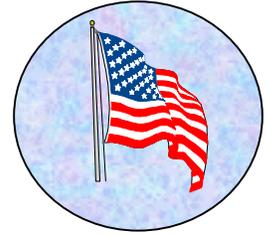




Volume 8 Issue 1



MEARNG RETREE NEWSLETTER



JAN - APR 2003

DEPARTMENT OF DEFENSE, VETERANS AND EMERGENCY MANAGEMENT
PUBLISHED BY THE MEARNG RETREE COUNCIL

TABLE OF CONTENTS

- [COMMENTARY](#) 1
- [RETIREMENT BENEFITS & SERVICES](#) 2
- [TRANSITIONS](#) 15
- [TAPS](#) 15
- [MISCELLANEOUS](#) 17
- [UPCOMING EVENTS](#) 18
- [FOR YOUR INFORMATION](#) 19
- [TRIVIA QUESTIONS](#) 31
- [FEEDBACK](#) 31
- [RETREE E-MAIL ADDRESSES](#) 32
- [RETREE COUNCIL MEMBERS](#) 32
- [ANSWERS TO TRIVIA](#) 33
- [286th S&S BN. REUNION FLYER](#) 34
- [RAD DAY FLYER](#) 36

COMMENTARY This is the twenty-first Retiree Newsletter, normally published in Apr, Aug and Dec. Our purpose is to keep you informed and provide you a continuing sense of belonging to the Guard after retirement. We hope the newsletter helps accomplish that purpose.

Information is furnished through various sources, and is only made available in this newsletter for your information. Information and comments contained in this newsletter is intended solely for the personal interest of the recipient and should not be considered as an endorsement. If you have an item you would like considered for publication, please send it to the MEARNG Retiree Council, Camp Keyes, Augusta, ME 04333 or e-mail it to dean.soule@me.ngb.army.mil

This newsletter and all previous issues of the newsletters can be found on the following web site:
<http://www.me.ngb.army.mil/retire/>

We are continuing to update our mailing list to include all MEARNG retirees. **If you know any retiree(s) who are not receiving the newsletter, please send their name and address to a member of the Retiree Council or e-mail us.**



Please advise us of mailing address changes and those due to 911. If you do not wish to continue receiving the newsletter, contact a council member.

Continuation of Newsletter The Retiree Council has decided to continue the Retiree Newsletter to spouses of deceased retirees when the spouse requests it.

Many items in the newsletter may prove valuable to the surviving spouse.

New Members: Membership is open to retirees of all ranks and gender from all parts of Maine. If you or a retiree you know are interested, please contact a Council member. Retired NCOs should consider getting involved to have their concerns surfaced and to demonstrate they are still an active member in military affairs.

What Is A VET?

Some veterans bear visible signs of their service: a missing limb, a jagged scar, a certain look in the eye. Others may carry the evidence inside them; a pin holding a bone together, a piece of shrapnel in the leg - or perhaps another sort of inner steel; the soul's alloy forged in the refinery of adversity. Except in parades, however, the men and women who have kept America safe wear no badge or emblem. You can't tell a vet just by looking. What is a vet?



- He is the cop on the beat who spent six months in Saudi Arabia sweating two gallons a day making sure the armored personnel carriers didn't run out of fuel.
- He is the barroom loudmouth, dumber than five wooden planks, whose overgrown frat-boy behavior is outweighed a hundred times in the cosmic scales by four hours of exquisite bravery near the 38th parallel.
- She - or he - is the nurse who fought against futility and went to sleep sobbing every night for two solid years in Da Nang.

- He is the POW who went away one person and came back another or didn't come back AT ALL.
- He is the drill instructor who has never seen combat but has saved countless lives by turning slouchy, no-account rednecks and gang members into Marines, and teaching them to watch each other's backs.
- He is the parade-riding Legionnaire who pins on his ribbons and medals with a prosthetic hand.
- He is the career quartermaster who watches the ribbons and medals pass him by.
- He is the three anonymous heroes in The Tomb Of The Unknowns, whose presence at the Arlington National Cemetery must forever preserve the memory of all the anonymous heroes whose valor dies unrecognized with them on the battlefield or in the ocean's sunless deep.
- He is the old guy bagging groceries at the supermarket - palsied now and aggravatingly slow - who helped liberate a Nazi death camp and who wishes all day long that his wife were still alive to hold him when the nightmares come.
- He is an ordinary and yet an extraordinary human being - a person who offered some of his life's most vital years in the service of his country, and who sacrificed his ambitions so others would not have to sacrifice theirs.
- He is a soldier and a savior and a sword against the darkness, and he is nothing more than the finest, greatest testimony on behalf of the finest, greatest nation ever known.

So remember each time you see someone who has served our country, just lean over and say Thank You. That's all most people need, and in most cases it will mean more than any medals they could have been awarded or were awarded. Two little words that mean a lot, "THANK YOU".

****RETIREMENT BENEFITS AND**
****SERVICES******

VA Extends Benefits To Vietnam Veterans:

This past January, Secretary of VA Anthony J. Principi extended benefit to Vietnam veterans with chronic lymphocytic leukemia (CLL). The decision was based on compelling evidence from the scientific community that exposure to herbicides such as Agent Orange is associated with CLL. The ruling "presumption ruling" means that

veterans with CLL who served in Vietnam during the Vietnam War do not have to prove that their illness is related to military service to qualify for VA disability compensation. VA is to begin paying compensation benefits after a final rule takes effects. The publication of the implementing regulation is expected soon and VA will post more details on its Website at <http://www.vba.va.gov/bln/21/benefits/herbicide/>

Meantime, Vietnam veterans with questions about health-care, compensation and survivor benefits may call VA toll free Help Line at 1-800-749-8347 for information. Also, VA is encouraging veterans who have not done so to subscribe to Agent Orange Review by calling the Help Line number. The Agent Orange Review is a free VA newsletter that will keep them abreast of developments and other policies and scientific findings in the future. Back issues and additional Agent Orange information is posted at <http://www.va.gov/agentorange/>.

To receive email from VA with the latest news releases and updated Fact Sheet subscribe at http://www.va.gov/opa/pressrel/opalist_listserv.cfm

Hearing Aids:

Veterans may be entitled to free hearing aids from the VA if they meet any of these categories:

- Service connected for hearing loss; ear disease or Tinnitus
- Service connected - any medical problem at a rating of 10% or more.
- Former prisoner of war
- All WWI veterans

Guidelines have been revised to include any veterans with a 10% or more rating for any problem [including veterans without service-connected hearing loss]. VA must consider the hearing loss in a non-service-connected ear when rating a service-connected ear when the non-service-connected ear is 10% or more disabling vice the former total deafness requirement. While federal directives allow for this category of veterans to receive hearing aids, individual VA hospitals/clinics have the right to further determine local policies regarding access to hearing aids for veterans without service-connected hearing loss. Depending upon the availability of services at your local VA facility, you may be required to have a confirmed service-connected hearing loss to receive hearing aids. To obtain clarification of policies in your area, telephone your nearest VA regional office. [Source: Los Angeles AFB Retiree Newsletter Fall 99]

Space-A Travel to Allow Families on Stateside Flights:

Stars and Stripes reports that beginning April 1, for a one-year trial, the U.S. Air Mobility Command will bring space-

available travels to families who travel with their sponsors within the continental United States. Space-A flights will be available to dependents of active-duty members and retirees - and those members will have the same eligibility category as their sponsors, said Lt. Col. Darcy Lilley, chief of passenger policy for AMC.

The travels have been available to folks, on flexible schedules, wanting to travel from the States overseas and to those overseas, but not within the United States.

Space-A works like this: Travelers hitch a ride on an aircraft already on a military mission. If there are unused seats, travelers can fly virtually for free. Typically, Space-A users pay a "head tax" of \$12.80 and, if leaving from or returning to the United States, an \$11 federal inspection fee. For overseas travel, the most popular contracted flights fly out of Atlanta and Baltimore into Europe, and Los Angeles and Seattle to Korea and Japan. Stateside, planes will fly wherever AMC missions take them, Lilley said. For more on Space A Travel rules and eligibility, see

<http://www.military.com/Travel/SpaceATravel/0.11886.57.00.htm>

**Call To Arms – Disability Pay System
Discriminates Against Guard and Reserve:**

FOR IMMEDIATE RELEASE

February 8, 2003, 2003

CONTACT: Charles Revie, Las Cruces, NM (505) 522-3317

Las Cruces, NM -- As our National Guard and Reserve units and individuals answer the call to arms and deploy to "unspecified locations" they should know that their disability and retirement pay systems discriminate against them as compared to their active duty counterparts. Should they become disabled, under current law and implementing regulations they will not receive the disability pays authorized by the US Congress with the National Defense Acts of 2001 and 2003. The reasons are obscure but consider the long history of society honoring and caring for its fallen warriors.

In English Law, the original concept dates back to 1573 where the citizenry were enjoined (taxed if you will) to provide for the care and nourishment of those soldiers wounded in battle or in the defense of their villages. In this country this concept was first implemented by the Plymouth Colony soon after the landing of the Pilgrims and long before we declared independence.

In 1892 the US Congress enacted a law to prohibit the receipt of both military pay and disability compensation. At the time there was no retirement system, soldiers (officers mainly) continued on the rolls to retain what little income they had. Those who were disabled were in even a worse fix. The tradition established by Plymouth Colony was codified in Federal Law. Soldiers wounded and injured in the Indian

Wars and the Civil War were paid compensation for the wounds and disabilities. In today's world if one's disabilities prevent his performance of military duties then that individual is discharged or retired ... thus averting the conditions for which this law was originally passed.

The retirement system as we know it today was formalized between World War One and World War Two and provided a means to maintain the vigor of the force by allowing voluntary retirement after a minimum of 20 years active service and forcing retirement after 30 years. The need for a forced retirement was made obvious by World War One and previous wars particularly the Civil War where many senior officers were simply unfit for field duty because of age, illness and the "good life." (General Winfield Scott was so obese he could not even mount a horse.) However, because the 1892 law only applied to military pay and not retirement pay those disabled could draw both their meager retired pay and disability compensation.

The current law was passed in May 1944, just days before the Normandy Invasion, and is the law we have today. This continues the prohibition against military pay and disability pay, but more notably it extended the prohibition to include military retired pay. Not part of this law but in the same philosophy is a later law that denies the widow of a disabled military retiree from receiving both her survivor's benefits annuity from the Department of Defense and Dependents Indemnification (DIC) from the Department of Veterans Affairs. DIC is awarded to the survivors of those disabled veterans who die of causes related to the service connected disabilities. Both the soldier's retirement pay and his widow's survivors benefit payments are offset \$1 for each \$1 received from the Department of Veteran's Affairs. In many instances the only income the soldier or his widow has is the VA tipend because it completely offsets the military retirement pay.

In the mid 1980s, Representative Michael Bilirakis (R-FL) first submitted legislation to repeal the portions of the 1944 law that prohibit concurrent receipt of military retired pay and disability compensation. With each successive Congress he has submitted similar legislation.

Thus, we now have the basis for the "special compensation for the severely disabled" pay, which was introduced by Senator John McCain (R-AZ) and enacted, as Title 10 US Code Section 1413 with the National Defense Authorization Act of 2001. The law provides --

- a. The requirement for retirement based on 20 "creditable" years of service.
- b. The requirement that the effective date of the disability award be AFTER the date of retirement but NOT LATER THAN 4 years following retirement. It has been publicly admitted that this 4-year rule was an artificial effort to control dollars and is based on no other reasons.

Not part of the law are the Department of Defense implementing instructions, which provide further restrictions on eligibility --

- a. The term "creditable" was interpreted to mean "active duty" and imply only a "service retirement" based on years of full time active service. Note that Guard and Reserve are "part time."
- b. The requirement for a retired Guard / Reservist to have 7200-points. Based on 1 point per day, this accrual would represent 7200 days or 19 years ad 18 months of active service.

Under 10 USC 1413, as implemented by the Department of Defense, all of these individuals with less than 7200 points are not eligible for the special compensation payments for three reasons --

- 1. They are not service-retired with 20 active duty years.
- 2. It is moot that they did or did not receive the rating with in 4 years of their retirement date, because all were rated BEFORE their retirements at age 60.
- 3. If the 20 "creditable years" were interpreted as 20 "qualifying years" the artificial 7200-point rule would disqualify all but the warrant officer.

It is estimated that maybe 7000 (1.4%) of 495,000 disabled military retirees qualify under these two sections of 10 USC and most of them qualify under 1413 and not under 413a (they are mutually exclusive). None of those eligible will be Guard/Reserve.

In the future when/if the 1944 law is repealed, currently there is no reason to believe that

- 1. The artificial 4-year window will be removed.
- 2. The artificial difference between service-retirement for active duty and age retirement for Guard/Reserve will be corrected.
- 3. The artificial 7200-point threshold will be removed.
- 4. The 60% threshold will be lowered or removed.

This writer's hope and prayer for all of our now deploying military, especially the Guard and Reserve, is that they do not become casualties of war or incur any disabilities whether in the combat zone or as a consequence of being in the combat zone. The Guard and Reserve remain, in spite of words to the contrary, second-class soldiers while performing shoulder to shoulder with their active duty counterparts. Should they incur disabilities, illnesses or cancers, similar to those attributed to Agent Orange and the Sarin gas apparently released by Iraq during the Gulf War, they might receive their VA compensation but, under current law as implemented by

overly discriminatory regulations, they WILL NOT receive the special compensation payments that their active duty counterparts will receive for having performed the same duties, in the same place, at the same time.

This writer does not propose "don't go" but does propose "do your duty just be careful."

About the Author:

The author is Charles D. Revie, who in 2000, retired from the Army Reserve (with 6818 points) as a Lieutenant Colonel at age 60. He is a 1964 graduate of the US Military Academy. His 15 years of active military service include 1 year as an enlisted soldier and 14 years as a commissioned officer. He has over seas tours in Vietnam (66-67), Korea (69-70), and Germany (72-75). He is a US Army Command and General Staff College graduate. His 13 years in the Reserves include tours in the Pentagon and 10 years as a Reserve School instructor teaching both Command and General Staff College and Officer Advanced Course. He was employed for 21 years at White Sands Missile Range as a systems test manager. In 1999, he was diagnosed with non-Hodgkin's lymphoma and was rated 100% service connected disabled because of exposure to Agent Orange in Vietnam.

Do I Need a Supplement?

The National Defense Authorization Act of 2001 reduced the Fiscal Year Catastrophic Cap for retirees and their families from \$7,500 to \$3,000. What this means is that once the accumulated deductibles and cost shares reach the catastrophic cap in a fiscal year, TRICARE will pay the full-allowed amount for covered services through the end of that fiscal year. The only thing the family will pay through the rest of the fiscal year will be the 15% surcharge associated with services by a non-participating provider and expenses associated with use of the Point of Service option by Prime enrollees. This change has caused many retirees to reconsider the need for a TRICARE supplement.

If a retiree and spouse purchase a supplement with a premium of \$25 per person per month and a \$300 deductible, each beneficiary must pay at least \$450 before the supplement will start to pay. This does not include the annual \$300 premium.

TRICARE Deductible	\$150
Supplement Deductible	\$300
Sub-total	\$450
Plus:	
Premium (\$25 x 12)	\$300
Total:	\$750

If a reasonably healthy TRICARE Standard retiree and spouse each visits a participating physician four times a year at \$100 per visit, and each visit is associated with \$150 in lab fees and two brand name prescriptions from a network pharmacy, here is the cost per year.

Office Visits (4 x \$100) \$400

(\$100 deductible, \$225 TRICARE cost share, and \$75 patient cost share)

Lab Work (4 x \$150) \$600
(\$50 deductible, \$412.50 TRICARE cost share, and \$137.50 patient cost share)

Prescriptions (8 x \$9) \$ 72
(co-pay paid by patient)

Total Patient Payments = \$434.50
(\$100 + \$75 + \$50 + \$137.50 + \$72)

Using the above example of four visits per patient, a reasonably healthy couple with a supplement would pay \$1,500 (\$750 X 2) each year. The same couple using TRICARE Standard with no supplement would pay \$869 (\$434.50 X 2) each year.

Even if the sponsor or spouse has major surgery due to accident or illness, the Catastrophic Cap will limit liability in any fiscal year to \$3,000. Remember: to enjoy the full protection afforded by the cap, the patient should use providers who accept TRICARE.

There are several exceptions that should be noted: Pharmacies cannot access information concerning catastrophic caps. The patient will probably have to pay the normal \$9 co-payment (brand name) and file a claim for reimbursement. Additionally, the 15% surcharge associated with the use of a non-network provider is not subject to the catastrophic cap. It is, however, normally reimbursed by most TRICARE supplements.

TRICARE Supplemental Insurance policies (<http://www.tricare.osd.mil/supplementalinsurance/plans.cfm>) are underwritten and administered by private companies. The comments above are just an example of some of the issues to consider. Anyone considering the purchase of a supplement should evaluate the details of the particular product against any personal preferences or unique circumstances. If you wish to discuss specific aspects of your needs for health care coverage, you should contact a Beneficiary Counseling and Assistance Coordinator

(<http://www.tricare.osd.mil/BCACDirectory.htm>) at the nearest military hospital.

SOURCE: TRICARE Help E-mail Service (THEMS), US Army Medical Command, Fort Sam Houston, TX

E-Mail: TRICARE_Help@amedd.army.mil

TRICARE Handbook Now Interactive:

The TRICARE Handbook is now interactive and available on the TRICARE Web site:

<http://www.tricare.osd.mil/TricareHandbook/>. With this new functionality, users can search for information on the TRICARE benefit either by subject search, or general search. In addition, you can go right to sections in the Handbook using the interactive Table of Contents (TOC), as well as print out the online version in its entirety. The online version will be updated in real time, as changes occur.

Martin's Point:
Frequently Asked Questions



By Betty Colomb,
Health Benefits Advisor



I've just received a bill from a provider other than Martin's Point Health Care. Should I pay it?

Balance billing occurs when a health care provider other than a Martin's Point Health Care (doctor, hospital, therapist, etc.) bills you the balance of a bill after the US Family Health Plan at Martin's Point paid the CHAMPUS Maximum Allowable Charge (CMAC). When the US Family Health Plan at Martin's Point receives a bill from an out-of-network provider, we pay up to the CMAC. Nonparticipating providers are limited, by law, to collect no more than 115% of the CMAC for health care services provided to TRICARE Prime members. Congress modified the CHAMPUS law to protect you, as a member of the US Family Health Plan, from having to pay balance bills to nonparticipating providers for amounts greater than 115% of the CMAC. Since many out-of-network providers are unaware of the CHAMPUS law, they may not realize that they should not be balance-billing US Family Health Plan members above 115% of the CMAC.

Example: If XYZ procedure has a CMAC of \$200, the provider may only bill up to \$230 (even if it normally charges patients \$250 for this service). The US Family Health Plan will pay the CMAC of \$200. IF the provider then balance-bills you for any amount other than your co-payment, please contact Member Services and we will have the claim reprocessed and pay up to the additional 15% (\$30).

If you receive a bill from a provider other than Martin's Point Health Care and you are not sure if it is your co-pay, please contact the Member Services Department, toll-free at 1-888-674-8734.

I recently turned 65 and became eligible for Medicare Part A and Medicare Part B. Do I need to accept Medicare Part B if I belong to the US Family Health Plan at Martin's Point?

I am asked this question very often. The fact is, Medicare Part B is not a requirement in order to become a member of the US Family Health Plan at Martin's Point. However, selecting

Medicare Part B will provide you with some benefits. For example:

- Martin's Point will waive all enrollment fees for retired US Family Health Plan members who also have Medicare Part B. This will provide you with a savings of \$230 a year for each individual.
- Medicare Part B will provide coverage for the limited services not covered by the US Family Health Plan, such as chiropractic coverage.
- If for any reason you decide to disenroll from the US Family Health Plan at Martin's Point, you would have to apply for Medicare Part B in order to access your TRICARE for Life benefits. There are waiting periods and higher costs for not taking Medicare Part B at the time you became eligible.

Protect yourself and your family—take Medicare Part B when it is offered!

Now that I am 65, I have received information that I am eligible for TRICARE for Life. Does this mean that I am no longer enrolled in the US Family Health Plan at Martin's Point and am now required to access my TRICARE for Life benefits?

This is an excellent question! TRICARE for Life essentially reinstated the TRICARE health benefits that 1.4 million military beneficiaries previously lost when they became eligible for Medicare. However, as a US Family Health Plan member, you already receive full TRICARE Prime benefits, with complete health care and pharmacy services.

As a member of the US Family Health Plan at Martin's Point, you will continue to access the same quality of care and service that has been offered to you since you joined our program.

If you would like further information regarding the TRICARE for Life benefit, please feel free to call me at 1-888-674-8734: ask for Betty Colomb.

What is TRICARE/US Family Health Plan?

TRICARE is a health care program for members of the uniformed services and their families, and survivors and retired members and their families. TRICARE brings together the health resources of each of the military services and supplements them with networks of civilian health care professionals to provide better access and high quality services to the military community.

Who is eligible to participate in US Family Health Plan?

Eligible family members of all active-duty men and women and eligible retired military, their families and survivors.

I am currently in the Uniformed Services Family Health Plan. How does that program fit into TRICARE?

The US Family Health Plan is responsible for the total health care needs of its members. The US Family Health Plan is a managed care program for non active duty uniformed services beneficiaries, CHAMPUS and MEDICARE eligibles. The care is delivered under contract from the DOD to provide care to Title10 beneficiaries.

How do I obtain emergency care under the US Family Health Plan?

Any eligible beneficiary should access the nearest emergency room of any civilian or military hospital for true emergencies, regardless of which TRICARE option you use.

Do I need to keep a supplemental Insurance Policy if I enroll in the US Family Health Plan?

Whether to have or keep a supplemental policy is a personal decision based on individual circumstances. TRICARE Prime offers very comprehensive health care, and protects you against high health care costs. It's best to gather as much information as you can about your own situation and what you will need in the years to come before making a decision on whether you should or should not keep your supplemental insurance policy.

Can my son or daughter, who is away at college, enroll in TRICARE Prime if there is a TRICARE Prime available in the geographic location where his/her college is located?

Your son or daughter can transfer from the US Family Health Plan to the TRICARE Prime site if the program is an option in his or her geographical area.

What is a Health Enrollment Assessment Review (HEAR) form?

It is a survey that the US Family Health Plan at Martin's Point sends to all newly enrolled US Family Health Plan members. The survey asks questions about your health care history and current health care needs. Once completed, the survey is sent to our Quality Department for tallying and copies of the results are forwarded to both you and your physician. The survey results will assist your physician in ensuring that your health care needs are addressed.

What should I do if I'm a US Family Health Plan member and get sick while traveling outside my region?

You should contact your primary care physician before receiving any non-emergent care. Unlike emergency care, urgent care can be safely postponed until you speak to your Primary Care Physician or the doctor on call (covering

physician) for instructions. Examples of an urgent medical situation include, but are not limited to:

- Sprained ankles
- Minor cuts needing stitches
- Urinary tract infections
- Flu symptoms
- Bronchitis
- Ear infections
- Migraine headaches

In urgent care situations, always call your Primary Care Physician's office prior to receiving care, even if you are out of your service area (e.g. you are vacationing in another state). Your Primary Care Physician's telephone number is listed on the front of your US Family Health Plan Member Identification Card. Your Primary Care Physician or on-call physician will provide you with instructions on how to care for your urgent health issue, even when their office is closed. Do not proceed to the emergency room unless you have been instructed to do so by your Primary Care Physician or on-call physician, or after-hours care staff.

If I am already confident that I need to see a specialist, do I need to contact my Primary Care Physician first before I go? What will happen if I don't?

For those enrolled in the US Family Health Plan, it is always necessary to contact your primary care physician before receiving specialty care or you will be held responsible for the total amount of the bill. Your Primary Care Physician will determine if it is medically necessary for you to see a specialist and will initiate a referral with the US Family Health Plan at Martin's Point. Before proceeding for specialty care services, you should wait to receive a written authorization letter from the US Family Health Plan at Martin's Point.

My primary care physician refuses to refer me for services I believe I need. What should I do?

First, we encourage you to discuss your concerns directly with your Primary Care Physician. Often times, communicating your concerns will allow your physician to answer any questions that you may have regarding your health care needs. If, after discussing your concerns with your provider, you are still not satisfied with the response, you may request a second opinion. The US Family Health Plan has provisions for obtaining second opinions.

Please contact Pat Sawyer, Health Benefits Advisor, for assistance at 1-800-322-0280 x2216. If you find that you and your physician are not compatible, you do have the option to change to another Primary Care Physician. You may contact our Member Services Department at 1-888-674-8734 to initiate this change. Finally, if you are still not satisfied, you may file a grievance with the US Family Health Plan at Martin's Point regarding the non-availability of services.

Is Mental Health and Substance Abuse services covered under the US Family Health Plan?

Mental health and substance abuse services are covered under the US Family Health Plan/TRICARE benefit. These services are managed by Magellan Behavioral Health (MBH), through a contract that the US Family Health Plan at Martin's Point has with this administrator. MBH will coordinate your mental health and substance abuse needs and should be called directly at 1-800-282-2422.

Are there any financial limits on care received, either annually or lifetime?

No, there are no financial limits for care that you receive.

Does the US Family Health Plan cover long-term care?

The US Family Health Plan will cover long-term health care to the extent that CHAMPUS does today, that is, non-custodial, skilled care.

Is there a minimum enrollment period requirement with the US Family Health Plan?

Enrollment with the US Family Health Plan at Martin's Point is for a 12-month period. At the end of the initial 12 consecutive month enrollment period you must choose to continue your enrollment or choose another option that best suits your situation. If you disenroll early for non-payment of fees, or you request early disenrollment without a move, you will not be eligible to re-enroll until 12 months have passed and then only during our open enrollment period (e.g. June 1 enrollment date after 12 consecutive months have passed).

If I enroll in the US Family Health Plan does that mean that the whole family has to enroll?

No, not all family members are required to enroll. Depending on your specific situation and needs, it may be best, for a spouse to be in the US Family Health Plan and a student son or daughter to use standard coverage while away. Contact the Member Services Department at 1-888-674-8734 for assistance.

ID Card Locations Within The State of Maine

<u>USAR</u>	<u>MEARNG</u>
Oliver O Howard	113 RD Eng.Bn(Cbt)
USAR Center, Auburn	Portland
Ms. Greenlaw	SFC Estabrook
782-7088/782-7737	878-9659
M-F by Appt.only	M-F by Appt only
 <u>Air National Guard</u>	 <u>MEARNG</u>
101 MMS/DPM, Bangor	DPA-A, Augusta
TSGT Furrow	Camp Keyes
990-7387	SGT Patten
M-F 0700-1100/1200-1500	626-4455
	M-F 0800-1500

Navy

PSD Brunswick
 PN2 Murphy
 921-1646
 M,T,W,F 0900-1500
 TH 0900-1700

MEARNG
 Armory, Caribou
 SSG Kervin
 498-6518/498-6517
 1st & 3rd TH 0700-1530

Navy Reserve

Navy Reserve Center, Portland
 PM1 Adams
 775-6555/775-6556
 TH 1300-1500

Navy/MEARNG
 AFRC
 CW2 Doody
 945-6484
 M-F 0700-1600

VA Enrollment Priority Categories:

Veterans seeking VA medical care will be enrolled under the following priorities to receive treatment:

- Priority Category 1. Veterans with service-connected disabilities rated 50% or more disabling
- Priority Category 2. Veterans with service-connected disabilities rated 30% or 40% disabling
- Priority Category 3.
 - Veterans who are former POWs
 - Veterans awarded the Purple Heart. [Note: The Veterans Millennium Health Care and Benefits Act placed veterans awarded a Purple Heart in enrollment priority group 3 for VA medical care. The law also exempted them from co-payments associated with VA care. The VA has ordered that such veterans be reimbursed for any co-payments that they paid on or after November 30, 1999. Eligible veterans may submit documentation, such as DD-214s, service records, orders of award, or the certificate, for inclusion in their VA health records.]
 - Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty
 - Veterans with service-connected disabilities rated 10% or 20% disabling
 - Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, "Benefits for individuals disabled by treatment or vocational rehabilitation"
- Priority Category 4. Veterans who are receiving aid and attendance or housebound benefits or who have been determined by VA to be catastrophically disabled

- Priority Category 5. Veterans who are:
 - Non-service-connected veterans and non-compensable service-connected veterans rated 0% disabled whose annual income and net worth are below the established VA Means Test thresholds. This includes veterans receiving VA pension benefits and veterans eligible for Medicaid benefits
- Priority Category 6. Eligible veterans who are not required to make co-payments for their care including:
 - World War I & Mexican Border War veterans
 - Veterans solely seeking care for disorders associated with:
 - Exposure to herbicides while serving in Vietnam; or exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki; or
 - For disorders associated with service in the Gulf War; or
 - For any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998
 - Compensable 0% service-connected veterans
- Priority Category 7. Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index effective retroactively to October 1 2002.
 - Sub-priority a: Non-compensable 0% service-connected veterans
 - Sub-priority c: Nonservice-connected veterans
- Priority Category 8. Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test threshold and above the HUD geographic index.
 - Sub-priority a: Non-compensable 0% service-connected veterans
 - Sub-priority c: Non-service-connected veterans

[Note: The VA Health Care Programs Enhancement Act, signed into law in JAN 2002, required VA to create a new

category of veterans that takes into consideration the high costs of living in many parts of the U.S. Veterans in the new Priority Category 7 must have incomes that exceed VA's national income threshold (\$24,644 in 2003 for a single veteran, \$29,576 for a veteran with a single dependent) but are below a geographically based income threshold set by HUD for public housing benefits. Information about the HUD threshold is available at <http://www.hud.gov/renting/phprog.cfm>.

All other veterans who previously were in Priority Group 7 where reassigned to the new Priority Group 8.

Medical Care IS NOT authorized for your dependents. If you are rated 50 percent or higher for service connection or currently receiving payments for vocational rehabilitation, the VA will provide all of your medical care in the states. Vocational rehabilitation recipients receive dental care.

Co-payments apply for non-service connected treatment for categories 2 through 8. Call your nearest VA healthcare facility for specific enrollment requirements. They can be located in the in the blue pages of the telephone book under government offices. [Source: VA News Release 26 DEC 02 & VA Enrollment Priority Groups Health Care Fact Sheet]

VA Means Test Thresholds 2003:

Current law requires VA to increase the Means Test Threshold amounts by the same COLA percentage made to other VA compensation and pension payments. The new rates were announced in VHA Directive 2002-081, with an effective date of 1 January 2003. The Means Test Thresholds are used to determine a veteran's eligibility for free VA health care for non-service connected medical conditions and have two definitions:

- Below the Means Test Threshold is defined as those veterans whose attributable income and net worth are such that they are unable to defray the expenses of care and therefore are not subject to co-payment charges for hospital and outpatient medical services.
- Above the Means Test Threshold is defined as those veterans whose attributable income and net worth are such that they are able to defray the expenses of care and must agree to pay a co-payment for hospital care and outpatient medical services.

The following are the 2002 Means Test Threshold. The amount of the threshold is increased beginning with the second dependent is \$1,653.

Veterans with no dependents:

- Below Means Test Threshold: \$24,644 - Above Means Test Threshold: \$24,645.

Veterans with one dependent:

- Below Means Test Threshold: \$29,576 - Above Means Test Threshold: \$29,577.

Contact a VA representative at the toll free number 1-800-872-1000 for more information about the VA Means Test and how it may apply to you. [Source: NAUS Weekly Update 20 DEC 02]

VA Copay Increase Proposal:

The fine print in the President's budget contains some surprises for veterans seeking health care from the Department of Veterans Affairs. For example, veterans whose disabilities are not service connected and who don't pass the "means test" would face a \$250 a year enrollment fee. They also would see co-payments for outpatient visits jump 33 percent, from \$15 to \$20, and find prescription drug co-payments more than doubled, from \$7 to \$15. (The "means test" kicks in for earnings of \$24,600 per year or more if single, \$29,576 with one dependent, plus \$1,653 for each additional dependent.) Also, long-term nursing home care would be restricted to veterans with a disability rating of 70 percent or greater. [Source: Armed Forces News Feb. 14, 2003]

Certain Veterans May Be Eligible for Co-payment Refunds:

WASHINGTON (April 25, 2003) - Veterans insured by the Hartford Life Insurance Company or the USAA Life Insurance Company may be eligible for a refund of their VA co-payments.

In a recent settlement with the Department of Veterans Affairs and a coalition of insurance industry groups, Hartford and USAA paid VA approximately \$11.1 million. The settlement involves payments for care provided by VA to insured veterans with Medicare or Tricare supplemental coverage from Jan. 1, 1995 through Dec. 31, 2001.

"This settlement clarifies the claims reimbursement process," said Secretary of Veterans Affairs Anthony J. Principi. "It not only resolves the litigation but also reimburses those veterans whose co-payments to VA should have been covered by their insurance."

Veterans insured by Hartford or USAA who paid VA co-payments for VA medical care they received from Jan. 1, 1995 through Dec. 31, 2001 may ask VA for a refund of their co-payments on a first-come, first-served basis. All requests for refunds must be postmarked by April 1, 2004.

VA will notify by mail those veterans who may be eligible for refunds according to records on file. Other veterans who believe they may be eligible for a refund may obtain a claims application form by calling a special toll-free number (1-866-258-2772) between 8 a.m. and 8 p.m., EST, Monday through

Friday. They also may download the application from the VA website at www.va.gov/hottopic/ <http://www.va.gov/hottopic/>

CRSC Update 2:

The DoD and the VA will begin a test of the Pentagon's new Combat-Related Special Compensation [CRSC] rating process from April 10-15. The Veterans organizations will be excluded from this process on the legal advice of DoD counsel. The plan as it exists at the present time, is to have the individual services process the applications, and make the awards. The Bush administration stated at a special hearing on concurrent receipt held by the Senate Armed Services Personnel Subcommittee in late March that the program should be up and running by 1 June 03. They plan to have procedures ready and application forms mailed to all retirees by 1 May. The DoD website <http://www.defenselink.mil/> will provide information when and where eligible retirees may submit claims for compensation. Approved applicants will receive initial payments under the program 1 July retroactive to 1 June 03.

CRSC pay will go to those who served 20 or more years' active service and have "combat related" disabilities. Qualifying disabilities are those for which they received the Purple Heart or those rated 60 percent or higher by VA and linked to combat, combat training, hazardous duty or exposure to "instrumentalities of war", which could include Agent Orange. CRSC is designed to replace any retired pay lost to the dollar-for-dollar offset required when retirees begin drawing VA disability compensation. Retirees who believe they are eligible will have to apply for CRSC. With about 100,000 expected to apply for this program, an estimated 35,000 are expected to qualify. Payments will range from a few hundred dollars to more than \$2000 a month. [Source USDR ME msg. 26 MAR 03, MOAA Leg Up 28 MAR 03 & Veteran Issues 29 MAR 03]

Agent Orange Compensation Update:

Three US Supreme Court justices suggested Dow Chemical Co.'s and Monsanto Co.'s 1984 settlement of claims that the defoliant Agent Orange caused cancer does not bar Vietnam War veterans who later developed the disease from suing. During the oral argument of the case Justices O'Connor, Ginsburg and Souter hammered the defense counsel who argued for Dow Chemical Company and Monsanto Company on the justice of a class action settlement that bars late blooming claims of veterans injured by exposure to Agent Orange. The high court's ruling may determine whether individual lawsuits can be brought years after mass settlements in cases involving defective products or disease-causing chemicals.

The Agent Orange settlement was intended to settle all claims for the 2.5 million veterans who served in Vietnam from 1961

to 1972. The trial judge who approved the settlement accepted the 1995 cutoff of direct payments because he stated that "as time passes it becomes less and less clear whether you could prove" Agent Orange caused a particular illness.

When the original lawsuits were filed in the late 1970's, the manufacturers contended there was no proof the chemical caused health problems. They also argued they could not be sued because defense contractors cannot be held liable for harm inflicted by the military. But Dow, Monsanto, and other Agent Orange makers settled the claims to end the litigation. [Source: EANGUS Newsletter 3 MAR 03 & Boston Globe article by Janes Rowley 27 FEB 03]

Agent Orange Lawsuit [New]:

The VVA Missouri State Council President is in the process of collecting names, addresses, phone numbers, e-mail addresses for an upcoming lawsuit related to Agent Orange against Monsanto Chemical Co. in Missouri. His message concerning the lawsuit identifies the lead attorney as Gerson Smoger. He is asking for widows or widowers with spouse's who have died due to Agent Orange or chemical contact to call or send their information to:

1. President, VVA Missouri State Council, Alan Gibson, 5599 Pinehurst Lane, Columbia MO 65202 Tel: (573) 474-2486 Fax: (573) 814-0348 Cell: 573-489-2486 E-mail: Vvamo1@aol.com or agibson@vva.org.
2. Attorney Gerson Smoger in California Tel: (501) 531-4525 E-mail: GersonSmoger@compuserve.com or gerson@texasinjurylaw.com
[Source: NAUS Update for 21 March 2003]

VA Medicare Subvention:

VA Secretary Anthony Principi has announced effective 17 JAN 03 that because demand by nondisabled veterans has far outstripped the VA's funding capacity, the VA will bar enrollment of any new "category 8" veterans, at least for the rest of this year. These are nondisabled veterans who have incomes above the threshold that qualify them as indigent, depending on where they live. The suspension of category 8 enrollments will affect about 164,000 veterans expected seeking enrollment this year. Since 1996, VA enrollment has increased from 2.9 million to 6.8 million today. All veterans currently enrolled - including those in category 8 - are "grandfathered" in the VA health care system. Category 8, which was established under the VA Health Care Enhancement Act of 2002, includes veterans, without service connected-disabilities with incomes above a means tested threshold based on the HUD geographic index, normally \$30,000 to \$35,000. The new Category 8 is similar to the old Category 7 that was created when VA enrollment was opened to all in 1996. Enrollment will remain open this year to all new category 1 to 7 veteran applicants.

He tempered that declaration by announcing that he has worked out a deal with Medicare officials and the White House to credential VA facilities as Medicare HMOs and use that route to bring some Medicare-eligible category 8 veterans back into VA care. Under this concept, known as Medicare subvention, Medicare would pay the VA for enrolling these older veterans.

Medicare HMO plans provide care under Medicare contracts. The VA would offer a prescription drug benefit as part of the plan. VA officials say no law change will be required to implement the new system, but it will take some time to work out the details, including how the VA will meet Medicare access standards. The HMO plan will be phased in over time, as facilities are able to meet those standards. Category 8 veterans who want to enroll will have to have both Medicare Part A (inpatient) and Part B (outpatient) coverage.

[Source: MOAA Leg Up 17 JAN 03]

VA Nursing Home Eligibility:

The Veterans Health Administration (VHA) of the Department of Veterans Affairs (VA) has reissued the eligibility requirements for nursing home care, and clarified Nursing Home Care eligibility and the definition of 70 percent service-connected (SC) disability rating.

Public Law 106-117 (The Veterans' Millennium Health Care and Benefits Act) amended the VA statutory authority for providing nursing home care to eligible veterans. This included tasking the VA Secretary to ensure that the staffing and level of extended care services provided nationally in VA facilities during any fiscal year is not less than the staffing and level of such services provided nationally in VA facilities during Fiscal Year 1998.

The VHA implemented the provisions of Public Law 106-117 as set out below:

- (1) VHA will provide nursing home care either directly or through contracts when clinically indicated to:
 - veterans who needs nursing home care for a Service Connected disability
 - veterans who have a combined SC disability rating of 70 percent or more, is rated 60 percent SC and unemployable, or is rated 60 percent SC and Permanent and Total Disabled (P&T).
- (2) VHA may provide nursing home care based on available resources, either direct or through contracts, when clinically indicated to all other eligible veterans who need nursing home care.
- (3) Patients will be placed in Home and Community-Based Care (HCBC) when clinically appropriate and patients receiving VA Nursing Home or Community Nursing Home (CNH) care

will be transferred to appropriate assisted living or home and community-based care settings when nursing home care, at any level, is no longer clinically indicated.

(4) VA facilities will determine the need for nursing home care based on a comprehensive interdisciplinary clinical assessment.

(5) After admission to a VA Nursing Home Care Unit (VA NHCU), veterans described in paragraph (1) may not be transferred or discharged from a VA Nursing Home unless:

- The patient no longer needs any nursing home care; or
- The patient, or the patient's designee, has given informed consent to the discharge or transfer.

(6) VA NHCUs will admit, as a matter of firm priority, patients who meet the following clinical and/or programmatic criteria:

- post-acute patients
- patients who cannot be adequately cared for in CNH or HCBC, and
- those patients who can be cared for more efficiently in VA NHCUs.

(7) All VA facilities will maintain an active CNH Program.

NOTE: Nothing in this VHA Directive may be construed as authorizing or requiring that a veteran who was receiving nursing home care in a VA Nursing Home on November 30, 1999, be displaced, transferred, or discharged from the VA Nursing Home Care Unit. [Source: MOAA's Benefits Information Update for January 2003]

Military Health Care History

The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) evolved over many years to ease the burden on the military health care system. In 1956, the Dependents Medical Care Act was signed into law following the Korean War. Amendments to this act in 1966 gave rise to what is formally known as CHAMPUS. Under the original program, dependents of Active Duty military personnel, and military Retirees and their families could use civilian medical services. Beneficiaries had to meet an annual deductible and a percentage of actual medical services, and the government covered the remaining cost.

In 1988, the government established the CHAMPUS Reform Initiative (CRI) in an attempt to curb rapidly rising health care costs. CRI allowed CHAMPUS beneficiaries to choose their health care coverage: they could use either the Military Treatment Facilities (MTFs) or civilian medical providers and

hospitals that were part of networks established by a civilian managed care organization.

With the 1994 Defense Authorization Act, Congress approved the "managed care" approach to military health care. TRICARE, a triple-option health care program, replaced CHAMPUS.

What is TRICARE?

TRICARE is the Department of Defense health care program for Active Duty personnel and their families, military Retirees and their families. TRICARE evolved from CHAMPUS and makes quality health care more accessible and easier to use at a reasonable cost. The Military Treatment Facilities (MTFs) are the cornerstone of the program. Civilian networks of hospitals, pharmacies and providers complement or supplement them where and when needed.

Who Offers TRICARE?

Along with having it available at Martins Point, the Department of Defense selected Sierra Military Health Services, Inc. (SMHS) to partner with MTFs in administering TRICARE throughout the northeastern United States, beginning June 1, 1998. SMHS is a subsidiary of Sierra Health Services, a recognized health care leader and innovator for more than 25 years.

Tricare Standard Survey Results:

Veterans organizations and military retiree groups are telling Congress that Tricare's fee-for-service plan, Tricare Standard, is a sick stepchild of Tricare. Problems brought before the House Armed Services total force subcommittee include communication weaknesses, insufficient reimbursement rates and bureaucratic roadblocks.

Meanwhile 44 percent of respondents to an online survey conducted by the Military Officers Association of America [MOAA] said they were unable to find a primary care provider and 51 percent could not find a specialist that would take Tricare Standard patients. Improvements suggested:

- (1) increase payments to providers;
- (2) require contractors to assist users in finding providers;
- (3) maintain a current list of providers who accept Tricare Standard; and
- (4) educate providers about Tricare Standard.

[Source: *Armed Forces News April 25, 2003*]

Little Known TRICARE Facts:

If you have a civilian health plan, often referred to as other health insurance, it is "primary" (meaning that it pays before TRICARE Standard (CHAMPUS) pays).

If you go to a provider who participates in TRICARE Standard (CHAMPUS), the TRICARE/CHAMPUS claims processor will pay the lesser of the amount of the provider's billed charges, minus the other health insurance's payment amount.

TRICARE/CHAMPUS will pay the same amount it would have paid, even if you did not have other health insurance. Here are some examples:

- The participating doctor bills you \$100, which is the same as the TRICARE Standard (CHAMPUS) 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 (CHAMPUS) share of the doctor's bill would be \$75, if you didn't have other health insurance. However, since you do have other health insurance, TRICARE Standard (CHAMPUS) will pay whichever amount (\$75 or \$20) is less. In this example, TRICARE Standard (CHAMPUS) pays the \$20 that your other health insurance did not cover.

If you go to a non-participating provider (one who does not accept the TRICARE Standard (CHAMPUS) allowable charge as the full fee for the care provided, and may charge more for your medical care), the TRICARE/CHAMPUS claims processor will pay the lesser of the amount, which is up to 15 percent more than the TRICARE Standard (CHAMPUS) allowable charge, minus the amount your other health insurance paid. Here is an example:

- Although the allowable charge for the care is \$100, the non-participating doctor bills you \$150. Your other health insurance pays \$125 of that amount, leaving a balance of \$25 unpaid. The TRICARE Standard (CHAMPUS) share of the doctor's bill would be \$75 (that is, 75 percent of the \$100 allowable charge) if you did not have other health insurance. However, since you do have other health insurance, and it paid \$125, TRICARE Standard (CHAMPUS) will pay nothing.

The beneficiary is responsible for any unpaid amounts the provider has not been paid for TRICARE/CHAMPUS-covered services, but only up to the legal limit of 15 percent above the TRICARE/CHAMPUS maximum allowable charges.

For more information, view "How does TRICARE Standard (CHAMPUS) pay, when you also have other health Insurance."

<http://www.tricare.osd.mil/newsreleases/newsreleases961.htm>

Source: *What's New on the TRICARE Website "Update" Newsletter, 7 March 2003*

Survivor Benefits Plan Reform Update 1:

House and Senate Budget Committees have rejected as too costly a major initiative in 2003 to improve the military Survivor Benefits Plan. Military retiree associations had sought to persuade these committees to set aside enough budget authority in 2004 budget resolutions to allow Congress to end a sharp drop in SBP annuities that occurs when survivors turn 62. Bills to implement the SBP fix -- H.R. 548 from Rep. Jeff Miller (R-Fla.) and S. 451 from Olympia Snowe (R- Maine) - are still in play but prospects for passage this year are now dim. The key to passing the proposal was to have budget committees earmark the necessary budget authority for the armed services committee to execute SBP reform.

That didn't happen. On March 26, the Senate, like the House a week earlier, passed a budget blueprint with no mention of an SBP fix. Both chambers decided the cost, estimated by the Congressional Budget Office at \$7.5 billion over 10 years, was too high.

Under SBP, retirees buy annuity protection for their survivors by forfeiting a portion of their retired pay each month in the form of premiums. Upon a retiree's death, the widow receives 55% of covered retired pay. At age 62, however, payments drop. The size of the drop is variable if an SBP recipient signed up under an earlier plan. But the sharpest and most common drop is from 55 percent down to 35% of the covered amount. The Military Survivor Benefits Improvement Act of 2003, sponsored by Miller and Snowe, would have phased out the drop in benefits, which many retirees and survivors complain they knew nothing about when they elected SBP. Under the bill effective Oct. 1, 2004, the reduction at age 62 would have fallen 40% vice 35%. A year later it would be 45% and so on, until by October 2008, SBP for all would be 55% of covered retired pay. The dip at age 62 would have been gone. The bill also would have phased out the SBP supplemental annuity. Retirees buy such coverage now at a fairly high cost to avoid the step down at 62. Finally, the bill would have allowed a year-long open season to allow retirees who turned down coverage earlier, perhaps because of the step down in benefits, to enroll in the improved plan.

Service associations argue that these improvements are overdue and justified by declines over the years in the government's SBP subsidy. When the program began more than 30 years ago, premiums were set so retirees paid 60 percent of the cost and the government 40 percent. Because retirees are living longer, SBP payouts have been lower than expected and premiums continue years longer than actuaries estimated. That government's subsidy of 40% a year is down to 17%. The shrunken-subsidy argument could still sway the House and Senate Armed Services Committees to act on the bills. What makes that unlikely is a requirement to stay under budget ceilings.

The cost of improving SBP now would have to be paid for by offsets in spending elsewhere. The defense budget already is strapped by wars in Iraq and against worldwide terrorism. [Source: *Veteran Issues* 29 MAR 03]

Survivors Benefit Plan Delayed Claims:

SBP beneficiary's heads up. The Court of Federal Claims has accepted the government's motion to dismiss a claim by the widow of a retired Naval reservist for Survivors Benefit Plan payments. Sarah S. Jackson filed a claim almost 15 years after the death of her husband, Chief Hull Maintenance Technician Clifford T. Jackson. Jackson died approximately four and one-half years before his 60th birthday, when he would have been eligible for retired pay. The court ruled not to hear the case essentially because:

- (1) Sarah Jackson should have known that her husband had executed an SBP agreement because she signed the document as his spouse;
- (2) the Navy had no legal responsibility to notify her after her husband's death that she rated SBP payments; and
- (3) she had lost the legal ability to file a federal claim when the six-year limitation for filing claims expired.

[Source: *Armed Forces News* Issue 24 JAN 2003]

ACMSS [Forgotten Widows]:

To date, more than 900 individuals have applied to the Air Force for the Annuity for Certain Military Surviving Spouses (ACMSS) with more than 600 of them being approved. The Army has approved over 900 applicants. Approved applicants receive a monthly annuity of \$188.36. Since there is a six-year statute of limitations on payments, the 1 DEC 2003 date becomes most significant since it's the six year anniversary of the program's effective date. Currently, if approved, an annuity will be paid retroactive to December 1997 for active duty spouses and as late as October 1999 for some Reserve spouses. There is no statute on applications, meaning that while no one will be barred from applying in the future, they will be barred from receiving more than six years worth of retroactive payments. Currently, widows who receive an annuity retroactive to Dec. 1, 1997 are receiving in excess of \$11,000 plus the \$188.36 monthly pension.

Eligibility criteria remain the same. For spouses of active duty retirees, the member must have retired before Sept. 21, 1972, and died prior to March 21, 1974. For spouses of Reserve retirees - member must have retired; been entitled to pay except for not attaining age 60; and died prior to Oct. 1, 1978. In addition, applicants must not have remarried or be receiving any other military survivor annuity. The burden of proof of eligibility through documentation rests with the applicant. If you believe you, or someone you know, is

eligible, contact the Retiree Services Branch of the service concerned for further information and to obtain a DD Form 2769 application. To reach the Air Force Personnel Center call (800) 531-7502. [Source: AF Retiree News 10 APR 03]

Which States Gives Retirees The Best Deal?

If you're thinking about retiring to a state with no income tax, look further. Other taxes could mean you'll pay more, not less. Here's how they all stack up.

Source: Kiplinger's magazine retiree's tax map – <http://moneycentral.msn.com/articles/retire/basics/9838.asp>

States With Best Deal – (Highest Ranked):

No. 1 Rank – Delaware doesn't spend a dime on sales taxes (there are none). Social Security benefits are spared the state levy, and up to \$12,500 per person of other retirement income is tax-free only tax obligation is a property-tax bill on the home, making the First State first on our list of tax-friendly locations for retirees.

No. 2 Rank - Alaska has no state income tax or sales tax and the capital city of Juneau waives its 5% local sales tax for residents 65 and older, housing prices have skyrocketed recently, and so have property taxes. The median sale price of a 2,000-square-foot home in Juneau last year was \$240,000. Most residents would owe more than \$2,700 in property taxes, but it's unlikely that many retirees are going to pack up and move to the land of the midnight sun. Climate, cost of living, leisure activities, medical facilities, and proximity to family and friends are all factors to consider when planning a retirement move.

No. 3 Rank - Frankfort, Ky. Excludes food from its 6% state sales tax and levies a low property tax.

No. 4 Rank - Columbia, S.C., has a lower statewide sales tax than No. 3 rank Ky. with 5%, it does tax food, together with a property-tax bill.

No. 5 Rank - Albany, N.Y. Empire State retirees can exclude from state taxes up to \$20,000 per person of retirement income, including private pensions, annuities, IRA distributions and Keogh-plan withdrawals. Pensions from New York State and local governments, the military and the federal government are exempt. With a combined state and local sales tax of 8%.

No. 6 Rank - on the top 10 tax-friendly list is Lansing, Mich., with a state-income-tax exemption of up to \$72,180 of private pension income per couple.

No. 7 Rank - Jackson, Miss., which exempts all public and private pension income.

No 8 Rank - Cheyenne, Wyo., and No. 9 Rank - Carson City, Nev. (neither has a state income tax).

Denver rounds out the list at No. 10.

Least Tax-Friendly – (Lowest Ranked):

While Pennsylvania's high property taxes put it firmly in last place, with state and local tax burden, neighboring Trenton, N.J., is not far behind. High property taxes in the Garden State, placing it in the No. 50 slot. That's despite New Jersey's generous tax treatment of pension income. Taxpayers 62 and older can exclude up to \$15,000 of pension income per couple and can apply the unclaimed portion of the exclusion to other types of income. And they can deduct their property taxes on their state tax return.

Madison, Wis., ranks 49, after taxing private pension and levying property-tax bill. Together with the combined 5.5% state and local sales tax, "America's Dairyland" milks retirees in total state and local taxes.

No. 48 on the retiree tax map is Vermont. It offers retirees no break on their retirement income or Social Security benefits and levies, (for example), more than \$4,000 in property taxes on a \$124,000 home. Including a 5% statewide sales tax.

Annapolis demonstrates that there's no free lunch in the "Free State" of Maryland as its 5% state sales tax is applied to most purchases, including some groceries. It ranks 47 on the list, mainly because of a hefty property-tax bill of \$3,483, based on a 100% assessment of the market value of a \$275,500 house (the third most expensive median-priced home in the survey, after Honolulu and Santa Fe). While Maryland offers a generous pension exemption of up to \$17,300, the city of Annapolis imposes its own income tax, bringing the total income-tax bill to \$1,238. If a retiree would be eligible for a one-time-only tax credit of up to \$500 per person for purchasing long-term-care insurance, their income-tax bill would have dropped to \$466, which would have boosted Maryland four spots to No. 43 on the list.

Concord, N.H., joins the list of the 10 most tax-foul cities for retirees. Although New Hampshire has no sales tax and imposes income taxes only on interest and dividends, a whopping \$5,279 property-tax bill on a \$193,090 house drops Concord into the No. 46 position.

Little Rock, Ark., with a state-income-tax bill of \$2,241 -- the second-highest in the survey -- ranks 45.

Augusta, Maine, with a steep property-tax bill of more than \$3,600 on a \$153,500 house, ranks 44.

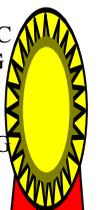
Rounding out our list of least tax-friendly cities for retirees are Providence, R.I., and Bismarck, N.D.

So set your mind at ease. State income taxes won't be your financial downfall, although depending on where you live, property taxes might. If you are planning to relocate when you retire, check out the total tax picture of your new home before you move, and consult a local tax expert to see if you can reduce your tax liability in your new state.

****TRANSITIONS****

RETIREMENTS

Bigelow, Stephen P., SSG
 Boudreau, Daniel R., SSG
 Brown, Richard A., SGT
 Burgess, Stephen C., SGT
 Delong, Mark A., MSG
 Campbell, Bruce I., SSG
 Conary, Steven T., SGT
 Cross, Cecil L., SGT
 Dahlin, Margaret, SGT
 Decourcy, Peter, T., CW2
 Devine, Wayne, CW4
 Ellis, Todd W., SGT
 Fuller, Vivian M., SSG
 Gauthier, Donald H., SGT
 Honto, Alex M., SSG
 Keller, William J., SGM
 Lemay, Paul J., SSG
 Levesque, David R., SSG
 Lewis, Ronald R., SFC
 Lolar, Terence J., SFC
 Marschall, Henry J., SSG
 Merritt, George W., SFC
 Mixer, Donald G., MSG
 Ouellette, Lester G., SSG
 Pelletier, William J. Jr. SGT
 Petit, Daniel G., SFC
 Raymond, Edmund J., SFC
 Robinson, Frank A., CW4
 Sekera, Robert G., ISG
 Skillin, George E. Jr., SFC
 Smith, Craig L., SSG
 Thibodeau, Richard L., SFC
 Thompson, Martin W., SSG
 Thompson, William SGT
 Whitten, Russell B., SGT
 Williams, Alpha N. Sr., SSG
 Williams, Miles R., SPC
 York, Robert E., SPC



(**Any names that are not on this list, was not done intentionally, please advise.)



****TAPS****

*LTC (Ret) Theodore P. Khoury Sr. (TED)
 Maj.(RET) Thomas E. Crimmins*

It is suggested that the Headquarters at Camp Keyes, Augusta, Maine be made aware of a deceased retiree. Upon receiving notification, word will be disseminated to Staff and Units of the Maine Army National Guard. This will enable any active guard member who may have served with the retiree to pay their condolences. Persons to call are the Chief of Staff at 626-4280, or to myself at 626-4380 or e-mail me at dean.soule@me.ngb.army.mil



A Simple Soldier

He was getting old and paunchy
 And his hair was falling fast,
 And he sat around the Legion,
 Telling stories of the past.



Of a war that he once fought in
 And the deeds that he had done,
 In his exploits with his buddies;
 They were heroes, every one.



And 'tho sometimes to his neighbors
 His tales became a joke,
 All his buddies listened quietly
 For they knew where of he spoke.



But we'll hear his tales no longer,
 For ol' Bob has passed away,
 And the world's a little poorer
 For a Soldier died today.



He won't be mourned by many,
 Just his children and his wife,
 For he lived an ordinary,
 Very quiet sort of life.



He held a job and raised a family,
 Going quietly on his way;
 And the world won't note his passing,
 Tho a Soldier died today.



When politicians leave this earth,
 Their bodies lie in state,
 While thousands note their passing,
 And proclaim that they were great.



Papers tell of their life stories
 From the time that they were young
 But the passing of a Soldier
 Goes unnoticed, and unsung.



Is the greatest contribution
 To the welfare of our land,
 Some jerk who breaks his promise
 And cons his fellow man?



Or the ordinary fellow
 Who in times of war and strife,
 Goes off to serve his country
 And offers up his life?



The politician's stipend
 And the style in which he lives,
 Are often disproportionate,
 To the service that he gives.



While the ordinary Soldier,
 Who offered up his all,
 Is paid off with a medal
 And perhaps a pension, small.



It's so easy to forget them,
 For it is so many times
 That our Bobs and Jims and Johnnys,
 Went to battle, but we know,



It is not the politicians
 With their compromise and ploys,
 Who won for us the freedom
 That our country now enjoys.



Should you find yourself in danger,
 With your enemies at hand,
 Would you really want some cop-out,
 With his ever waffling stand?



Or would you want a Soldier--
 His home, his country, his kin,
 Just a common Soldier,
 Who would fight until the end.



He was just a common Soldier,
 And his ranks are growing thin,
 But his presence should remind us
 We may need his like again.



For when countries are in conflict,
 We find the Soldier's part
 Is to clean up all the troubles
 That the politicians start.



If we cannot do him honor
 While he's here to hear the praise,
 Then at least let's give him homage
 At the ending of his days.



Perhaps just a simple headline
 In the paper that might say:

**"OUR COUNTRY IS IN MOURNING,
 A SOLDIER DIED TODAY."**



The Final Inspection

The soldier stood and faced God
 Which must always come to pass
 He hoped his shoes were shining
 Just as brightly as his brass.

"Step forward now, you soldier,
 How shall I deal with you?
 Have you always turned the other cheek?
 To My Church have you been true?"

The soldier squared his shoulders and said,
 "No, Lord, I guess I ain't
 Because those of us who carry guns
 Can't always be a saint.

I've had to work most Sundays
 And at times my talk was tough,
 And sometimes I've been violent,
 Because the world is awfully rough.

But, I never took a penny
 That wasn't mine to keep...
 Though I worked a lot of overtime
 When the bills got just too steep,

And I never passed a cry for help,
 Though at times I shook with fear,
 And sometimes, God forgive me,
 I've wept unmanly tears.

I know I don't deserve a place
Among the people here,
They never wanted me around
Except to calm their fears.

If you've a place for me here, Lord,
It needn't be so grand,
I never expected or had too much,
But if you don't, I'll understand."

There was a silence all around the throne
Where the saints had often trod
As the soldier waited quietly,
For the judgment of his God,

"Step forward now, you soldier,
You've borne your burdens well,
Walk peacefully on Heaven's streets,
You've done your time in Hell."

To all that serve
and to all that have served....



Between the field where the flag is planted there are 9+ miles of flower fields that go all the way to the ocean. The flowers are grown by seed companies. It's a beautiful place close to Vandenberg AFB. Checkout the dimensions of the flag.

The 2002 Floral Flag is 740 feet long and 390 feet wide and maintains the proper Flag dimensions as described in Executive Order #10834. This Flag is 6.65 acres and is the first Floral Flag to be planted with 50 pointed Stars comprised of White Larkspur. Each Star is 24 feet in diameter; Each Stripe is 30 feet wide. This Flag is estimated to contain more than 400,000 Larkspur plants with 4-5 flower stems each for a total of more than 2 million flowers. You can drive by this flag on V Street south of Ocean Ave. in Lompoc, CA

Aerial photo courtesy of Bill Morson

A Way To Honor Fallen Guardsman:

For those that wish to honor deceased guardsman may do so by donating funds to a program that would benefit current day guardsman. So many times it is months after a death that we learn of it. The Council has approved backing the [Maine National Guard Foundation Fund] as one way we may honor deceased Guardsman.

The fund is a non-profit 503c program funded by donations and the Combined Federal Campaign. The funds are used to help ACTIVELY DRILLING guard members both Army and Air get through difficult times i.e. fires, deaths, mobilization hardships, sudden loss of income etc. The money can be given in the form of a grant (UP TO \$250) or no interest loans. Since it is an emergency fund, it is not used to help pay bills, buy a car etc.

When making donations please include the name of the deceased guardsman that you wish to honor, along with the address of the deceased next of kin (if known). The family of the deceased guardsman will be notified of any donations received.

Please make checks payable to: MeNG Foundation Fund.
Dept. of Def., Veterans and Emerg Mgmt
ATTN: SFC Barbara Claudel
Family Support Coordinator
33 State House Station
Augusta, Maine 04333-0033

POC for the fund is SFC Barbara Claudel 1 800 581-9989, or e-mail barbara.claudel@me.ngb.army.mil

Please help this fund grow by your generous donations at appropriate times.

Al White Chairman MeARNG Retiree Council

****MISCELLANEOUS****

Help In Promoting A Strong Maine Guard:

As a retiree, you are in a special position to assist our Maine Army National Guard in both its recruiting and retention challenges. You know first hand the benefits of retired military service and it would be useful to an effort surfaced by COL Dave Lary, Director of Personnel & Administration, to convey your input to new recruits every two weeks from the time they enlist until they complete AIT.

Please take a moment to write a short word of encouragement to our new recruits. Tell them of the value of service, benefits and what your career has meant to you and your family.

Forward your ideas to:

Dept. of Def., Vet. & Emerg. Mgmt
ATTN: COL David Lary
33 State House Station
Augusta, Maine 04333-0033

COL Lary can also be reached by calling (207)626-4571 or e-mail David.Lary@me.ngb.army.mil

Thanks for your help in promoting a strong Maine Guard.

Warmest regards,
COL Dick Duffy, USA (RET)
Still Serving America

Maine National Guard Youth Camp Fund

*c/o Linda Newbegin
P.O. Box 121, Standish, ME 04084
(207) 642-6977 newbeginme@pivot.net*

Dear Fellow Mainer:

We all watch the news and think how quickly things change and perhaps how we have lost our feeling of security, even in our own homes. Now consider what this means to children, especially those whose parents protect our country through military service. These young citizens have deep concerns about their parents' role in the military and their safety -- not just overseas but anytime they put on their uniform.

Four years ago, the Maine National Guard Family Readiness Program, a nonprofit, volunteer organization, developed a youth camp for Guard children. The camp will run again this year, in two one-week sessions during August. The goal is to provide children of the Maine Air and Army Guard with an enjoyable and exciting outdoor experience.

During their week at camp, children meet others in the same age group and share experiences. They build strong friendships that will support them during times such as these. The camp focuses on leadership, patriotism, self-esteem, confidence, map reading, as well as crafts, kayaking, rappelling, etc. Our youth need this in a time of uncertainty such as this.

In order to make the camp affordable to all, we charge a minimal \$40.00 fee. We provide free attendance to any family who cannot afford the fee. The first priority is to send those children whose parent is currently deployed. Funds for food, T-shirts, and supplies are raised through donations from Maine companies, organizations, and people like you.

Any donation that you could make would be greatly appreciated. The following information is provided to help you understand our needs:

- \$25 covers one child's activity expenses for the week
- \$50 covers one child's equipment (water bottle, shirt, knapsack, first-aid kit, etc.)
- \$75 feeds one child for the week.

Thank you for considering this request. Checks can be made payable to the Maine National Guard Youth Camp Fund and sent to the address above.

God Bless America!

Linda A. Newbegin
Fundraising Chair

****UPCOMING EVENTS****

MeARNG Retiree Council Meeting Dates for 2003:

The Council meets on Tuesdays at 0900 in the TAG conference room, Camp Keyes, Augusta. Any retiree or non-retiree is welcome to attend. Satellite teleconferencing is now available to the areas in Bangor, Aroostook County and soon to be Portland. This will eliminate travel and time for those interested in attending the council meetings.

<u>DATE</u>	<u>DAY</u>
<i>February 18, 2003</i>	<i>Tuesday</i>
<i>April 15, 2003</i>	<i>Tuesday</i>
<i>June 17, 2003</i>	<i>Tuesday</i>
<i>August 19, 2003</i>	<i>Tuesday</i>
<i>October 21, 2003</i>	<i>Tuesday</i>
<i>December 16, 2003</i>	<i>Tuesday</i>

*All meetings at 0900 hours – TAG conference room
Al White, Chairman*

Maine Army Retiree Council Meetings – Calendar Year 2003:

(Not to be confused with the MEARNG Retiree Council. This council is for all branches of service in Maine).

The Maine Army Retiree Council conducts meetings, at various times, which imparts information of interest to all military retirees. Retirees of all military services, and their spouses, are invited and encouraged to attend. Scheduled meetings for 2003 as follows:

- *11 Apr 2003, 1930 hours, Air National Guard Base, Bangor, Maine*
- *13 Jun 2003, 1930 hours, Post 31, American Legion, Washington St., Auburn, Maine*
- *14 Aug 2003, 1930 hours, Maine Veterans Home, U.S. Route #1, Scarborough, Maine*
- *16 Oct 2003, 1930 hours, Post #40, American Legion Home, Winthrop, Maine*

Additional information relative to these meetings, or other matters pertaining to Military Retirees, please contact either of the following persons:

- *CSM Estol R. "Mac" McClintock, USA (Ret), (207) 683-6121*
- *CSM Edward L. Davis, AUS (Ret) (207) 287-5222,*
- *CW3 Marie L. Luciani, AUS (Ret) (207) 538-9021*

Third Annual 286th Supply & Service Battalion Reunion - Scheduled for July 27, 2003 – Refer to Flyers at the end of this Newsletter:

Korean War Celebration will be held at the Mt. Hope Cemetery in Bangor on the 27th of July at 1000 hours.

Retiree Activity Day (RAD):

The 6th annual Northern New England Retiree Activity Day (RAD) scheduled this year to be held in Maine at the Armory in Augusta on the 23 of August 2003.

A little history of how RADS got started. Years ago Annual RADs were conducted at Ft. Devens for New England Army retirees. Soon after the closure of Devens, the RAD moved to Ft Drum. Drum was a long way off and the RAD was not well supported by DRUM. So a group got together and the Northern New England RAD was born for retirees in all branches of service. The first RAD was held at Manchester, NH, then Augusta, Maine and again in Manchester with Vermont and Portsmouth Sub Base to follow. Now with the 6th annual Northern New England RAD, scheduled to be held here in Maine again for the second time. New Hampshire had more turns because of its central location.

What to look for at RAD Day:

- Info classes conducted on TRICARE for Life, Delta dental
- Up date ID cards
- Simple wills etc.
- Info on Vets cemeteries, military museums, etc.
- Veteran organizations will be present

Maine Military Historical Society:

Please jot down the date of Saturday night 25 October 2003 as the annual meeting of the Maine Military Historical Society. We will meet at the Senator Inn in Augusta. The theme this year will be to honor Viet Nam veterans. You can count on another RED, WHITE and BLUE night.

More information later.

Al White, MMHS Board Member

U.S.S. SALAMAUA (CVE-96) Reunion:

Reunion to be held in San Mateo, CA. on the 10th – 13th of September 2003 for Squadrons VC – 87, VC – 70. POC is Ed & Lorraine Kenny, 259 Temelec Circle, Sonoma, CA. 95476-8014. Phone (707) 938-1777, FAX (707) 938-8877 or E-Mail kennyel@aol.com

****FOR YOUR INFORMATION****

Military Mail Restrictions:

With large numbers of servicemembers deployed overseas, family members, friends and other Americans who want to support the military are asking about military mail service. A previous Department of Defense (DoD) news release highlighted the cancellation of mail programs that allowed the general public to send mail addressed to "Any Service Member." While these programs were very popular with the public, security concerns and transportation constraints with military mail led to their cancellation. As an alternative, the DoD news release noted web sites that will post messages of encouragement and highlighted opportunities to support veterans and military families. Friends and families of military personnel should be aware of the current restrictions on military mail going to service members overseas. Specific restrictions for each overseas military zip code are based on many factors, including customs regulations for the country in which service members are based. For example, military personnel based in Saudi Arabia can neither send nor receive any obscene articles, religious materials contrary to the Islamic faith, nor items depicting nude or seminude persons. Germany restricts coffee and Qatar prohibits pork products, material used to make alcohol, and horror comics.

U.S. Armed Forces must comply with all customs regulations for the particular country in which they are stationed. Current information on postal restrictions is available at local post offices, in the bi-weekly U.S. Postal Service Postal Bulletin, or on the USPS Website.

Most APO/FPO zips are only five digits. Some recent APO/FPO zips have 4 digit add-ons. Using the correct zip code plus 4 digit add-on is crucial if a person has been assigned one. The zip code plus the correct 4 digit add-on (eg:09900-5678) is as important as an individual's name because geographic locations are not included in the address line. Without the correct 4 digit add-on, delivery time to a service member may increase from several days to several weeks. To ensure that mail gets where it is intended to go the following three or four line address format is recommended:

- (Rank optional) Name (Optional line)
- Organization/Department/Division/Ship/Unit etc. to which assigned
- PSC or CMR, if CMR a unit number usually follows
- APO or FPO AE/AP/AA xxxxx-xxxx

[NOTE: Overseas areas served by New York (AE) have a 09 prefix (09xxx); served by San Francisco (AP) have a 96 prefix (96xxx), and served by Miami (AA) have a 34 prefix (34xxx)]

U.S. domestic mail being sent back to the U.S. from service members stationed overseas must comply with U.S. customs regulations. It must also meet hazardous material safety regulations for mail to protect air carriers. Guns, ammunition, alcohol, common chemicals, and copyright protected items are only a few of the extensive list of items that are regulated by U.S. customs and the FAA. Failure to properly declare return shipments can result in air carrier's refusal to accept military mail, delays in mail transportation and/or confiscation of mail. [Source: MILPER Message Number: 03-103 MPSA MAR 03 & ++]

Pet Collar Use on Humans:

The Defense Department is again advising service members that humans should not wear flea and tick collars. Furthermore, officials at the Armed Forces Pest Management Board say that good-intentioned citizens and family members should not include the collars in care packages to troops. The AFPMB states that flea and tick collars are not approved for humans and in fact are quite detrimental to the skin.

Our skin is different from that of dogs, and the pesticides tend to burn our skin. There is also potential to absorb pesticides (from the collars) into the skin. [Source: Armed forces News 25 APR 2003]

(The wearing of pet collars around the ankles of some soldiers during Desert Shield/Desert Storm did occur, as well as people with good intention at that time were mailing the pet collars over to the soldiers. At that time it appeared to be an approved prevention toward sand flees. However, as this article states the findings are not so. I believe that the soldiers today have been instructed not to wear the collars.)

Military e-mail Service:

Air Force Crossroads, the Air Force's official community Web site, offers a secure and reliable e-mail program through Global Internet Mail to help families keep in touch. Although there are other nonprofit and commercial e-mail and Internet services available, this GI Mail service is sponsored and maintained by the Air Force who is responsible for the operational capability and security of the service.

Registration for GI Mail is free for those eligible through the Air Force Crossroads Web site at www.afcrossroads.com Users can log in to the Web-based system from any computer with Internet access. Eligible users include active duty, Reserve, National Guard, retired or civil service employees and their authorized family members.

[Source: Armed Forces News March 14, 2003]

Blue Star Service Banner:

The House unanimously passed a Resolution (H.Con.Res. 109) sponsored by Rep. John Shadegg (R-AZ) which encourages families with loved ones serving in the Armed Forces to display the Blue Star Banner, or if a loved one has made the ultimate sacrifice, the Gold Star. For those who may not be familiar with the Blue Star Service Banner it was designed and patented in 1917 by World War I Army Capt. Robert L. Queissner of the 5th Ohio Infantry who had two sons serving on the front line. It quickly became the unofficial symbol of a child in the service. On Sept. 24, 1917, an Ohio congressman read the following into the Congressional Record: "...The mayor of Cleveland, the Chamber of Commerce and the governor of Ohio have adopted this service flag. The world should know of those who give so much for liberty. The dearest thing in all the world to a father and mother - their children." During World War II, the Department of War issued specifications on the manufacture of the flag as well as guidelines indicating when and by whom the Service flag could be flown or the Service Lapel button could be worn. DoD updated the guidelines on 1 DEC 67 with DoD Directive 1348.1, which implemented an Act of Congress authorizing a service flag and a service lapel button (U.S.C. 179-182). The Blue Star Service Banner typically displayed in windows is an 8.5 by 14-inch white field with a blue star(s) sewn onto a red banner.

The size may vary but should be in proportion to the size of the U.S. Flag.

Today Blue Star Service Banners are displayed by families who have a loved one serving in the armed forces including the National Guard and Reserves of all military departments. The banner displayed in the front window of a home shows a family's pride in their loved one serving in the military, and reminds others that preserving America's freedom demands much. The blue star represents one family member serving in the armed forces. A banner can have up to five stars, signifying that five members of that family are currently in military uniform on active duty. If the individual symbolized is killed or dies while serving the star representing that individual will have superimposed on it a gold star of smaller size so that the blue forms a border. On flags displaying multiple stars, including gold stars, when the flags are suspended as against a wall, the gold star(s) will be to the right of, or above the blue star(s) a place of honor nearest the staff.

Blue Star Mothers and Gold Star Mothers organizations were established during World War I and remain active today. Blue Star Service Banners, while widely used across America during World Wars I and II, were not embraced during the Korean or Vietnam wars with nearly the same enthusiasm. The American Legion is rekindling the spirit of pride in our military men and women following the horrific terrorist attacks of September 11, 2001. The American Legion is providing banners to families in communities across the

nation. Free color downloads are available at www.legion.org of the banners and static cling versions for home and automobile, as well as lapel pins, are available from the American Legion National Emblem Sales and can be ordered online or at (888) 453-4466. The American Legion also has a special Blue Star Banner Corporate Flag for government and corporate America to show their support for employees called to active duty in the war against terrorism. This is different from the 1926 War Mothers Flag hoisted every Veterans Day at 11 minutes after 11 o'clock and flies beneath the National Colors until sundown to commemorate the millions of Americans who died during World Wars I and II. For more information, contact The American Legion Public Relations Office at (317) 630-1253. Other veterans' organizations which have the banners available for downloading or have information about purchasing them or Blue Star Mothers at www.bluestarmothers.org and the VFW at www.vfw.org & www.serviceflags.com

[Source: NAUS Update 4 April 2003 & www.legion.org/attack/docs/bluestar.htm]

Top Medical Official Praises Military Doctors, Nurses, Medics and Other Health Care Professionals For Their Role in The War:

By Gerry J. Gilmore
American Forces Press Service

WASHINGTON, April 30, 2003 – The Pentagon's top civilian medical official praised military doctors, nurses, medics and other health care professionals for their "superb job" in Operation Iraqi Freedom during a roundtable with Pentagon reporters April 29.

DoD medical personnel inside and outside the theater of operations were busy "saving lives and helping people to recover from serious wounds and injuries and illnesses" incurred during the conflict, said Dr. William Winkenwerder, Jr., assistant secretary of defense for health affairs.

Winkenwerder noted that he'd visited with wounded troops being cared for at Walter Reed Army Medical Center here two weeks ago, and would soon talk to service members convalescing at the National Naval Medical Center in nearby Bethesda, Md.

During such visits Winkenwerder said he queries service members about the quality of their medical care, adding they invariably reply, "It's been great."

DoD's medical people "were well-prepared" for Operation Iraqi Freedom, Winkenwerder explained, to include possible enemy deployment of weapons of mass destruction, which didn't occur.

"We believe we had the right kinds ... and amounts of (medical) assets in theater" to treat battlefield wounds and

injuries, he remarked. He noted that more than 500 troops were treated for wounds, injuries or illnesses during the conflict.

More than 100 U.S. troops were killed in action during the three-week war, Winkenwerder said. However, he pointed out, many service members' lives were saved by having surgical teams deployed close to the fighting.

Lives were also saved, Winkenwerder continued, through use of the new "fibrin" field bandage. This bandage, he noted, contains an enzyme that causes the patient's blood to clot, thereby slowing bleeding. Military medical officials cite severe blood loss as the No. 1 cause of battlefield deaths.

Winkenwerder pointed out that U.S. military health care professionals also treated many Iraqi civilians and enemy prisoners of war at field facilities and aboard U.S. Navy hospital ship Comfort, which was deployed in the Arabian Sea. The vessel, with 1,000 beds, deployed to the Persian Gulf region in support of the Iraq war.

U.S. military medical facilities in theater, he noted, reached 50-percent patient capacity during the height of the fighting in Iraq.

Winkenwerder said DoD health officials would gather sometime this summer to discuss medical lessons learned from the war.

"Although we believe our folks did a great job, there's always an opportunity to get better," he concluded.

DoD Confirms Current Method of Handling Remains

American Forces Press Service reports that the current method of handling the remains of U.S. servicemembers will remain in place, according to DoD officials. Senior defense officials examined the policy of handling human remains contaminated by biological or chemical weapons.

The group - which included representatives from the services, the Army's mortuary affairs, DoD's health affairs and DoD's personnel and readiness staffs - wanted to ensure that any decision was based on the latest medical thinking. The result was to validate the way remains are already handled. Human remains contaminated by biological or chemical weapons will not be cremated. Nor will mortuary affairs personnel bulldoze mass graves, said DoD officials. "Cases involving contaminated remains will be handled with the dignity and respect accorded to all remains and processed by mortuary and medical personnel consistent with applicable laws and procedures to ensure the health of the living," DoD officials said. For more on military death and burial benefits, see <http://www.military.com/Resources/ResourceFileView?file=Burial.htm>

Pharmacy:

Online Purchasing Update:

The number of Americans using Canada to buy prescription drugs at prices up to half those at home continues to increase. Three of the biggest online sources are <http://www.thecanadiandrugstore.com/>, <http://www.canadarx.net/>, and <http://www.canadameds.com/>. However, one drug-maker is trying to halt the cross-border trade. Pharmaceutical giant Glaxo-SmithKline, producer of products like Aquafresh toothpaste and antacid Turns, has taken steps to cut off supplies to Canadian licensed pharmacies that continue to sell its medicines to Americans. If they are successful it is anticipated that other American drug-makers will follow their lead. About 1 million Americans, mostly age 65 and older, now fill prescriptions by mail order from Canada, according to the Canadian International Pharmacy Association (CIPA), a group that represents licensed pharmacies selling drugs to the United States via the Internet. American-made prescription drugs normally cost less in Canada, where the government regulates prices. U.S. law does not permit reimportation, but the rule is not enforced for individual consumers. The American drug-maker's rationale for stopping reimportation by individuals is it is in the interests of patient safety. However, CIPA contends that the exported drugs are the same quality and sent through the U.S. mail in the same way as American mail order drugs. CIPA is asking U.S. customers to protest Glaxo's attempts by writing the company or boycotting its products. [Source: AARP March 2003 Bulletin]

Pentagon Revises Smallpox Vaccination Policy:

American Forces Press Service reports that the DoD is taking a watchful approach to its smallpox vaccination program after the Centers for Disease Control and Prevention in Atlanta reported investigating whether a sequence of cardiac deaths was associated with the vaccine. The government has suggested that anyone with certain heart-related risk factors not take the vaccine. It continues to examine several suspected cases, including that of a 55-year-old National Guardsman who died of a heart attack five days after receiving the smallpox vaccine. The military has medically screened vaccine recipients since the program's beginning, Grabenstein said. He noted DoD would now take an even closer look at risk factors such as tobacco use, high blood pressure, high cholesterol, diabetes and family history of heart disease before giving the vaccine. Military personnel currently receiving the smallpox vaccine are those deployed or deploying to a Central Command area of operation; those who would go into a smallpox outbreak area to help control the disease; and healthcare workers at DoD hospitals and clinics who would treat smallpox patients. For more information, see http://www.defenselink.mil/news/Apr2003/n04042003_200304043.html

Guest Column: VA Confirms Massive 1991 Casualties:

By Denise Nichols
DSNurse@AOL.com
 303-424-6235

The National Vietnam and Gulf War Veterans Coalition, of which I am vice chairman, has analyzed the latest Department of Veterans Affairs report on Gulf War I personnel, including medical illnesses and deaths in the 11 years since Operation Desert Storm. (To read the actual VA report, "May 2002 Gulf War Veterans Information," dated Sept. 10, 2002, click on the hyperlink for the full breakdown of the statistics. To read the Coalition's full study of the VA report, see our analysis.)

The most striking disclosure in the VA report is that of the total number of Gulf War I casualties that have been documented in the decade following since the end of the 100-hour ground war in early 1991.

Rather than the conflict totals of 148 combat deaths, 145 non-combat fatalities and 213 wounded service personnel tallied at the end of the fighting (a .1 percent overall casualty rate for the 537,000 U.S. personnel who served in the Persian Gulf region), the true casualty figures have skyrocketed over the past decade as a result of Gulf War Illness (GWI).

In fact, 36 percent of eligible Gulf War I veterans – over 206,861 – have filed medical claims with the VA for illnesses stemming from their Desert Storm I service, which is an astronomical number in comparison to claims filed after previous wars. (This 36-percent figure is the actual casualty rate from Gulf War I, not the 27-percent figure that the VA itself estimates in terms of claims granted.)

Critical information contained in the VA report includes:

The Executive Summary reveals that 82 percent (572,833) of the 696,778 troops who participated in Operation Desert Shield and Operation Desert Storm are eligible for VA benefits, including medical care:

- * Of that total, 206,861, or 36 percent of eligible veterans, have already filed medical claims with the VA;
- * To date, the VA has denied benefits to 24,011 veterans, or about 11 percent of those who have applied for care;
- * And 11,783 claims processed for undiagnosed illnesses (206,861 claims submitted total for all reasons), nearly three-fourths of those for undiagnosed illnesses have been denied help in direct contradiction of the law President Bush signed into effect on Dec. 27, 2001, which mandates that the VA compensate Gulf War veterans diagnosed with symptoms of Gulf War Illness (undiagnosed illness), and the categories of chronic fatigue syndrome, multiple chemical sensitivity and fibromyalgia.

In the same summary chart, there is another astounding disclosure.

The report notes that for the subcategory of “Gulf War era” veterans (those who did not serve in the actual theater of war), 82 percent of those who have applied have received VA medical claims approval, in sharp contrast with only 76 percent of actual Gulf War veterans. One must ask why the VA is honoring medical claims for those who did not serve in the war zone at a higher rate than those who did.

These statistics raise a number of questions that the VA itself has yet to address: Is there discrimination by the VA in regards to the treatment of war veterans and those who did not serve in the war zone? Is there a lack of accountability for caring for our Gulf War I veterans, and if so why? Are the “era” veterans showing a higher illness rate themselves due to any number of factors – including the utilization of anthrax vaccine causing illness-related casualties? Is there a potential for other causes from secondary vector sources?

And then there is the death rate for Gulf War I veterans.

Section 5 of the VA report confirms that 8,013 Gulf War I veterans – or 1 percent of the 696,778 U.S. personnel who served in the conflict during the period Aug. 2, 1990-July 31, 1991), have died. Moreover, the 1-percent death rate has occurred in less than 12 years.

The death rate for Gulf War “era” veterans is slightly less, at 0.7 percent. The death rate for deployed troops was 0.9156 percent. The death rate for all who served in theater is 0.536 percent. This data is deeply concerning because it is an incomplete count and occurred in a population (physically fit cohort) considered more healthy than the American public as a whole.

Although the numbers of service-connected deaths included in the May 2002 VA data are considered “raw data,” we must still be concerned. Those figures are most likely incomplete and would probably be low in comparison to the actual figures. (For example, the deaths reported in the VA study do not include deaths of those Gulf War veterans who died after leaving the service and who did not apply for VA medical care.)

The confusing raw data on deaths justifies a more comprehensive study on postwar veterans’ deaths, including: How many of the conflict veterans have died, what are the data sources for those figures and what data was not used to get this figure, and what were the causes of death.

Another astonishing disclosure all but buried in the VA report is that a large number of service personnel who were deployed into the Persian Gulf region after the war ended on Feb. 28, 1991, have also become ill. They have received anthrax vaccine and oral polio vaccine, they have been exposed to the theater of operations that was contaminated by chemicals and depleted uranium.

These startling figures come after a decade of U.S. government nonfeasance toward Gulf War Illness. Gulf War veteran groups have tried for over 12 years to get the DoD, VA, Congress and several administrations to admit their lack of accountability and to apply lessons learned to improve the medical care of injured and ill combat veterans.

The civilian public is no better prepared because of this lack of utilizing “lessons learned” by the military. Doctors and researchers who have seen the reality of Gulf War Illness have desperately tried to help but have been ignored and some have even been attacked professionally. A handful of these doctors and researchers continue to try to get the message out in any way possible but still face roadblocks and bureaucratic opposition.

We call for immediate joint hearings involving both the Senate and the House to resolve the urgent needs of Gulf War I veterans. Hearings need to also determine the combat readiness of our current force and the allocation and use of medical resources to meet anticipated future needs. We owe this as a nation to those combat veterans who have and will defend our cherished freedoms.

We call for Secretary of Veterans Affairs Anthony Principi to immediately implement the Public Law signed by President Bush on Dec. 27, 2001. We call on Secretary Principi to address the comments on the missing data regarding cancers and diagnosed illnesses in Gulf War veterans and to demonstrate a proactive stance in finally meeting the needs of Gulf War veterans from 1991. We also call on Secretary Principi to make public what improvements have been made in the past 12 years, to prove that the VA is truly ready for Round Two in the Persian Gulf.

We call for Secretary of Defense Donald H. Rumsfeld to preserve any data collected in the past 12 years since the 1990-91 Persian Gulf War. We call for Secretary Rumsfeld to report on what really happened in the 1991 conflict that may have caused GWI. We also call on Secretary Rumsfeld to report on how the armed services are prepared to treat the next round of casualties from the Persian Gulf.

As we watch yet another group of warriors prepare once more for war in the Gulf region, we know that existing force protection, medical care and reporting accountability deficiencies have not been resolved. If we continue to fail to provide medical care for previous combat casualties, how can we expect any of our nation's sons or daughters to willfully participate in combat in the future?

Nichols, a Gulf War veteran and retired U.S. Air Force Reserve major, is Vice Chairman of the National Vietnam Veteran and Gulf War Veterans Coalition. She can be reached at DSNurse@aol.com.

Shad Update 1:

Since DoD began investigating the operational shipboard hazard and defense [SHAD] tests in September 2000, it has released fact sheets on 42 of the 46 shipboard and land-based tests. The Deseret Test Center test known as "High Low" (see www.deploymentlink.osd.mil/pdfs/high_low.pdf) was among the most recent fact sheets released in October 2002.

High Low involved four ships - USS Berkely, USS Fechteler, USS Okanogan, and USS Wexford County. Classified test documents reviewed by DoD stated that the test took place between January 11 and February 26, 1966, off the coast of San Diego, California.

That information was included in the High Low fact sheet. However, four crewmembers of the USS Berkely reported that their ship was off the coast of Vietnam between January 11 and February 26, 1966. Based on the veterans' reports, DoD investigators reviewed the ship's logs and confirmed the sailors' recollections. The USS Berkely was in fact in the Gulf of Tonkin in January and February 1966. The four ships' logs showed that High Low test was actually done in January and February 1965. The 1966 date in the Deseret Test Center's final test report appears to be a clerical error. Changes in crewmembers' status, based on the corrected dates, will be determined and provided to the VA who will notify crew members of any change.

DoD Web site

www.deploymentlink.osd.mil/current_issues/shad/shad_chart/shad_chart_6.shtml is where all declassified SHAD test information is posted. The following corrected dates for High Low are now listed on that web site:

- USS Berkeley: February 8-11 and 15, 1965
- USS Fechteler: February 23-26, 1965
- USS Okanogan: January 25-28, February 1-2, 1965
- USS Wexford County: January 11-15 and 18-19, 1965

The purpose of the High Low test was to assess the vulnerability of ships to an enveloping cloud of nerve agent. Methylacetoacetate was used to simulate sarin - the chemical warfare agent sarin was not used in the test.

Acute exposure to methylacetoacetate has been associated with irritation of the skin, eyes, respiratory tract, and digestive tract. There is no scientific evidence of long-term or late-developing health effects. Also, according to test documents, the ships' crews and civilian test personnel were instructed in the use of protective masks, and personnel directly exposed to significant quantities of methylacetoacetate wore masks.

Veterans who believe they were involved in Deseret Test Center tests and desire medical evaluations should call the VA's Helpline at (800) 749-8387.

Veterans who have DoD related questions, who have information to contribute or who are DoD beneficiaries and have medical concerns or questions, should call DHSD's contact center toll-free at (800) 497-6261.

[Source: December 31, 2002 - WASHINGTON (DeploymentLINK)]

Military Records/DD-214:

All retirees and veterans need copies of their Report of Separation (DD Form 214 or equivalent) available and stored in a secure place known by their next of kin. The retained documents should be either the original or government certified true copies. If you do not have them on hand you can obtain them by using a "Request Pertaining to Military Records Standard Form 180 (Rev-2/02)" which can be downloaded at

http://www.archives.gov/facilities/mo/st_louis/military_personnel_records/standard_form_180.html

The mailing address is listed on the form. You can also obtain this form from your RAO/RSO. The multipurpose three-page form is applicable to all Active service, Reserve service, and National Guard personnel for submission by the individual concerned, next of kin, or legal guardian.

Ensure you request three (3) Undeleted Copies under Section II. All copies provided by NPRC have a raised seal imprint signifying that they are certified true copies. If you are certain that your records are at NPRC, you can fill out a request using the web and then mail/fax in a signature page. This will speed up the processing time. To use this option, go to: http://www.archives.gov/research_room/vetrecs/ (note there are underscores (_) in both of these web site addresses.) At the bottom of the page, click on the red oval labeled, "Request Military Records". Figure on at least two to six months to obtain copies of your records dependent on what you are requesting. A DD-214 takes about two months. This document or its equivalent will be required for you or your dependents/next of kin to obtain ID cards by mail, Social Security benefits, burial benefits and burial flag, VA benefits, educational benefits, medals, etc. For personnel who separated prior to FEB 1950 you will have to provide an equivalent. For service during WWII the Separation Document was generally War Department (WD) Form 53-55. NPRC will sometimes issue a Certificate of Service if the records were lost in the 1973 fire. This document is recognized by the Department of Veterans Affairs as the legal equivalent of a Separation Document/DD Form 214. Check with the agency involved as to what is acceptable as there are 69 documents that were issued prior to this date that could be proof that the individual was a veteran. Copies of your other military records can also be obtained using the Standard Form 180. The address to write to is indicated on the back of the form and is dependent upon the providing custodian and record requested. A nominal fee is sometimes charged dependent upon the type of service requested for which you will be notified if applicable. Service personnel/retirees have

access to almost all information contained within their service jackets. The next of kin, if the veteran is deceased, and Federal officers for official purposes, are authorized to receive information as specified in the Freedom of Information Act and Privacy Act. All other requesters must have release authorization signed by the veteran or his next of kin. Reserve officers who retire and begin receiving retired pay at age 60 are not given a DD Form 214. Instead, these officers are provided a letter authorizing retired pay at age 60, which is sufficient documentation of retirement for that category of retiree.

After you receive your DD Form 214 copy it is possible to record it with your local clerk of the court to ensure that your survivors have a copy readily available when needed. However, in these days of fraudulent identities from identity theft it may be something you want to reconsider.

These DD Form 214s have your social security number and enough personal data to cause a real problem in the wrong hands. Current Department of Defense policy is to recommend that the Separation Document NOT be recorded at the county court house. This record in many locales can be obtained by anyone for a nominal fee. Once entered into county records, removal usually requires a court order.

The Maine State Veteran's Services is the holder of most DD 214's of veterans from the State of Maine. If you need a copy, call (207) 626-4464. A copy of your DD 214 should be taken to the nearest Maine Veteran's Service Office where a copy can be made and certified to be filed at the Administrative Office of Maine Veterans' Services in Augusta.

A safety deposit box is usually sealed upon the death of box holder and placing a Separation Document in a safety deposit box may cause difficulties in immediate retrieval upon the death of the veteran/retiree. A possible solution is to place a copy in a Tupperware (or equivalent) container in your refrigerator. This serves several purposes:

- 1-The document is protected.
- 2-It is easy to retrieve.
- 3-In the event of a fire the document will be protected as the refrigerator is well insulated. In a prolonged fire, the heavy refrigerator may fall through a burning floor into a basement and it can be located faster in the rubble than a small fireproof safe.
- 4-Should water get inside the refrigerator, the Tupperware (or equivalent) container will keep the document dry.

[Source: Various Reviewed by NPRC/NARA JAN 03]

Volunteers Wanted:

Looking to volunteer your time in a need of a crisis?

Would you like to join our FAC? What's a FAC you ask? Family Assistance Centers, of course! These FACs are not open right now, but in a mobilization they would be the hub for families to get information and services.

Demographically located in Portland, Augusta, Bangor, and Caribou, these FACs have vital missions and need volunteers who care, are trainable and available to work providing help for families in need. Don't have much time? That's okay. Many hands lighten the load and because this could be a high stress area, we need many hands! Volunteers can be used for staffing a FAC, making phone calls from home or the FAC, helping with refreshments, etc.

If you are interested in being part of the FAC, please call me at 1-800-581-9989 or (207) 626-4410. I will fill you in on all the details!

SFC Barbara Claudel
Family Program Office

New Bill That Could Affect Veterans and Retirees:

[The following article is provided courtesy of Armed Forces News]

The 108th Congress has started a flood of new bills that will potentially affect service members, veterans and retirees. Many are new versions of bills that died when the 107th Congress failed to act on them. For example the new S-19 would authorize full concurrent receipt of military retired pay and disability payments awarded by the Department of Veterans Affairs; increase funding for veterans' health care programs; eliminate the requirement that patients see a VA doctor before obtaining a prescription; restore income tax deductions for National Guard and Reserve members for military-related travel expenses that are not reimbursed by the government; relax rules for members to qualify for capital-gains tax exclusions when they sell a home; and lengthen filing deadlines for members deployed on peacekeeping operations. Other examples:

- HR-303 would authorize full concurrent receipt of military retired pay and VA compensation.
- HR-65 would authorize credits for premiums paid by military retirees for Medicare Part B.
- HR-58 and companion bill S-56 would restore health care coverage to retired members.
- HR-331 would authorize retired pay for Reserve component retirees regardless of age.
- HR-36 would prevent termination of DIC payments to a surviving spouse who remarries after age 55.
- HR-163 and companion bill, S-89, would launch a draft of men and women for military or civilian service.

Concurrent Receipt Update 10:

Sen. Harry Reid, D-Nev., has introduced a bill to provide full concurrent receipt of military retired pay and disability compensation from the Department of Veterans Affairs. His bill, S-392, has 38 cosponsors. The House counterpart, HR-303, sponsored by Rep. Michael Bilirakis, R-Fla., has 120 cosponsors. Similar bills died in the last Congress in the face of threats of a veto by President Bush, although a bill for concurrent receipt for the most severely disabled retirees was passed. The preponderance of retirees (who did not benefit by last year's bill) forfeit one dollar of retired pay for every dollar of disability compensation they draw. Military retirees are the only class of retirees who must forfeit their retired pay to accept disability compensation from the VA.

[Source: Armed Forces News Issue: 28 FEB 2003]

Retirees Ask for Better Health Care:

According to the Army News Service, the Army Chief of Staff's Retiree Council closed its 43rd meeting April 11 with a report citing health care and communication as the two primary concerns of retirees Army wide. The council also urged the chief of staff to support:

- (a) concurrent receipt of military retired pay and disability compensation and quick implementation of Combat-Related Special Compensation;
- (b) elimination of the reduction to the Survivor Benefit Plan annuity at age 62 to the maximum extent allowed by law and legislative language and acceleration of the start date of the paid-up provision of the plan;
- (c) a study group reviewing retirement benefits for the National Guard and Reserve; and
- (d) continued full-funding of TRICARE for Life. For more details on the council and its report, visit http://www.military.com/NewsContent?file=usa2_041603

Maine chapter of MS Society links with Togus

04/02/2003

The Maine Chapter of National Multiple Sclerosis Society has entered into a partnership with the Veterans Administration at Togus to provide veterans with multiple sclerosis in Maine the best possible services.

The VA Medical Center at Togus is home to the Spinal Cord Injury and Dysfunction Support Clinic, an outpatient clinic providing advanced care and treatment for veterans with spinal cord injury and disease including multiple sclerosis. The clinic currently serves 139 veterans with multiple sclerosis, providing primary care services as well as cutting edge treatment for the disease.

Presently, 24 patients are being treated with combination therapy of mitoxantrone (Novantrone) and interferon therapy (also referred to as the ABC & R drugs). In addition to the interferon therapies, the clinic provides monthly pulse-steroids treatment, comprehensive annual physical evaluations, patient education, and patient/family emotional support.

"We are very excited about this partnership," says Kris Dorer, chapter president of the Maine Chapter of National Multiple Sclerosis Society.

Veterans using the clinic will now have on-site volunteers from the MS Society who can help veterans cope with many differing challenges presented by multiple sclerosis. Those challenges can involve employment, fatigue, changing family interactions, and a whole host of other issues. The MS Society offers resources to help people with multiple sclerosis, their families and friends, better cope with the disease. The SCI/D Support Clinic offers cutting-edge medical treatment.

"This is a win/win situation for both the VA and the MS Society," Dorer said.

Jack Bachman, director of the clinic, agrees. "The partnership will provide a longstanding need between the MS Society of Maine and the veterans of this state," he said. "Maine has a population that reflects large numbers of people with MS and this partnership will provide the link for information and latest education and resources between the MS Society and the veterans of this state."

Karl Smith, MS Society volunteer at the clinic, added: "The philosophy of the partnership is to do everything possible for the patient."

Veterans with MS who participate in the SCD/I Support Clinic have a full range of medical, pharmacological, neurological, nursing, nutritional and social services. This clinic is open to veterans with MS who have served in the Army, Navy, Marine Corps, Air Force, Coast Guard, or Merchant Marines.

For more information about the SCD/I clinic at Togus, call 623-8411, ext. 4278, or call the MS Society at 1-800-639-1330 or 761-5815.

Multiple sclerosis is a chronic disease of the central nervous system most often diagnosed between the ages of 15 and 50. Symptoms range from blurred vision, numbness in an arm or leg, to total paralysis. The immune system attacks the covering surrounding the nerves in the brain and/or spinal cord creating a short circuit in the nervous system.

While there are treatments available to slow the progression of certain types of multiple sclerosis, there is no cure.

The National Multiple Sclerosis Society's mission is to end the devastating effects of multiple sclerosis. The society has been committed to finding a cure for multiple sclerosis since

being founded in 1946. The organization is the largest private funder of multiple sclerosis research in the world.

The Maine Chapter of the MS Society serves over 2,200 individuals with multiple sclerosis statewide. For more information about the MS Society or multiple sclerosis, call 1-7800-639-1330 or 761-5815 or log on to www.msmaine.org

Arthritis & Exercise:

Exercise is encouraged for people with arthritis. Studies show exercise helps preserve joint mobility and function. Inactive lifestyles and low fitness levels are two traits characterizing by many arthritis sufferers. Unfortunately, for someone suffering from an arthritic condition, prolonged inactivity can accelerate the symptoms traditionally associated with the disease. Symptoms include increased muscle atrophy, decreased flexibility, degeneration of joint cartilage and a greater risk of bone fractures due to the loss of bone mass. Exercise reduces joint pain and stiffness and increases flexibility, muscle strength, cardiac fitness and endurance. Exercise can also lead to a better psychological outlook. Faithful exercisers suffer from less stress, anxiety and depression. They sleep better and have an improved sense of self-esteem.

Physical therapists can recommend exercises that are particularly helpful for people suffering from arthritic conditions. A therapist can design a home-exercise program and teach sufferers about pain-relief methods, proper body mechanics, joint protection and conserving energy. The program normally consist of:

- Range-of-motion exercises to help maintain normal joint movement and relieve stiffness. This helps maintain or increase flexibility.
- Strengthening exercises (weight training) to help keep or increase muscle strength. Strong muscles help support and protect joints affected by arthritis.
- Aerobic or endurance exercises like bicycle riding to improve cardiovascular fitness, help control weight and improve overall function.

Weight control can be important to people who have arthritis because extra weight puts extra pressure on many joints.

Some studies show aerobic exercise can reduce inflammation in some joints. Before starting any exercise program, it is important for people to discuss their options with a doctor or other appropriate health care provider. *[Courtesy of Air Education and Training Command News Service and the TRICARE Website]*

VA Awards \$11 Million to Maine Veterans Homes

WASHINGTON (March 17, 2003) - The Department of Veterans Affairs has awarded three grants totaling \$11 million to the state of Maine for major improvements at the Maine Veterans' Homes in Augusta, Bangor and Caribou.

"These grants reflect the federal-state partnership that is honoring our commitment to care for the men and women who have served in uniform," said Secretary of Veterans Affairs Anthony J. Principi. "These partnerships allow more veterans to receive the respect and care that they have earned."

The grants include \$2.9 million for a new 30-bed domiciliary in Caribou; \$5.5 million for a new 30-bed domiciliary care unit and renovations to an existing 120-bed nursing home in Augusta; and \$2.6 million to construct a 30-bed domiciliary in Bangor.

Maine now has five state-run facilities - Augusta, Bangor, Caribou, Scarborough and South Paris - with nearly 500 beds for the state's veterans, spouses and survivors. The state's veterans' homes were established in 1977.

Information about the Maine Veterans' Homes can be found on the Internet at <http://www.maineveteranshomes.org/> or by calling (207) 622-0075.

Vietnam Cross of Gallantry:

The Vietnam Cross of Gallantry can be an individual or unit award for bravery in combat. For unit awards the RVN government distinguished between units serving in combat support of the Republic and in civic action support (or both) awarding the RVN Cross of Gallantry with Palm, Unit Citation to combat units and the RVN Civic Actions Honor Medal, First Class, Unit Citation to logistic units.

According to the Department of the Army General Order DA GO 8 1974 the Vietnam Gallantry Cross Unit Citation with Palm was awarded to Headquarters U. S. Military Assistance Command (MACV) and all its subordinate units during the period 8 FEB 1962 to 28 MAR 1973. All military personnel who were assigned to units serving in-country Vietnam during this period were considered assigned to MACV and its subordinate units, regardless of service or component. Under DA GO 43 1970 the Vietnam Cross of Gallantry was awarded to all military personnel of all branches who served in-country Vietnam between 1 MAR 1961 and 28 MAR 1973 and to U.S. Army Vietnam and its subordinate units for the period 20 JUL 1965 to 28 MAR 1973. Both of these DAGOs should be listed in Army Pamphlet 672-3 which contains all units specifically cited and is the guideline used by NPRC for making corrections to DD-214s.

This is a foreign award that was issued by the Army of South Vietnam.

When awarded to U.S. military personnel it was awarded with Silver Star (the equivalent to the US Army Silver Star) or with Bronze Star (equivalent to the US Bronze Star). It is also the equivalent of the French Croix de Guerre. When awarded to units it was always with Gold Palm. As with U.S. unit awards all personnel in the unit during the period of action for which the award is given may wear the award at all

times. Individuals not in the unit during the designated period can wear the award only while assigned to the unit. As a foreign decoration the Vietnamese Cross may not be worn until the award is approved by the US Department of State. That approval is then passed to the Department of Army and a General Order for the award is published [i.e. DA GO 43 1970 & DA GO 8 1974]. If you never received a medal, ribbon, or certificate it cannot be reissued by NPRC since this is a foreign award. However, amended discharge papers (DD-215) can be issued if the citation is not listed on your DD-214. If you want to confirm your eligibility you can request an amendment by submitting a Standard Form 180 (SF-180) to the National Personnel Records Command (NPRC). This form can be downloaded at www.fra.org/links, <http://members.aol.com/forvets/htomr.htm>, or http://www.archives.gov/facilities/mo/st_louis/military_personnel_records/standard_form_180.html

Veterans who cannot access the Internet may call 1-800-FRA-1924 to request the form. Further information is also available from your local VA office.

Any individual who wants to have their awards and decorations reviewed and a replacement (one-time) set issued can write to: NPRC, 9700 Page Avenue, St Louis, MO 63132-5000. Upon receipt NPRC will access the appropriate records, attach the request, and send the case to AFPC to work.

Include name, Service Number, SSAN, and inclusive dates in the service, DD Forms 214 if available, and current mailing address. Ask that the records be reviewed for additional unit or individual awards and decorations not reflected on the DD Form 214, correction of the DD Form 214, and issuance of a complete replacement set of awards and decorations if desired. Veterans should expect to wait at least four-six months for a response. Any request for changes to a DD Form 214 should be accompanied by the necessary documents to substantiate the claim. Questions regarding Air Force awards/decorations can be emailed to Georgia.Wise@randolph.af.mil

Queries on verification cannot be answered unless your request was previously submitted in writing with the requester's signature to NPRC.

Many vets never received their Vietnam Cross of Gallantry who were eligible. The medal and ribbon can be viewed at www.campeagle101.com. A certificate suitable for framing can be purchased for a fee at CampEagle101@aol.com. [Source: *Armed Forces News* 3 JAN 03, *FRA News-Bytes* 0 JAN 03, *VWV President Claire Starnes* www.campeagle101.com & <http://members.aol.com/bn61st/vcg.htm>]

New Medal for Korea Vets Could Take a Year:

Stars and Stripes reports that DoD officials say it could take about a year to design, fund and issue a new medal for troops who served in South Korea after the war. The Korea Defense Service Medal - authorized in the 2003 Defense Authorization Act - will be issued to service members who completed tours of duty in South Korea, or adjacent waters, after July 28, 1954, when the military stopped issuing the Korea War Service Medal. The medal was authorized after former soldier John Maclean told Congressman Elton Gallegly (R-Calif.) he was fed up with years of "lack of recognition and respect" for the time he spent in South Korea. There have been 40,000 reported armistice breaches since 1953, according to U.S. Forces Korea. And more than 1,200 service members have died on peacetime duty, including two U.S. soldiers killed by axe-wielding North Koreans in 1976. According to a news release, the sheer number of anticipated recipients makes it difficult to estimate how long it'll take to identify, notify and award the KDSM. "We were the forgotten warriors of the forgotten war," Maclean told Stars and Stripes. "We deserve this \$1.50 medal." For more on the Korean War, see <http://www.military.com/Content/MoreContent1/?file=index>. For more on awards and decorations, see http://www.military.com/Resources/ResourceFileView?file=veterans_awards_and_decorations.htm

Chinese War Memorial Medal:

American military personnel who served in the China Theater are eligible for a Chinese War Memorial medal. Information about this medal is available at: <http://foxfall.com/fm-4af.htm>. Eligibles include those who served at least 30 days between December 8, 1941 and September 3, 1945 in Mainland China, Burma, Vietnam, Thailand, Formosa (Taiwan), the waters of the Yellow Sea, East and South China Seas. Also included are those who participated in the Philippine Defense, and the liberation and occupation of Okinawa. Formerly medals could be obtained at no cost by sending a letter and a copy of your DD-214, CSC, or other proof of service to Director, Major General of Services Coordination Division of Taipei Economic & Cultural Representative Office, 4201 Wisconsin Ave., Washington, D.C. 20016. Unfortunately, they have now exhausted their supply and they have no plans to produce any more. The Medal can be purchased from dealers. Example: Medals of America - \$24.95 for medal and ribbon www.usmedals.com/service.php3?serviceReq=Army&type=foreign&start=1 (scroll down, includes a picture).

[Source: *NY State Div. of Veterans' Affairs* msg. 21 APR 03]

Global War on Terrorism Medals:

The President has authorized the Department of Defense to create two new military medals for service in the Global War on Terrorism.

The GWOT Expeditionary Medal will recognize service members who participate in an expedition to combat terrorism on or after Sept. 11, 2001. This is currently limited to those who deploy as part of Operation Enduring Freedom. The GWOT Service Medal will recognize service in military operations to combat terrorism on or after Sept. 11, 2001.

This is currently limited to Operation Noble Eagle and to members who provide support to Operation Enduring Freedom from outside the area of eligibility designated for the GWOT Expeditionary Medal. Members of the U.S. armed forces and Coast Guard will be eligible for the medals to include Reserve and National Guard activated to support approved operations. The awards do not take the place of the Armed Forces Expeditionary Medal, established Dec. 4, 1961, or the Armed Forces Service Medal, established Jan. 11, 1996.

No one may be awarded more than one of the four medals for service in the same approved expedition or operation to combat terrorism. No one is entitled to more than one award of the Global War on Terrorism Expeditionary Medal or the Global War on Terrorism Service Medal. The medals may be awarded posthumously. DoD and military service officials, including the Coast Guard, are working on provisions to award the medals.

Expected availability time is twelve months.

[Source: Armed Forces News 21 March 2003 & <http://www.whitehouse.gov/news/releases/2003/03/20030312-6.html>]

Social Security Tax Free Earnings 2003:

If you work while getting Social Security survivors or retirement benefits and haven't yet reached your full retirement age, you can earn up to \$11,520 in 2003 and keep all of your Social Security benefits. The amount was \$11,280 last year. If you make more than \$11,520, \$1 will be taken out of your Social Security benefits for every \$2 you earn over the limit. If you reach full retirement age during 2003 (that's 65 and 2 months for people born in 1938), \$1 will be taken for every \$3 you earn above \$30,720 until your birthday month. After you reach your full retirement age, you can keep getting your full benefit no matter how much you earn. To learn more about working and collecting Social Security benefits check out www.socialsecurity.gov/retire2/whileworking.htm.

To find out your full retirement age refer to <http://www.socialsecurity.gov/retirechartred.htm>.
[Source: Social Security eNews April 2003]

Social Security Fund Depletion Update:

According to the Social Security Board of Trustees, the Social Security program is not sustainable over the long term. In 2018, tax revenues will fall below program costs. In 2042, the trust funds will be exhausted. Both of these dates are one year later than the estimates in last year's report. SSA actuaries estimate the trust funds would require \$3.5 trillion, in today's dollars, earning interest at the present Treasury rates, to pay all scheduled benefits over the next 75 years. While the benefits of those close to retirement are secure there will be serious consequences for our children and grandchildren if corrective action is not taken by congress. To learn more about the 2003 Trustees Report, refer to www.socialsecurity.gov/eneews/eneewspress031903.htm
[Source: Social Security eNews April 2003]

Social Security Benefits for a Divorced Spouse:

Federal law overrides any legal paperwork from the lawyers. A divorced spouse can get benefits on a former husband or wife's Social Security record if the marriage lasted at least 10 years. The divorced spouse must be 62 or older and unmarried. She gets the same amount she would get if she were still married to him -- up to half of his benefit amount while he's still alive and possibly all of it when he dies. If the spouse has been divorced at least two years, he or she can get benefits, even if the worker is not retired. However, the worker must have enough credits to qualify for benefits and be age 62 or older. The amount of benefits a divorced spouse gets has no effect on the amount a current spouse can get. For more information, see Social Security Administration's online publication, "What Every Woman Should Know" at <http://www.socialsecurity.gov/pubs/10127.html>.

New ID Cards Are Secure, Ready:

Air Force Print News reports that the high-tech identification common access card currently replacing the familiar green ID card worldwide is secure and proven in combat, despite some rumors to the contrary. "Worries are unfounded" that the new ID cards are easily accessible to identity thieves or even hostile forces, said Chief Master Sgt. Ricky Arnold, survival, evasion, resistance and escape program manager at the Pentagon. The card does not contain any personal information electronically that is not already printed on the card, officials said. What it does is allow for electronic access to computer systems that contain personal data. Also, an extra layer of protection is provided when a card is reported lost or the cardholder goes into missing or captured status. At that point, computer and data system access is turned off, officials said. Built-in electronic security measures make getting access to the information on the chip extremely difficult, if not impossible, officials added.

Common access cards should be issued across the Department of Defense by October to all eligible active-duty people,

guardsmen, reservists, civilians and some contractors, officials said. More information can be found at <http://www.dmdc.osd.mil/smartcard>.

AFRC Shades of Green Reopening:

Reservations are now being taken for the reopening of the Armed Forces Recreation Center Shades of Green hotel on Walt Disney World Resort in DEC 2003. Shades of Green was closed for expansion and complete renovation in early 2002. Rates are based on rank from a low of \$70 for E-1s through E-5s to \$116 for senior officers. The renovated facility will double its guest space to 586 rooms, add a new 500-space parking garage and 7,500 square feet of special-event space for reunions, weddings and other family-oriented social functions. Nine rooms will conform to the standards of the Americans with Disabilities Act with wider bathroom doors and roll-in showers. All rooms will have standard amenities such as ironing boards and televisions, but there will be some new twists -- refrigerators, wireless TV keyboards and 12 hours of Internet access for about \$6. Guests will be able to play TV video games, in-room movies and order attraction tickets online from the hotel's tickets and tours office. The hotel restaurants are being remodeled. The four include a new Northern Italian-themed trattoria. Shades of Green has two heated swimming pools, a kiddie pool, play area and tennis courts. It's situated among three Walt Disney World Resort golf courses: two 18-hole championship courses and a nine-hole executive course with discounted greens fees for military players. Free shuttle bus service transports guests to and from Disney attractions. Shades of Green is financially self-sustaining; no taxpayer dollars are used for operations. The hotel expansion was funded by a civilian commercial loan. For more details or to make reservations refer to <http://www.armymwr.com/shades/index.html>, www.shadesofgreen.org or www.armymwr.com/shades/index.html, or call toll-free 1-888-593-2242.

The Army Community and Family Support Center in Alexandria, Va., operates the four Armed Forces Recreation Centers as the Defense Department's executive agent. The other three are the Hale Koa Hotel <http://www.halekoa.com> on Waikiki Beach in Honolulu, Hawaii; the Dragon Hill Lodge <http://www.dragonhilllodge.com> in the Yongsan area of Seoul, South Korea; and AFRC-Europe <http://www.afrc europe.com> which has Bavarian resorts in Chiemsee and Garmisch, Germany. AFRCs are open to DoD identification card holders in all the active and reserve components, active members of the other uniformed services, active DoD civilians assigned outside the United States, military and DoD civilian retirees, and their families. Also eligible are several other smaller groups, such as Medal of Honor recipients and 100-percent disabled veterans. [Source: U.S. Army Community and Family Support Center news release]

AFRC Update:

Three Armed Forces Recreation Center hotels in Germany - two at Lake Chiemsee and one in Garmisch - will close a year earlier than planned. The remaining AFRC-Europe facilities in Garmisch will stay open while the new 330-room hotel on Sheridan Kaserne is under construction. This facility is proceeding on schedule to open in October 2004, when the Army originally planned to end all operations in Chiemsee and the hotel operations in Garmisch. The Von Steuben Hotel in Garmisch will close on April 15. The Chiemsee Lake and Park Hotels will remain open through Labor Day and close permanently 2 SEP 03. This will allow for a full summer of Lake Chiemsee operations, which will be heavily promoted for those who look forward to one last chance to enjoy the lakeside resort, officials said. The closures will reduce the number of available AFRC-Europe guest rooms from 343 to 119. If additional rooms are needed during peak seasons in Garmisch, guests will be referred to commercial hotels at rates comparable to those of the AFRC hotel. In Garmisch, the Patton Hotel, the Alpenblick Golf Course, the outdoor recreation equipment checkout center, tours, and the campground will remain in operation. The Armed Forces Recreation Centers are open to all Department of Defense ID-card holders, active duty, reserve component, retirees and their families. [Source NAUS Update 11 APR 03]

Airline Baggage Policy Change:

Northwest Airlines, American Airlines, United Airlines and Delta Airlines have changed their checked baggage policy concerning weight limits and excess charges for luggage on domestic flights. Continental Airlines also has announced it will make similar changes on April 15. The carriers will still accept luggage up to 100 pounds per piece but will charge significant fees for luggage weighing in the upper limits. Most airlines allow two pieces of luggage, 50 pounds maximum each, to be checked free of charge. Bags exceeding 50 pounds but less than 70 pounds will be assessed an excess-baggage fee of around \$25 per bag. Bags between 70 and 100 pounds will be charged about \$80 per bag.

Waivers are available to military members on official orders, including active duty, Guard, Reserve and Coast Guard. The waivers do not apply to family members or to Defense Department civilians.

[Source: Armed Forces News 4 APR 03]

Commissary Elimination Proposed:

A list of options for cutting federal spending that was released by the Congressional Budget Office last week includes a cap on military pay raises at 2 percent for several years. Another option was to close down military commissaries. This would lead military exchanges to increase on-base grocery sales. Since exchange foodstuffs are generally 10 percent higher than similar commissary sales, about half of the \$1.1 billion

saved through commissary closings would be funneled back to service members through a grocery allowance of \$500 a year. The CBO's reports generally get mixed responses from Congress.

[Source: Armed Forces News March 14, 2003]

Significant Developments WithThe Maine Army National Guard:

The following chart depicts Maine Army National Guard units and personnel currently alerted, mobilized and deployed as well as the operation or mission they are supporting.

MAINE ARMY NATIONAL GUARD

Unit/Location	Mission	Pers	Location	Status
112 th Medical Company (Air Ambulance), Bangor	Operations Noble Eagle & Enduring Freedom	135	Kuwait	Deployed
1136 th Transportation Company, Bangor	Operations Noble Eagle & Enduring Freedom	145	Kuwait	Deployed
1-152 nd Maintenance Company, Augusta	Operations Noble Eagle & Enduring Freedom	200+	Augusta, Maine	Alerted
Company B, 3 rd Battalion, 172 nd Infantry (Mountain), Brewer	Base Security	32	Air National Guard Base, Bangor, Maine	Deployed
Detachment 14, Operation Support Airlift Command, Bangor	Operations Noble Eagle & Enduring Freedom	6	Afghani stan	Undergoing training prior to deployment overseas.
Maine Army National Guard Soldiers	Security	17	Camp Keyes; Army Aviation Support Facility; and the Augusta Armory	Deployed
Grand Total:		535+		

****TRIVIA QUESTIONS****

This famous actor once struggled with the day-to-day life expectancies in his teen years and in the Marine Corps when he went AWOL and was busted back to Private seven times and spending 41 days in the brig before becoming a “recruiter poster marine”. He saved five men from a burning tank and was assigned to the honor guard of President Truman’s yacht.

He got his big break in his acting career casting in television’s **WANTED: DEAD OR ALIVE** in 1958. From there he was selected to play in the movie Magnificent Seven which catapulted him into Hollywood stardom and started him down a road that would lead him to become the nation’s number one movie star for the next two decades.

(Answer on page 33)

****FEEDBACK****

This is your newsletter, and if you would like to have something noted please get back to me at 626-4380 or e-mail me Dean.Soule@me.ngb.army.mil

(The following is a letter that I received from a fellow retiree. He is asking that if there are any fellow retirees out there that have MS like he to please contact him. Karl, as you can see from his letter as well as the previous article on the “Maine Chapter of MS Society links with Togus” (pages 26 & 27, this issue), is a very extraordinary person)...Thanks Karl)

“Dear Dean:

You continue to outdo yourself issue after issue. I especially appreciated the Sep-Dec 2002 issue just received. While you managed to amass an extraordinary amount of information, I was personally touched to find an article on Multiple Sclerosis (MS). It was as if you had written it just for me, as I have MS.

I would like to know if other MEARNG Retirees have MS so that we might get in touch. I also want them to know that I am a volunteer with the National Multiple Sclerosis Society, Main Chapter, starting up a partnership program with the Spinal Cord Injury Clinic, (injury includes disease), at the VA Medical Center Togus. My phone number is (207) 781-5595.

One of the truly devastating effects of my MS is the loss of some cognitive function, including problem solving and decision-making, skills vitally needed to negotiate the VA medical and disability systems. I know my advice – get help, like Maine Veterans’ Services. Get support, like the MS society.

I hope to help and I know that the Retiree Newsletter helps me, every issue.

Thanks,

MAJ (Ret) Karl Smith”

****Retiree E-Mail Addresses****

Listed below are e-mail addresses of some of our retirees. This is a way of keeping in touch, providing upcoming events and news of interest between regular issues of the newsletters. If



you would like to have your e-mail address included in this list, e-mail me at Dean.Soule@me.ngb.army.mil

If you change your e-mail address you will need to provide me with the change. An incorrect e-mail address can affect my distribution group for sending out e-mails. One bad address can affect the entire group. This is also a way of keeping you informed of deaths, legislative issues, family support, etc.

- Adams, Earl, MG – adams_earl@msn.com
- Amoroso, Francis (Frank) J, COL – colonelandbetty@nlis.net
- Atkins Ernest D. Jr, SGM. - MILRETSGM@aol.com
- Barron, Mike, SSG - ma1fcs@msn.com
- Barry, Bruce M., LTC – barrybm@msn.com
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- Benedetto, Joe, 1SG - xexman44@aol.com
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- Burnett, Mark, MSG – mapo57@aol.com
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- Keller, Bill, SGM - wjkel@att.net
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- Lunny, Dennis, COL - ddlunny@adelphia.net
- Michaud, Joel, LTC - michaudj1@aol.com

- Mullett, Alan, CW4 – allinmulet@gwi.net
- Musk, Gautrey, COL – gmask@gwi.net
- Nault, Raymond C. MSG - mrn@ucnsb.net
- Nichols, Donald E., BG – den7107_2001@yahoo.com
- Norton John L. Jr. SFC - john.l.norton@verizon.net
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- Whitney, Edwin, BG – ewhitney@maine.rr.com
- Wickham, Arthur, COL – arthurwickham1@aol.com



The intent of the Retiree Council and the Retiree Newsletter is to keep the retirees informed and maintain comradery. We are now up to 1,174 members strong.

Dean A. Soule

****RETIREE COUNCIL MEMBERS****

- | | |
|--------------------|--|
| Albert White, Jr. | Chairman |
| Robert Weymouth | Vice Chairman |
| Dean Soule | Secretary/Editor of Retiree Newsletter |
| James Laflin | Chairman Retiree List |
| Martin Asdourian | |
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| Gautrey Musk | |
| Stanley Sargent | |
| Romain Savoie | |
| David Shorey | |
| Douglas Welsh, Jr. | |

****ANSWERS TO TRIVIA****

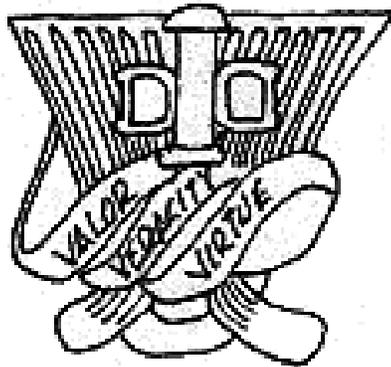
Steve McQueen was born in 1930 to a teenage, runaway, alcoholic mother. He would never know his father and spent much of his youth being shuffled from place to place. He ran off with the circus as a pencil salesman when he was just fourteen years old. He spent time on the streets and eventually became a petty thief and juvenile delinquent by the age of fifteen, when he was finally sentenced to Boys Republic, a reform school



known for getting results with troubled young men. He graduated from Boys Republic a little over a year later and went to New York at 16 to rejoin his mother. This reunion went sour and McQueen, inspired by two sailors he met in a bar, joined the merchant marines. He soon jumped ship in Cuba and worked in a brothel as a towel boy before making his way back to the United States. He joined the USMC at 17 and went AWOL right after basic training. He was busted back to Private seven times and spent forty-one days in the brig before shaping up and becoming a recruiting poster marine. He saved five men from a burning tank and was assigned to the honor guard of President Truman's yacht.

After leaving the Marines, Steve went back to New York City and bummed around for a while until he enrolled in Sanford Meisner's Playhouse in 1951. Many who knew McQueen said he only got into acting because he heard it was a good way to meet girls. He had a brief stint on Broadway, but his difficult and mistrusting attitude quickly gave him a bad reputation and he had many poor years before finally going to Los Angeles. It was there that he got his big break and was cast in television's **WANTED: DEAD OR ALIVE** in 1958. It was this starring role on a television series that gave McQueen his first taste of real fame and the show's success helped McQueen catch the eye of director John Sturges. Sturges was looking to make a western based off a successful Japanese samurai film and was looking for a unique cast of men to make up the title roles for his *Magnificent Seven*. McQueen was cast as Vin, a fast and dangerous gunslinger. The film's star was Yul Brynner and was supposed to be the star vehicle for a young actor named Horst Buchholz, but McQueen managed to eclipse both Brynner and Buchholz. The rest is history. The *Magnificent Seven* catapulted McQueen into Hollywood stardom and started him down a road that would lead him to become the nation's number one movie star for the next two decades. Sadly, McQueen died of cancer in 1980 at the age of fifty.

286th Supply and Service Battalion 3rd Annual Reunion



TO FORMER AND PRESENT MEMBERS (AND GUEST) SERVING
BETWEEN 1968 (year of conception) to the present.

Date: July 27, 2003 (Rain or Shine)

Time: 1 p.m. – 6 p.m.

Location: Augusta Area Military Association Club
Camp Keyes, Augusta, Maine Veterans' Services
(air conditioned)

Cost: \$12.00 per person

(BBQ chicken, Hamburgers, Hotdogs, Salads with all the fixings- also
activities such as horseshoes)

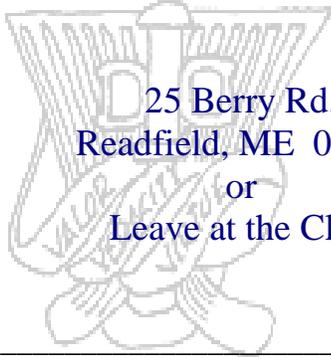
Cash bar will be provided

Make checks payable to the Augusta Area Military Association

Please contact: Jim Laflin (207) 624-3547 or email james.laflin@state.me.us or Dean
Soule at (207) 626-4380 or email dean.soule@me.ngb.army.mil or contact the
club.....no later than July 21, 2003

3rd Annual Reunion
286TH S&S BN REUNION FOR 2003

Mail to: Jim Laflin



25 Berry Rd.
Readfield, ME 04355
or
Leave at the Club

Member's Name: _____

Member's Address: _____

E-Mail Address: _____

I am attending. Number attending: _____ I am not attending.

Feedback Suggestions:

MILITARY RETIREES

All Branches of the Armed forces/Uniformed services

You are Invited to

THE SIXTH ANNUAL

NORTHERN NEW ENGLAND MILITARY RETIREE ACTIVITY DAY

SPONSORED BY

THE NATIONAL GUARD OF MAINE, NEW HAMPSHIRE, AND VERMONT IN COOPERATION WITH
BRUNSWICK NAVAL STATION AND FORT DRUM, AND THE MAINE, NEW HAMPSHIRE AND VERMONT
RETIREE COUNCILS.



HERE'S WHAT'S AVAILABLE

LEGAL ASSISTANCE, HEALTH CARE INFORMATION,
SURVIVOR BENEFITS, RECREATIONAL FACILITIES,
COMMISSARIES, EXCHANGES,
VETERANS ADMINISTRATION
VETERANS CEMETERIES, VETERANS HOMES,
DEER/ID CARD RENEWALS,
AND MUCH MORE.



COME AND JOIN US

**SATURDAY AUGUST 23 2003
AT THE AUGUSTA ARMORY
AUGUSTA, MAINE**

0800-0900 REGISTRATION

0900-0945 OPENING CEREMONY

0945-1400 STATIONS AND DISPLAYS OPEN



**DIRECTIONS: TAKE EXIT 30 OFF THE MAINE TURNPIKE, STAY RIGHT ON WESTERN AVE,
ARMORY IS 1/2 MILE ON LEFT.**

FOR MORE INFORMATION CONTACT: BG (RET) ALBERT J. WHITE JR. AT 207-442-8734 OR MAJOR PETER
ROGERS AT 207-626-4390