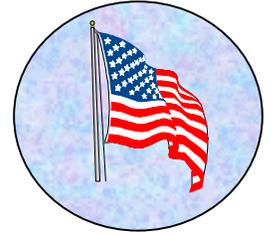




Volume 7 Issue 2



MEARNG RETREE NEWSLETTER



MAY - AUG 2002

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

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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.

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

Martin's Point Health Care

One of the advantages of living and working in Maine is that the state is home to Martin's Point Health Care, which delivers a TRICARE Prime benefit, called the US Family Health Plan, to military beneficiaries.

The US Family Health Plan, sponsored by the Department of Defense, is available to families of active duty military personnel and to retirees and their eligible family members. Among the Guard and Reserve components, retirees and their family members (once the sponsor has reached the age of 60) and AGR family members are eligible for care. In Maine and southern New Hampshire, Martin's Point Health Care serves more than 18,000 US Family Health Plan members.

The US Family Health Plan now offers continuous open enrollment, which means beneficiaries may enroll any time throughout the year. Previously, retirees were limited to enrolling only during a one-month open season.

According to Dr. David Howes, President of Martin's Point Health Care, "Continuous enrollment will provide military beneficiaries, including seniors, with the convenience and

COMMENTARY This is the twentieth 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.**

peace of mind to enroll in the plan at any time. The plan continues to live up to the promise of providing quality health care.”

The quality Dr. Howes mentioned is confirmed by the plan’s own current members. Based on an independently conducted Market Street Research survey, this year’s member satisfaction rating of 91.6% is considerably higher than the national average of 59.3% for similar health care plans. Martin’s Point’s superior scores confirm its success in making sure that every member receives the high-quality care he or she deserves.

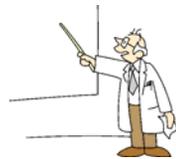
Martin’s Point Health Care -- in order to bring care closer to members – has continued to expand its network of affiliated physicians. This past spring, the Family Medicine Institute in Augusta joined the growing list of US Family Health Plan providers. In addition to its clinics in Portland, Brunswick, and Windham (along with one in Portsmouth, NH), Martin’s Point Health Care now has more than 175 primary care physicians in our state, from Madawaska to Eliot.

If you have any questions about eligibility or benefits, you can contact Bill Hall, US Family Health Plan representative, at 1-800-322-0280, extension 3734.

Out-Of-Area Coverage Under Martin’s Point:

A USFHP member is covered anywhere for emergency care and for urgent care.

In the case of an emergency -- which is a serious, potentially life-threatening illness or injury -- the member just goes to the nearest emergency room. He/she (or someone who knows of his/her situation) should let Martin's Point know what happened, so they can pay the bill and coordinate follow-up care.



In urgent care -- something less than life threatening, like a sprained ankle or fever -- the member calls the toll-free telephone number on his/her membership card and receives a referral from Martin's Point for care.

Since routine care isn't covered out of the area. Martin’s Point recommends that people who are going to be gone a long time transfer to another TRICARE Prime program in their other area, if that is available, and re-enroll when they return (you can do this once per year) or consider altogether another plan.

What is a BCAC?

Beneficiary Counseling and Assistance Coordinators (BCACs) are TRICARE experts, located at each military treatment facility (MTF), who can assist you with TRICARE questions

and concerns. A BCAC listing can be located at the following website:

<http://www.tricare.osd.mil/tricare/beneficiary/BCACDirectory.htm>

How do I obtain emergency care through TRICARE?

Anyone covered by TRICARE should seek treatment at the nearest emergency room right away if care is needed, in the judgment of a prudent layperson, to safeguard life, limb, or eyesight. If you're a TRICARE Prime enrollee and use a civilian emergency room you must notify your Primary Care Manager (PCM) or Health Care Finder at the TRICARE Service Center, within 24 hours or as soon as reasonably possible. In addition, any follow-up care related to the visit must be scheduled with your PCM.

Was the Catastrophic Cap reduced for Retirees?

Yes, the catastrophic cap for retirees and their families was reduced from \$7,500 to \$3,000 per fiscal year effective October 30, 2000. Once accumulated deductibles, co-payments, and cost shares have reached the catastrophic cap, TRICARE will pay providers the entire allowed amount for covered services.

Will I be reimbursed for travel expenses to see a specialist?

The Fiscal Year 2001 National Defense Authorization Act provided non-active duty TRICARE Prime beneficiaries with reimbursement for “reasonable” travel expenses when referred by their PCM more than 100 miles for medically necessary non-emergent care. The referring MTF is responsible for issuing the travel authorization for MTF enrolled beneficiaries. If a civilian PCM is referring the Prime enrollee, the Lead Agent Office will issue the travel authorization.

What are the priorities for care in MTFs?

By law, the priorities for care are:

1. Active duty personnel
2. Active duty family members enrolled in TRICARE Prime
3. Retirees and their family members, and survivors enrolled in TRICARE Prime
4. Active duty family members not enrolled in TRICARE Prime
5. Retirees and their family members, and survivors not enrolled in TRICARE Prime

Non-enrolled persons eligible for military health care may be seen at military hospitals and clinics on a space-available basis.

If I have a grievance for services under the TRICARE program, whom can I contact?

Grievances for MTF care should be reported to the MTF BCAC or Health Benefits Advisor, the MTF Commander, or the regional Lead Agent BCAC. The regional Managed Care Support Contractor is responsible for addressing grievances involving civilian network providers.

TRICARE While Traveling

Denied claims for care received out of the local area account for many of the denied or point of service claims. Failure to properly file the claim is one of the most common problems. Here are some pointers to facilitate the processing of your claims:

- TRICARE claims must be filed to the claims address for the region in which the patient lives on the date of service. For example: providers in Virginia are accustomed to filing claims to Palmetto GBA in South Carolina. If a patient from Texas gets medical care while on vacation in Virginia, the patient needs to make sure the provider mails the claim to WPS in Wisconsin, **not the Palmetto address the provider normally uses**. Here is a link to a web page with the claims address for each state and overseas area:
<http://www.tricare.osd.mil/claims/Wheretofile.htm>
- When you give a provider your address, make sure to provide your home address, **not the temporary address where you are visiting**. A patient address on the claim that does not match the address in DEERS will prevent the claim from processing correctly. Prime and Prime Remote enrollees should always seek prior authorization before seeking care while away from home. The only exception to this rule is an emergency, which a reasonable layperson would believe endangers life, limb, or eyesight. Even in the case of an emergency, the patient or a family member should seek an authorization for treatment as soon as reasonably possible.
- When calling for an authorization from outside the local area, it is usually easiest to call the toll free number (a listing of regional toll free numbers is included in this newsletter) and speak to a health care finder. Make sure you get the name of the health care finder to whom you are speaking.
- It is usually a good idea to call or visit your TRICARE Service Center before you travel. They can explain pertinent local policies. Please note that you may need to contact your local telephone company to find out how to access a toll free number from outside the United States.
- If you do encounter problems with your claims, please contact either a customer service representative at the TRICARE Service Center or the Beneficiary Counseling and Assistance Coordinator

at the nearest military treatment facility. Either can help you, but it is important to seek help in a timely fashion.

If you Need Prescription Medication While Traveling

When you are outside of your TRICARE region, the following guidelines apply: Make sure you bring along enough of your prescription medications to last for the entire trip. If you have to fill a prescription while outside of your TRICARE region, you will have to pay the entire amount out of your own pocket and then seek reimbursement from TRICARE when you return home. If you are enrolled in Prime, you may be assessed a Point Of Service charge unless you call the health care finder and obtain an authorization. When traveling within your region, pay only the co-payment by using a network pharmacy.



If you are taking a long vacation and you want to make sure you don't run out of medicine while you are away, the National Mail-Order Pharmacy (NMOP) can help. You can receive up to a 90-day supply when you order your medications through the NMOP. For additional information and to register with the NMOP call (800) 903-4680.

Websites:

- <http://www.merck-medco.com/> (for additional information)
- <http://www.tricare.osd.mil/ClaimForms> (to download claim forms)

Regional Toll Free Numbers

www.tricare.osd.mil/main/tollfree.htm

<u>Northeast (1)</u> 1-888-999-5195	<u>Golden Gate (10)</u> 1-800-242-6788
<u>Mid-Atlantic (2)</u> 1-800-931-9501	<u>Northwest (11)</u> 1-800-404-2042
<u>Southeast (3)</u> 1-800-444-5445	<u>TRICARE Pacific</u> <u>Hawaii</u> 1-800-242-6788
<u>GulfSouth (4)</u> 1-800-444-5445	<u>WESTPAC</u> 1-888-777-8343
<u>Heartland (5)</u> 1-800-941-4501	<u>Latin American & Canada</u>

	1-888-777-8343
<u>Southwest (6)</u>	<u>Puerto Rico & Virgin Islands</u>
1-800-406-2832	1-888-777-8343
<u>Central (7/8)</u>	<u>Europe</u>
1-888-874-9378	1-888-777-8343
<u>Southern California (9)</u>	
1-800-242-6788	

Winkenwerder said. "We're attempting to get the same look and feel across the whole system."

Other "carved out" contracts will deal with quality monitoring and local-support agreements. He said the new contracts would be phased in over the next few years.

The entire solicitation can be viewed online at:

<http://www.tricare.osd.mil/pmo/t-nex/index.cfm>

Related Site of Interest:

TRICARE Web site at:

<http://www.tricare.osd.mil/>

Tricare Standard Overseas Policy Change:

A new requirement has been levied on Tricare overseas claims processors that has a major impact on retirees and their dependent's ability to use Tricare Standard outside CONUS. Until recently beneficiaries permanently residing overseas have been able to utilize most any medical care provider, pay up front, and submit a claim to their Tricare contractor. Effective IMMEDIATELY, if Tricare has not already certified your provider regardless of the geographic area you reside in, you can expect your claim will be denied. You will not know it has been denied until months later after submitting your claim when you receive an EOB (Explanation of Benefits) showing a denied claim Code 123 which indicates your provider was not certified. In many cases they are not. Especially in the Philippines.

Upon receipt of your claim indicating your use of an uncertified provider Tricare is supposed to mail that provider a certification packet to complete and return. You should not rely solely on this because local mail systems are often inadequate plus your provider may not understand the packet sent to it because many have never heard of Tricare or CHAMPUS and may not respond. To avoid a claim denial you need to confirm with your medical care provider that certification with Tricare has been accomplished.

If not, your provider can write to P.O. Box 7977, Madison, WI 53707 and request a certification packet. Within 30 days of receipt your medical care providers will have to complete a form providing basic information on the services they provide and provide a copy of the their license and/or certificate of membership in the appropriate national professional organization. This information must be sent back to the same address.

Failure of your provider to respond within the 30 days will result in denial of your Tricare claims. This applies to any claim you plan to submit for any services received from hospitals, clinics, laboratories, pharmacies, physicians, etc.

Certification and claim payment should be able to be made retroactive if you resubmit a denied claim as long as the

TRICARE Officials Looking To Revamp Their System of Contracts:

WASHINGTON, Aug. 28, 2002 -- TRICARE officials are looking to revamp their system of contracts to provide medical care to military members, family members and retirees in the United States.

The Defense Department released a request for proposals Aug. 1 for new managed-care contracts. Interested companies have until Nov. 1 to respond, according to Dr. William Winkenwerder, (assistant secretary of defense for health affairs)

Four contractors currently handle seven separate contracts that cover the 11 TRICARE regions. Under the new contracting structure, the United States will be divided into north, south and west regions. Health-care delivery in each region would be covered under a separate contract, Winkenwerder said. "It will be much simplified".

The current regional TRICARE contracts call for the contractors to provide all aspects of health-care delivery, administrative services, pharmacy, marketing, and member education. Winkenwerder acknowledged this led to shortcomings in areas not directly related to patient care.

Under the new contracting proposal, separate contracts will be let to handle pharmacy services, beneficiary education, billing for Medicare-eligible beneficiaries, and retiree dental care. He said these separate contracts would make pharmacy services seamless to beneficiaries across the country.

Likewise, all beneficiaries will receive the same patient-education material regardless of location. TRICARE has received complaints that different contractors produced vastly different brochures, etc. "They might intend to say the same thing, but when people read it, they read something different,"

providers' license and credentials were current on the date of service, the care received was a TRICARE covered benefit, and your provider forwarded the certification packet back to Tricare. There is no guarantee that once a provider has been certified it will remain certified. The TRICARE claims processor will pick providers randomly and review the expiration dates of licensure, credentials, etc. The perspective country's requirements will also be taken in consideration. The TRICARE Provider Certification Unit (TPCU) will send new packets to providers when they require updated information or receive claims from new providers. A provider may expedite claims processing if he/she forwards the information each time an update or a change occurs related to their license to operate or ability to provide services.

For beneficiaries residing in WESPAC an incomplete listing of already certified institutional and noninstitutional medical care providers can be found at: <http://tricare-pac.tamc.amedd.mil>. Click on the large oval circle and you will find the provider listing under "What's New". Recommend you check this listing now to verify if you have to get your private physician or other medical care providers of choice certified prior to the need to submit any Tricare claims. [Source: Chris Fetz, WESTPAC Service Center Manager msg dtd 12 AUG 02 chris.fetz@haw.tamc.amedd.army.mil].

Tricare For Life And Identification Cards:

Questions continue to arise regarding the need to reissue military ID Cards since TRICARE For Life is a lifetime entitlement. The TRICARE Management Activity (TMA) has launched a campaign to ensure eligible TFL beneficiaries are aware of the DEERS enrollment requirement, are enrolled with the appropriate Medicare coverage information and have a current military ID Card reflecting their TRICARE coverage after age 65.

The following is applicable to you and /or your dependents:

- **MILITARY SPONSORS:** Get a new ID Card if the backside of your UNITED STATES UNIFORMED SERVICES RETIRED CARD (DD FORM 2 (RETIRED) reflects "No"

Civilian Medical Care Authorized after a specified date and you have Medicare Part A and Part B coverage. This is a change from formerly TFL published information.

- **FAMILY MEMBERS** holding the UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD (DD FORM 1173) must be updated on the person's 65th birthday.

Be sure to take your Medicare Card reflecting Part A and B coverage with you when applying. DD Form

1173 renewal is required even if it is earlier than the normal four-year expiration date of the current card.

The basis for the reissue of ID Cards was explained in a 16 August 2002, TRICARE Management Activity message that states, "...achieving the age of 65 and becoming eligible for Medicare is a significant event that can disrupt TRICARE benefits. Therefore, it is extremely important that a beneficiary's relationship to their sponsor be current and verified in DEERS in order to determine eligibility for benefits. Additionally, other personal information must be up-to-date to include resident address, mailing address etc. This is also a mechanism for verifying that the beneficiary has purchased Medicare Part B. Medicare Part B is required for TRICARE For Life eligibility.

(CARES) - VA Plans for the Future Health Care Needs of Veterans:

The Department of Veterans Affairs (VA) has taken a major step in its continuing effort to transform its health care system to meet the future needs of veterans. Over the last 10 years, VA has changed the way it delivers health care, shifting from a hospital-based system to an integrated system focusing on:

- prevention,
- early detection of disease,
- the promotion of better health care and
- easier access to care.

Following on these efforts, in October 2000, VA initiated a new planning process called CARES - Capital Asset Realignment for Enhanced Services. Through CARES, VA is evaluating the health care services it provides, identifying the best ways to meet veterans' future health care needs, and realigning its medical facilities and services to meet those needs more effectively and more efficiently.

The Beginning of CARES:

CARES was initiated for several reasons. VA's health care system was designed and built decades ago when inpatient care was the primary focus, with long admissions for diagnosis and treatment. Changes in geographic concentrations of veterans and new methods of medical treatment also meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible to some veterans.

Like other health care providers, VA began to redesign a system to treat more veterans in community-based clinics closer to where they live. The majority of medical care is provided in outpatient clinics. Currently, VA operates more than 800 ambulatory care and community-based outpatient clinics.

A General Accounting Office (GAO) report also found that VA spends one of every four dollars on maintaining and operating medical buildings. GAO recommended, and VA

agreed, that these funds could be better spent on treating more veterans in more locations.

In addition, VA needed a process to address the projected changes not only in the veteran population but also in their medical needs and determine the best way to meet those needs.

Veterans Benefit:

Once the CARES process is completed, VA will be able to provide accessible care to more veterans in the most convenient and appropriate setting. Any savings that result from the CARES process will be used to provide higher quality care and more services to more veterans. Outpatient and inpatient care will be enhanced, as well as special disability programs and long-term care. Changes will affect only the way VA delivers care - health care services will not be reduced. Changes recommended through the CARES process will not be immediate but will be carried out over a period of years.

VA will measure the progress of CARES through increased access to VA health care; the reduction in vacant, underused or excess space, and the success in matching health care services to veterans' locations and needs.

The CARES Pilot Program:

VA's medical system is divided into 21 Veterans Integrated Service Networks (VISNs). VA first conducted a pilot CARES study of one regional health care network, VISN 12, which covers the Chicago area, Wisconsin and the Upper Peninsula of Michigan.

Nine options for delivering health care to veterans in VISN 12 were announced in June 2001. Following an extensive evaluation, three preliminary preferred options were selected, one for each market in VISN 12. VA then initiated a 60-day public comment period, seeking comments from veterans, veterans' service organizations, VA employees, Congress and other interested parties. These comments were reviewed, tabulated and evaluated by staff and discussed by the National CARES Steering Committee. The Steering Committee made a final recommendation to the Under Secretary for Health. The Under Secretary for Health then made his recommendation on the options to the Secretary of Veterans Affairs, who made the final decision, which was announced in February 2002.

CARES Phase II:

The second phase of CARES began in June 2002 and is expected to be completed in 18 months. Phase II will include the remaining 20 VISNs. Lessons learned in Phase I have resulted in a more open, inclusive process where stakeholders will be informed and able to offer input early on in the effort. Another major change is that the VA headquarters CARES office will be in charge of developing the CARES plan, using

carefully analyzed data from multiple sources and applying criteria and actuarial projections.

A formal CARES planning process will be conducted on each Network. The CARES office will assemble and analyze a database that will identify planning initiatives for each market. Planning initiatives cover areas such as inadequate capacity to meet projected outpatient care needs, redundant space and the need to improve access. The Network will find the best way to solve these problems by evaluating solutions to meet the defined planning and evaluation criteria. A key function for the Network will be to maintain effective communication with all stakeholders. The Network will ensure that VA's stakeholders are kept fully informed throughout the process and that all stakeholder comments and concerns are communicated back to the team and later to the CARES Commission.

Additionally, the Secretary of VA will appoint a CARES Commission. The Commission will be a critical focus for communication with stakeholders and communities in the final stages of the VA review and recommendation development process.

Lastly, the Phase II of CARES for the remaining Networks will be more cost effective by making greater use of VA experts and planners.

VA intends to keep pace with technology and advances in the medical field not just to provide adequate care, but also to provide the finest care in the world. Measurable, consistent evaluation will enable VA to make the best decisions possible for veterans' health care today and in the future, in the most cost-effective manner. The needs of special disability groups will be addressed and remain a priority. Once CARES is completed, veteran satisfaction is expected to increase as a result of better access, more efficient programs and superior support services.

For More Information:

Information on CARES is available on the CARES Web site: <http://www.va.gov/CARES>

For information on VA health benefits, call 1-877-222-8387. For information on VA benefits in general, call 1-800-827-1000. Benefits' information also is available on VA's Web site: <http://www.va.gov>

Social Security Administration

SSA Publication No. 05-10045
February 2002

The Windfall Elimination Provision

How It Affects Your Social Security Retirement Or Disability Benefits

If you work for an employer who doesn't withhold Social Security taxes, such as a government agency or an employer in another country, the pension you get based on that work may reduce your Social Security benefits.

Your benefit can be reduced in one of two ways. One is the "government pension offset" and applies only if you receive a government pension and are eligible for Social Security benefits as a spouse or widow(er). For more information on the offset, ask Social Security for the fact-sheet [Government Pension Offset](#) (Publication No. 05-10007).

The other way--the "windfall elimination provision"--affects how your retirement or disability benefits are figured if you receive a pension from work not covered by Social Security. The formula used to figure your benefit amount is modified, giving you a lower Social Security benefit. This fact sheet explains the formula.

Who Is Affected?

The windfall elimination provision primarily affects people who earned a pension from working for a government agency and also worked at other jobs where they paid Social Security taxes long enough to qualify for retirement or disability benefits. It also may affect you if you earned a pension in any job where you didn't pay Social Security taxes, such as in a foreign country.

The modified formula applies to you if you reach 62 or become disabled after 1985 and first become eligible after 1985 for a monthly pension based in whole, or in part, on work where you did not pay Social Security taxes. You're considered eligible for a pension if you meet the pension requirements, even if you continue to work.

An important point:

The windfall elimination provision affects Social Security benefits when any part of a person's federal service after 1956 is covered only under Civil Service Retirement System (CSRS) deductions. However, federal service where Social Security taxes are withheld (Federal Employee Retirement System or CSRS Offset) do not reduce Social Security benefit amounts.

The modified formula is used to figure your Social Security benefit beginning with the first month you get both a Social Security benefit and the other pension.

Why Is A Different Formula Used:

The modified formula prevents a windfall to people who would unfairly benefit from provisions aimed at low-income

workers. Social Security benefits replace a percentage of a worker's pre-retirement earnings and the benefit computation formula includes factors that make sure lower-paid workers. For example, lower-paid workers could get a Social Security benefit that equals about 60 percent of their pre-retirement earnings. The average replacement rate for highly paid workers is about 25 percent.

Before 1983, people who worked in jobs not covered by Social Security received benefits that were computed as if they were long-term, low-wage workers. They received the advantage of higher percentage benefits in addition to their other pension. The modified formula eliminated this windfall.

How Does It Work?

Social Security benefits are based on the worker's average monthly earnings adjusted for inflation. Your average earnings are separated into three amounts and multiplied using three factors. For example, for a worker who turns 62 in 2002, the first \$592 of average monthly earnings is multiplied by 90 percent; the next \$2,975 by 32 percent; and the remainder by 15 percent.

The 90 percent factor is reduced in the modified formula and phased in for workers who reached age 62 or became disabled between 1986 and 1989. For those who reach 62 or become disabled in 1990 or later, the 90 percent factor is reduced to 40 percent.

There are exceptions to this rule. For example, the 90 percent factor is not reduced if you have 30 or more years of "substantial" earnings in a job where you paid Social Security taxes. See Table 1 below that lists the amount of "substantial" earnings for each year.

If you have 21 to 29 years of substantial earnings, the 90 percent factor is reduced to between 45 and 85 percent. Table 2 shows the percentage used depending on the number of years of "substantial" earnings.

(Table 1)

<i>Substantial</i>		<i>Substantial</i>	
<u>Year</u>	<u>Earnings</u>	<u>Year</u>	<u>Earnings</u>
1937-50	\$900 (1)	1951-54	\$900
1955-58	\$1,050	1959-65	\$1,200
1966-67	\$1,650	1968-71	\$1,950
1972	\$2,250	1973	\$2,700
1974	\$3,300	1975	\$3,525
1976	\$3,825	1977	\$4,125
1978	\$4,425	1979	\$4,725
1980	\$5,100	1981	\$5,550
1982	\$6,075	1983	\$6,675
1984	\$7,050	1985	\$7,425
1986	\$7,875	1987	\$8,175
1988	\$8,400	1989	\$8,925
1990	\$9,525	1991	\$9,900
1992	\$10,350	1993	\$10,725

1994	\$11,250	1995	\$11,325
1996	\$11,625	1997	\$12,150
1998	\$12,675	1999	\$13,425
2000	\$14,175	2001	\$14,925
2002	\$15,750		

(1) Credited earnings from 1937-50 are divided by \$900 to get the years of coverage (maximum 14 years).

(Table 2)

<u>Years of Substantial Earnings</u>	<u>Percentage</u>
30 or more	90 percent
29	85 percent
28	80 percent
27	75 percent
26	70 percent

<u>Years of Substantial Earnings</u>	<u>Percentage</u>
25	65 percent
24	60 percent
23	55 percent
22	50 percent
21	45 percent
20 or less	40 percent

Some Exceptions:

The modified formula does not apply to survivors benefits. It also does not apply to you if:

- You are a federal worker first hired after December 31, 1983
- You were employed on December 31, 1983 by a nonprofit organization that was exempt from Social Security and it became mandatorily covered under Social Security on that date
- Your only pension is based on railroad employment
- Your only work where you did not pay Social Security taxes was before 1957
- Or you have 30 or more years of substantial earnings under Social Security

Guarantee:

Workers with relatively low pensions are protected because the reduction in the Social Security benefit under the modified formula cannot be more than one-half of that part of the pension attributable to earnings after 1956 not covered by Social Security.

For More Information:

Visit their website at www.ssa.gov for more information about Social Security. You also can use a variety of online services such as:

- Benefit Planners to help you plan your financial future
- Calculate customized estimates of your future Social Security benefits
- Apply for retirement or spouse benefits
- Correct or change your name on your Social Security card or get a replacement card by requesting a Form SS-5
- Subscribe to E-News, our online newsletter for the latest Social Security Information

You also can call at 1-800-772-1213. Questions can be answered by phone between 7 a.m. and 7 p.m. on business days and provide information by automated phone service 24 hours a day. If you are deaf or hard of hearing, you may call the TTY number, 1-800-325-0778 between 7 a.m. and 7 p.m. on business days.

Social Security & Overseas Travel:

Most of the time you can get your SS even when you are outside the United States for 30 days or more if you are thinking about visiting or moving abroad. However, it depends on where you are going and whether you are a U.S. citizen. Normally you cannot receive Supplemental Security Income benefits while you are outside the United States. To verify your personal situation about getting benefit check while you're outside the United States call up www.ssa.gov/international/your_ss.html.

Long-Term Care Open Season:

Military members, federal employees, and their spouses, have a six-month window starting 1 July to take advantage of a streamlined application process for the Federal Long-Term Care Insurance Program. Federal personnel officials estimate that 20 million people may be eligible to enroll. The John Hancock and MetLife insurance companies offer the insurance through a contract with the Office of Personnel Management.

Long-term care insurance helps people with chronic health conditions to pay for care givers and services that help them do such things as get out of bed, wash, dress, eat, go to the toilet, and other activities that the ill and frail find difficult. Long-term care may be provided at home, in a nursing home or in an assisted-living facility. Long-term care is not medical care and usually isn't covered by medical insurance

plans. Likewise, the long-term insurance program does not cover medical care expenses or medicines.

During the program's first "open season," from July 1 through Dec. 31, eligible military members, federal civilians, and their spouses need to answer a few health questions as part of the streamlined underwriting process. Underwriting is key: It determines an applicant's level of risk, eligibility to participate, premiums and benefits. On the other hand, because premiums for long-term care insurance are based upon age and state of health, all federal civilian and military retirees must undergo full underwriting, which involves answering more health-related questions and providing more information. The Long-Term Care Partners [\[http://www.opm.gov/insure/ltc\]](http://www.opm.gov/insure/ltc) Web site www.ltcfeds.com has open season information kits and application instructions. There may be additional FLTCI Open Season enrollment windows, but none are scheduled or promised at this time. Procedures and rules could change for future open seasons.

To consult with a certified long-term care insurance specialist by phone call 1-800-LTC-FEDS (1-800-582-3337) or TDD 1-800-843-3557. This service is available 8 A.M. - Midnight EST 7 Days a Week. [Source: American Forces Press Service 1 JUL 02]

MEDICARE Part B Payment Assistance:

More than 16 million people with low incomes who may need help paying their Medicare Part B (medical insurance) premiums and other medical costs can expect a letter in the mail telling them how to qualify for the Medicare Savings Programs. People with income and assets below certain limits can save as much as \$600 a year as explained in the letter to be sent jointly by Social Security and the Centers for Medicare and Medicaid Services. The letter gives the phone numbers of the state agencies people can contact to see if they qualify. The mailings are staggered, and will be completed by December 21, 2002. For more information about the Medicare Savings Programs, visit the Medicare site www.cms.hhs.gov [Source: NAUS Update for 21 June 2002]

****TRANSITIONS****

RETIREMENTS

Albert, Kenneth J., CW2
Bosse, Marcel J., SSG
Brissette, Ralph J. Jr., SGT
Brooks, Byron H., SFC
Fish, Charles F., SGT
Fortin, Daniel J., MSG
Gerard, Milton H., CSM
Gilbert, Earl R., SGT
Herbest, Arthur G., SFC
Knox, Randall L., SSG
Lebrun, Richard J., SSG
McPike, Alden W., LTC
Parlin, Robert S., SPC
Rines, Fred, SGT
Robbins, Ralph A., SSG
Stone, Stephen M., CW2
Tainter Vinal E., SSG
Ware, Ronald N., SSG
Wing, Bobby J., SSG
Woodcock, Russell K., SGT
Wynne, Kelley D., MSG



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



****TAPS****

CW4 Leo R. Rousseau

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

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....

Flag Folding Ceremony

The flag folding ceremony represents the same religious principles on which our country was originally founded. The portion of the flag denoting honor is the canton of blue containing the stars representing the states our veterans served in uniform. The canton field of blue dresses from left to right and is inverted when draped as a pall on a casket of a veteran who has served our country in uniform.

In the Armed Forces of the United States, at the ceremony of retreat the flag is lowered, folded in a triangle fold and kept under watch throughout the night as a tribute to our nation's honored dead. The next morning it is brought out and, at the ceremony of reveille, run aloft as a symbol of our belief in the resurrection of the body.

- The first fold of our flag is a symbol of life.
- The second fold is a symbol of our belief in the eternal life.
- The third fold is made in honor and remembrance of the veteran departing our ranks who gave a portion of life for the defense of our country to attain a peace throughout the world.
- The fourth fold represents our weaker nature, for as American citizens trusting in God, it is to Him we turn in times of peace as well as in times of war for His divine guidance.
- The fifth fold is a tribute to our country, for in the words of Stephen Decatur, "Our country, in dealing with other countries, may she always be right; but it is still our country, right or wrong."
- The sixth fold is for where our hearts lie. It is with our heart that we pledge allegiance to the flag of the United States of America, and to the republic for which it stands, one nation, under God, indivisible, with liberty and justice for all.
- The seventh fold is a tribute to our Armed Forces, for it is through the Armed Forces that we protect our country and our flag against all her enemies, whether they be found within or without the boundaries of our republic.
- The eighth fold is a tribute to the one who entered in to the valley of the shadow of death, that we might see the light of day, and to honor mother, for whom it flies on mother's day.
- The ninth fold is a tribute to womanhood; for it has been through their faith, love, loyalty and devotion that the character of the men and women who have made this country great have been molded.

- The tenth fold is a tribute to father, for he, too, has given his sons and daughters for the defense of our country since they were first born.
- The eleventh fold, in the eyes of a Hebrew citizen, represents the lower portion of the seal of King David and King Solomon, and glorifies, in their eyes, the God of Abraham, Isaac, and Jacob.
- The twelfth fold, in the eyes of a Christian citizen, represents an emblem of eternity and glorifies, in their eyes, God the Father, the Son, and Holy Ghost.

When the flag is completely folded, the stars are uppermost, reminding us of our national motto, "In God we Trust."

After the flag is completely folded and tucked in, it takes on the appearance of a cocked hat, ever reminding us of the soldiers who served under General George Washington and the sailors and marines who served under Captain John Paul Jones who were followed by their comrades and shipmates in the Armed Forces of the United States, preserving for us the rights, privileges, and freedoms we enjoy today.

THIS IS 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

Enlisted Association:

The 31st Annual National Conference of the Enlisted Association of the National Guard of the United States (EANGUS) was held in Niagara Falls, New York from 18 to 22 August 2002. CSM Mark J. Collins, SGT Christopher L. Armstrong and SGT Roland Choate represented the Army National Guard at the conference. CMSgt Allen J. Graves and TSgt Raymond Curran represented the Air National Guard.

The conference adopted 22 resolutions and reaffirmed fifteen of the 2000 resolutions for an additional year. The resolutions can be viewed on the EANGUS web site at <http://www.eangus.org/> or a hard copy can be obtained from CSM Collins at Camp Keyes.

Renewing your membership or joining EANGUS for the first time has never been easier. Just go to the above web site and click JOIN EANGUS. Scroll down to the Maine doc and enter your information to pay online using your credit card. If you prefer not using your credit card on line print the document at Maine PDF, fill out the form and mail the form

along with a check in the amount of \$15.00 to CSM Mark J. Collins, Headquarters Maine Army National Guard, Military Bureau, Camp Keyes Augusta, Maine. Retired members, Officers and Enlisted alike are eligible to join EANGUS. Thank you for your support of the Enlisted Association of the National Guard of the United States.

**POW/MIA
RECOGNITION
DAY**



September 20 is the National POW/MIA Recognition Day.

****UPCOMING EVENTS****

Retiree Council Meeting Dates for 2002:

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.

FEBRUARY 12, 2002 AUGUST 13, 2002
APRIL 9, 2002 OCTOBER 8, 2002
JUNE 11, 2002 DECEMBER 10, 2002

**Maine Army Retiree Council Meetings – Calendar
Year 2002:**

(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 2002 as follows:

- 12 Apr 2002, 1930 hours, Air National Guard Base, Bangor, Maine
- 14 Jun 2002, 1930 hours, Post 31, American Legion, Washington St., Auburn, Maine
- 15 Aug 2002, 1930 hours, Maine Veterans Home, U.S. Route #1, Scarborough, Maine
- 17 Oct 2002, 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 or CSM Edward L. Davis, AUS (Ret) (207) 287-5222

The Thirtieth Annual Military Ball :

Will be held at the Augusta Armory on October 19th 2002. The theme for this years' military ball is "A Salute to America's Defenders". The schedule of events for the military ball follows:

- 1700-1900: Pre-Ball Dinner at the Augusta Country Club.
- Cost \$17.00 per person includes taxes and gratuity. Make reservation through Command Group (207) 626-4271
- 1900-2000: Social Hour at Augusta Armory.
- 195th Army Band will provide background music
- 2000-2030: Opening ceremonies.
- Posting of the Colors by the Maine State Select Honor Guard.
- 2030-2400: 30th Annual Military Ball.

Music provided by:

- Coastal MC, featuring SSG Robert Pearce, providing popular music from the 50's through today.

Tickets:

- Enlisted soldiers \$20.00 per couple.
- Officers \$30.00 per couple.
- Civilian DVEM employees \$20.00 per couple.
- Tickets available at your local Armory or by calling Becky Maheux at (207) 626-4302.

Lodging:

- Lodging accommodations can be made at the Augusta Travel Lodge telephone (207) 622-6371.
- Lodging rate is \$55.00 per night.
- Indicate that you are with the Military Ball group.
- Make reservations prior to October 12th.

The military ball provides a great opportunity to renew old friendships and tell war stories. Hope to see you on the 19th.

Maine Military Historical Society Annual Meeting:

The annual meeting of the Maine Military Historical Society is scheduled for Saturday evening on 26 October 2002. The meeting banquet will be held at the Senator Inn in Augusta.

The theme will be to honor EX-POW / Detainees and MIA service persons.

Invitations have been sent to all MMHS members and the members of the AEX-POW chapter in Maine.

Guest speakers include a detainee from the USS Pueblo and a WW2 POW, shot down over Germany. Navy Lt. Shane Osborn pilot of a Navy EP3 forced down in China may also be present.

Cost of the GREAT Buffet is \$23.00 per person. For an information/invitation packet call MS Laura Bushey in the TAG DFE Office at 626-4350 or E-Mail laura.bushey@me.ngb.army.mil

Seating at the Inn is limited to 150 guests so first come first served.

Send in your reservation form and check ASAP.

Albert J. White Jr. Col. (Ret)
Member Board of Directors

****FOR YOUR INFORMATION****

Baldacci seeks emergency aid for Veterans:

07/18/2002 From time to time, letter writers have expressed their outrage over how poorly the federal government meets its obligations to the men and women who have served this country, particularly regarding health care. Last fall, in an op-ed for Veterans Day, Rep. Tom Allen, D-Maine, discussed the problem and his efforts in Congress on veterans' behalf. He concluded succinctly, "The way to honor veterans is to meet their needs."

Rep. John Baldacci, D-Maine, clearly agrees. On July 12, he introduced legislation that will help states create or maintain emergency aid programs for America's veterans. "We must make sure that veterans do not fall through the cracks, and that help is available when emergency situations occur," Baldacci said. We couldn't agree more.

The Veterans Emergency Assistance Act (HR 5112) would establish a federal grant program within the U.S. Veterans Administration that would provide funding to states so that they can provide financial relief to veterans who find themselves facing a temporary emergency situation.

Each state would be allowed to define the parameters of assistance in its program: which veterans could apply for help,

the types of emergencies eligible for coverage, how the assistance is provided and the maximum amount allowed per veteran or dependent each year.

States would match \$1 for every \$3 of federal assistance, with a \$1 million maximum federal grant per fiscal year. Baldacci's bill would authorize funds for fiscal years 2003 through 2007.

Some states already provide emergency aid on an occasional basis; other states do not. The legislation would help states maintain continuous assistance or start a program.

"America's veterans have made great sacrifices for this country. They answered the call to duty and asked little in return," Baldacci said. "This legislation recognizes their service and contributions and indicates that the American people will not turn their backs on our veterans."

Fight Continues To Abolish Ruling Forfeiting Earned Retirement for Receiving Disability Compensation:

Teams representing The Military Coalition and other veteran-oriented organizations converged on members of Congress who sit on the conference committee for the fiscal 2003 National Defense Authorization Act. Their goal was to convince conferees to adopt the Senate version of the NDAA, which would authorize full concurrent receipt of retired pay and disability compensation by military retirees who have been awarded compensation by the Department of Veterans Affairs. Such action would overturn a century-old law that forces such retirees to forfeit one dollar of retired pay for each dollar of disability compensation received.

The House version, on the other hand, would authorize concurrent receipt only for retirees with 60 percent or more disability compensation, to be phased in over five years.

Military retirees are the only retirees who must forfeit earned retirement to receive disability compensation, and some can lose their entire retirement, according to the organizations.

The Office of Management and Budget has recommended that the President veto the NDAA if it includes any concurrent receipt provisions.

Gulf Syndrome:

VA Registers: If you believe you were exposed to any type of radiation, Agent Orange, or conditions leading to Gulf Syndrome while in service you should be registered on the appropriate VA Registry. [Note: SHAD does not have a Registry at this time]. To do so go to your nearest VA Medical System Facility and request your name be added if not already on it. You do not have to have a VA C-Number to do this. If you are already enrolled at the facility as a

patient verify you are on the register. In order to obtain treatment under the Public Laws of "presumptives" you must be on the register. The Office which handles this process varies with each Facility but every VA Medical Facility has a Registry Coordinator [RC]. Every facility should also have a VA Med Facility Representative Program. To find out who the representative is for your local Facility contact the Facility Volunteer Services. This is a VA authorized position of appointment. This representative can assist you to be placed on the appropriate register as they are familiar with the persons involved. The Facility should then set you up for a Physical and assign you to a Primary Care Person [PC]. The PC, during your first appointment, will then decide referrals to Specialty Clinics for treatment under the Public Laws governing same. For each treatment visit the attending medical person treating you will fill out a form. Before you leave that person, ask them to show you that they have checked the appropriate 'box' to indicate that visit is service connected in order that you not be charged for the visit.

If you have trouble locating the RC for the Ionizing Radiation Register [IRR] the NAAV will assist you. Send the name of whoever advised you there was no program or RC at the facility and the VA Facility concerned to National Association of Atomic Veterans Hq P.O. Box 2558, Ventnor NJ 08406-0558 Tel: [800] 784-6228 and they will ensure that your VA facility is brought up to speed on the IRR. For more info on IRR Go to www.va.gov/IRAD. [Source: e-Nuclear Veterans News 20 AUG 02]

VA Agent Orange Claims Retroactive:

A federal appeals court in San Francisco has ruled that Vietnam vets who contacted prostate cancer and diabetes related to Agent Orange exposure should receive retroactive disability benefits dated to the time they first filed a claim with the VA.

The ruling of the 9th Circuit Court of Appeals sets a legal precedent that could extend to a wide range of illnesses associated with herbicides. The appeals court decision let stand a lower court ruling that held the VA incorrectly interpreted regulations to deny retroactive payments to vets who filed claims after early 1994.

A DEC 1999 U.S. District Court ruling held that all Vietnam veteran prostate cancer claimants and their survivors are entitled to retroactive benefits to the date of their first filing of their claim for service connection or survivor's benefits (as long as the prostate claim was not final before 25 SEP 1985).

Also upheld by the appeals court was a provision in a 2000 ruling by U.S. District Judge Thelton Henderson, ordering the VA to provide retroactive payments to the estates of veterans who died before the VA paid the money they were owed. In addition to the prostate cancer, the appeals ruling also affects veterans who filed for adult-onset, or Type 2, diabetes which

was added to the list in 2000. The VA still has the right to further appeal this decision.

Insurance Reimbursements to VA Skyrocket:

Department of Veterans Affairs collections from insurance companies that reimburse the government for veterans' health care reached record levels in recent months as the number of veterans seeking care at VA facilities continued to climb. In each of the last five months, collections topped \$100 million. Since the VA gained authority in 1986 to seek reimbursement from third-party insurers and assess co-payments for care furnished to certain veterans with annual incomes above an amount set by law, collections have increased from \$24 million to an estimated \$1.2 billion this fiscal year. Before 1997, collected funds went to the U.S. Treasury. Since then, the VA has been authorized to keep the money for medical care. The VA does not make collections for the treatment of service-connected conditions.

Although insurance reimbursements are cascading into the Department of Veterans Affairs' coffers, Veterans Affairs Department secretary Anthony Principi is talking of suspending enrollment of lower-priority veterans into the health-care system, and capping the number of veterans who can enroll, or limiting annual open enrollment periods. The department floated the idea (rejected by Congress) of a \$1,500 deductible for higher-income beneficiaries. The VA has told its network directors to stop marketing for new patients. Here are a few reasons why:

- Since 1995, the number of VA enrollees for medical care has shot up from 2.9 million to more than 6 million, with total beneficiaries heading to more than 8 million by 2006 and almost 9 million by 2012.
- From 1995 to now, the VA's annual budget for medical care has climbed only 32 percent, from \$16.2 billion to \$21.4 billion.
- Veterans with no service-connected disabilities and higher incomes are flocking in for 30-day prescriptions at \$7.
- With the addition of a lower-rung priority group of non-service-connected veterans, such beneficiaries make up 33 percent of all enrollees, with a projected jump to 42 percent by 2010.

VA Independent Living Program:

The VA is authorized to provide programs of independent living services and assistance for veterans who have a serious employment handicap resulting in substantial part from a service-connected disability under specific circumstances. The objective of this program is to enable veterans to achieve maximum independence in daily living. The programs are administered either under contracts or through facilities of the Veterans Health Administration under regulations that the

Secretary has prescribed and can be initiated for no more than five hundred veterans in each fiscal year. These facilities must possess a demonstrated capability to conduct the programs. This service is legally available only in the U.S. Termination notices have been sent to about 200 veterans in the Philippines who were receiving this service while awaiting verification of the "U.S. only" policy. [Source: Vocational Rehabilitation & Employment Office Manila
vreppend@vba.va.gov

House Approves Memorial, Burial and VA Procurement Bills:

The House of Representatives has approved legislation that would authorize the placement of a new memorial honoring veterans of the Battle of the Bulge, as well as legislation revising burial eligibility at Arlington National Cemetery, and reforming the way the Department of Veterans Affairs procures its health care supplies and equipment. H.R. 5055 will authorize the placement of a new memorial in Arlington National Cemetery honoring the veterans of the Battle of the Bulge, the largest land battle of World War II, with more than 80,000 American casualties.

The House also approved H.R. 4940, the Arlington National Cemetery Burial Eligibility Act, that will expand eligibility for burial at Arlington to Guard and reserve members with 20 years of service, but who died before reaching retirement age, and to Guard and reserve members who die while on training duty in the performance of duty. Finally, the House approved of H.R. 3645, the Veterans Health Care and Procurement Improvement Act of 2002, which would reform the procurement procedures of the VA health care system.

All three bills (H.R. 5055, H.R. 4940, H.R. 3645) will now be sent to the Senate for their consideration. For more details on these bills visit
<http://veterans.house.gov/news/107/7-22-02.html>

Licensing, Certification Info for Military Jobs Available Online:

American Forces Press Service reports that separating military members can now get help earning professional certification or licenses related to their military jobs for the civilian world before they leave the service. Information for separating service members can be found on the DAN TES Website at
<http://voled.doded.mil/dantes/cert/index.htm>.

The site describes certifications or licenses required to take a job in a wide variety of civilian career fields.

Service members can search based on their occupational specialty or service code. The site describes how well members' training and experience in military jobs prepare them for the tests and what added work members might need to do. The DAN TES site also contains links to information from the Department of Labor and the Bureau of Labor

Statistics on what civilian jobs correspond to military specialties. Another information source for departing members of all services is Credentialing Opportunities Online at <http://www.armyeducation.army.mil/cool>

This is the official site of the GI to Jobs program. For more on career guidance and a national job board, visit
<http://www.military.com/Careers/Home/1,13373,,00.html>

Pending Legislation Designed to Help Veterans Find Jobs:

According to the American Forces Press Service, legislation passed by the House of Representatives and pending in the Senate is designed to improve the Department of Labor's role in helping veterans find jobs. The Jobs for Veterans Act, H.R. 4015, redesigns a Labor Department program called the Veterans Employment and Training Service.

Darryl Kehrer, staff director for the benefits subcommittee of the House Veterans Affairs Committee, noted that seven out of 10 veterans who use the current DoL program do not get jobs through it. The current system doesn't work because there are no rewards for success or penalties for failure, Kehrer explained. Enactment of the Jobs for Veterans bill also would give former service members first priority in all DoL-funded employment-training programs, and it would create the president's national Hire Veterans Committee, he noted. For more help on career guidance and a job board, visit
<http://www.military.com/Careers/Home/1,13373,,00.html>

Unclaimed Pensions/Refunds:

Experts estimate that as many as 5% of Americans who are due pension benefits are not receiving them. These are people who got new jobs, moved or remarried and changed their names, never bothering to notify former employers of their whereabouts. The bottom line is that millions of dollars of retirement checks are going unclaimed. To see if you may be entitled check out www.kantrowitz.com. This website will also lead you to other government cites for refunds. HUD and SSA also have websites for locating unclaimed checks at www.hud.gov and www.ssa.gov. Workers might not realize that they were accruing benefits because they worked for a small employer who didn't do a good job of communicating plan benefits or they may have lost track of an employer that was purchased or merged into another company. Pension Benefit Guaranty Corp. at www.pbgc.gov operates an online search tool for lost pensioners whose plans were taken over by regulators because the company filed for bankruptcy protection or dissolved its plan.

In 1984 a law was passed to protect spousal rights under pension law. Surviving spouses of individuals who earned a pension after that point also could be due benefits. Today, most plans require five years of employment to become vested in, or fully entitled to, a company pension. However,

before the mid-1980s, it typically took 10 years; and before the Employee Retirement Income Security Act was passed in 1975, many companies provided pensions only if you worked for them until you retired. Thus, the older the work history, the less likely you are to have a vested pension. If you're certain you're owed a pension, but you can't find the company or can't persuade the benefit's representatives to help you, contact a pension-counseling project.

There are 10 such projects nationwide. In California, the Pension Rights Project is in San Francisco and can be reached toll-free at (800) 474-1116.

Lawsuit To Restore Free Health Care For Retirees 65 and Older:

Class Action Lawsuit [Day] Update 4: As of 5 August 2002, The Washington, DC Federal Appeals Court has not released its ruling on the Class Act lawsuit filed by Medal of Honor recipient Colonel George "Bud" Day, US Air Force (Retired). Colonel Day is the attorney for the lawsuit filed for the plaintiffs Robert Reinlie and Sam Schism to restore broken health care promises to WWII/Korea military retirees. The CAG has indicated that given a general average of 6 to 7 months for this court to report an "en banc" decision, September 2002 is the probable month to receive the Class Act lawsuit decision. Currently, over 20,000 military retirees have joined the CAG lawsuit that is seeking to restore free health care for retirees 65 and older and their dependents. It also requests reimbursement of money (Maximum of \$10,000) that has been withheld from Social Security pay over the years to finance Medicare Part B, as well as gaining relief from future Medicare deductions.

The lawsuit was first filed in 1996 and has passed through several court hearings. The latest decision was in February 2001 where a three panel decision by the Washington, DC Federal Court of Appeals ruled in favor of the CAG. The US Government appealed and requested a hearing before the full 12-member (en banc) court, which was held before an overflow courtroom on 6 March 2002. During his presentation Colonel Day made a strong case unrebutted by the Dept. of Justice (DoJ) and the DoD team of lawyers, that the health care promise was made and broken. Under tough questioning by the Court, the DoJ/DoD team attempted to use the Anti-deficiency Act as a defense. The Anti-deficiency Act provides that no government official can obligate the expenditure of funds unless otherwise appropriated by the Congress. The Court asked the DoJ/DoD team how about the number of cases the government has prosecuted under the Act, to which the team admitted it knew of none.

The CAG lawsuit is open to military retirees and widows/widowers who may file on behalf of a deceased spouse who meet the following criteria:

- Voluntarily retired with credit for 20 or more years of active duty
- Entered on active duty before December 7, 1956
- Be age 65 or older, currently paying for Medicare Insurance Part B or have paid for it in the past.

For more information call toll free 1-800-972-6275, go to the web site www.classact-lawsuit.com, email Class Act at lawsuit@classact-lawsuit.com or write Class Act Group, 32 Beal Parkway SW., Ft Walton Beach, FL 32548-5391

Department To Create 'Future Border'

American Forces Press Service

August 5, 2002

WASHINGTON, - Safeguarding the geographic perimeter of the United States and the nation's transportation systems would be one of the main missions of the Homeland Security Department proposed by President Bush, according to White House officials.

The U.S. border with Canada is 5,525 miles long; the border with Mexico is nearly 2,000 miles long, officials noted. There are 95,000 miles of shoreline and 350 official ports of entry. These include seaports and international airports.

The new department would manage who and what enters the United States, officials said. It would lead efforts to create "a border of the future" that would provide greater security through better intelligence, coordinated national efforts and international cooperation. At the same time, it would help improve efficiency to ensure border operations serve the needs of legitimate travelers and industry.

One of the department's goals would be to develop a state-of-the-art visa system through which visitors are identified by biometric information obtained during the visa application process, White House officials said. The data would be shared with border management, law enforcement and intelligence agencies so those who pose a threat to America are denied entry.

Another goal would be to deploy an automated entry-exit system that would verify compliance with entry conditions, student status and duration of stay for all categories of visas.

The new department would assume authority over the U.S. Coast Guard to secure the nation's territorial waters, officials said. The Coast Guard performs regulatory, law enforcement, humanitarian and emergency response duties. It has command responsibilities for countering threats to America's coasts, ports and inland waterways. It conducts port security, harbor defense and coastal warfare operations and exercises.

The Coast Guard would maintain its existing independent identity as a military organization under the leadership of the

Coast Guard commandant. In time of war or at the president's direction, the Coast Guard would operate under the Defense Department, consistent with existing law.

The new department also would incorporate five federal organizations to carry out border security mission: U.S. Customs Service; Immigration and Naturalization Service and Border Patrol; Animal and Plant Health Inspection Service; Transportation Security Administration; and Federal Protective Service.

The Federal Protective Service, currently part of the General Services Administration, is responsible for protecting government buildings, a task closely related to the new department's infrastructure protection responsibilities, officials said.

The recently created Transportation Security Administration at the Department of Transportation is currently responsible for the security of all modes of transportation within the United States. It employs airport security and law enforcement personnel. Currently focused on aviation security, the TSA will also address the security needs of other transportation modes.

As part of the new department, the Immigration and Naturalization Service would separate immigration services from immigration law enforcement. A new immigration services organization would work to administer immigration law. The new Department would assume the legal authority to issue visas to foreign nationals and admit them into the country.

The State Department, working through U.S. embassies and consulates abroad, would continue to administer the visa application and issuance process. The Homeland Security Department would make certain that America continues to welcome visitors and those who seek opportunity within America's shores while excluding terrorists and their supporters, White House officials concluded.

Wearing of Uniforms/Insignia:

Veteran's Use of Uniforms/Insignia: Military retirees and veterans can wear uniforms and medals long after separation. More than anything else, common sense and dignity govern when and where a military veteran can wear a uniform. For formal occasions, retirees and veterans can wear the current uniform or the last one they wore on active duty. A local commander can authorize the wearing of other uniforms.

Active duty enlisted who retired as officers in the reserves or National Guard can wear the uniform and insignia of their commissioned rank.

Retirees who teach military education can wear a uniform during the workday.

Wearing a uniform is forbidden for business or personal gain or while participating in an event that may cast the military in an unfavorable light.

Retirees should not wear uniforms overseas unless asked to do so. The customs and laws of many countries restrict or forbid foreigners from wearing military uniforms or insignia.

In uniform any medal, campaign ribbon or decoration can be worn that was authorized to wear while on active duty or in the reserves. Medals and miniature medals are appropriate with formal wear, such as a tuxedo. On other occasions, ribbons are suitable with uniforms. Wearing a foreign decoration is appropriate only if at least one U.S. decoration is also on the uniform. Lapel pins that come with decorations for valor and service can be worn almost any time.

Airline Traveler's Rights:

Travelers should be aware that their expectations should be tempered with reality when airline travel plans are disrupted by flight delays, cancellations, or rerouting. Like most airline policies this reality varies with the airline concerned.



According to the Consumer Reports Travel Letter, if the problem is due to something under the airline's control, such as maintenance (a broken airplane), the airline will book you on its next available flight or that of another airline. If the only available seat is in first class, they will upgrade you at no cost. They will also refund any unused portion of your ticket and in some cases provide ground transportation and meals.

If the problem is caused by events outside the airline's control such as bad weather or terrorist activity the airline has only one responsibility, to give you a refund.

Other services that the airline provides such as rebooking, hotel accommodations, meals, and ground transportation are entirely up to the discretion of the airline. This is why it always pays to be nice to the person behind the ticket counter!

Air Traveler Rights if Bumped:

Although the number of involuntary bumpings (when someone is forced against their will to miss a flight because it is overbooked) is down slightly, it still happens with regularity. If you do not want to get bumped here are some helpful hints:

- Make sure to get a seat assignment when you purchase your ticket.
- Check in early, at least no later than the time specified by the airline.

Airlines don't owe you anything if you fail to comply with their check-in times.

- Board the airplane when your row is called. Airlines must ask for volunteers before they involuntarily bump someone, so make sure the flight attendants have asked for volunteers before you give up your seat.

If you are bumped involuntarily you are owed nothing if your new flight gets you to your original destination less than one hour from the original scheduled arrival time. For destination arrival time delays of 1 to 2 hours on domestic flights (1 to 4 on international), you're owed the face value of the ticket for that segment of the flight from which you were bumped, or \$200 whichever is less. For longer delays, you're owed double the one-way fare or \$400, whichever is greater. [Source: TROA Member Services Update for June 02]

Space-A On Medevac Planes:

Banned since November 2001, Space Available travel aboard C-9 medical evacuation aircraft has been re-authorized. Due to post-Sept. 11 concerns, Space-A flights aboard medical evacuation planes marked with a Red Cross had been restricted. According to the Geneva Convention, only patients and other specified noncombatants can fly in aircraft marked with the Red Cross insignia. To gain more versatility in aircraft use, the Air Force removed the red crosses from the tails of all but one of its C-9 fleet, allowing the aircraft to be used as general-purpose transports. Any C-9 without the Red Cross can still be designated as a medical flight and receive the protection afforded by the Geneva Convention. The Air Force routinely flies C-9s from Germany, Spain, Italy, Sicily, Crete and England. For more information visit <http://amcpubscott.af.mil/spacea>. [Source: Armed Forces News Issue: Fri, June 14, 2002]

Lodging in New York City:

Lodging at only \$25 - \$45 per person per night, less for dependents under age 14.

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Navy Lodge Debuts New Website:

Navy News Service reports that the Navy Lodge Program, a part of the Navy Exchange Service Command (NEXCOM), has launched a new website at <http://www.navy-lodge.com>. The site gives a listing of each Navy Lodge location complete with directions, phone numbers and other helpful information.

The Navy Lodge System has a 24-hour reservation system. Once an individual Navy Lodge has been selected, the Sailor can view a photograph of the facility and see check-in and -out times and get directions. Area attraction details as well as information about facilities within walking distance is also listed. All Navy Lodge rooms are air conditioned, have cable TV with HBO, a video cassette recorder, direct-dial telephone service and many have a kitchenette complete with microwave and utensils. Free local calls, free in-room coffee and newspapers as well as convenient on-base parking are also available. For more information, Sailors can also call 1-800-NAVY-INN, 24 hours a day, 7 days a week to receive a Navy Lodge directory or to make a reservation. Reservation and room assignments are accepted on an as-received basis without regard to rank. For more on travel discounts and special accommodations, visit <http://www.military.com/Travel/Home/1,13396,,00.html>

READ THE LABEL:

Consumers will see a change in the packaging of their over-the-counter (OTC) medications. On May 16, most drug manufacturers had to begin producing products with a new "drug facts" label, which will help consumers more easily choose the appropriate OTC product and understand its risks and benefits.

Patterned after the "nutrition facts" on food labels, the new drug labels will contain more user friendly information about a drug's "active ingredients, uses, warnings and dosage directions," according to the National Council on Patient Information and Education, whose board the ANA has served on since its inception. The Food and Drug Administration (FDA) developed the drug facts label.

To help Americans understand the new labeling, the Consumer Healthcare Products Association (CHPA) and the FDA produced a brochure called "The New Over-The-Counter Medicine Label... Take a Look!" The brochure explains what's included on the label, from purpose to directions for use; the importance of reading labels, including the expiration date and what to do if an overdose occurs; and, the reasoning behind tamper-evident packaging.

For brochures, contact CHPA at (202) 429-3529 or go to www.chpa-info.org.

Chronic Pain:

As many as one in five Americans suffer from chronic pain. It can stem from a disease such as cancer or arthritis or may result from an infection or serious injury. In some cases chronic pain persists long after the original cause is resolved. Chronic pain is itself a disorder of the nervous system. Often referred to as neuropathic pain, it produces abnormal changes in the brain and spinal cord. Over time it rewires the nervous system to become hypersensitive to the point where even mild pressure can cause pain. Unlike acute pain, which warns of a problem in the body, this type of chronic pain serves no useful purpose -- only agony.



In 1999 the VA health care system took aggressive steps to help sufferers of chronic pain. VA recognizes pain as the "fifth vital sign", along with pulse, temperature, respiration and blood pressure. Increased efforts to treat chronic pain were made through programs such as the Chronic Pain Rehabilitation Program at Tampa VAMC and the chronic Pain Management Program in Long Beach Ca. At these and other clinics throughout the VA system, specialists in chronic pain use a multidisciplinary approach. Treatment may include individualized combinations of exercise, relaxation techniques, psychotherapy, electrical stimulation, and medications. Narcotics are usually avoided because of their undesirable side effects. Surgery is a last resort, but in some cases it may be recommended. Pain clinic teams also address issues such as depression, anxiety, sleep difficulties, sexual disorder, and disability. The key to improvement is a comprehensive treatment program.

Million Users Download Army Game:

Army News Service reports that since its launch July 4, more than one million Americans have downloaded the Army's free computer game "American's Army". The game actually includes two separate games: "Soldiers," a role-playing character-builder based on the Army's values, and "Operations," a first-person shooter game that takes the player on missions to attack enemies.



"It's a great game because it allows people to see what it's like to be in the Army and on one of our many operations," said Maj. Chris Chambers, deputy director of the Office of Economic and Manpower Analysis at the U.S. Army Military Academy. The idea is to give young men and women a taste of battlefield tactics and soldier professionalism, Chambers said. The game is online, so players can log onto the <http://www.americasarmy.com> site and use team strategies to achieve their objectives. By September, the Army expects to have paid about \$7.5 million to create and distribute the games.

Identity Theft Victim Action:

If you become a victim of identity theft, there are ways to recover your good credit rating. First, report the identity theft to Social Security's Fraud Hotline at 1-800-269-0271. Then, report it to the Federal Trade Commission's ID Theft Hotline, 1-877-IDTHEFT.

You also should contact the three major credit bureaus, tell them you're an identity theft victim and ask them to place a fraud alert on your records.

The credit bureaus are:

- Equifax: 1-800-525-6285 or www.equifax.com
- Trans Union: 1-800-680-7289 or www.tuc.com
- Experian: 1-888-397-3742 or www.experian.com

Also, write your creditors and ask them to contact you before opening any new accounts in your name or changing existing accounts or credit limits.

For more information on identity theft, visit the Social Security identity theft page at <http://www.ssa.gov/pubs/idtheft.htm> It is important to be aware of the threat of identity theft. For example, some Courts are considering or may have put recorded documents on line to make them accessible through the Internet. This could provide crooks and as well as others unlimited and uncontrolled access to recorded documents to steal another person's identity.

E-mail Preference Service:

If you want to reduce the number of unsolicited commercial emails you receive check out Direct Marketing Associations (DMA) E-mail Preference Service (e-MPS) at www.dmaconsumers.org. Here you can complete an e-MPS registration form online to be deleted from national commercial e-mail lists. Upon receipt, the DMA will distribute your request to companies subscribing to e-MPS. Companies subscribe to reduce their advertising cost in transmitting to potential customers who are not going to respond. All DMA members who wish to send unsolicited commercial e-mail must purge their e-mail lists of the individuals who have registered their e-mail address with e-MPS. The service is also available to non-members so that all marketers may take advantage of this service to eliminate the names of those who do not want unsolicited commercial e-mail. E-mail of a business-to-business nature received at your place of employment is not affected through registration with e-MPS. The DMA does not provide marketers with consumer e-mail lists.

Captain's Call Kit Now Available Online:

The Navy News Service reports that the Captain's CallKit (CCK) is now available online at the Navy's internal news source, Navy NewsStand. CCKs are a series of one-page flyers with important Navy information prepared in an easy-to-distribute format. Derived primarily from Navy News Service stories, CCK's can be posted throughout individual Navy commands, giving greater visibility to topics and events that warrant greater attention. Sailors can also now view streaming video versions of Navy/Marine Corps News (NMCN) and Daily News Update. To download individual CCK pages, visit the Navy NewsStand Website at <http://www.news.navy.mil>. Select the "Captains Call Kit" logo on the right side of the screen and follow the instructions to view or print the flyers in Adobe Acrobat format. Notices of updated online CCKs will also be delivered via a subscription e-mail service (listserver).

To subscribe to the CCK dispatches, send an e-mail to listserv@mediacen.navy.mil, with "subscribe cck" (without quotes) in the e-mail body.

AAFES Recalls Graco Toy Tracks:

The Army and Air Force Exchange Service (AAFES), along with the U.S. Consumer Product Safety Commission (CPSC) and Graco Children's Products Inc., is voluntarily assisting in the recall of toy tracks attached to children's activity centers.

The toy track can break, presenting a cut or pinch hazard, and the exposed small parts pose a choking hazard to young children. Graco has received 11 reports of the toy tracks breaking. Four children received minor scratches and one child's finger was pinched.

The recalled activity centers include the Tot Wheels V, Models 4511 and 4521, and the Convertible Entertainer, Models 4652 and 35225. The model numbers are located on the underside of the tray on the activity centers. The green wavy toy track sits on the tray of the activity center. Five objects slide along the toy track. AAFES sold the activity centers nationwide November through May, and only sold the Tot Wheels V, Model 4511. Consumers should stop using these activity centers with toy tracks immediately, and contact Graco to receive a replacement track. Graco can be contacted at (800) 673-0392 anytime. Consumers can also write to:

Graco Children's Products, ATTN: Customer Service, P.O. Box 100, Elverson, PA, 19520.

AAFES Recalling Firestormer, Skyblazer Toy Planes:

Army and Air Force Exchange Service officials, along with the U.S. Consumer Product Safety Commission and Spin Master Toys of Toronto, Ontario, are voluntarily assisting in a recall of Firestormer and Skyblazer toy planes that AAFES

sold between January and May 20. The plastic air intake chamber of the air-powered toy planes can burst, throwing plastic pieces, which pose a laceration, bruise and abrasion hazard to consumers. The planes have an eight digit date code on the bottom of the pump that reads MM/DD/YY-KS.

Only planes with date codes 12/29/01-KS through 03/24/02-KS are included in the recall. Planes manufactured before December 29 and after March 24 are not included. Consumers should stop using the planes immediately, said officials, and contact Spin Master Toys to receive a free replacement plane.

Contact Spin Master Toys at (800) 622-8339, 9 a.m. to 5 p.m. EDT weekdays.

AAFES Officials Recalling Toy Steering Wheels:

The Army and Air Force Exchange Service, along with the U.S. Consumer Product Safety Commission and Kolcraft Enterprises, Inc., is voluntarily assisting in the recall of about 17,000 toy steering wheel attachments sold on strollers. The steering wheel can break away from its base, allowing the small plastic turn signal and horn pieces to come off, posing a choking hazard to young children. The toy steering wheel was sold on Kolcraft's Jeep Cherokee stroller model No. 55120. The model number can be found on a sticker located on one of the rear legs of the stroller. "Jeep" is written with yellow, raised lettering on the front of the steering wheel base.

These toys and strollers were manufactured January 2001 through February 2001. The manufacture date is listed below the model number on the rear leg sticker.

Strollers manufactured after February 2001, with toy steering wheels, are not included in this recall. Consumers should remove the toy steering wheel on these strollers and contact Kolcraft to receive a free replacement toy steering wheel. Contact Kolcraft at (800) 453-7673, Monday through Thursday 8 a.m. to 6:45 p.m. EDT, and 8 a.m. to 3:30 p.m. EDT on Friday. For additional information, consumers can also write to: Kolcraft Customer Service, Kolcraft Enterprises Inc., 10832 NC Highway 211 East, Aberdeen, NC 28315.

****TRIVIA QUESTIONS****

Singer/songwriter/actor Kris Kristofferson was once offered a teaching position at what famous institution?

(Answer on page 22)

****FEEDBACK****

Let us know what you think of the newsletter. We value your opinion and will publish your comments (without name unless advised otherwise). We also solicit your thoughts on other information provided.

Thanks to all that have given me feed back. If you would like to have something noted in the newsletter please get back to me at 626-4380 or e-mail me Dean.Soule@me.ngb.army.mil

****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.

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The intent of the Retiree Council and the Retiree Newsletter is to keep the retirees informed and maintain comradery.

We are now up to 1,164 members strong.

Dean A. Soule

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general in the U.S. Air Force), as he moved through ranger school, parachute-jump school, and pilot training, eventually becoming an able helicopter pilot.

In 1965 Kristofferson was on the verge of accepting a teaching position at West Point when he decided to move to Nashville instead, against the wishes of his parents and first wife then. There he launched his career in song writing, cutting albums and eventually acting. Though it was a long struggle to his success.

****ANSWERS TO TRIVIA****

Kristofferson was offered a teaching position at West Point, but declined to pursue a career in songwriting, cutting albums and eventually acting.

Kristofferson's "outlaw" image is a product of his adult years.

As a young man he was every American family's model son: a Golden Gloves boxer who earned Phi Beta Kappa grades in college, winner of a prestigious Atlantic Monthly collegiate short-story contest, and recipient of the coveted Rhodes Scholarship to Oxford University.



In 1960 Kristofferson joined the army. For a time it appeared that he might follow in his father's footsteps, (a career major

NEWSLETTER SURVEY

Since this newsletter serves a wide variety of retirees, I would like to take a short survey and ask you how you feel about the following:

1. Does this newsletter cover enough health information?
2. Does it detail a certain topic and not enough to other topics?
3. Is the print large enough to read?
4. Is the newsletter missing topics that are of interest to you and may be of interest to others?

These are a few of questions that I thought you may ask. Please feel free to write your thoughts on the lines below and mail your thoughts back to me at the address below, or e-mail me at Dean.Soule@me.ngb.army.mil. I hope that I can touch on as many topics as needed to help you, the retiree, get the best out of your Newsletter. Thank you again, and keep reading.

My thoughts
are: _____

Department of Defense, Veterans
And Emergency Management
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