

Issue 2008-10 — October, 2008

Notices

Korea Retirees' Schedule of Events

Oct 3 – Korea National Foundation Day holiday, the Military Retiree Assistance Office is closed

Oct 11 – **USAG-Yongsan hosts the third annual Retiree Appreciation Day**

Oct 11-12 – Osan AB celebrates Airpower Day and the 60th birthday of the 51st Fighter Wing

Oct 13 – Columbus Day holiday, all retiree offices are closed

Oct 14-15 – USAG-Daegu RSO Office will be open Tues 0800-1600 and Wed 0800-1230

Oct 21-22 – USAG-Yongsan RSO Office will be open 0900-1600

Oct 28-29 – USAG-Daegu RSO Office will be open Tues 0800-1600 and Wed 0800-1230

Oct 28-29 – USAG-Yongsan RSO Office will be open 0900-1600

Nov 8 – **USAG-Daegu hosts the fourth annual Retiree Appreciation Day**

USAG-Yongsan/USAG-Red Cloud RSO Schedule Changes

The USAG-Yongsan Retirement Services Office has relocated to USAG-Red Cloud at Camp Casey. Please note that the schedule above reflects this change showing the scheduled visits to USAG-Yongsan. The rest of the time the RSO operates from USAG-Red Cloud at the Camp Casey office.

The Retirement Services Office web site at <http://www.rso-korea.com> has been updated to the new main office location and new office telephone number and adds the cell phone number 010-2660-7496.

Retirement Services Office

Osan AB Retiree Activities Office Update

If you visited Building 936 at Osan AB looking for the reopened RAO, you were disappointed. I was, too. After publishing the September newsletter, I spoke with the Mission Support Squadron Commander. He advised that they're shuffling offices around in the building and he would contact me when they decided where to put the RAO desk.

When it's finally opened, the RAO schedule of operation will depend on whether I will have a computer connected to the Osan Network. In the discussion with the MSS Commander, he advised that volunteers are not authorized access to the Osan Network. If that's the case, then I will necessarily have to spend the majority of my time in the MRAO.

Retiree Activities Office

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The new report of the Quadrennial Review of Military Compensation (QRMC) proposes a number of changes in military pay and benefits. Under the law, the Defense Department must conduct a QRMC every four years.

Previously we addressed concerns about the QRMC's proposed changes in the military retirement system (see "**Purposes and Pitfalls of Retirement Reform**").

Now let's take a look at the QRMC health care recommendations.

First, the good news. [The Military Officers Association of America] MOAA strongly agrees with proposals to stress preventive care by removing co-pays and deductibles for procedures and medications that are intended to guard against health problems, including colonoscopies, mammograms, and medications intended to control chronic conditions such as diabetes.

Similarly, we think the QRMC is on the right track in outlining a variety of initiatives to improve recruiting and retention of the full spectrum of military medical professions and expand contract, reimbursement, and other options to attract the needed level of civilian providers to meet the military community's needs.

But we have a pretty big hiccup on QRMC proposals to:

- Increase and means-test TRICARE fees for retirees under 65
- Double retail pharmacy co-pays
- Establish an annual enrollment fee for TRICARE Standard
- Establish an accrual accounting system to pay for health care for retirees under 65

The QRMC would establish an annual enrollment fee for TRICARE Standard and set the fee at 15% of the Medicare Part B premium for single members. The enrollment fee for single retirees in TRICARE Prime would be set at 40% of the Part B

premium. The premium would be doubled for retirees with spouses or families.

While those amounts would start out at lower levels than the Pentagon and others have proposed, it would represent a fundamental change in the philosophy of military benefits.

First, Part B premiums by law represent at least 25% of the cost of delivering care to the elderly and disabled. MOAA doesn't believe that standard is a proper one for establishing fees for people between ages 38 and 64.

Second, Part B premiums can rise dramatically based on the family's adjusted gross income as reported to the [Internal Revenue Service] IRS. MOAA has a problem with that kind of means-testing of federal benefits in any event, but at least there's some case to be made for it in social insurance programs like Medicare that apply to all Americans, regardless of their contributions to the country. But we draw the line at means-testing military compensation and benefit programs that are earned by a career of service and are supposed to be provided by the Defense Department as part of the employer's compensation package.

Less than 1% of the health coverage plans offered by any other American employers vary with income. The U.S. president pays the same for his health care as the lowest-grade federal civilian. It makes no sense to MOAA to say that some military retirees who complete 20 to 30 years of arduous service somehow deserve a cut in their military health benefits if they inherit some money from a parent or if their spouse lands an outstanding job.

Further, MOAA doesn't support an enrollment fee of any kind for TRICARE Standard or TRICARE For Life. TRICARE Prime has an enrollment fee because it guarantees access to care for those who enroll. There's no such guarantee for TRICARE Standard or TRICARE For Life, and many military beneficiaries encounter difficulties finding providers who will accept TRICARE – which doctors see as the lowest-paying insurance program in America.

Finally, hard experience has shown that establishing a health care accrual accounting system for retirees under 65 may be an accountant's dream, but it's a beneficiary's nightmare.

The accrual funding system established in 2001 for beneficiaries over 65 has proven to be a significant hindrance in making needed adjustments because of strict congressional budget rules for any benefit program governed by accrual accounting. That means benefit adjustments can be made relatively easily for retirees under 65, but making improvements for those over 65 is nearly impossible. That's also the reason that it's like pulling teeth to make even minor adjustments on concurrent receipt or the Survivor Benefit Plan, both of which are covered by accrual accounting systems.

The last thing we need, given the many problems that we know exist in the TRICARE system, is another budgetary roadblock in getting them fixed.

MOAA Legislative Update, Sep 5

New Study Confirms VA's Conclusion On Surgical Knee Cleaning

NBC Nightly News reported this week on a new study that questions the effectiveness of a surgical procedure that that uses arthroscopic cleaning of the knee joint to relieve pain for patients suffering from arthritis in the knees. Surgeons in Canada "randomized patients to either receive the surgery or just physical therapy and pain relief. They found no difference in the outcome." This "is not the first study to question the effectiveness of the surgery. Six years ago, doctors from the US Veterans Administration (VA) came to the same conclusion but many orthopedic surgeons questioned those results." This latest research, however, "should finally prove that simply washing out the knee is not worth the risk or the expense of surgery."

According to Bloomberg news service, the new study's findings "support a 2002 study by doctors" at the VA medical center in Houston "that met with criticism after concluding knee surgery for arthritis patients offered no benefit over medical therapy. The latest research may change the practice of many orthopedic surgeons, said Brian Feagan, professor of medicine from the University of Western Ontario in Canada" and the new study's lead author.

And the New York Times said the 2002 VA study assigned patients "to real surgery or a sham operation," and the "real surgery was found to be no better than the sham one. That study was denounced by many orthopedic surgeons, but Medicare decided in 2003 to stop paying for the operation."

TREA Washington Update, Sep 12

Diet and Exercise Myths

Every year, millions of Americans resolve to lose weight, whether on New Year's Day, their birthdays, or just some morning when their mirror or the bathroom scale seems particularly unkind. And every year, many get frustrated and give up before they reach their goals. Contributing to this problem is a host of bad information about diet and exercise that circulates through gyms, workplaces, and over the Internet. To help more people achieve and maintain a healthy weight, Julie Bender, a dietitian with Baylor University Medical Center at Dallas, and Phil Tyne, director of the Baylor Tom Landry Health and Wellness Center agreed to "weigh in" on many of the most common diet and exercise myths.

1. Crunches will get rid of your belly fat. False. "You can't pick and choose areas where you'd like to burn fat," Tyne says. "In order to burn fat, you should create a workout that includes both cardiovascular and strength training elements. This will decrease your overall body fat content."
2. Stretching before exercise is crucial. False. Some studies have suggested that stretching actually makes muscles more susceptible to injury. They claim that by stretching, muscle fibers are lengthened and destabilized, making them less prepared for the strain of exercise. "You might want to warm-up and stretch before a run, but if you are lifting weights wait until after the workout to stretch your muscles," Tyne suggests.
3. You should never eat before a workout. False. 'Fuel' from food and fluids is required to provide the energy for your muscles to work efficiently, even if you are doing an early morning workout. "Consider eating a small meal or snack one to three hours prior to exercise," Bender says. "Load up your tank with premium 'fuel' and choose some fruit, yogurt, or whole wheat toast."
4. Lifting weights will make women bulky. False. "Most women's bodies do not produce nearly enough testosterone to become 'bulky' like those body builders on TV," Tyne says. If you do find yourself getting bigger than you would like, simply use less weight and more repetitions.
5. Fat is bad for you, no matter what kind. False. Contrary to popular belief, there are plenty of 'good fats' out there that are essential for good health and aid in disease prevention. "They are the ones that occur naturally in foods like avocados, nuts, and fish, as opposed to those that are manufactured," Bender says. "Including small amounts of these foods at meal times can help you to feel full longer and therefore eat less."
6. Restricting calories is the best way to lose weight. False. Both cutting back on calories and moving more will help you lose weight and maintain the lean muscle mass needed to boost metabolism. People often believe the diet and exercise myth that they must take drastic measures to lose weight, such as eating less than 1200 calories per day, but such diets usually do not provide adequate fuel for the body and may slow metabolism. "Drastic measures rarely equal lasting results, so start small and eliminate 100-300 calories consistently from your daily diet, and you will reap the reward," Bender says.
7. As long as you eat healthy foods, you can eat as much as you want. False. A calorie is a calorie. Although oatmeal is healthy, if you eat four cups of oatmeal, the calories add up. "Healthy or otherwise, you still must be aware of portion sizes," Bender says. "You must limit your caloric intake in order to lose weight, however, understanding how to 'balance' calorie intake throughout your day can help you avoid feelings of deprivation, hunger and despair."
8. Exercise turns fat into muscle. False. Fat and muscle tissue are composed of two entirely different types of cells. "While you can lose one and replace it with another, the two never 'convert' into different forms," Tyne says. "So fat will never turn into muscle."
9. Eating late at night will make you gain weight. False. "There are no 'magic' hours," Bender says. "We associate late-night eating with weight gain because we usually consume more calories at night. We do this because we usually deprive our bodies of adequate calories the first half of the day. Start the day out with breakfast and eat every 3-4 hours. Keep lunch the same size as dinner, and you will be less likely to over-indulge at night, yet you can enjoy a small late-night snack without the fear of it sticking to your middle."
10. You have to sweat to have a good workout. False. "Sweating is not necessarily an indicator of

exertion – sweating is your body's way of cooling itself," Tyne says. It is possible to burn a significant number of calories without breaking a sweat: try taking a walk, or doing some light weight training, or working out in a swimming pool.

[Source: About Senior Living, Sharon O'Brien article, Sep 08]

RAO Baguio Bulletin Update, Sep 15

VA Secretary Establishes ALS as a Presumptive Compensable Illness

Cites Association between Military Service and Later Development of ALS

Veterans with amyotrophic lateral sclerosis (ALS) may receive badly-needed support for themselves and their families after the Department of Veterans Affairs (VA) announced today that ALS will become a presumptively compensable illness for all veterans with 90 days or more of continuously active service in the military.

"Veterans are developing ALS in rates higher than the general population, and it was appropriate to take action," Secretary of Veterans Affairs Dr. James B. Peake said.

Secretary Peake based his decision primarily on a November 2006 report by the National Academy of Sciences' Institute of Medicine (IOM) on the association between active-duty service and ALS.

"We are extremely grateful to Secretary Peake, Congressman Henry Brown and Senator Lindsey Graham for standing on the side of veterans with ALS across the country," said Gary Leo, president and CEO of The ALS Association. "Thanks to their leadership, veterans with ALS will receive the benefits and care they need, when they need them. Thanks to their efforts, no veteran with ALS will ever be left behind."

The report, titled Amyotrophic Lateral Sclerosis in Veterans: Review of the Scientific Literature, analyzed numerous previous studies on the issue and concluded that "there is limited and suggestive evidence of an association between military service and later development of ALS."

"ALS is a disease that progresses rapidly, once it is diagnosed," the Secretary explained. "There simply isn't time to develop the evidence needed to support compensation claims before many veterans become seriously ill. My decision will make those claims much easier to process, and for them and their families to receive the compensation they have earned through their service to our nation."

New Regulation on ALS Presumptive

ALS, also called Lou Gehrig's disease, is a neuromuscular disease that affects about 20,000 to 30,000 people of all races and ethnicities in the United States, is often relentlessly progressive, and is almost always fatal.

ALS causes degeneration of nerve cells in the brain and spinal cord that leads to muscle weakness, muscle atrophy, and spontaneous muscle activity. Currently, the cause of ALS is unknown, and there is no effective treatment.

The new interim final regulation applies to all applications for benefits received by VA on or after September 23, 2008, or that are pending before VA, the United States Court of Appeals for Veterans Claims, or the United States Court of Appeals for the Federal Circuit on that date.

VA will work to identify and contact veterans with ALS, including those whose claims for ALS were previously denied, through direct mailings and other outreach programs.

To view the entire regulation published in the Federal Register today, go to: www.federalregister.gov/OFRUpload/OFRData/2008-21998_PI.pdf. For more information on VA's disability compensation program, go to www.va.gov or contact 1-800-827-1000.

VA News Release, Sep 23

Pending Formulary Changes

Users of blood glucose testing strips, overactive bladder medications, the antidepressant Pristiq and Sular Geomatrix, a drug

used to treat hypertension, take note; formulary changes are coming.

In the very near future, Accu-chek Aviva, Precision Xtra, Freestyle Lite, and the Ascensia Contour SMBGS test strips will be designated as formulary on the Uniform Formulary. All other types, including an undetermined number of store and private label strips will be reclassified as non-formulary. DoD is working with the manufacturers of the new meters to ensure beneficiaries wanting switch brands can do so at no cost.

Overactive bladder medications Oxybutynin IR (Ditropan, generics), oxybutynin ER (Ditropan XL, generics), oxybutynin patch (Oxytrol), tolterodine ER (Detrol LA), solifenacin (Vesicare), trospium ER (Sanctura XR), and darifenacin (Enablex) will be classified as formulary on the Uniform Formulary. Tolterodine IR (Detrol) and trospium IR (Sanctura) would be reclassified as non-formulary.

The new antidepressant drug Pristiq, and Sular Geomatrix, a drug used to treat hypertension will also be classified as non-formulary.

The DoD Pharmacy & Therapeutics Committee recently recommended the above changes, which must still be approved by Dr. Ward Casscells, Director of the TRICARE Management Activity (TMA). We are simply giving you advance notice to allow you extra time to investigate less costly alternatives should you desire to do so.

Be sure to watch our weekly updates or check the TRICARE section in our Uniformed Services Journal for the final ruling on the P&T Committee recommendations. A complete list of medications, their formulary status and where they are available can be found if you **Click Here**.

NAUS Weekly Update, Sep 26

Enhanced-Overseas TRDP

Effective Oct. 1, retired TRICARE beneficiaries living overseas may enroll in the TRICARE Retiree Dental Program (TRDP). For complete details, click on **Overseas Dental Benefit**.

NAUS Weekly Update, Sep 26

(Note: If you wish to apply for TRDP, contact the Military Retiree Assistance Office at mrao@rao-osan.com or phone 031-663-0319 to receive an application brochure.)

Pay Matters

Full Concurrent Receipt for Retirees Rated as Individually Unemployable

As previously reported, last year's National Defense Authorization Act authorized full, immediate concurrent receipt for disabled retirees rated as 'Individually Unemployable' (IU) by the [Department of Veterans Affairs] VA. The provision takes effect Oct. 1 with payment retroactive to Jan. 1, 2005.

According to Defense Finance and Accounting Service (DFAS), the increase in IU payment will come in the November check. DFAS says, "Retirees will not need to take any action in order to receive this increased benefit amount. DFAS receives this information from the VA on a regular basis."

In recent contact with DFAS, we are told that the retroactive payment is being worked out. While there is no clear timeline for these back-payments, DFAS informs us that a lump sum payment will be made once the calculation of individual payments is final.

Additional information can be found at the **DFAS site**.

NAUS Weekly Update, Sep 5

Timelines for Filing Amended Income Tax Returns Extended for Retro-VA Compensation Awards

The Heroes Earnings Assistance and Relief Tax Act of 2008, signed into law on June 17, 2008, changed the federal income tax filing deadlines and the length of the look-back period for amended tax returns when retirees are affected by a retroactive [Department of Veterans Affairs] VA disability compensation determination.

Amended tax returns usually are required when you have paid income taxes on past retirement income that later becomes

tax-free income as a result of the award of retro-VA compensation.

The act amends the [Internal Revenue Service] IRS Tax Code to the following:

- For retro-VA compensation determinations as of June 18, 2008 or later, retirees have up to one year to file their amended return from the date of the VA determination. The retiree now can amend tax returns going back five years. It used to be a three-year look-back.
- There also is a transition period allowed in the tax code change. For retro-VA compensation determinations from Jan. 1, 2001 through June 17, 2008, retirees have until June 17, 2009 to file amended returns for tax refunds for tax years 2001 to the present.

Please consult your tax specialist for more detailed information about how these changes affect you. Refer to H.R. 6081, Section 106, which amends the IRS Tax Code Section 6511(d) by adding a new paragraph (8).

Find a technical explanation of H.R. 6081 on the House of Representative's Web site: www.house.gov/jct/x-44-08.pdf

Other references:

www.govtrack.us/congress/billtext.xpd?bill=h110-6081

frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:h6081enr.txt.pdf

MOAA News Exchange, Sep 11

VA Home Loans Increased Up to \$729,000

Effective immediately under the Housing and Economic Recovery Act of 2008, the [Department of Veterans Affairs] VA will use a locality-based approach to raise ceilings on its no down payment home loans from \$417,000 to as much as \$729,000.

This new law also improves the VA's Specially Adapted Housing Program. It raises primary grants from \$50,000 to \$60,000 toward constructing a new home or modifying an existing home to meet the adaptive needs of veterans or active duty servicemembers with certain service-connected disabilities.

One new feature in the law is a provision that will assist burn victims. It allows veterans with certain service-connected disabilities resulting from severe burns to receive adaptive housing grants. The new law also makes future increases in ceilings on the Specially Adapted Housing Program automatic.

To get more information about VA home loans and adaptive grants call (877) 827-3702 or visit www.homeloans.va.gov.

MOAA News Exchange, Sep 11

Medicare Premiums to Stay Flat in 2009

The monthly premium for the elderly and disabled participating in Medicare will hold steady at \$96.40 next year. It's the first time since 2000 that the charge for health coverage is not increasing.

Premiums usually go up to reflect higher costs and demand for care that are projected in the coming year. Such increases will most certainly occur in 2009, but they will be offset when calculating the premiums by an adequate reserve in the Medicare Part B trust fund account. That reserve gained \$9.3 billion earlier this year after officials discovered that money was being inadvertently drawn from Medicare Part B to cover certain hospice benefits.

The monthly premium for Medicare Part B covers a portion of the costs for physician services, home health and the purchase of certain medical equipment, such as wheelchairs and oxygen machines. The deductible for those services will also hold steady next year at \$135. That's the amount beneficiaries pay before their insurance coverage will kick in.

provided by Chris Palombi, Service Officer, VFW Department Pacific

Paid-up SBP Effective Date Draws Near

The paid-up Survivor Benefit Plan (SBP) effective date of Oct. 1, 2008, is just around the corner! Retirees who are at least age

70 and have paid SBP premiums for at least 360 months (30 years), will be eligible to have their monthly premiums end while still maintaining coverage for their beneficiary/beneficiaries.

Eligible retirees will not see the change until their November pay because military retired pay is paid one month in arrears. After the effective date of Oct. 1, 2008, members will have their premiums terminated when they meet both the age 70 and 360-month premium requirement.

The Defense Finance and Accounting Service (DFAS) will include 'premium counters' on all Retiree Account Statements (RAS) to help retirees monitor their paid-premium status on their annual RAS in December 2008 and when any subsequent RAS is issued. The counter represents the total number of paid premium months credited to a retiree's account that automatically increases with each month a full premium payment is made.

Regardless of whether you will be eligible for paid-up status as of Oct. 1, 2008, or some later date, no action is required by you to initiate the termination of premiums – and you maintain your current annuity coverage at no further cost.

The **DFAS Web site** has additional paid-up SBP information and FAQs. You also can call (800) 321-1080 to speak to a DFAS representative.

MOAA News Exchange, Sep 25

VA Benefits for Brain Injuries, Burn Scars Could Rise

The Department of Veterans Affairs has announced changes to the way traumatic brain injuries and burn scars are evaluated. The changes could mean that service members who suffer from either injury could receive higher disability compensation than previously allowed. It also means that veterans with preexisting conditions could see their compensation rise as well. Roughly 22,000 veterans suffer from some form of brain injury, including 5,800 who served in Iraq and Afghanistan. Details of the change were published in the Federal Register, available online at www.federalregister.gov/OFRUpload/OFRData/2008-22083_PI.pdf.

Armed Forces News Issue, Sep 26

Legislation Matters

Defense Bill Passage on Hold

The 2009 Defense Authorization Bill has stalled, pending resolution of several disagreements between the Bush administration and Congress.

In a statement released by the Office of Management and Budget earlier this month, some key issues of dispute would:

- Restrict the use of private security contractors in combat zones
- Bar public-private competition for Defense Department jobs
- Require military officers to serve as deputies to the services' intelligence chiefs
- Require that all intelligence interrogations be videotaped
- Set a mandatory date by which all U.S. forces would pull out of Iraq

Armed Forces News Issue, Sep 26

Community Matters

More Documentation Necessary to Replace, Renew ID Cards

Homeland Security Directive 12 now requires retirees and family members seeking to renew or replace a military identification card to provide two types of ID.

Retirees and family members needing identification cards must have two of the following types of current identification – one of which must include a photo:

- 1 Driver's license or ID issued by a state or outlying U.S. commonwealth or possession
- 1 ID card issued by federal, state or local government agencies or entities
- 1 School ID card with a photograph

- 1 Voter's registration card
- 1 U.S. military ID card
- 1 U.S. passport
- 1 Certificate of U.S. citizenship
- 1 Certificate of naturalization

For persons younger than 18, who are unable to present a document previously listed, they may bring:

- 1 School record or report card
- 1 Clinic, doctor or hospital record
- 1 Day-care or nursery school record

The listing above is not all-inclusive. A list of acceptable documents can be found at <http://www.uscis.gov/files/form/I-9.pdf>, Page 4.

Before visiting a military ID card issuing facility, people may want to call first to determine what specific documents may be required, and to verify the process to renew or replace an ID card. For contact information and the location of the nearest ID card issuing facility, visit <http://www.dmdc.osd.mil/rsl/owa/home>. On this Web site, people can search by city, state or ZIP code.

Air Force Print News Service, Sep 17

New USFK Regulation 190-7

A new USFK Reg 190-7 dated 1 Oct 2008 has been issued. I've taken a cursory look at the parts affecting retirees and it looks like most retirees who are non-SOFA and not dual status will be visiting the Pass & Registration office less frequently. Your passport will be required to register in DBIDS. The DBIDS registration will be based on your visa expiration date and that will determine the DBIDS expiration date. Ration cards will be issued with the expiration date based on the DBIDS expiration date.

Since the vehicle inspection for non-SOFA registered vehicles is a Korean government responsibility, the vehicle registration period will be based on the expiration date of the Korean inspection (on the vehicle registration form) or three years, whichever is shorter. Annual on-base vehicle inspections are not required for non-SOFA vehicles.

Retiree Activities Office

Laughing Matters

Poker-Playing Dog

A guy walks into a bar and sees a dog playing poker. The guy is amazed that the dog is playing poker. "Bartender, is that a real dog playing poker?" the guy asks.

"Yep, real as can be," the bartender replies.

"Well is he any good?" the guy asks.

"Na, every time he has a good hand he wags his tail."

Mikey's Funnies via Christian Voices

Change

Years ago, there was an old tale in the Marine Corps about a lieutenant who inspected his Marines and told the Gunny that they all smelled bad.

The lieutenant suggested that they change their underwear. The Gunny responded, "Aye, aye, sir, I'll see to it immediately."

He went into the barracks and barked, "The lieutenant thinks you guys smell bad, and wants you to change your underwear. Smith, you change with Jones, McCarthy, you change with Witkowski, Brown, you change with Schultz. Get to it!"

The moral: A candidate may promise change in Washington, but don't count on things smelling any better.

from the Internet

Tea Time

One day my wife was out and I was left in charge of the baby. The little one was about 18 months old at the time. Someone had given her a little tea set as a gift and it had quickly become one of her favorite toys.

I was in the living room engrossed in the evening news when she brought Daddy a little cup of 'tea', which was just water.

After several cups of tea and lots of praise for such yummy tea, my wife returned home. I made her wait in the living room to watch the toddler bring me a cup of tea, because it was 'just the cutest thing!'

Mom waited, and sure enough, here comes baby down the hall with a cup of tea for Daddy. My wife watched me dutifully drink it all up with the proudest smile on her face and tears welling up in her eyes. She then busted out laughing and asked, "Did it ever occur to you that the only place the baby can reach to get water is the toilet?"

Clean Laughs via Sermon Fodder and Christian Voices

City Kid

A city kid went to his grandpa's farm for the weekend. He tagged along as Pa did what had to be done around the place, taking it all in.

Then Grandpa came across a cow having trouble calving. He didn't know how the whole process would be taken in by the six-year-old, but had no option but to get on with the job of assisting the birth.

When the calf had been 'pulled' and the cow was happily cleaning it up, Pa asked the boy if he had any questions about what he had just seen.

At first the kid seemed overwhelmed by the experience, but finally asked, "Just how fast was that calf going when it hit the cow's behind?"

Mikey's Funnies via Christian Voices

Director's Corner

Military Handbooks

Military Handbooks in Arlington, Virginia, publishes the Military Handbooks series on a variety of related topics of interest to both active duty and retired military members. These are available free for downloading. Details on the latest two books to be released and the link to the web site are in **this PDF document**.

Jack Terwiel

'Ordinarily Resident' and SOFA Status Update

Many contractors who came here to look for a job acquired 'ordinarily resident' status before finding a SOFA job. These contractors are losing their jobs because they were not eligible to gain SOFA status. Those who think they should receive an exception must submit documentation supporting their claim. I'll describe the only one I'm familiar with and in which I'm trying to assist in obtaining an exception.

A retiree was hired from the States to take a contractor job in Korea. He packed up his family and household and headed for Korea. When he arrived, he found that the contract start was delayed until a problem was resolved. So he got a Resident Visa. While waiting for his contract to start, he came to the Retiree Activities Office and offered his services as a volunteer. He worked in the office side-by-side with me through the summer until the contract problem was resolved and he could go to work. I wrote a letter verifying that he had worked as a USFK volunteer during that period when he held 'ordinarily resident' status. I'm hopeful that he will be granted the exception because he came here fully expecting to move into a job that he had already accepted. That's not the same as someone who comes here looking for a job, maybe takes a temporary job with a work visa, for example as an English teacher, and eventually finds a job granting SOFA status. That's not allowed.

Jack Terwiel