As a Reservist, if you travel more than 100 miles away from home in connection with Naval Reserve drilling duty, you can deduct your travel as an adjustment to income on line 33 of Form 1040 rather than as a miscellaneous itemized deduction. The deduction is limited to the amount the federal government pays its employees for travel expenses. For more information about this limit, see "Per Diem and Car Allowances" in chapter 6 of *Publication 463*.

To report Reserve duty-related travel, complete Form 2106, Employee Business Expenses, or Form 2106-EZ, Unreimbursed Employee Business Expenses. Include the total on line 33 of Form 1040 from line 10 of Form 2106 or line 6 of Form 2106-EZ. Annotate "RC" and the amount of expenses in the space to the left of line 33 of Form 1040.

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Reservist In Action – Yesteryears

A day then – LTJG William Gillen, USNR, (now, LCDR, USNR (Ret) and Life Member) will not forget: On the night of 31 May 1952, in Hongwon Roads, Korea, LTJG Gillen volunteered to man a whole boat to entail the movement of North Korean sampans laden with troops and supplies. He was aboard the *USS MURRELET* (AM-372).

When the whaleboat was maneuvering close to effect the capture of two sampans that had already surrendered, an enemy threw a grenade into the whaleboat, killing one and injuring two.

USS MURRELET (AM-372)

Immediately shaking off the effects of the blast, which was followed by a burst of a burp gun from the enemy, the whaleboat's remaining crew engaged in a fierce firefight close aboard the sampans. When there was no longer any sign of life on the sampans, LTJG Gillen directed the whaleboat away from the area and headed back to the ship.

LTJG Gillen's Bronze Star citation read: "For heroic achievement as Officer in Charge of a Volunteer Armed Whaleboat Crew attached to the *USS MURRELET* during operations against enemy aggressor forces in Hongwon Roads, Korea, on the night of 31 May 1952. When an enemy hand grenade landed in the whaleboat, killing the coxswain, wounding two others and badly damaging the hull of the boat while the craft was engaged in an attempt to capture two hostile sampans and their accompanying troops deep in unswept waters, Lieutenant, Junior Grade, Gillen, undeterred by the suddenness of the attack and the ensuing hail of small-arms fire, immediately rallied his men, directed effective counterfire upon the enemy and, although exposed to hostile fire, made his way from the bow to the stern to regain control of the boat. With the enemy force destroyed without further casualties to his crew, he skillfully directed his craft throughout the hazardous return trip to the *MURRELET*. By his marked courage, inspiring leadership and unswerving devotion to the fulfillment of a vital mission, Lieutenant, Junior Grade, Gillen was largely responsible for the survival of the outnumbered crew of the whaleboat and upheld the highest traditions of the United States Naval Service."

ESGR Congressional Employee Award

(L to R) Congressman Jim Nussle, VADM John Cotton, ESGR Exec. Dir. Bob Hollingsworth, and Congressman Edward Schrock. The award was given to Congressmen Nussle and Schrock.

Remembrance Day Luncheon

(L to R) CAPT Fred Carl, Past National President; RADM Julian R. Benjamin, Past National Parliamentarian; CAPT Pat Lucci, Past National President, attended Remembrance Day Luncheon, cosponsored by local councils of Palm Beach County Florida's Navy League of the United States and Naval Order of the United States on 7 Dec. 2003, at the Palm Beach Gardens Marriott Hotel.

3rd Annual New Jersey State Bar Military Law Symposium

CAPT Michael L. Detzky, JAGC, USNR, NRA Life Member and XO of NR VTU LAW 0413, NRC Ft. Dix, and Chairman of the NJ State Bar Military Law and Veterans Affairs Committee served as the moderator at the 3rd Annual New Jersey State Bar Military Law Symposium held in New Brunswick, New Jersey, on 24 January 2004. This annual joint "purple" event was offered as a free public service by the State Bar to Active and Reserve attorneys from all the armed services residing or drilling in New Jersey, New York, and Pennsylvania. Attendees heard presentations on vital legal issues arising from the mobilization of the Guard and Reserve, including the Uniformed Services Employment and Reemployment Rights Act (USERRA), the Soldiers and Sailors Civil Relief Act, and a special presentation by former U.S. District Court Judge Stephen M. Orlofsky, on his recent Presidnetial mission to Iraq to help rebuild that nation's legal system.

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