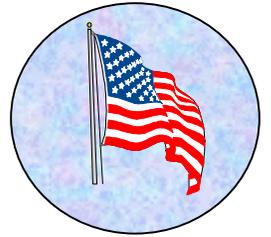


Volume 6 Issue 3



MEARNG RETREE NEWSLETTER



SEP - DEC 2001

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

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COMMENTARY This is the eighteenth 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 sites:
<http://www.state.me.us/va/defense/retirees.htm> and
<http://www.me.ngb.army.mil/retire/>

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



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

Continuation of Newsletter The Retiree Council has decided to continue the Retiree Newsletter to spouses of deceased retirees when the spouse requests it. Many items in the newsletter may prove valuable to the surviving spouse.

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

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

SUMMARY OF TRICARE:

Overview: TRICARE For Life (TFL) was passed by Congress as part of the FY 2001 National Defense Authorization Act (P.L. 106-398) and became Public Law on October 30, 2000. When implemented by the Department of Defense (DoD), it will restore TRICARE coverage for all Medicare-eligible retired beneficiaries who are enrolled in Medicare Part B.

Effective Date: TFL is scheduled to take effect on October 1, 2001.

Eligibility: TFL will cover all uniformed services retirees, spouses, and other qualifying dependents and survivors (including certain former spouses) who are Medicare-eligible and enrolled in Medicare Part B, regardless of age. Based on Pentagon data, TRICARE For Life will cover approximately 785,000 retirees, 391,000 spouses and dependents and 214,000 survivors who are 65 and older.

What Is Covered?: Eligible beneficiaries will receive all Medicare-covered benefits under Medicare plus all TRICARE covered benefits. For most beneficiaries who use a Medicare provider, Medicare will be first payer for all Medicare-covered services and TRICARE Standard (formerly CHAMPUS) will be second payer. TRICARE will

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pay all Medicare copays and deductibles and cover most of the cost of certain care not covered by Medicare. .

Beneficiary Payments: TFL has no annual premiums and pays all Medicare copays and deductibles. However, eligible beneficiaries must pay the monthly premium for Medicare Part B (\$50 per person in 2001) and any applicable TRICARE copays for services covered by TRICARE but not Medicare, such as pharmacy services. For beneficiaries residing in foreign countries where Medicare coverage does not apply, TRICARE will become first payer, and beneficiaries will be responsible for the standard TRICARE deductible (\$150 per person/\$300 per family) and 25% copayment not to exceed the annual \$3,000 catastrophic cap per family per year for TRICARE covered services.

Funding: The law establishes TFL as a "fully funded entitlement program" by means of a new Medicare-Eligible Retiree Health Care Trust Fund. The trust fund will be established in October 2002, and DoD and Congress will be required to make automatic payments into the fund for FY2003 and later years. DoD has sought funding from Congress to cover first year costs for FY 2002 (October 1, 2001 to September 30, 2002). Congress has included funding in the FY2002 Budget Resolution to cover the first year. This assures full funding when Congress passes the FY 2002 Defense Appropriations Act in the fall 2001.

For more information, call the TRICARE For Life Customer Care Call Center at (888) 363-5433 or (888) DOD-LIFE.

TRICARE FOR LIFE POSES CHALLENGES:

The new TRICARE For Life program is posing some special challenges. – TRICARE For Life beneficiaries are receiving information that they may need to file claims themselves for a period of time; however, this information is incorrect. The only time a TFL beneficiary should have to file a claim is if he or she has already paid the doctor for a TFL-covered service.

To help beneficiaries understand TFL a little better, the following are some Frequently Asked Questions:

I'm confused: when do I file a TFL claim?

ANSWER: The only time you need to file a TFL claim is when you have already paid the doctor. If you did not pay a doctor at the time of your visit for a TFL-covered service, you do not need to file a claim.



If you did pay the doctor at the time of service, follow the steps below:

1. Complete and sign a beneficiary claim form (DD2642). (You can print a copy of this form from the TRICARE.com by PGBA Web site.
2. Attach a copy of the "super bill" -- that is, the receipt you received from the doctor at the time of service -- and your Medicare Summary Notice (MSN). Note: If you have Medicare + Choice, you only need to attach the super bill. Please write "Medicare + Choice" right on your super bill.
3. Mail the claim.

For the correct address, visit the myTRICARE.com Web site and click "Contact Us". Be sure to select the state where you received the medical service. Or call one of the following toll-free numbers:

- **Region 1:** 1-888-999-6355 (Sierra) 8:00 a.m.-6:00 p.m. EST Mon.-Fri.
- **Regions 2/5:** 1-866-TFL-PGBA (1-866-835-7422) 8:00 a.m.-7:00 p.m. EST Mon.-Fri.
- **Regions 3/4:** 1-866-TFL-PGBA (1-866-835-7422) 8:00 a.m.-7:00 p.m. EST Mon.-Fri.
- **Regions 7/8:** 1-866-TFL-PGBA (1-866-835-7422) 9:00 a.m.-10:00 p.m. EST Mon.-Fri.
- **Regions 9/10/12:** 1-866-TFL-PGBA (1-866-835-7422) 11:00 a.m.-11:00 p.m. EST Mon.-Fri.
- **Region 6:** 1-800-406-2832
- **Region 11:** 1-800-404-0110

If you receive a bill from a doctor for TFL-covered services, do not submit a claim form. Instead, call your local TRICARE Service Center. They'll help handle the bill with your doctor.

How does my visit to the doctor work when I'm a TFL beneficiary?

ANSWER: It's easy. You just show your military ID card, and the doctor will not collect a copayment from you at the time of your visit. The doctor then sends the claim to Medicare, and Medicare will send the claim to TFL.

Do I need claim forms?

ANSWER: You hardly ever need claim forms with TFL. Most of the time, your doctor sends Medicare the claim and then Medicare files with TFL. Almost all Medicare claims are assigned, so doctors send claims on behalf of the beneficiaries.



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If you ever do need to file a claim form yourself, be sure to include a copy of your receipt -- your "super bill" -- showing exactly what you paid the doctor at the time of your visit. You can print a beneficiary claim form (DD2642) from the myTRICARE.com by PGBA Web site.

CONVERSION BETWEEN FEHB & TRICARE OR MEDICARE/MEDICAID & CERTAIN STATE SPONSORED HEALTH PLANS

The Office of Personnel Management has issued an interim rule to allow TRICARE-eligible FEHB Program annuitants and former spouses to suspend their FEHB enrollments, and then return to the FEHB Program during the Open Season, or return to FEHB coverage immediately if they involuntarily lose TRICARE coverage. The intent of this rule is to allow TRICARE-eligible beneficiaries to avoid the expense of continuing to pay FEHB Program premiums while they are using TRICARE coverage, without endangering their ability to return to the FEHB Program in the future.

Effective October 1, 2001, the National Defense Authorization Act for 2001 will reinstate TRICARE coverage for Medicare-eligible uniformed services retirees, their survivors and eligible dependents. TRICARE coverage will be advantageous to many Medicare-eligible military system beneficiaries who now are covered under the FEHB Program as Federal civilian retirees, family members, or former spouses.

Under previous FEHB regulations, an annuitant or former spouse who canceled his or her FEHB coverage to use TRICARE coverage would not be allowed to return to FEHB coverage. Therefore, OPM has issued these interim regulations, with a request for comments, to allow these FEHB participants to suspend, rather than cancel, their FEHB coverage when they begin TRICARE coverage. Under this rule, they are allowed to return to FEHB coverage immediately if they involuntarily lose TRICARE coverage or, if not, during the next annual FEHB Open Season.

We also amended our regulations to clarify a similar situation involving FEHB-covered annuitants and former spouses. The regulations allow an individual who drops FEHB coverage when he or she enrolls in a Medicare-sponsored plan, or in Medicaid or a similar State-sponsored program of medical assistance for the needy, to return to FEHB coverage during the annual Open Season or immediately upon being involuntarily disenrolled from the non-FEHB coverage.

TRICARE RETIREE DENTAL (TRDP) PROGRAM:--the only dental benefits program authorized by the government for Uniformed Services

retirees--will soon be moving into its fourth year. The TRDP, which is administered by Delta Dental Plan of California in partnership with the U.S. Department of Defense, offers affordable dental benefits to retirees of the uniformed services and their family members throughout the 50 United States, the District of Columbia, Canada and the U.S. territories of Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands.

Over 600,000 people are currently enrolled in the TRDP, which allows subscribers to obtain covered services from any licensed dentist within the service area and to further limit their out-of-pocket costs when using any one of about 25,000 DeltaSelect USA Network dentists.

In October 2000, the TRDP added coverage for cast crowns, bridges, full and partial dentures, orthodontia and dental accidents to its basic package of preventive and restorative services. These changes make the TRDP one of the most complete and competitively priced dental plans available outside of a traditional, employer-sponsored program.

Those interested in more information about the TRDP, including eligibility and enrollment, may visit the TRDP web site at www.ddpdelta.org or call toll-free 1 (888) 838-8737.

MILITARY BENEFITS HANDBOOK ON LINE:

Military.com has recently published an online handbook with easy-to-understand explanations about military benefits. The handbook provides information for Active Duty, Guard/Reserve, Veterans, and Retired personnel on military benefits such as the GI Bill, TRICARE, Pay & Benefits, Insurance and VA home loans. The guide is a free resource for Military.com members. Those who are not members can access the guide by joining Military.com. Membership is free.

UPDATING DEERS:

Did you know that you or a family member could lose medical benefits if you do not update your information on the Defense Eligibility Enrollment Reporting System (DEERS)?

DEERS stores medical benefit data for military personnel, retirees, and eligible family members. Service members and retirees are the sponsors for their family members' medical benefits and are responsible for the accuracy of the DEERS information. Correct, up-to-date DEERS information is essential, since this data define your medical benefits.

When an eligible family member receives a uniformed services identification and privilege card, or ID card, that information is deposited in DEERS. However, the sponsor must ensure the information is correct. If you marry or re-marry, move, have a new baby, have an old baby that becomes an adult, you must make sure that DEERS data reflect those changes, as well as any others. If you marry but

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neglect to register your spouse in DEERS, that person is not eligible for medical benefits until the sponsor updates the information. If you move but don't submit the current address of each family member to DEERS, your family may not receive essential messages regarding medical benefits, such as information about the mail-order pharmacy (and TRICARE For Life program).

If you forget to register a newborn in DEERS, after 365 days the child is not eligible for medical benefits until you complete the registration in DEERS. In addition, newborns can lose eligibility for TRICARE Prime medical coverage after 120 days. In this case, you must enroll the child in TRICARE Prime, as well as register the child in DEERS.

How to Update DEERS:

Making changes to DEERS is easy to do. You can make changes through your military support office, the same office that assists you with your ID card.

And, if you are making changes, it's a good idea to take documentation with you, such as a marriage certificate or birth certificate.

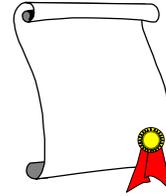
You can locate your nearest military support office at the RAPIDS Site Locator on the Web at <http://www.dmhc.osd.mil/rsl/> (Call ahead for hours of operation and for instructions if you are updating a record for someone who is housebound.)

To make address changes or to verify data online, log on to the Defense Manpower Data Center web site at <https://www.dmhc.osd.mil/swg/owa/webguard.login?appl=9012&rule=02>

Changes could not be easier to make, so do not delay. Update DEERS today.

NOTE: Other ways to update your DEERS address:

- Call the Defense Manpower Data Center Support Office (DSO) Telephone Center at 800-538-9552. The best time to call the Telephone Center is between 0900 - 1500 (Pacific Time) Wednesday through Friday to avoid delays.
- Fax address changes to 831-655-8317.
- Mail the change information to the DSO, ATTN: COA, 400 Gigling Road, Seaside, CA, 93955-6771.



TRANSITIONS

Retirements

Benedetto, Joseph J. Jr., 1SG	Bouchard, Robert, L., SGT
Boullie, Richard T., SSG	Brooks, Roy C., SGT
Crochere, Norman W., SFC	Danforth, Kendra M., SSG
Gervais, Daniel R., SGT	Harvey, Timothy A., SFC
Lizotte, John W., SFC	Small, Duane A., SGT
Tarr, Terry A., SGT	Teachout, Roger, S. II, SSG
Thibodeau, Harold G., SFC	Toce, Oscar F., SGT
Watts, Allan E., SGT	Wood, Barry E., SGT

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



TAPS

SFC James Rioux (Ret)

CSM Ernest W. McCormick (Ret)

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

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“TAPS” - Composed By Major General Daniel Butterfield - Army of the Potomac, Civil War

*“Fading light dims the sight,
And a star gems the sky, gleaming bright.
From afar drawing nigh – Falls the night.*

*“Day is done gone the sun,
From the lake, from the hills, from the sky.
All is well, safely rest, God is nigh.*

*“Then good night, peaceful night,
Till the light of the dawn shineth bright,
God is near, do not fear – Friend, good night.”*

“TAPS” is the most beautiful bugle call. Played slowly and softly it has a smooth, tender and touching character. The bugle call was written during the Peninsula Campaign of the Civil War by General Butterfield, with an assist from his bugler, Oliver W. Norton, in 1862.

“TAPS” went on from its origin as an alternative to “Lights Out” to become not only a signal that day was done, but also to say good-bye to a fallen comrade.

“TAPS” is customarily played at funerals at Arlington National Cemetery as well as at ceremonies at the Tomb of the Unknowns there.

Its composer is buried in the Post Cemetery at the United States Military Academy at West Point, (even though he did not graduate from the Academy).

HOW TO FOLD THE FLAG:

Fold the flag in half width-wise twice. Fold up a triangle, starting at the striped end ... and repeat ... until only the end of the union is exposed. Then fold down the square into a triangle and tuck inside the folds.



WHY THE AMERICAN FLAG IS FOLDED 13 TIMES -

1. The first fold of our flag is a symbol of life.
2. The second fold is a symbol of our belief in eternal life.
3. The third fold is made in honor and remembrance of the veterans departing our ranks who gave a portion of their lives for the defense of our country to attain peace throughout the world.
4. 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 time of war for His divine guidance.
5. 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."
6. 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.
7. 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 are found within or without the boundaries of our republic.
8. The eighth fold is a tribute to the one who entered into 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.
9. The ninth fold is a tribute to womanhood; for it has been through their faith, their love, loyalty and devotion that the character of the men and women who have made this country great has been molded.
10. The tenth fold is a tribute to the father, for he, too, has given his sons and daughters for the defense of our country since they were first born.
11. 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.
12. 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 Spirit.
13. When the flag is completely folded, the stars are uppermost reminding us of our nation's 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.

**HOW TO
DISPLAY
THE FLAG:**

1. When the flag is displayed over the middle of the street, it should be suspended vertically with the union to the north in an east and west street or to the east in a north and south street.

2. The flag of the United States of America, when it is displayed with another flag

against a wall from crossed staffs, should be on the right, the flag's own right [that means the viewer's left --Webmaster], and its staff should be in front of the staff of the other flag.

3. The flag, when flown at half-staff, should be first hoisted to the peak for an instant and then lowered to the half-staff position. The flag should be again raised to the peak before it is lowered for the day. By "half-staff" is meant lowering the flag to one-half the distance between the top and bottom of the staff. Crepe streamers may be affixed to spear heads or flagstaves in a parade only by order of the President of the United States.

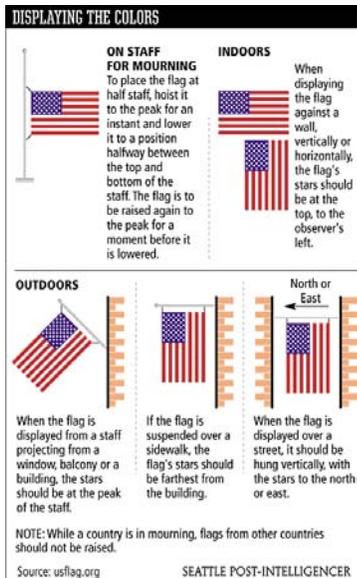
4. When flags of States, cities, or localities, or pennants of societies are flown on the same halyard with the flag of the United States, the latter should always be at the peak. When the flags are flown from adjacent staffs, the flag of the United States should be hoisted first and lowered last. No such flag or pennant may be placed above the flag of the United States or to the right of the flag of the United States.

5. When the flag is suspended over a sidewalk from a rope extending from a house to a pole at the edge of the sidewalk, the flag should be hoisted out, union first, from the building.

6. When the flag of the United States is displayed from a staff projecting horizontally or at an angle from the windowsill, balcony, or front of a building, the union of the flag should be placed at the peak of the staff unless the flag is at half-staff.

7. When the flag is used to cover a casket, it should be so placed that the union is at the head and over the left shoulder. The flag should not be lowered into the grave or allowed to touch the ground.

8. When the flag is displayed in a manner other than by being flown from a staff, it should be displayed flat, whether indoors or out. When displayed either horizontally or



vertically against a wall, the union should be uppermost and to the flag's own right, that is, to the observer's left. When displayed in a window it should be displayed in the same way that is with the union or blue field to the left of the observer in the street. When festoons, rosettes or drapings are desired, bunting of blue, white and red should be used, but never the flag.

9. That the flag, when carried in a procession with another flag, or flags, should be either on the marching right; that is, the flag's own right, or, if there is a line of other flags, in front of the center of that line.

10. The flag of the United States of America should be at the center and at the highest point of the group when a number of flags of States or localities or pennants of societies are grouped and displayed from staffs.

11. When flags of two or more nations are displayed, they are to be flown from separate staffs of the same height. The flags should be of approximately equal size. International usage forbids the display of the flag of one nation above that of another nation in time of peace.

12. When displayed from a staff in a church or public auditorium on a podium, the flag of the United States of America should hold the position of superior prominence, in advance of the audience, and in the position of honor at the clergyman's or speaker's right as he faces the audience. Any other flag so displayed should be placed on the left of the clergyman or speaker (to the right of the audience).

13. When displayed from a staff in a church or public auditorium off the podium, custom and not the flag code hold that the flag of the United States of America should hold the position of superior prominence as part of the audience, in the position of honor at the audience's right.

Flag Sizes:

What size flag should hang on what size flagpole? The usual size of a flag used at home is 3'x5'. On houses, a 15' or 20' flagpole should fly a 3'x5' flag. A 25' flagpole should use a 4'x6' flag.

The following table shows the appropriate size for public display (not home-use) of the flag:

Flagpole	Flag
20'	4'x6'
25'	5'x8'
30'-35'	6'x10'
40'-45'	6'x10-8'x12'
50'	8x12'-10x15'
60'-65'	10'x15'-10'x19'
70'-80'	10'x19'-12'x18'
90'-100'	20'x38'-30'x50'

Every precaution should be taken to prevent the flag from becoming soiled. When a flag is in such a condition, through

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wear or damage, that is no longer a fitting emblem for display, it should be destroyed privately in a dignified manner. The flag should NEVER be tilted (dipped) even momentarily to any person or thing. Regimental colors, State flags, organization or institutional flags may be tilted as the mark of honor. It should never: be displayed with the union down except as a signal of dire distress; be displayed on a float, motor car or boat except from a staff. It should never be allowed to touch the ground or floor, or brush against objects; or have objects placed on it, over it, or be used as a covering for a ceiling. Have any mark, insignia, letter work, figure, picture or drawing of any nature placed upon or attached to it; be used as a receptacle for carrying anything, or be used to cover a statue or monument. If used in connection with unveiling ceremonies, it should not serve as a covering of the object being unveiled; be embroidered on such articles as handkerchief or cushions, or be printed or otherwise impressed on boxes.

The flag should not: be used as a costume or athletic uniform or part of one; be used as drapery of any sort whatsoever, never festooned, drawn back or up in folds, but always allowed to fall free.

Bunting of blue, white and red-- always arranged with the blue above, white in the middle, and red below--should be used for such purposes of decoration as covering a speaker's desk or draping the front of a platform.

****MISCELLANEOUS****

LIFE MEMBERSHIP – NGAME AND NGAUS:

The cost of Life membership into NGAME is \$50 and for NGAUS is \$125. The point of contact for the ARNG membership is LTC Alan Tibbetts, and for the ANG is COL Don McCormack.



****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

RAD DAY PLANNED IN AUGUST 2002:

The next Retiree Activity Day (RAD) is scheduled for 24 August 2002 to be held at the Portsmouth Naval Shipyard.

If you have never attended a RAD day and have some unfinished business to take care of, such as; ID Cards, Wills, and Info on Benefits or just getting together with fellow retirees, this is the time.

More to come when information becomes available.

NGAME ANNUAL MEETING:

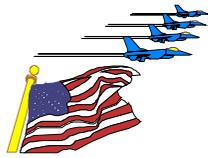
The annual meeting for NGAME will be 27 April 2002 at the 101st Air Refueling Wing in Bangor. It will run from approximately 0800 - 1200 and we will be serving a light lunch for the attendees. All NGAME members from both the Air and Army Guard are invited and will be voting for a new slate of elected officers.

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NAVY BLUE ANGELS 2002 SHOW

SCHEDULE:

The Navy Flight Demonstration Squadron, the Blue Angels, has announced its show schedule for the 2002 show season. The team is scheduled to begin its season on March 9, 2002 and conclude on Nov. 9, 2002. The Blue Angels are scheduled to perform in 70 shows at 36 locations in the United States and Canada during the 2002 season. A Blue Angels air demonstration is a mix of formation flying and solo routines using F/A-18 Hornets. The pilots perform approximately 30 maneuvers during the aerial demonstration, which runs approximately an hour and 15 minutes. Performances greatly assist the recruiting and retention goals of the military services, enhance esprit de corps among uniformed men and women, as well as demonstrate the professional skills and capabilities of the armed forces to the American public and U.S. Allies.



Below is the schedule for the Navy Blue Angels for 2002. More information about the Blue Angels is available on the [official Website](#) or by calling Navy Cmdr. Anthony Cooper, public affairs officer for the Chief of Naval Education and Training, at (850) 452-4860.

<u>Date</u>	<u>Site</u>
Jan. 2-Mar. 8	(Pre-season training at NAF El Centro, Calif.)
March 9	Opening Show, NAF El Centro, CA
March 16-17	Mesa, AZ
March 23-24	Tyndall Air Force Base, FL
April 6-7	Naval Air Station Kingsville, TX
April 13-14	Blountville, TN
April 20-21	Bay St. Louis, MI
April 27-28	Marine Corps Air Station Beaufort, SC
May 4-5	Ft. Lauderdale, FL
May 11-12	Naval Air Station Joint Reserve Base Ft. Worth, TX
May 18-19	Andrews Air Force Base, MD
May 22 & 24	United States Naval Academy (USNA), Annapolis, MD
May 25-26	McGuire Air Force Base, NJ

June 1-2	Little Rock Air Force Base, AZ
June 8-9	Fargo, ND
June 15-16	Oklahoma City, OK
June 22-23	Rochester, NY
June 29-30	London, Ontario, Canada
July 6-7	Traverse City, MI
July 12-13	Pensacola Beach, FL
July 20-21	Helena, MT
July 27-28	Point Mugu, CA
August 3-4	Seattle, WA
August 17-18	Chicago, IL
August 24-25	Offutt Air Force Base, NE
August 31	St. Louis, MO
September 1-2	St. Louis, MO
September 7-8	Toledo, OH
September 14-15	McConnell Air Force Base, KS
September 21-22	Naval Air Station Oceana, VA
September 28-29	Augusta, GA
October 5-6	Salinas, CA
October 12-13	San Francisco, CA
October 19-20	Marine Corps Air Station Miramar, CA
October 26-27	Naval Air Station Joint Reserve Base New Orleans, LA
November 2-3	Naval Air Station Jacksonville, FL
November 8-9	Naval Air Station Pensacola, FL

****FOR YOUR INFORMATION****

WOMEN IN THE MILITARY:

When U.S. servicewomen fought in the gulf war 10 years ago, they couldn't fly fighter jets. They couldn't serve on combat ships, either. But they could do just about everything else. And largely because the women of Desert Storm performed so well, those



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laws were changed in the early 1990s. Since then, and with little fanfare, women have been assigned combat roles in the Balkans, the Middle East and now Afghanistan. "We're starting to be just one of the guys," says Capt. "Charlie," 30, an A-10 pilot stationed at Arizona's Davis-Monthan Air Force Base, who is allowed to be referred to only by her call sign. "Now people talk about you and you're the fighter pilot—not the female fighter pilot, just the fighter pilot."



Women's integration into the U.S. military has been a quiet success story. Since Desert Storm, the proportion of women in the armed forces has grown from 12 to 16 percent. Today women compose about 15 percent of the Army, 13 percent of the Navy, 19 percent of the Air Force and 6 percent of the Marines. And the proportion of jobs open to them ranges from 91 percent in the Army to 99 percent in the high-tech Air Force. "Their inclusion in the military has been quite seamless," says Carolyn Becraft, who served as a deputy assistant secretary of Defense under Clinton. "There have been ups and downs, but they now are a larger percentage of the military and they have higher ranks, and, by all accounts, they're performing very well."

IMPROVEMENTS UNDER WAY TO ENHANCE TROOPS' PROTECTION:

Building on lessons learned from the Gulf War, the Joint Service General Purpose Mask will replace the Army, Marine Corps, Navy and Air Force M40/M42 and MCU-2/P series masks. These masks are currently used for protection from chemical and biological threats.



"The differences in the new mask are improved vision, reduced breathing resistance and improved compatibility," says Wayne Davis, product director for respiratory protection at Aberdeen Proving Grounds, Md. The new mask will have a single eyepiece, a different filter system and be more form fitting for increased protection and comfort, but there is more testing to be done.

"The earlier trials were done using hand fabricated models. The mask is still in development and will enter the engineering design phase in November where we will test quality, fully functioning prototypes. We'll complete engineering design testing in February 2002 at which time we'll see what changes to make in the design. Our engineering design testing will include laboratory testing and evaluation by soldiers so we will get both a technical and usage evaluation during the test phase in which to base our decisions regarding design changes" Davis continued. During the first series of prototype testing, developers found

that a single eyepiece is more effective than the previous binocular eyepieces. The single eyepiece gives the service member a much larger field of view. Continued testing on the single eyepiece is being done to ensure it will work with night vision equipment, individual weapons and different weapon sighting systems.

Weapon sighting systems were also a consideration when testing the various filter configurations. Depending on which sighting systems shooters were using, the numbers and positions of the filters affected their ability differently. Several configurations were tested to find the best combination for all systems and they will be incorporated into the final Joint Service General-Purpose Mask design. The filter itself will also improve a service member's ability to perform mission essential tasks.

Physiological burdens, such as breathing resistance, will be reduced. The new filtered canisters cut breathing resistance in half. Making it easier to breathe keeps the wearer from tiring as quickly. Filter changes will also be made easier to perform in a contaminated environment.

Repairs on the new mask will be made at the operator and unit level as done with existing masks. However, the development team has taken great care to simplify mask maintenance. The number of parts is being reduced from 36 to 12. The parts inside the mask requiring maintenance by service personnel will be color coded instead of the standard black.

One mask can serve all the services because all soldiers, Marines, sailors and airmen face the same types of chemical and biological threats and environments. It also eliminates a logistics challenge that was highlighted during the Gulf War. Repair stations set up in the Gulf were approached with several different types of masks from all the services. It was difficult to get the spare parts needed for the different masks. The single mask approach dramatically simplifies logistical planning and helps to reduce cost.

"An important goal in any procurement is to have a product that is sustainable and cost-effective," said a project manager working on the Joint Service General Purpose Mask. "And considering that operational sustainment costs are estimated at five times the procurement cost for each item, it can get very expensive."

Developing new equipment can also be very expensive, but because of their work towards fielding the Joint Services General Protection Mask and the savings it will bring, the team responsible was awarded the Army Materiel Command Outstanding Integrated Product/Weapon System Team of the Year Award for 2001. The award is given for an extraordinary record of achievement, which inspires others to improve quality and quantity of their work. The team was praised for the estimated cost avoidance of over \$50 million in research and development, \$105 million in production and \$250 million over the total life cycle of the JSGPM. It was also cited for its unique cradle-to-grave contract with Avon Rubber and Plastics, Inc. The contract will follow the project through to completion in 2006, when initial fielding of the new mask will occur.

**PRIORITIES SET FOR
FLU SHOTS:**

Although annual flu shots have been delayed for most service members and beneficiaries, initial delivery of flu vaccine has been received, said Brig. Gen. Gary H. Murray, commander of the Air Force Medical Operations Agency. Full delivery of the Defense Department's 3 million doses is due to arrive this month, he said. The Joint Preventive Medicine Policy Group has established the following priority list for immunizations:



Priority 1: operation military members deployed to areas with high-security risks; military members deployed aboard ship for two or more weeks; special duty personnel, such as airlift crewmembers, who regularly transit multiple geographic areas; military members on 24-hour alert status; and health-care workers with direct patient contact.

Additional Priority 1 for those enrolled in DEERS: individuals who will be 65 years old as of April 1; persons with chronic high-risk medical conditions such as pulmonary, cardiovascular, metabolic, renal dysfunction, hemoglobinopathies and immunosuppression; residents of long-term care facilities; women who are more than 13 weeks pregnant; and children between ages 6 months and 18 years who are on long-term aspirin therapy.

Priority 2: -- trainee populations.

Priority 3: -- other groups in contact with high-risk individuals, such as employees of long-term care facilities, household members of high-risk patients and military training instructors.

Priority 4: -- military members who are scheduled to deploy and those on mobility status.

Priority 5: -- military personnel and mission-critical Defense Department civilians.

Priority 6: -- all other beneficiaries.

**ANTHRAX THREAT SUSPENDS TWO
MAIL PROGRAMS:**

Citing personnel safety against the anthrax threat, military postal officials have suspended the "Operation Dear Abby" and "Any Service Member" postal programs, and mail is no longer being accepted for these anonymous-sender programs.

The Dear Abby program, founded by the newspaper advice columnist, has provided mail to U.S. service members overseas during the holiday season for 17 years. The "Any Service Member" program began with Desert Shield and Desert Storm, but expanded sharply during U.S. operations in Bosnia in 1995, officials said.

Other Ways To Support The Troops:

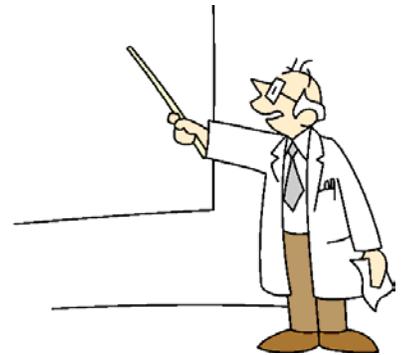
With the suspension of "Operation Dear Abby" and "Any Service Member" (previous item), defense officials are proposing other methods of supporting the war effort. For example, civilians can replace deployed service members who had been visiting local Veterans Administration hospitals and nursing homes, coaching children's sports teams, feeding the homeless, or volunteering for other community outreach programs. Local government and business officials, on their part, can request local military members to speak at community events, while encouraging citizens to learn more about America's military.

In addition, citizens can offer support to military families that have a member deployed overseas. Another avenue is to contribute to military relief societies.

**SMALLPOX
INFORMATION:**

Listed below are frequently asked questions and answers that are posted on the Centers for Disease Control and Prevention (CDC) web site. More smallpox related information is available at

<http://www.bt.cdc.gov/Agent/Smallpox/Smallpox.asp>



What should I know about Smallpox?

ANSWER: Vaccination is not recommended, and the vaccine is not available to health providers or the public. In the absence of a confirmed case of smallpox anywhere in the world, there is no need to be vaccinated against smallpox.

There also can be severe side effects to the smallpox vaccine, which is another reason we do not recommend vaccination. In the event of an outbreak, the CDC has clear guidelines to swiftly provide vaccine to people exposed to this disease. The vaccine is securely stored for use in the case of an outbreak. In addition, Secretary of Health and Human Services Tommy Thompson recently announced plans to accelerate production of a new smallpox vaccine.

Are we expecting a smallpox attack?

ANSWER: We are not expecting a smallpox attack, but the recent events that include the use of biological agents as weapons have heightened our awareness of the possibility of such an attack.

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Is there an immediate smallpox threat?

ANSWER: At this time we have no information that suggests an imminent smallpox threat.

If I am concerned about a smallpox attack, can I go to my doctor and request the smallpox vaccine?

ANSWER: The last naturally acquired case of smallpox occurred in 1977. The last cases of smallpox, from laboratory exposure, occurred in 1978. In the United States, routine vaccination against smallpox ended in 1972. Since the vaccine is no longer recommended, the vaccine is not available. The CDC maintains an emergency supply of vaccine that can be released if necessary, since post-exposure vaccination is effective.

Are there plans to manufacture more vaccine in case of a bioterrorism attack using smallpox?

ANSWER: Yes. In 2000, CDC awarded a contract to a vaccine manufacturer to produce additional doses of smallpox vaccine.

If someone comes in contact with smallpox, how long does it take to show symptoms?

ANSWER: The incubation period is about 12 days (range: 7 to 17 days) following exposure. Initial symptoms include high fever, fatigue, and head and backaches. A characteristic rash, most prominent on the face, arms, and legs, follows in 2-3 days. The rash starts with flat red lesions that evolve at the same rate. Lesions become pus-filled after a few days and then begin to crust early in the second week. Scabs develop and then separate and fall off after about 3-4 weeks.

Is smallpox fatal?

ANSWER: The majority of patients with smallpox recover, but death may occur in up to 30% of cases.

How is smallpox spread?

ANSWER: In the majority of cases, smallpox is spread from one person to another by infected saliva droplets that expose a susceptible person having face-to-face contact with the ill person. People with smallpox are most infectious during the first week of illness, because that is when the largest amount of virus is present in saliva. However, some risk of transmission lasts until all scabs have fallen off.

Contaminated clothing or bed linen could also spread the virus. Special precautions need to be taken to ensure that all bedding and clothing of patients are cleaned appropriately with bleach and hot water. Disinfectants such as bleach and quaternary ammonia can be used for cleaning contaminated surfaces.

If someone is exposed to smallpox, is it too late to get a vaccination?

ANSWER: If the vaccine is given within 4 days after exposure to smallpox, it can lessen the severity of illness or even prevent it.

If people got the vaccination in the past when it was used routinely, will they be immune?

ANSWER: Not necessarily. Routine vaccination against smallpox ended in 1972. The level of immunity, if any, among persons who were vaccinated before 1972 is uncertain; therefore, these persons are assumed to be susceptible. For those who were vaccinated, it is not known how long immunity lasts. Most estimates suggest immunity from the vaccination last 3 to 5 years. This means that nearly the entire U.S. population has partial immunity at best. Immunity can be boosted effectively with a single revaccination. Prior infection with the disease grants lifelong immunity.

How many people have not had the vaccination?

ANSWER: Approximately half of the U.S. population has never been vaccinated.

Is it possible for people to get smallpox from the vaccination?

ANSWER: No, smallpox vaccine does not contain smallpox virus but another live virus called vaccinia virus. Since this virus is related to smallpox virus, vaccination with vaccinia provides immunity against infection from smallpox virus.

How safe is the smallpox vaccine?

ANSWER: Smallpox vaccine is considered very safe. However, some people with pre-existing conditions such as eczema or immune system disorders have a higher risk for having complications from the vaccine. Adverse reactions have been known to occur that range from mild rashes to rare fatal encephalitis and disseminated vaccinia. Smallpox vaccine should not be administered to persons with a history or presence of eczema or other skin conditions, pregnant women, or persons with immunodeficiency diseases and among those with suppressed immune systems as occurs with leukemia, lymphoma, generalized malignancy, or solid organ transplantation.

Is there any treatment for smallpox?

ANSWER: There is no proven treatment for smallpox, but research to evaluate new antiviral agents is ongoing. Patients with smallpox can benefit from supportive therapy (e.g., intravenous fluids, medicine to control fever or pain) and antibiotics for any secondary bacterial infections that may occur.

Is there a test to indicate if smallpox is in the environment like there is for anthrax?

ANSWER: Various agencies are currently validating tests designed to test for the smallpox virus in the environment.

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If smallpox is discovered or released in a building, or if a person develops symptoms in a building, how can that area be decontaminated?

ANSWER: The smallpox virus is fragile and in the event of an aerosol release of smallpox, all viruses will be inactivated or dissipated within 1-2 days. Buildings exposed to the initial aerosol release of the virus do not need to be decontaminated. By the time the first cases are identified, typically 2 weeks after the release, the virus in the building will be gone. Infected patients, however, will be capable of spreading the virus and possibly contaminating surfaces while they are sick. Therefore, standard hospital grade disinfectants such as quaternary ammonias are effective in killing the virus on surfaces should be used for disinfecting hospitalized patients' rooms or other contaminated surfaces. Although less desirable because it can damage equipment and furniture, hypochlorite (bleach) is an acceptable alternative. In the hospital setting, patients' linens should be autoclaved or washed in hot water with bleach added. Infectious waste should be placed in biohazard bags and autoclaved before incineration.

What should people do if they suspect a patient has smallpox or suspect that smallpox has been released in their area?

ANSWER: Report suspected cases of smallpox or suspected intentional release of smallpox to your local health department. The local health department is responsible for notifying the state health department, the FBI, and local law enforcement. The state health department will notify the CDC.

How can we stop the spread of smallpox after someone comes down with it?

ANSWER: Symptomatic patients with suspected or confirmed smallpox are capable of spreading the virus. Patients should be placed in medical isolation so that they will not continue to spread the virus. In addition, people who have come into close contact with smallpox patients should be vaccinated immediately and closely watched for symptoms of smallpox. Vaccine and isolation are the strategies for stopping the spread of smallpox.

DIABETES QUESTIONS & ANSWERS:

I had included a similar article on Diabetes in a previous newsletter issue but find that information on this is worthy enough to put out again, and also allowing new retirees or others who missed the article to view the info.

It is very important for people who think they might have diabetes to visit a personal health care practitioner. The following simplified questions and answers can't take the place of a personal consultation.

1. What is diabetes?

Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. This causes sugars to build up in your blood.

Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the seventh leading cause of death in the United States.

2. What are the symptoms of diabetes?

People who think they might have diabetes must visit a physician for diagnosis.

They might have SOME or NONE of the following symptoms:

- Frequent urination
- Excessive thirst
- Unexplained weight loss
- Extreme hunger
- Sudden vision changes
- Tingling or numbness in hands or feet
- Feeling very tired much of the time
- Very dry skin
- Sores that are slow to heal
- More infections than usual.

Nausea, vomiting, or stomach pains may accompany some of these symptoms in the abrupt onset of insulin-dependent diabetes, now called type 1 diabetes.

3. What are the types and risk factors of diabetes?

The following types of diabetes and some of their risk factors are quoted from the National Diabetes Fact Sheet: National estimates and general information on diabetes in the United States (Centers for Disease Control and Prevention. Atlanta, GA: US Department of Health and Human Services, 1997):

Type 1 diabetes was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Type 1 diabetes may account for 5% to 10% of all diagnosed cases of diabetes. Risk factors are less well defined for type 1 diabetes than for type 2 diabetes, but autoimmune, genetic, and environmental factors are involved in the development of this type of diabetes.

Type 2 diabetes was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes. Type 2

diabetes may account for about 90% to 95% of all diagnosed cases of diabetes. Risk factors for type 2 diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Pacific Islanders are at particularly high risk for type 2 diabetes.

Gestational diabetes develops in 2% to 5% of all pregnancies but usually disappears when a pregnancy is over. Gestational diabetes occurs more frequently in African Americans, Hispanic/Latino Americans, American Indians, and people with a family history of diabetes than in other groups. Obesity is also associated with higher risk. Women who have had gestational diabetes are at increased risk for later developing type 2 diabetes. In some studies, nearly 40% of women with a history of gestational diabetes developed diabetes in the future.

Other specific types of diabetes result from specific genetic syndromes, surgery, drugs, malnutrition, infections, and other illnesses. Such types of diabetes may account for 1% to 2% of all diagnosed cases of diabetes.

4. What is the treatment for diabetes?

Management strategies should be planned along with a qualified health care team.



The following information on treatments for diabetes is from the National Diabetes Fact Sheet: National estimates and general information on diabetes in the United States (Centers for Disease Control and Prevention. Atlanta, GA: US Department of Health and Human Services, 1997):

Diabetes knowledge, treatment, and prevention strategies advance daily. Treatment is aimed at keeping blood glucose near normal levels at all times. Training in self-management is integral to the treatment of diabetes. Treatment must be individualized and must address medical, psychosocial, and lifestyle issues.

Treatment of type 1 diabetes: Lack of insulin production by the pancreas makes type 1 diabetes particularly difficult to control. Treatment requires a strict regimen that typically includes a carefully calculated diet, planned physical activity, home blood glucose testing several times a day, and multiple daily insulin injections.

Treatment of type 2 diabetes: Treatment typically includes diet control, exercise, home blood glucose

testing, and in some cases, oral medication and/or insulin. Approximately 40% of people with type 2 diabetes require insulin injections.

5. What causes type 1 diabetes?

The causes of type 1 diabetes appear to be much different than those for type 2 diabetes, though the exact mechanisms for development of both diseases are unknown. The appearance of type 1 diabetes is suspected to follow exposure to an "environmental trigger," such as an unidentified virus, stimulating an immune attack against the beta cells of the pancreas (that produce insulin) in some genetically predisposed people.

6. Can diabetes be prevented?

A number of studies have shown that regular physical activity can significantly reduce the risk of developing type 2 diabetes. It also appears to be associated with obesity. Researchers are making progress in identifying the exact genetics and "triggers" that predispose some individuals to develop type 1 diabetes, but prevention, as well as a cure, remains elusive.



7. Is there a cure for diabetes?

In response to the growing health burden of diabetes mellitus (diabetes), the diabetes community has three choices: prevent diabetes; cure diabetes; and take better care of people with diabetes to prevent devastating complications. All three approaches are actively being pursued by the US Department of Health and Human Services.

Both the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) are involved in prevention activities. The NIH is involved in research to cure both type 1 and type 2 diabetes, especially type 1. CDC focuses most of its programs on being sure that the proven science is put into daily practice for people with diabetes. The basic idea is that if all the important research and science are not made meaningful in the daily lives of people with diabetes, then the research is, in essence, wasted.

Several approaches to "cure" diabetes are being pursued:

- Pancreas transplantation
- Islet cell transplantation (islet cells produce insulin)
- Artificial pancreas development
- Genetic manipulation (fat or muscle cells that don't normally make insulin have a human insulin gene inserted — then these "pseudo" islet cells are transplanted into people with type 1 diabetes).

Each of these approaches still has a lot of challenges, such as preventing immune rejection; finding an adequate number of

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insulin cells; keeping cells alive; and others. But progress is being made in all areas.

AMYOTROPHIC LATERAL SCLEROSIS:

A new VA and Department of Defense (DoD) study has found preliminary evidence that veterans who served in Operation Desert Shield-Desert Storm are nearly twice as likely as their non-deployed counterparts to develop amyotrophic lateral sclerosis (ALS or commonly called Lou Gehrig's Disease). As a result of the study the VA has decided to immediately grant presumptive service connection. This means that Gulf War veterans suffering from ALS can get immediate medical treatment and care from the VA and that their families will be cared for. This action covers members of the armed services who deployed to Southwest Asia from Aug. 2, 1990 through July 31, 1991. Southwest Asia includes the countries of Oman, the United Arab Emirates, Bahrain, and other nations in addition to Iraq and Saudi Arabia.

NEWSARTICLE RELEASE:

*By Rudi Williams
American Forces Press Service*

WASHINGTON, Dec. 21, 2001 – A large epidemiological study conducted by the departments of Defense and Veterans Affairs found preliminary evidence that Persian Gulf War veterans are nearly twice as likely as their non-deployed counterparts to develop Lou Gehrig's disease.

The disease, amyotrophic (am-ee-o-trow-phic) lateral sclerosis, or ALS, is often called Lou Gehrig's disease because the baseball star died from it. It's a fatal neurological disease that destroys the nerve cells that control muscle movement. Scientists don't know what causes ALS, and there is no cure for it.

DoD provided the lion's share of the money for the \$1.3 million jointly funded study, which began in March 2000. The investigation involved nearly 700,000 service members who served in Southwest Asia during operations Desert Shield and Desert Storm during the period Aug. 2, 1990 and July 31, 1991. More than 1.8 million service members who did not deploy to the Persian Gulf were also interviewed.

"We found 40 cases of Lou Gehrig's disease among veterans who served in the Gulf area -- almost twice as many compared to those who didn't serve in the gulf,"

said VA Secretary Anthony J. Principi. About half of the 40 veterans have died.

"These findings are of great concern and warrant further study," Principi noted at a Washington press conference earlier this month. "I intend to make certain that VA's medical resources and research capabilities are fully focused on this issue."

He emphasized that VA will compensate Desert Shield and Desert Storm veterans with ALS. "And we'll do so quickly," he said. "We'll immediately contact those who were identified by the study and will help them to file new claims or prosecute existing claims -- and we'll pay benefits retroactively to the date their claims are filed," Principi said.

VA is moving so fast because veterans who have contracted the disease can't wait for the peer review process to be completed, the secretary said.

"They need help now, and we'll offer it to them," he said.

Lou Gehrig's is a degenerative disease of the nervous system affecting the brain cells that carry impulses from the brain and spinal cord to the muscles. The disorder results in muscular weakness and the progressive wasting of muscles. The problem usually starts in the hands and arms and then spreads to other parts of the body. Patients eventually have difficulty speaking, swallowing and breathing.

Early symptoms include slight muscle weakness, clumsy hand movements and difficulty performing tasks that require delicate movements of the fingers or hands. Veterans afflicted with the disease can also experience weakness of the lips and impairment of the tongue, mouth or voice box. Other symptoms include uncontrollable twitching of muscles, stiffness in the legs, and coughing.

Death usually follows diagnosis within three to five years. VA health officials said even with the increased diagnosis among Gulf War veterans, the disease is extremely rare, affecting only about one in 25,000 people. Among Gulf War veterans, it's one in 17,500. There's no evidence about higher rates of ALS among other groups of veterans. However, researchers plan to explore the possibility in later studies, officials said.

VA is providing free medical care and disability compensation for veterans who have the disease. Officials urge veterans or family members who believe they qualify to contact their nearest VA medical center, regional office or benefits office.

Survivors of veterans who died from the disease are eligible for dependency and indemnity compensation, enrollment in VA's healthcare program for survivors, educational assistance and vocational assistance, among other benefits, officials said.



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DISABILITY OFFSET TO RETIRED PAY:

Concurrent Receipt Update: There are 530,000 military retirees who either are or could eventually be impacted by this issue. Despite overwhelming support in Congress generated by grassroots activists at all levels [86% of House and 76% of the Senate members], the 2002 National Defense Authorization Act provides no substantive concurrent receipt provision. Rather than eliminate the disability offset to retired pay in 2002 as recommended by the Senate, the final bill reflects the House language that would do so only if the President recommends the necessary legislation and provides the necessary funding. Realistically, the odds of this are slim and none, since the Bush administration formally advised Congress it opposes any such change. Simply put, disabled retiree's got little more than lip service. Veterans need to convince legislators that co-sponsorship alone is not enough in this issue. If they mean what they say, such a large number of cosponsors can and should convince their leaders to put Congress' money where its mouth is. A summary of the major provisions included in the conference agreement is available on the HASC's homepage at <http://www.house.gov/hasc>. [TROA Leg Up 13 DEC 01]

Concerned vets are encouraged to contact their legislators and let them know of the veteran's community disappointment in Congress' ability to correct this long standing inequity in compensation. Veterans can also support those fraternal military organizations that are lobbying to get this legislation passed. You can check out the Uniformed Services Disabled Retirees organization to obtain information on this subject and/or membership at www.usdr.org or info@usdr.org. This organization's sole purpose for existing and only agenda over the last ten years is to get THIS legislation passed. A larger membership will enhance their clout when dealing with legislators. Lastly, do not forget to vote in your state elections for or against legislators who do or do not support you. When all the smoke clears you will know who they are. We will probably not have another chance to get legislation on this until next year. Pass the word to any retirees or disabled vets you know or meet and get active on this issue if you desire concurrent receipt to be approved and funded for 2003.

NDAA DERAILS RETIREE FORCED CHOICE:

The fiscal 2002 National Defense Authorization Act includes a provision that blocks the Administration's plan to force military retirees with VA disabilities to choose between military or VA health care. Retiree and veterans groups have objected to "forced choice" because: (1) VA care is earned by incurring disability due to military service while Tricare is earned through the hardships of a military career, and (2) selecting one over the other would force the beneficiary either to forego specialty care that

other veterans rate, such as hearing aids and prosthetics, or to relinquish a choice of civilian providers that other military retirees rate.

PROTECT & SECURE YOUR DD-214:

DD-214 Security: Filing a DD-214 with your local government is an option available to veterans. One advantage to filing a DD-214 form with your local county courthouse is that you can easily obtain copies if you ever lose your original. The disadvantage is that the form, with your Social Security number on it, becomes public record. Unfortunately, identity thieves are aware of this and could take advantage of it. To file or not file a DD-214 with your local county courthouse should be a very deliberate decision. Ask yourself if it would be better for you to obtain extra certified copies of your DD-214 from the National Personnel Records Center and store them in a safe area. Once a document becomes part of a public record, most local and state laws forbid its removal.

TRANSFERABLE GI BILL UP TO SERVICES:

Under the fiscal 2002 National Defense Authorization Act each service may let certain members transfer up to half of their Montgomery GI Bill educational benefits to a spouse or a child. Members in critical specialties with at least six years of active duty may transfer the benefits by agreeing to serve at least four more years. Upon completion of the four years, a spouse, or a child who is at least 18 years old or has a high school diploma, may use the transferred benefits. However, the NDAA provision only allows the services to provide the option, and does not direct them to implement it. Therein lies the road block, because the Defense Department, has flatly objected to the family plan, asserting that it would cost the department an estimated \$20 million. The NDAA is awaiting the president's signature.

DID YOU KNOW?

The National Guard was formed 365 years ago as a citizen militia to protect the early English colonies. This makes the "Guardsmen" the oldest component of America's armed forces.

RETIREES, UNIFORMS & NEW BERETS:

Since the introduction of the new Army beret, there have been some questions regarding retiree wear of the uniform in general and the beret in particular. This guidance was provided by the Human Resources Directorate of the Army's Deputy Chief of Staff for Personnel.



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As a retiree, you are authorized to wear the uniform for occasions of ceremony, patriotic events, and other military-related functions. Additionally, if you are a ROTC instructor, you are authorized wear of the uniform, with the Cadet Command shoulder sleeve insignia.

If you are not assigned to Cadet Command as an ROTC instructor, you do not wear any shoulder sleeve insignia on the left shoulder, unless you wish to wear the "Retired" insignia. You may wear the combat patch on the right shoulder, if you were authorized wear of one while in the service. Additionally, you wear the rank at which you retired, and all permanently awarded decorations and badges.

Since you are authorized wear of the uniform, you also are authorized to wear the black beret with the Army flash, since it is the standard headgear for the Army. The Army flash is the only flash authorized for wear on the black beret. Unfortunately, the supply of berets with the Army flash is limited right now, and fielding of the active and reserve components is not expected to be complete until next year. Therefore, the black beret will not be available for purchase in clothing sales stores until then. Until it's available, retirees can wear the garrison cap, or the green service (saucer) cap.

REMAINS OF 17 U.S. SERVICEMEN RECOVERED IN N. KOREA:

Remains believed to be those of 17 American soldiers, missing in action from the Korean War have been repatriated. This is the largest number of remains recovered in a single joint recovery operation since U.S. teams began their work in North Korea in 1996.

Operating near the Chosin Reservoir in North Korea, a joint U.S. - Korea team recovered 14 remains believed to be those of soldiers from the 7th Infantry Division who fought against Chinese forces Nov.-Dec. 1950. About 1,000 Americans are estimated to have been lost in battles of the Chosin campaign.

Also, a second team recovered three sets of remains in Unsan and Kujang counties and along the Chong Chon River, about 60 miles north of Pyongyang. The area was the site of battles between Communist forces and the Army's 1st Cavalry Division, and 2nd and 25th Infantry Divisions in Nov. 1950.

This year's schedule of operations in North Korea is the largest yet, with ten individual operations scheduled near the Chosin Reservoir, as well as in the Unsan, Kujang and Kaecheon City areas. Twenty-five individual operations have been conducted since 1996.

KOREAN WAR COMMEMORATIVE EVENTS 2002:

- 45 th Infantry Division Commemoration - Oklahoma City, OK Apr. 9
- Historical Symposium - Old Dominion University, Norfolk, VA Jun 25
- United War Veterans Council - Staten Island, NY Jul 27
- Armistice Commemoration - POC: Vince McGowan (212) 693-1476
- Armistice Day Commemoration - Korean War Memorial, Washington, DC Jul 27

RETIREES ASKED TO SUPPORT MWR:

Dear Fellow Retiree:

Our country is again faced with a serious military problem. We are at war against terrorism. The Army is totally committed to win this war. The Army needs our help and now.



I represent all of you on the Morale, Welfare, Recreation Executive Committee, which recommends policy decisions to the Board of Directors, i.e., the Army Four Star Generals. The MWR Funds are used to support MWR activities all over the Army. These funds are called non-appropriated funds, in other words, non-tax dollars. Dollars are generated in part by fees from the users, but more importantly from dividends from each dollar spent in the AAFES or PX system.

Retirees make up a considerable part of that customer base. That is good for the retiree and the Army. With many soldiers deploying, the customer base at many installations is shrinking and there will be fewer dollars to support our MWR activities for all. We need those dollars more than ever to help our soldiers' families through this turbulent period.

Accordingly, I am asking retirees to support their local base MWR activities even more than in the past. With security causing some delays, there could be a tendency not to go on the base to shop, etc. We need your participation in the process now more than ever. If you don't help our soldiers, who will?

God bless you and God bless our country.

John B. Blount, Lt. Gen.

'FREQUENT FLIER' BENEFITS TO BECOME PERSONAL PROPERTY:

When details are worked out, service members will be able to keep for their personal use "frequent flier" and similar travel affinity program benefits they accrue through official travel. The change, part of the fiscal 2002 National Defense Authorization Bill, is a reaction to dissatisfaction with the current system in which the government gets such benefits even if it can't use them, and under which members incur a record-keeping burden of maintaining separate accounts for benefits earned through personal versus official travel. Congressional officials said that the change in frequent traveler policy would be retroactive, meaning that members who have built up such credits in the past would be allowed to convert them to their personal use. Precisely how the changeover would work remains to be seen.

AF UNIFORMS OKAYED FOR COMMERCIAL AIR TRAVEL:

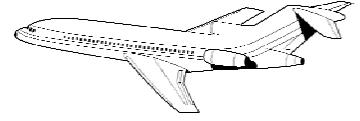
Rescinding an announcement made September 21, Gen. John P. Jumper, Air Force chief of staff, is now authorizing Air Force members traveling aboard commercial aircraft to wear their uniforms. The earlier announcement prohibiting uniform wear was a force protection measure directly related to the September 11 terrorist attacks on New York and the Pentagon. Air Force spokesman, Lt. Col. Bruce Lovely, said rescinding the policy is just another step in returning to normal. Wearing the uniform is not mandatory, but highly encouraged for colonels and above and chief master sergeants on duty-related travel in the continental United States. For more information on wearing the uniform on commercial flights, refer to Table 1.3 in Air Force Instruction 36-2903, Dress and Personal Appearance of Air Force Personnel.

A TRIBUTE TO VETERANS:

Military.com has created a Veterans Day tribute dedicated to remembering the service and sacrifices that U.S. military servicemembers have made for their country, including the 25 million living veterans in this country. The tribute includes the history behind Veterans Day, links to benefits information helpful for veterans and retirees, and oral histories submitted by Military.com members. The tribute can be found at: <http://www.military.com/Content/MoreContent1?ESRC=mr.vet.nl&file=veteransday>

OUTLOOK GOOD FOR SPACE-A TRAVEL:

Although some aircraft are being diverted to war missions, so are many active duty troops, thus Air Mobility Command officials say that Space-A travel is still a good deal. In some cases, Space-A opportunities within the continental U.S. have even improved. In addition, the number of commercially contracted Patriot Express flights between the U.S. and overseas remains unchanged. New requirements for Space-A passengers: have two forms of identification, including a photo ID; pack no sharp-edged objects, regardless of length, in checked baggage; expect hand-carried and checked baggage to be inspected, and arrive three hours before the flight.



BIOGRAPHY OF UNCLE SAM:

Historians aren't completely certain how the character "Uncle Sam" was created, or who (if anyone) he was named after. The prevailing theory is that Uncle Sam was named after Samuel Wilson.

Wilson was born in Arlington, Mass., on September 13, 1766. His childhood home was in Mason, New Hampshire. In 1789, he and his brother Ebenezer walked to Troy, New York.

During the War of 1812, Wilson was in the business of slaughtering and packing meat. He provided large shipments of meat to the US Army, in barrels that were stamped with the initials "U.S." Supposedly, someone who saw the "U.S." stamp suggested -- perhaps as a joke -- that the initials stood for "Uncle Sam" Wilson. The suggestion that the meat shipments came from "Uncle Sam" led to the idea that Uncle Sam symbolized the federal government.

Samuel Wilson died in 1854. His [grave](#) is in the Oakwood Cemetery in Troy.

Uncle Sam's traditional appearance, with a white goatee and star-spangled suit, is an invention of artists and political cartoonists; Samuel Wilson did not look like the modern image of Uncle Sam. For example, Wilson was clean-shaven, while Uncle Sam is usually portrayed with a goatee.

Thomas Nast, a prominent 19th-century political cartoonist, produced many of the earliest cartoons of Uncle Sam. However, historians and collectors take note: Many of Nast's cartoons may appear to depict Uncle Sam, while in fact they depict Yankee Doodle or "Brother Jonathan." It is easy to mistake a Brother Jonathan cartoon for one of Uncle Sam, since both figures wear star-spangled suits of red, white and blue. As a rule, Brother Jonathan was drawn with a feather in his cap, while Uncle Sam was not; and Uncle Sam is

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nearly always drawn with a beard, while Brother Jonathan was clean-shaven.

Some have suggested that Dan Rice, a 19th-century clown, inspired Thomas Nast's Uncle Sam cartoons. Rice's clown costume consisted of a hat and star-spangled suit, much like the costume worn by Uncle Sam. However, Rice was born in 1823, and did not begin clowning until 1844; and Uncle Sam cartoons appeared as early as 1838. Therefore, it seems unlikely that Rice was, in fact, the inspiration for Nast's cartoons.

The single most famous portrait of Uncle Sam is the "I WANT YOU" Army recruiting poster from World War I. The poster was painted by James Montgomery Flagg in 1916-1917.

FREE AUTO INSURANCE RATE QUOTE ONLINE:

Shop on line for auto insurance by going to this web site address: <http://www.fedweek.com/Services/default.asp> It's a FREE service that allows readers to compare auto insurance quotes from trusted name brand insurance companies. In just a few minutes, you'll receive instant online quotes from many of the nation's leading insurance companies giving you the best rates available that suits your individual needs-all without having to talk to anyone at any time. Whether you are in the market for new auto insurance or are just curious as to how much money you could save.

****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

I have been asked by a retiree to put out some information regarding Veterans Plates for Vehicles and the eligibility to obtain them. Because the criteria and definition of a Veteran is different in many of the programs that are offered to a veteran, I am going to ask that they contact there nearest Veterans Service Officer for clarification and eligibility for these programs. He had also mentioned that many veterans do not have their DD214 available to them. I suggest that if your Veterans Service Officer cannot help you with obtaining your DD214, then call the Veterans Services Office at Camp Keyes, Augusta - (626-4464) or call the Out-Of-Service Branch at Camp Keyes - (626-4353).

****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



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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 1,111 members strong.

Dean A. Soule

****RETIREE COUNCIL MEMBERS****

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****PARTING THOUGHTS****

Helping Your Family Regain Control In A World Out Of Control – (By Barbara Dunn, M.S., LMHP)

Barbara Peeks Dunn is a family therapist and elementary school counselor in Lincoln, Nebraska. She has authored many journal articles and presents family therapy training. She may be contacted at bjpeeks@aol.com, 5140 Valley Road, Lincoln, NE 68510, or (402) 488-1165, ext 1.

After the events of this past year, it is difficult to comprehend what is happening in our country and in our world. How and why could just a few people affect the world in such a dramatic way? Why is there evil in the world? Why do people hate? A million questions and no answers. When will we know the answers? Will we ever know?

One result of so much tragedy and turmoil is a heightened feeling of lack of control. Most of us find there is so little we can do to help! We can give blood and hope that it will be needed. We can give money and hope that it will relieve just a small bit of suffering. We can pray and wait for our prayers to be answered.

A common question for many families is what can be done to help us feel less out of control during a time of national crisis such as this? We can't be part of the rescue efforts. Nothing we do or say is going to affect decisions made by our country's leaders. We are powerless to change what has happened, and most of us are in no position to directly help those most affected. We have no way of knowing what the future holds for any of us.

But that doesn't mean that all we can do is surrender to feeling frightened and out of control. There are things that we can do as families to help regain a sense of control over our lives. There are steps we can take to provide organization and a semblance of balance and harmony within a context of unpredictability and chaos.

Step one is simply remaining calm. The first things that we can control are our own thoughts and actions. A chaotic world does not mean we have to surrender control over our relationships and feelings, over our schedules and sense of organization. Even when outside circumstances dictate that some things must change (that meeting that was scheduled, that trip that was planned), it is important to remember that it is just a temporary problem we are facing, and we are still the one in control of which things we wish to reschedule and when.

There are also things you can do to help your entire family feel more in control and to help them maintain order in their daily lives, despite the happenings of the outside world. One strategy that has worked for many families is to call a family meeting with "personal control" as the agenda and "reorganization" as the goal.

Take a poster board or big pad of paper, and use some markers to aid an initial brainstorming session. Create three headings:

➤ Thoughts and Actions

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- Relationships and Feelings
- Schedules and Organization

Ask each family member to contribute one idea for each category. Everyone should be encouraged to think of an action that he or she can take to “maintain, regain or establish” control and predictability in daily life.

For example, in the first category a family member may decide to make a list of positive attributes of the individual family members, or of the family in general. Maybe one family member has a good sense of humor. Another is caring and considerate. Once those items are listed, family members can be encouraged to think about those positive features several times each day. That simple act can help give a sense of control over one's thoughts and actions, an important factor when one otherwise seems to be swept up into constant news and discussions of the tragic happening.

Under Relationships and Feelings, family members may list things that would help each other feel better about themselves and those closest to them. A family member may commit to saying five nice things to each family member each day. Someone else may decide to do one small special thing for each family member each day. Such actions help positive control in regard to family relationships, while also creating warm and loving feelings among family members.

In the last category of “Schedules and Organization, people can find a variety of ways to reinforce the feeling of control they have over their own lives. Sometimes the entire family

may decide to simplify its schedule. Another decision might be to reorganize everyone's household responsibilities and expect accountability for completion of chores. It's an easy way to both get the household works done while helping to create a more a controlled atmosphere. Or there may be a commitment to spending more quality time as a family in an organized environment, a decision that will provide strength and security during times such as this of world disorganization.

What you decide to do must be things that work best for your family. Even a seeming simple strategy, such as establishing a family mealtime or waking the household 15 minutes earlier each morning, can help everyone regain a sense of having better control of their own personal lives. No matter how old or young; each family member can do something to help establish personal control over some aspect of the family's routine or organization.

Taking such actions can help us feel better about our own places in the world, despite how chaotic and out of control that world may seem at time. And it would seem that if all families do this, if we all hold one another accountable for our thoughts, words, and deeds, it's inevitable that we all will have better control of our behavior, our family organization, and relationships, and that perhaps the world itself will again be under control.