

Issue 2005-11 — November 2005

Notices

Korea Retirees' Schedule of Events

Nov 8 – USFK Retiree Council meeting at Main Street (formerly Townhouse) starting at 0730. Attendance by non-council members must be arranged in advance.

Dec 10 – The next Osan AB Retiree Appreciation Day will be held at the Challenger Club starting at 1200.

USMRAK Annual Membership Meeting Dec 3

The United States Military Retirees Association Korea (USMRAK) will hold its annual membership meeting and election of officers on Dec 3, 0930-1130, at Yongsan's Multi-Function Facility (aka South Post Theater). All U.S. military retirees are automatically members of the USMRAK, a dues-free private organization.

A **full-color flyer** (Word document) is available for you to print as a reminder. Retirees at posts/bases other than Yongsan and Osan are asked to print the flyer and post it in places where your local area retirees visit and congregate.

USMRAK President Al Chellis

Korea Retiree Selected to U.S. Army Retiree Council

Congratulations go out to SGM Steven R. Davis, USA Retired, on his selection to represent the Pacific region retirees on the Army Chief of Staff's Retiree Council. Steve is a member of the USFK Retiree Council and has been very active in retiree matters.

If you have a chance to see Steve, be sure to congratulate him on this very important – to Steve and all Korea retirees – selection.

USFK Retiree Council

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Medical Care Matters

DoD Striving for Affordable, 'World-Class' Health Care

The Defense Department is working to stem the rising cost of its military health system, which has essentially doubled since 2001, a senior defense health official said.

In 2001 military-health-system spending was about \$18 billion; today it is more than \$36 billion. And in the next four to five years, it is likely that the total budget will exceed \$50 billion, Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs, told the military personnel subcommittee of the House Armed Services Committee during a hearing here Oct. 19.

"The increase in health care cost is not unique to the military," he said. "What is unique for us is the goal to provide world-class medical care for all those who have served and continue to serve our country."

Providing that level of care for 9 million beneficiaries while keeping it affordable for the long term is the primary goal, he said. And just like the private sector, the military is facing many obstacles to achieving that goal.

Winkenwerder said that caring for military retirees is the "principle underlying factor" of the rising costs. If trends continue, officials estimate that by fiscal 2009 75 percent of the budget will be spent on paying for retiree health care. "Just 20 to 25 percent (of the budget) will be spent on active duty servicemembers and their families," he said.

Other contributing factors include rising pharmacy costs. This can be linked, in part, to implementation of the TRICARE Reserve Select coverage, which expands benefits to reserve-component personnel and their family members who meet eligibility. A pharmacy benefits program with a standardized drug formulary helping to keep the \$5 billion pharmacy budget from growing larger.

Legal opposition from large drug companies has stymied DoD's attempts to obtain retail discounts.

TRICARE contracts, fully implemented in fiscal 2005, use best-practice principles aimed at improving beneficiaries' satisfaction and controlling private-sector costs. Other cost-management measures include a performance-based management of military medical facilities and a quality-management program to help control costs.

Cost is only one issue the military health system is facing. Senior medical officials from the military service also addressed attracting and retaining medical personnel.

Army and Navy officials reported that medical school scholarships available for servicemembers went unclaimed this year. Recruiting and retaining certain medical personnel has largely been affected by operations tempo, Vice Adm. Donald C. Arthur, the Navy's surgeon general, said.

"We've only deployed 40 percent of our medical force," he said. "But in that 40 percent are all of our surgeons, our anesthetists, our (operating room) technicians. And those people are growing weary of the constant deployment – two or three or more times. Our challenges are in recruiting those ... specialties."

Officials hope that more predictable deployment windows will help with retention, Arthur said, adding that the three services are working together to look at recruiting strategies.

The Air Force reported no problems with health-professions scholarships going unclaimed this year, Lt. Gen. George P. Taylor,

Air Force surgeon general, said. The Air Force and the other services are suffering from the same nursing shortage that's affecting the private sector. Taylor said several factors affect recruiting and retention.

"There is ... a fair amount of uncertainty in the force now, because of not only the warfight and the probability and the chances of deployment," Taylor said, "but also coming through the Base Realignment and Closure process."

BRAC has caused military medical personnel to wonder what and how the changes will affect them, he said.

The panel praised the military's medical force and strides made in improving battlefield survival. Placing state-of-the-art surgical and medical care far forward on the battlefield has enhanced battlefield health care for operations Enduring Freedom and Iraqi Freedom, Maj. Gen. Joseph G. Webb, Army deputy surgeon general, said. It is this ability to treat an injury within minutes of it occurring that has saved so many lives.

"In (Iraq), more than 91 percent of all casualties have survived their wounds, the highest survivability rate of any U.S. conflict," Webb said.

The panel also mentioned the preparations being made should there be an avian influenza pandemic. Commands have been provided with information and are planning their responses, Winkenwerder said. About 2.5 million courses of Tamiflu, a drug to treat the flu, will be received within the next month, and DoD is working on an agreement to ensure servicemembers get several million of the first available doses of an avian influenza vaccine currently in development.

"Our first obligation, in order to help in a situation, is to have our own people protected," he said. "We're working on all fronts and we're making good progress."

Winkenwerder also lauded the military medical force's response to natural disasters and humanitarian issues. Citing the response to the tsunami in southeastern Asia and hurricanes Katrina and Rita in the southern United States and natural disasters in Guatemala and Pakistan. He said that the Department's medical assets can provide unique assets found nowhere else.

"Once again, the department and the Military Health System demonstrated substantial and unique capabilities of support for humanitarian operations," he said.

Armed Forces Press Service, Oct 20

More Drugs Considered for \$22 Copay

At a Sept. 28 meeting, the DoD Beneficiary Advisory Panel (BAP) was asked to review a proposal by another DoD pharmacy panel to move several additional medications to the third tier, which means they would require a \$22 copay, vs. the normal \$9 TRICARE copay for brand-name drugs or \$3 copay for generics.

The drugs involved are:

- ACE Inhibitors Univasc, Aceon, Accupril, and Altace (for high blood pressure).
- Calcium Channel Blockers Verelan, Verelan PM, Covera HS, Cardizem LA, Norvasc, DynaCirc, DynaCirc CR, Cardene, and Cardene SR (a different kind of blood pressure drug).
- Alpha-blocker Flomax (for benign prostate enlargement).

Drugs are considered for the third tier when there are other drugs that are equally effective for the same purpose and significantly less costly to TRICARE.

MOAA's CDR John Class (USN-Ret) and several other BAP members concurred with most of the proposals, based on the availability of several other \$9 options. But the panel urged against moving Altace to the third tier, since it has been shown to be particularly effective for high-risk patients.

Dr. William Winkenwerder, Assistant Secretary of Defense for Health Affairs, will make the final decision.

The BAP was pleased to see a minimum 120-day waiting period proposed between the final decision and actual implementation, to allow time for patients now taking these drugs to discuss other options with their doctors.

But Class and others expressed concern over the number of medications being moving to the third tier. When panel members were appointed, Defense officials intimated to them that only a small number of medications would be elevated to the third tier. But the growing number of drugs in this category means large numbers of beneficiaries will be affected. The BAP once again pressed Defense leaders to implement a communications plan to ensure TRICARE Standard beneficiaries are informed of such changes.

For more information on these medications, contact the retail pharmacy (TRRx) customer service line at (866) DOD-TRRX, (866) 363-8779. For The Mail Order Pharmacy (TMOP) the number is (866) DOD-TMOP, (866) 363-8667.

MOAA Legislative Alert, Oct 7

VA Warns of Telephone Prescription Scam

The Department of Veterans Affairs (VA) is warning veterans not to give credit card numbers over the phone to callers claiming to update VA prescription information.

"Some unscrupulous scammers have targeted America's veterans, especially our older veterans," said the Honorable R. James Nicholson, Secretary of Veterans Affairs. "VA does not call veterans and ask them to disclose personal financial information over the phone."

The latest scam, currently centered in the Midwest, comes from callers who identify themselves as working for the "Patient Care Group." They say VA recently changed procedures for dispensing prescriptions and ask for the veteran's credit card number.

"VA has not changed its processes for dispensing prescription medicines," Nicholson said. "And we've definitely not changed our long-standing commitment to protect the personal information of our veterans."

Veterans with questions about VA services should contact the nearest VA medical center or call, toll-free, 1-877-222-8387.

AF Retiree News, Oct 21

Pay Matters

COLA Spikes to 4.1 Percent

The Bureau of Labor Statistics has set the Dec 1, 2005, cost-of-living adjustment (COLA) for Social Security recipients at 4.1 percent. Accordingly, military retirees who have been retired for the entire year will see a 4.1 percent increase in their Jan. 2006 military retirement payments. Those who retired during the first quarter of the year will receive a 3.4 percent bump, while second quarter retirees will get 2.8 percent, and third quarter retirees 1.4 percent. Those who retired after Sept. 30, 2005, will not receive a COLA in their January checks. The amount of COLA is calculated annually by comparing the increase in the Consumer Price Index from third quarter to third quarter of each year. The 4.1 percent increase, which is the largest since 1991, came mostly from a recent surge in the cost of energy.

Armed Forces News, Oct 21

South Dakota Awards Veterans Bonuses

The state of South Dakota is paying a veterans bonus of up to \$500 to individuals who were legal residents of the state for at least six months immediately preceding entry into the Armed Forces, who are currently on active duty or were honorably discharged, and who served on active duty during one or both of the following two designated situations. The first is service between Jan 1, 1993 through Sep 10, 2001 in which the individual served overseas and was awarded the Armed Forces Expeditionary medal, Southwest Asia Service medal, Kosovo campaign medal or any other U. S. campaign or service medal awarded for combat operations against hostile forces. The second period is any active duty between Sept. 11, 2001, through a date to be determined.

Write to SD Veterans Bonus, 500 E. Capitol, Pierre, SD 57501, or call (605) 773-7251, or e-mail john.fette@state.sd.us.

Armed Forces News, Oct 7

Senate Votes To Scrap 2006 Congressional Pay Raise

Citing budgetary pressures created by the war in Iraq and two devastating hurricanes, the Senate this week voted overwhelmingly to deny members of Congress their annual pay raise.

"We're up to our necks in deficit spending. We're piling up billions more in debt that our children and grandchildren will have to pay. At such a time it would just seem hardly justified to schedule a pay raise for members of Congress," said Sen. Russell D. Feingold (D-WI).

The Senate by 92-6 to adopt an amendment to the fiscal 2006 Transportation-Treasury-Housing appropriations bill that would block lawmakers from receiving a cost-of-living adjustment to \$165,200, an increase of \$3,100, or 1.9 percent, over their current salary.

Lawmakers in both chambers receive automatic yearly pay increases unless they specifically vote to deny themselves that raise. Since that law was enacted 16 years ago, lawmakers have voted their yearly pay raise down five times, the last time in 1998.

The House earlier this year turned aside an attempt to kill the pay raise. But given the changed circumstances, it may reverse course in conference and give up their COLA.

NAUS Weekly Update, Oct 21

(RAO Comment: Failing to receive this year's COLA is not expected to result in any of the members having to apply for food stamps.)

Social Security Earnings Changes

In addition to the 4.1% cost-of-living increase to Social Security benefits, the earnings caps are increasing as follows:

- The maximum taxable FICA earnings will increase from \$90,000 to \$94,500 in 2006.
- The amount of allowable earnings for Social Security recipients before an earnings test kicks in will rise from the current \$12,000 to \$12,480 for those under "full retirement age" under Social Security (65 and 6 months for retirees born in 1940, 65 and 8 months for those born in 1941); the test reduces benefits by \$1 for each \$2 over the threshold.
- A separate earnings test applies for those reaching the year of full retirement age. In the months prior to birth month, benefits are reduced by \$1 for every \$3 over a threshold, which is rising from \$31,800 to \$33,420.
- Once full retirement age is attained, there is no offset to earnings for those who continue working.

Adapted from CSA Council Note 05-35, Oct 24

Few Eligible Retirees Apply for Special Pay

Officials continue to be baffled as to why more eligible retirees have not applied for Combat-Related Special Compensation.

CRSC, a \$22 billion program endowed by Congress in 2002 for active and reserve retirees with disabilities related to combat or hazardous duties, has processed applications from only 90,000 of an estimated 600,000 eligible retirees.

Of the \$1 billion in payments paid to date, about \$628 million has gone to retired soldiers, according to Col. John Sackett, director of the program's Army component at the Human Resources Command.

With roughly \$21 billion remaining in the program, officials urge retirees who believe they are eligible to apply.

Unlike the Concurrent Retirement and Disability Payments program, an automatic entitlement from the Defense Finance and Accounting Service for any retiree with a Department of Veterans Affairs disability rating of 50 percent or higher, CRSC is an application-claim-based program.

Army officials suspect that some retirees have not applied because they believe they already are receiving CRSC compensation, when in fact they are receiving Concurrent Retirement and Disability pay, which not only is taxable, but generally has smaller payments. For example, the monthly payment for a 50 percent rating under CRSC is \$663 tax-free, while the taxable monthly payment for CRDP is \$153.

Disabled retirees who are not certain which pay they receive should check their Defense Finance and Accounting pay stub. The law forbids retirees from receiving both CRSC and CRDP.

To qualify for CRSC, claimants must:

- Be retired with at least 20 years of active or reserve service.
- Receive retired pay offset by VA payments.
- Have a disability rating of at least 10 percent.

Eligibility for CRSC requires a documented "combat-related" disability, which is a term that includes:

- Disability resulting from conditions simulating war, such as a named exercise.
- An injury incurred while performing hazardous service, such as flying, diving or parachute duty.
- An injury caused by an instrument of war (combat vehicle, military weapon, etc.)
- A wound or injury caused by armed conflict (resulting in a Purple Heart), and presumptive cases involving such conditions as exposure to Agent Orange or radiation.

Retirees who apply for CRSC should be prepared to document their claims with evidence showing that their disability is "combat-related" under the conditions described above.

For full details on CRSC, call toll-free (866) 281-3254. Soldiers can learn more on the **Army's CRSC site** on the Web. *News of the Force (Page 1), Oct 25*

Community Matters

Wanted: Books for Hospitalized Military Personnel and Vets

Between visits from family and friends, there is little to do in a hospital to keep up one's spirits. Books fill that time void well. They can educate, stimulate, and transport the reader to far away places, real or imagined. Consider donating any old or new books in good condition to a hospitalized veteran.

If you live near a VA Hospital, you can deliver books personally to the Volunteer Office. To locate a VA Hospital near you, go to the following website: <http://www1.va.gov/directory/guide/home.asp?isFlash=1>.

For wider distribution, you may mail a book contribution to The American War Library. That facility will forward your books to veterans in VA hospitals. Please note that they want books, not money to buy books – however well intentioned.

The inside cover of your books may be inscribed. Following are a few appropriate ways to do that:

- "Donated By (Your Name)"
- "Donated By The (Family Name) Family"
- "Donated From The Heart By (Your Name or Family Name)"
- "Donated By The (Name of your Company or Corporation)"

Or, choose your own inscription.

Send your books through the postal service with low cost Media Mail to the following address:

Books For Vets
The American War Library
16907 Brighton Avenue, Rear Building
Gardena CA 90247-5420

NAUS Weekly Update, Oct 21

'Gateway to Europe' Ends 60-year Airlift Legacy

Although 60 years of airlift legacy came to a close, the "spirit" of this base will endure. The long-time airlift hub closed during an Oct. 10 ceremony attended by U.S. and German dignitaries.

A C-17 Globemaster III bearing the name "Spirit of Rhein-Main" was unveiled by Lt. Gen. Christopher Kelly, Air Mobility Command vice commander; Col. Brad Denison, 469th Air Base Group commander; and retired Col. Gail Halvorsen, the famed "Candy Bomber" of the Berlin Airlift.

More than 800 service members, veterans, civilian employees and well-wishers turned out to say farewell to the former "Gateway to Europe." A C-17 with the moniker, "Spirit of Berlin," made the symbolic last flight following the ceremony, dipping its wing toward Rhein-Main's hangars in a final goodbye.

Gen. Robert H. "Doc" Foglesong, U.S. Air Forces in Europe commander, said the closure marks an ending and a beginning, referring to Frankfurt International Airport's planned expansion. Airport officials plan to add a third passenger terminal, which will be built where the base currently stands.

(base history information deleted for brevity)

The final military mission left here Sept. 26 and the final commercial flight took off Sept. 30, ending the operational mission of the base. The base's vital airlift support mission transitioned to Ramstein and Spangdahlem air bases Oct. 1. (Courtesy of United States Air Forces Europe News Service)

AF Retiree News, Oct 22

DoD Issues Instruction on Contractors With the Armed Forces

A new Department of Defense Instruction defines "DoD policy and procedures concerning DoD contractor personnel authorized to accompany the U.S. Armed Forces."

Contractors deployed alongside U.S. military forces in Iraq and elsewhere have assumed increasing responsibilities for military tasks up to and including prisoner interrogation, but in doing so they have also created legal, administrative and procedural problems.

The new DoD Instruction attempts to bring some order to what has occasionally been a chaotic situation and addresses, for example, the conditions under which contractors may be armed.

See **DoD Instruction 3020.41** (PDF, 324KB), Contractor Personnel Authorized to Accompany the U.S. Armed Forces, October 3, 2005.

News of the Force (Page 1), Oct 22

Online Commissary Opens for Business

Commissary shoppers looking for a different kind of gift for friends or family at home or abroad can now shop online at the "Virtual Commissary."

Located under the "Shopping" link at www.commissaries.com, Virtual Commissary opens up a whole new world of Internet shopping for authorized users of the commissary benefit, Defense Commissary Agency officials said.

"We're excited about DeCA's first adventure into the world of Internet shopping," said Patrick B. Nixon, DeCA's chief executive officer and acting director.

Kraft Foods, a DeCA business partner, is kicking off Internet shopping with a selection of gift baskets. "But the number of vendors and manufacturers participating will continue to increase, along with the variety of products," Nixon said.

All products in the gift baskets at Virtual Commissary can be found on the shelves of "brick and mortar" commissaries, but the unique packaging of products into gift and special occasion baskets adds a new twist. With titles like "Camouflage," "Drill Sergeant" and "Touch of Home," the baskets offer assortments of crackers, canned cheeses, cookies, candies and even beverages and coffee packs.

A secure portal requires customers to provide personal information that verifies they're enrolled in the Defense Enrollment Eligibility Reporting System, or DEERS, to verify commissary-shopping eligibility. Military exchanges use a similar method to check for authorization before permitting access to exchange Web sites or online shopping, DeCA officials noted.

But Defense Department civilians stationed overseas who are otherwise authorized to shop at commissaries may not be able to access Virtual Commissary until the Defense Manpower Data Center changes the DEERS database, said DeCA officials. DMDC is targeting completion of the changes for late November.

Virtual Commissary customers can make selections and fill in their payment and shipping information in one easy and secure step before being transferred to the manufacturer's site, where they can get total cost for the product (including shipping) and finalize their purchase.

The customer pays for shipping and handling, just as at most other Internet shopping sites, and charges will vary depending on the method of shipping selected, location and speed of delivery requested.

Customers can check for availability of delivery to APO and FPO addresses as well as get more information on what's in the gift baskets by clicking on the image of the gift basket at Virtual Commissary. They can pay for orders with any credit card accepted in commissaries, and DeCA officials said the agency does not archive customer information.

"We're certainly energized by the possibilities offered to our customers through this partnership with industry," Nixon said. "The future of online commissary shopping is unlimited."

Down the road, Virtual Commissary expansion could include making a wide variety of commissary products available, a feature that would allow deployed service members, retirees and other authorized shoppers to order items they want and need at commissary savings – no matter where they live.

Related sites:

The Virtual Commissary http://www.commissaries.com/log_in/html/virtual_comm/virtcommsplash/virtcomm_home.cfm;

The Defense Commissary Agency, <http://www.commissaries.com/>.

News of the Force (Page 2), Oct 22

Laughing Matters

(RAO Note: I received this one a long time ago, but it was too long to include in the print newsletter. The RAO is not liable for injury resulting from uncontrollable laughter.)

Cruisin' With a Squirrel

I never dreamed slowly cruising on my motorcycle through a residential neighborhood could be so incredibly dangerous! Little did I suspect.

I was on Brice Street – a very nice neighborhood with perfect lawns and slow traffic. As I passed an oncoming car, a brown furry missile shot out from under it and tumbled to a stop immediately in front of me.

It was a squirrel, and must have been trying to run across the road when it encountered the car. I really was not going very fast, but there was no time to brake or avoid it – it was that close. I hate to run over animals, and I really hate it on a motorcycle, but a squirrel should pose no danger to me.

I barely had time to brace for the impact. Animal lovers, never fear. Squirrels, I discovered, can take care of themselves!

Inches before impact, the squirrel flipped to his feet. He was standing on his hind legs and facing my oncoming Valkyrie with steadfast resolve in his beady little eyes. His mouth opened, and at the last possible second, he screamed and leapt! I am pretty sure the scream was squirrel for, "Banzai!" or maybe, "Die you gravy-sucking, heathen scum!"

The leap was nothing short of spectacular...

He shot straight up, flew over my windshield, and impacted me squarely in the chest. Instantly, he set upon me. If I did not know better, I would have sworn he brought 20 of his little buddies along for the attack. Snarling, hissing, and tearing at my clothes, he was a frenzy of activity.

As I was dressed only in a light T-shirt, summer riding gloves, and jeans this was a bit of a cause for concern. This furry little tornado was doing some damage!

Picture a large man on a huge black and chrome cruiser, dressed in jeans, a T-shirt, and leather gloves, pattering at maybe 25 mph down a quiet residential street, and in the fight of his life with a squirrel.

And losing...

I grabbed for him with my left hand. After a few misses, I finally managed to snag his tail. With all my strength, I flung the evil rodent off to the left of the bike, almost running into the right curb as I recoiled from the throw.

That should have done it. The matter should have ended right there. It really should have. The squirrel could have sailed into one of the pristinely kept yards and gone on about his business, and I could have headed home. No one would have been the wiser. But this was no ordinary squirrel. This was not even an ordinary angry squirrel. This was an **EVIL MUTANT ATTACK SQUIRREL OF DEATH!**

Somehow he caught my gloved finger with one of his little hands and, with the force of the throw, swung around and with a resounding thump and an amazing impact, he landed squarely on my **BACK** and resumed his rather antisocial and extremely distracting activities. He also managed to take my left glove with him!

The situation was not improved. Not improved at all. His attacks were continuing, and now I could not reach him. I was startled, to say the least. The combination of the force of the throw, only having one hand (the throttle hand) on the handlebars, and my jerking back unfortunately put a healthy twist through my right hand and into the throttle. A healthy twist on the throttle of a Valkyrie can only have one result. Torque. This is what the Valkyrie is made for, and she is very, very good at it.

The engine roared and the front wheel left the pavement. The squirrel screamed in anger.

The Valkyrie screamed in ecstasy. I screamed in ... well ... I just plain screamed.

Now picture a large man on a huge black and chrome cruiser, dressed in jeans, a slightly squirrel-torn t-shirt, wearing only one leather glove, and roaring at maybe 50 mph and rapidly accelerating down a quiet residential street on one wheel, with a demonic squirrel of death on his back. The man and the squirrel are both screaming bloody murder.

With the sudden acceleration I was forced to put my other hand back on the handlebars and try to get control of the bike. This was leaving the mutant squirrel to his own devices, but I really did not want to crash into somebody's tree, house, or parked car. Also, I had not yet figured out how to release the throttle... my brain was just simply overloaded. I did manage to mash the back brake, but it had little effect against the massive power of the big cruiser.

About this time the squirrel decided that I was not paying sufficient attention to this very serious battle (maybe he was an evil mutant attack squirrel of death), and he came around my neck and got **INSIDE** my full-face helmet with me.

As the faceplate closed part way, he began hissing in my face. I am quite sure my screaming changed intensity. It had little effect on the squirrel, however.

The RPMs on the Dragon maxed out (since I was not bothering with shifting at the moment), so her front end started to drop.

Now picture a large man on a huge black and chrome cruiser, dressed in jeans, a very raggedly torn T-shirt, wearing only one leather glove, roaring at probably 80 mph, still on one wheel, with a large puffy squirrel's tail sticking out of the mostly closed full-face helmet. By now the screams are probably getting a little hoarse.

Finally I got the upper hand. I managed to grab his tail again, pulled him out of my helmet, and slung him to the left as hard as I could. This time it worked ... sort-of. Spectacularly sort-of ...so to speak.

Picture a new scene. You are a cop. You and your partner have pulled off on a quiet residential street and parked with your windows down to do some paperwork.

Suddenly a large man on a huge black and chrome cruiser, dressed in jeans, a torn T-shirt flapping in the breeze, and wearing only one leather glove, moving at probably 80 mph on one wheel, and screaming bloody murder roars by, and with all his strength throws a live squirrel grenade directly into your police car. I heard screams.

They weren't mine...

I managed to get the big motorcycle under control and dropped the front wheel to the ground. I then used maximum braking and skidded to a stop in a cloud of tire smoke at the stop sign of a busy cross street. I would have returned to 'fess up (and to get my glove back). I really would have. Really... Except for two things.

First, the cops did not seem interested or the slightest bit concerned about me at the moment. When I looked back, the doors on both sides of the patrol car were flung wide open. The cop from the passenger side was on his back, doing a crab walk into somebody's front yard, quickly moving away from the car.

The cop who had been in the driver's seat was standing in the street, aiming a riot shotgun at his own police car.

So, the cops were not interested in me. They often insist to "let the professionals handle it" anyway.

That was one thing. The other?

Well, I could clearly see shredded and flying pieces of foam and upholstery from the back seat. But I could also swear I saw the squirrel in the back window, shaking his little fist at me. That is one dangerous squirrel. And now he has a patrol car. A somewhat shredded patrol car ... but it was all his.

I took a deep breath, turned on my turn-signal, made a gentle right turn off of Brice Street, and sedately left the neighborhood. I decided it was best to just buy myself a new pair of gloves. And a whole lot of Band-Aids.

*from <http://groups.yahoo.com/group/frommyrtlebeach/>
via Christian Voices*

Director's Corner

Medical Care for Retirees

Did you read the long first item under Medical Care Matters in this newsletter? It concerns you, whether you realize it or not. It particularly concerns you if you are a retiree living in Korea. So let's go back and take a look at some of the points – warnings – that retirees should note.

First, the health care budget has doubled from 2001 to 2005. So that means more and more money will be needed to fund military health care. It's projected that by 2009 retirees will take 75% of the budget for health care, with active duty accounting for the remaining 25%. If the money gets tight and funding becomes a problem, someone will have to absorb the inevitable costs shares and cost cuts. Who do you think will be expected to pay an increased share of the cost for their health care? I'll give you three choices, pick one. Active Duty? Retirees? Taxpayers?

Second, pharmacy costs are spiraling upward. It's no secret that some of the more expensive drugs are those used to counteract the effects of aging. That's us, folks. So who do you think will be sharing in the spiraling costs? Here's a clue: read the second item.

Other factors in taking control of increasing costs are actions being taken or being proposed. For example, the most recent Air Force Association update contains the following: *"Pentagon leadership has told the respective branches that they will need to eliminate \$8 billion from their FY 2007 budgets. The individual cuts are: \$2.3 billion for the Army; \$2.2 billion for the Navy; \$2.1 billion for the Air Force, and \$900 million for DoD-wide accounts. Additional cuts are expected to follow in the near future."*

Third, the war has taken many of the specialists. What does that mean to retirees? Well, health problems of us oldsters generally require specialist care. So if the military can't provide the specialist care, where do we go to get it?

Fourth, the war has caused a problem in recruiting new medical personnel. What does that mean to retirees? It means that there's more likelihood we'll see doctor shortages in our hospitals/clinics and that the competition for doctors' time will become more intense between active duty and their dependents, and retirees and their dependents. Who do you think gets the short straw?

So what's the bottom line? It is that retirees should be prepared to accept more responsibility for their own health care. Common sense should dictate your approach to what you eat, what you drink and what you inhale. You should also consider health care supplemental insurance. For non-SOFA retirees, the Korean National Health Insurance is an affordable option. Complaining is not an acceptable substitute for taking action to protect yourself.

Jack Terwiel

Medicare Part B

The open enrollment for military retirees ends Dec 31, 2005. If are 65 or over and don't have Medicare Part B, you are gambling that you won't require any civilian medical and will one day simply keel over. ("That's the healthiest old corpse I've ever seen!") Good luck. I hear too many stories of retirees who gambled and lost. The sad part of the stories is that it's most often the wife or widow, or other family member, who ends up with the bills because the retiree has either become totally incapacitated or has died. In either case, civilian hospital bills have accumulated and there's no way to pay them. When my wife was hospitalized in early 2003, her care was costing \$2,000 per week, or almost \$300 per day. How many days can you afford to pay out of pocket at that rate with no hope of reimbursement? Do you think the cost of medical care is going up or down?

Okay, your response is that you'll simply have them med evac you to Tripler or some other military hospital and the care will be free. Two problems here: 1) your condition has to be such that required medical care is not time critical, plus you have to be medically stable to qualify for med evac. That's often not the case. 2) What if Tripler or some other military hospital can't provide the needed care and must send you to a civilian hospital, in Honolulu or elsewhere? It's happened to other retirees, it could happen to you.

Medicare Part B is expensive and it will continue to increase annually. I did a projection and estimated that it could be as high as \$120 per month by 2010. Expensive? Sure, but a lot cheaper than \$300 per day – even more in intensive care – that you won't be reimbursed.

Medicare Part B is least expensive if you sign up at age 65 when you're first eligible, or right now during the open enrollment if you didn't take it when you turned 65. And Medicare Part B is affordable when you consider the alternatives.

Jack Terwiel

New Visa Service Offered in Downtown Seoul

Starting Jun 13, 2005, the Sejeongro Branch Office of the Seoul Immigration Office has extended services to foreigners living in the central area of Seoul and north of the Han River. It is located on the 5th floor of the Hyundai Jukseon Building in Jongno-gu. It is connected to subway line 3 Gyeongbokgung Station (#327), Exit 6. Telephone numbers are 02-2650-6212 and 02-732-6214. Services of interest to military retirees and those nearing retirement separation include:

- Application for visa
- Extension of visa for categories C-1, C-2 and C-3; D-1, D-2, D-4 to D-9; E-1 to E-5; F-1, F-2 and their dependents; and H-1
- Multiple re-entry permit
- Grant or change visa status including:
 - F-1
 - Grant 30-day C-3 visa to US Army personnel who are retiring/separating in Korea
 - Grant F-3 visa to dependents until expiration of sponsor's visa
 - Change visa to D-2, D-4, F-1 (foreigners of Korean extraction under 20 or over 60), F-2-1, F-2-3, F-2-4
- Residence reporting to include:
 - Report change of residence
 - Report changes or additions of residence matters

Note that most of the above visa support at this office does not apply for Chinese citizens.

In addition to accepting visa applications, the office provides for the use of a courier service to deliver the passport to your home or business address [I am assuming only to off-post/base residence or business]. Request a courier service application form at the time of visa application to use this service. Delivery service costs W5,000 in Seoul and W7,000 in Gyeonggi-do (pay on delivery).

source information provided by Korea retiree Ernie Lozeau