

Issue 2012-02 — February, 2012

Notices

Korea Retirees' Schedule of Events

Feb 1-2 – USAG-Yongsan RSO Office will be open Wed-Thu 0900-1500 in the Soldier Support Center, Bldg 4024, Room 140, cell phone 010-2660-7496.

Feb 3 – USAG-Daegu RSO Office on Camp Henry will be open Fri 1000-1400 in the ASAP building diagonally across from Credit Union and Krispy Kreme, cell phone 010-2660-7496.

Feb 9-10 – USAG-Yongsan RSO Office will be open Thu & Fri 0900-1500 in the Soldier Support Center, Bldg 4024, Room 140, cell phone 010-2660-7496.

Feb 14 – USAG-Daegu RSO Office on Camp Henry will be open Tue 1000-1400 in the ASAP building diagonally across from Credit Union and Krispy Kreme, cell phone 010-2660-7496.

Feb 15 – USAG-Humphreys RSO Office will be open Wed 1000-1400 in Building 543, cell phone 010-2660-7496.

Feb 17 – USAG-Yongsan RSO Office will be open Fri 0900-1500 in the Soldier Support Center, Bldg 4024, Room 140, cell phone 010-2660-7496.

Feb 20 - Korea retiree offices will be closed for the U.S. President's Day holiday.

Feb 23-24 – USAG-Yongsan RSO Office will be open Thu & Fri 0900-1500 in the Soldier Support Center, Bldg 4024, Room 140, cell phone 010-2660-7496.

Feb 28 – USAG-Daegu RSO Office on Camp Henry will be open Tue 1000-1400 in the ASAP building diagonally across from Credit Union and Krispy Kreme, cell phone 010-2660-7496.

Mar 1 – Osan AB Retiree Activities Office will be closed for the Korean Samil (3-1) holiday.

Mar 5 – Osan AB Retiree Activities Office will be closed due to a medical appointment at Aju University Hospital.

Reporting a Retiree Death

The Defense Finance and Accounting Service (DFAS) has streamlined the procedure to report a retiree death. The new procedure uses DFAS Form 9221, an on-line form. Access to the form and instructions for using the form are at <http://www.dfas.mil/retiredmilitary/survivors/Retiree-death.html>. Using the form and submitting it electronically will result in immediate suspension of the retired pay. This will prevent subsequent problems caused by overpayment of retired pay due to late death notification.

The form specifies the mandatory information that must be completed. Once the form is completed, it can be submitted to DFAS electronically by selecting the "Submit" button, and printed by selecting the "Print" button. As soon as the form is received by DFAS, either electronically or by mail, it is processed and the letter containing the claim forms is mailed to survivors immediately to claim the retiree's final retired pay. Claim forms to apply for survivor benefits will also be included if the retiree had been enrolled in the Survivor Benefit Plan (SBP) (as shown in the retiree's pay statement).

adapted from DFAS Newsletter

Vitamin Supplements

Many people take vitamins and other supplements to enhance their normal diet assuming that they are contributing to good health. The Jan 1 issue of the RAO (Baguio) Bulletin contained an item from *The Medical Letter on Drugs and Therapeutics* with the results of a long-term study on the benefits of Vitamin Supplements. I have not included the item in the Medical Matters section of the newsletter, instead making it available as a [separate document](#).

The conclusion of the study is quoted here: "*In healthy people living in developed countries and eating a normal diet, the benefit of taking vitamin supplements is well established only to ensure an adequate intake of folic acid in young women and of vitamins D and B12 in the elderly. There is no good reason to take vitamins A, C or E routinely. No one should take high-dose beta-carotene supplements. Long-term consumption of any biologically active substance should not be assumed to be free from risk.*" Read the whole thing and decide for yourself based on the study findings.

Osan AB Retiree Activities Office

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Medical Care Matters

VA Extends Deadlines For Undiagnosed Gulf War Illnesses

By Leo Shane III

Officials at the Department of Veterans Affairs extended the deadline Thursday for Iraq veterans with unexplained illnesses to qualify for compensation and survivor benefits, pushing back the deadline to the end of 2016.

That deadline was set to expire Saturday. The move covers veterans from either the just-completed Iraq War or the 1990-1991 Gulf War who have clear service-related illnesses but not a clearly defined diagnosis.

Congress put the rule in place 1994 in response to reports of Gulf War Illness, a set of mysterious and crippling medical symptoms for which experts still have not found a unifying link. The move ensured that veterans would receive disability payments and access to other VA programs while department researchers continued to investigate the cause of the problems. The deadline has been extended by VA officials several times since then.

The policy covers, among other ailments, a host of unexplained skin disorders, neurologic symptoms, respiratory issues and other chronic pain problems experienced by troops who served in the more recent Iraq conflict.

Bradley Flohr, VA assistant director for compensation policy, said the decision to extend the deadline again came because of the continued mysteries surrounding illnesses from both conflicts, and the continued desire to make sure those veterans are cared for.

Veterans or survivors who believe they qualify for these benefits can contact VA at 1-800-827-1000. Further information about undiagnosed illnesses is available online at <http://www.publichealth.va.gov/exposures/oefoif/index.asp>.

Stars and Stripes article, Dec 29

Life Expectancy

Life expectancy is a topic many disabled seniors want to talk about with their doctors but very few have that discussion, a new

study finds. It included 60 elderly patients with an average age of 78 who had multiple illnesses and disabilities and lived in a community-based, long-term care program in San Francisco. None of the patients had been diagnosed with a specific terminal illness.

Interviews with the patients revealed that 75 percent would want a conversation about their prognosis if their doctor felt they had less than a year to live, while 65 percent would welcome such a dialogue if they likely had fewer than five years to live. However, only one of the 60 patients reported having such a discussion with a doctor, said the researchers at the San Francisco VA Medical Center and the University of California, San Francisco (UCSF).

Wanting to prepare for death, making the most of their remaining time and making medical or life decisions were among the most common reasons the patients gave for wanting to discuss their prognosis. "When physicians bring up prognosis, it's usually thought of as a health issue, but for the person on the receiving end, the conversation is about a lot more than that," lead author Cyrus Ahalt, a geriatrics research coordinator in UCSF's Department of Medicine, said in a university news release.

"We've made big strides in changing the way that doctors communicate prognosis to patients who have cancer, organ diseases or other terminal diagnoses, but this study shows that we still have room to grow in discussing life expectancy with frail older adults who have poor prognosis simply because of multiple physical or cognitive impairments or old age," added principal investigator Dr. Alexander Smith, a physician at [San Francisco VA Medical Center] SFVAMC and a bioethics expert and assistant professor of medicine in the division of geriatrics. The study was published online Nov. 30 in the *Journal of General Internal Medicine*. [Source: University of California, San Francisco, news release, 14 Dec 2011]

RAO (Baguio) Bulletin, Jan 1

U.S. Military's Ground-breaking Vaccine Targets Breast Cancer

By Elaine Sanchez, American Forces Press Service

U.S. Army Col. (Dr.) George E. Peoples explains how cancer vaccines help to combat breast cancer during an interview at the San Antonio Military Medical Center. Peoples, director and principal investigator for the Cancer Vaccine Development Program, has helped to develop a vaccine that's offering breast cancer survivors hope for a cancer-free future.

Military researchers in San Antonio, Texas, have developed a cutting-edge cancer vaccine that's slashing breast cancer recurrence rates and giving some survivors a better shot at a cancer-free future. After more than a decade of research and testing, the cancer vaccine, dubbed E-75, soon will move on to its final phase of testing to earn Food and Drug Administration (FDA) approval, said U.S. Army Col. (Dr.) George E. Peoples, director and principal investigator for the Cancer Vaccine Development Program at the San Antonio Military Medical Center.

The team has high hopes for this vaccine and its lifesaving potential for breast cancer survivors, particularly since breast cancer is the most prevalent type of cancer seen among military beneficiaries in the hospital there, said Peoples, who also serves here as the deputy director of the U.S. Military Cancer Institute and the medical center's chief of surgical oncology. "We've made a commitment to take care of active duty personnel, spouses and retirees," the colonel said. "And cancer is a notable problem among beneficiaries."

The vaccine, Peoples explained, targets a protein commonly over-expressed in breast cancer cells called human epidermal growth factor receptor 2, or HER2/neu. Cancer vaccines typically target some protein or antigen expressed on cancer cells, he noted. "The idea is to train the immune system to recognize that protein or piece of protein that's highly expressed on cancer cells, but not on normal cells," he said. "That way the immune system can differentiate what's abnormal and normal. If the immune system can recognize it, it marks it for death, basically."

The cancer vaccine concept has been around for a long time, Peoples noted, but the team here has adopted a different approach to test their effectiveness. The vast majority of vaccines in the past were tested on end-stage cancer patients, he explained. However, a vaccine is meant to stimulate the immune system, and a healthy immune system isn't typically seen in someone in the last stages of cancer. As a result, "a lot of early cancer vaccines tested in end-stage patients were found not to be helpful," Peoples said. "No real surprise there." To more appropriately gauge the vaccine's effectiveness, Peoples' team decided to test it among patients who have a healthy immune system — cancer survivors who are disease-free but at risk for recurrence.

Experts can predict recurrence based on several factors including family history, age, size of tumor and the presence of involved lymph nodes, among other indicators. The researchers targeted the HER2/neu protein, which is expressed at varying levels in women with breast cancer, then honed in on the 60 percent of women who express the protein at low to intermediate levels. The vaccine is a mix of the E-75 peptide of the HER2 protein and an immune system stimulant. They started with a 200-patient trial in 2001 and followed each woman for five years. Half of the women received the vaccine — one injection a month for six months — and the other half was the control group. The outcome was very promising, Peoples noted. The recurrence rate among the women in the control group was 20 percent, and 10 percent among the women who received the vaccine. "We cut recurrence in half," he said.

This success led to the next phase of testing, the colonel said, which will begin early this year and involve 700 to 1,000 patients. Unlike the earlier phases, however, this step will be undertaken by a commercial company, Galena Biopharma, which has the resources and manpower to undertake such a large-scale test. The company will seek FDA approval and, if received, release the

vaccine for public use. This phase will take about five years to complete — two years to enroll, then a three-year observation period, Peoples said. "The end point is the recurrence rate after three years," he explained.

Meanwhile, Peoples and his team will turn their attention to a multitude of other projects, many based on the same concept that made the E-75 vaccine so successful — using the body's own immune system to destroy cancer cells. They've already taken the same vaccine and completed a trial with prostate cancer survivors. As with ovarian and lung cancer, prostate cancer also expresses the HER2 protein.

Peoples said he's also intrigued by a successful trial they conducted on breast cancer survivors who express the HER2 protein at the highest levels, rather than the low to intermediate levels they focused on before. In this study, they combined their vaccine with the drug Herceptin. They conducted a small trial with 60 women, Peoples said, and when they administered the vaccine and Herceptin together, the recurrence rate dropped to zero. "The preliminary data is very exciting," he said. "But we need to wait and do larger trials."

Word has spread of the cancer vaccine program's successes and intriguing results. Military and civilian experts have approached Peoples wanting to take part in research that has such a potentially widespread impact. The idea of active, specific immunotherapy — engaging the body's immune system to do the work of fighting the cancer — is an exciting and rapidly evolving area, Peoples explained. Garnering this interest, Peoples has steadily built a worldwide network of military and civilian hospitals that can assist with clinical trials and research. The network includes just about every major military hospital alongside a civilian hospital in cities across the nation and overseas. The partnership has reached Athens, Greece, and is about to extend into Malaysia. "We're about to circle the globe," he said.

Peoples attributed much of the program's successes to this military-civilian network. "We're very fortunate to have great partners," he said. He also praised the military men and women willing to take part in the trials. They enter into them knowing they may be part of the control group that doesn't receive a potentially lifesaving vaccine. Despite that fact, he hasn't seen a shortage of willing participants, Peoples said. "The military is an ideal setting for clinical trials," he said. Service members, retirees and family members have a strong sense of service, he noted. "They want to be involved and contribute to the research," he added.

While they're focusing on secondary cancer prevention, the ultimate goal, Peoples noted, is primary prevention, meaning cancer prevention among people with a predicted risk of cancer based on family history and genetic markers. "Hopefully, sometime in my lifetime we'll figure that out," he said. Related site: **San Antonio Military Medical Center**

News of the Force (page 2), Jan 6

In 2012, Add Healthy New Habits the Right Way

By Dana Jacobi, American Institute for Cancer Research

For me, spending time eating is easy, while making time to exercise is hard. As a result, my weight crept up last year, and I am in so-so condition. This year, to alter the equation, I am determined to improve my health through a better diet and to make exercise a priority.

Changing one's diet is challenging. Starting small will encourage success, so I am choosing just two steps. First, I will fill two-thirds of my plate at every meal with vegetables and fruits. Second, I will cut calories by exercising portion control.

To make these changes, the New American Plate is my model. This plan, as explained in detail in a booklet available from the American Institute for Cancer Research, includes meals with a modest portion of flavorful meat, poultry or fish. The rest of the plate is filled with vegetables, grains, legumes and fruit. This one-third, two-thirds balance will also help me consume more fiber, a great way to feel full and satisfied while consuming fewer calories.

Assembling meals that include more vegetables, grains and legumes may seem difficult. To make it easier here are seven enjoyable ideas I have posted on my refrigerator as a reminder:

Stack Up a Sandwich. Always add a folded lettuce leaf plus slices of tomato, cucumber or apple. Together they can equal one serving of vegetables or fruit.

Be a Fruit Nut. Toss in a handful of raisins, chopped dates or apricots whenever you cook rice, quinoa or barley.

Sneak in Fruit and Fiber. Stir high-fiber chopped dried figs and dried cranberries into unsweetened plain yogurt, along with vanilla extract. Top hot oatmeal with a shredded apple and some cinnamon.

Dress Smart. For salads, mix grapefruit juice and Dijon mustard with a teaspoon of oil for a delicious dressing.

Stock Up. To sauté and stir-fry, substitute two teaspoons of chicken broth and one of oil for each tablespoon of oil in recipes.

Think Italian. Extra virgin olive oil and authentic Parmigiano-Reggiano cheese pack powerful flavor. Sprinkling a teaspoon of good quality olive oil or a tablespoon of grated cheese over steamed vegetables adds intense Mediterranean taste and a modest amount of fat and calories.

Soup It Up. A half-cup of canned beans, a chopped onion, carrot and celery rib, simmered with broth and a bay leaf provides fat-free, filling servings of legumes and vegetables.

For exercise, rather than bite off more than I can chew, I am taking it in small steps, as well. Before I settle in front of the computer to read the morning paper, I step out for a 15-minute walk. At lunchtime, either I plan dates that require walking for 15 minutes or if eating at my desk, first I push myself outside for a brisk 15 minutes. Those short walks add at least two hours of activity a week, enough to improve fitness and help melt off pounds.

Reprinted on January 11, 2012, courtesy of the American Institute for Cancer Research. For more information, please visit www.aicr.org.

GEHA Health e-Report, Jan 2012

Pay Matters

Military Retirement System

The Defense Department's highest-ranking officer said changes to the military retirement system are unlikely anytime soon and today's troops can expect to be grandfathered under the current rules. Army Gen. Martin Dempsey, chairman of the Joint Chiefs, said retirement reform has been "pushed to the side of the table," and he expects a blue-ribbon commission to take a long look at the issue before any changes are made. "We have to look at retirement. But as we do, we've got to understand the effect," Dempsey told troops at a town hall-style meeting in Germany on Monday.

"Before we do something, we really want to do the proper analysis to understand what it will mean to retention and recruiting, let alone breaking faith with those of you who have served under a certain expectation," Dempsey said. "I am quite confident ... that those who are currently serving will be grandfathered. So, you know, what we are talking about in terms of getting retirement under control would affect folks that entered the armed forces after we made the adjustment ... so that they would know what plan they were walking into."

Dempsey's remarks came in response to a direct question from an airman. Troops have grown increasingly concerned about the retirement system since a Pentagon advisory group in July said the current 20-year pension is unaffordable and should change immediately. Today's personnel costs are too high, Dempsey said, and senior leaders are considering an array of budget-cutting measures that could affect pay and benefits, and health care fees. "We need an all-volunteer force. But we've got to figure out how to afford it," he said. [Source: NavyTimes, Andrew Tilghman article, 22 Dec 2011]

RAO (Baguio) Bulletin, Jan 1

Physical Disability Board of Review (PDBR)

Introducing the Physical Disability Board of Review (PDBR)

Veterans who were medically separated from the U.S. Military between September 11, 2001 and December 31, 2009 now have an opportunity to have their disability ratings reviewed by the Physical Disability Board of Review (PDBR) to ensure fairness and accuracy.

What The PDBR Does

The Physical Disability Board of Review, or PDBR, was legislated by Congress and implemented by the Department of Defense(1) to ensure the accuracy and fairness of combined disability ratings of 20% or less assigned to service members who were discharged between September 11, 2001 and December 31, 2009. The PDBR uses medical information provided by the Department of Veterans Affairs and the military department.

Once a review is complete, the PDBR forwards a recommendation to the secretary of the respective branch of the armed services. It is up to the individual service branch to make the final determination on whether to change the original disability determination.

For a visual overview of how the process works, go to http://www.health.mil/Libraries/Documents_Word_PDF_PPT_etc/pdbr-application-process.pdf.

PDBR Outcome

You may be wondering, "What happens if I'm successful in the process of getting my case reviewed by the PDBR and finalized by my military department?"

Impact on Pay and Benefits if You Are Successful with Your PDBR Application

In almost half of the cases reviewed by the PDBR (as of December 2011), the applicant's Military Service Department has found the applicant eligible for a disability retirement and has awarded this to the applicant. What does this mean for you and your family if your application to the PDBR is successful?

1. You will receive (retroactively to the day of your original disability separation) monthly disability retirement pay from your military service.

NOTE: By law, all previously awarded disability severance pay must be offset/recouped from these new retirement payments until you can actually begin receiving your entire disability retired pay. Please see the Retired and Annuity Pay Section at <http://dfas.mil/retiredmilitary#> and Wounded Warrior Section at <http://www.dfas.mil/militarymembers.html#> or contact DFAS at 1800-321-1080.

2. You are now eligible for DoD's TRICARE health care coverage (retroactively to the day of your original disability separation). Coverage is extended to your eligible dependents as well. You may request to have TRICARE retroactively reimburse your previous medical expenditures.
3. You are eligible to buy the Survivor's Benefit Plan insurance for your dependents (you would be responsible for retroactively paying insurance premiums to bring your coverage up to date).
4. You (and your eligible dependents) will have all rights and privileges of a retired Veteran from your armed service (e.g. commissary, exchange, space available recreation and travel, other benefits available via State and private sector organizations).

History

The PDBR was introduced in 2009. To view the DoD instruction on the PDBR process, go to <http://www.dtic.mil/whs/directives/corres/pdf/604044p.pdf>.

There are significant differences between the PDBR and the Board for Correction of Military (or Naval) Record (BCMR/BCNR) review. For more details about the differences between these processes, please visit http://www.health.mil/About_MHS/Organizations/MHS_Offices_and_Programs/pdbr/pdbr-faqs.aspx#chart.

Contact PDBR

E-mail:

If you have further questions about the PDBR, contact PDBRPA@afncr.af.mil.

Mailing address:

PDBR Intake Unit

SAF/MRBR

500 C Street West, Suite 41

Randolph AFB, Texas 78150-4743

Please keep in mind that this office cannot discuss the merits of your application. You may wish to contact your local veterans' service organization for advice or guidance.

RETVET-INFO@freelists.org, Jan 20

Veterans, Beneficiaries Receive 2012 COLA Adjustments

Veterans, their families, and survivors receiving benefits from the Department of Veterans Affairs (VA) saw a 3.6 percent increase in their compensation and pension benefits beginning Jan. 1.

"Veterans, their families and their survivors are entitled to benefits that keep pace with the cost of living," said Secretary of Veterans Affairs Eric K. Shinseki. "VA is also using the latest technology to provide veterans and their families with access to current information about their benefits."

The new compensation rates will range from \$127 monthly for a disability rated at 10 percent to \$2,769 monthly for 100 percent. The cost of living adjustments (COLAs) also apply to disability and death pension recipients, survivors receiving Dependency and Indemnity Compensation, disabled veterans receiving automobile and clothing allowances, and other benefits. The full rates are available on the Internet at www.vba.va.gov/bln/21/Rates/#BM01.

Under federal law, COLAs for VA's compensation and pension rates are the same percentage as for Social Security benefits. The last COLA for VA benefits was in 2008 when the last Social Security increase occurred.

"Veterans receiving VA disability and pension payments can now check their new 2012 COLA increase online," said Undersecretary for Benefits Allison A. Hickey. "I encourage all veterans, their dependents and survivors to sign up for eBenefits, VA's popular web site that recently crossed the one million mark in registrations."

In close collaboration, the Department of Defense (DoD) and VA jointly developed the eBenefits portal (<https://www.ebenefits.va.gov>) as a single secure point of access for online benefit information and tools to perform multiple self-service functions, such as checking monthly benefit rates, filing a claim, or checking its status. Veterans may enroll in eBenefits and obtain a Premium account by verifying their identity in-person at the nearest regional office or online depending on their status, or calling VA's toll free number at 1-800-827-1000. Service members may also enroll in eBenefits using their Common Access Card at any time during their military service, or before they leave during their Transition Assistance Program briefings.

VA is enhancing its online eBenefits services with newer features such as online selection of veterans' organizations or other advocates to represent applicants for benefits where representation is desired. Another new feature automates messages sent to veterans and service members to notify them of benefits that they may be eligible to receive based on recent life events, such as military separation or marriage.

The site also continues to consolidate access to other VA and DoD systems through the portal, recently incorporating a gateway

to vocational rehabilitation benefits under VA's VetSuccess program. Web access to information and benefits management tools for service members, veterans and their families is part of VA and the DoD's lifetime engagement strategy from an individual's entry into the military through the twilight years in civilian life as a veteran.

VA provides non-taxable compensation and pension benefits to over four million veterans, family members, and survivors. Disability compensation is a non-taxable monetary benefit paid to veterans who are disabled as a result of an injury or illness that was incurred or aggravated during active military service.

For more information about VA benefits or new payment rates, visit www.vba.va.gov or call 1-800-827-1000.
News of the Force (page 1), Jan 24

Legislation Matters

Defense Bill Limits Retiree Health Care Increases

By Karen Parrish, American Forces Press Service

President Barack Obama signed the 2012 National Defense Authorization Act on Dec. 31 which contains a critical initiative to help control spiraling health-care costs within the Defense Department.

Section 701 limits annual TRICARE enrollment fee increases for retirees and their family members to an amount equal to the percentage by which retired pay increases that year.

The act also contains critical initiatives to develop counterterrorism initiatives abroad, build the security capacity of key partners, modernize the force and boost the efficiency and effectiveness of military operations worldwide.

The NDAA also includes:

- Section 347 requires DOD to finance an independent assessment of overseas troop basing, advising retention, closure, realignment or establishment of U.S. military facilities outside the United States "in light of potential fiscal constraints on [DOD] and emerging national security requirements in coming years."
- Section 402 reduces authorized Army minimum end strength from 562,000 to 547,000. The other services' authorized minimum strengths are unchanged, with 325,700 for the Navy, 202,100 for the Marine Corps and 332,800 for the Air Force.
- Section 512 of the act creates a new member of the Joint Chiefs of Staff, which currently includes the Army and Air Force chiefs of staff, the chief of naval operations and the Marine Corps commandant. The new member will be the chief of the National Guard Bureau, who will have responsibility for "addressing matters involving non-federalized National Guard forces in support of homeland defense and civil support missions."
- Section 526 extends voluntary separation pay and benefits authority, formerly set to expire Dec. 31, to the end of 2018. Section 530 converts the high-deployment allowance from mandatory to authorized. The allowance currently pays \$100 a day, in addition to all other pay and allowances, to a deployed service member who has been deployed 401 days or more out of the preceding 730 days.
- Section 702 sets mental health assessment requirements for service members deployed for contingency operations. The act calls for a series of assessments: one within 120 days before deployment; another during the period between 90 days after a deployment begins and 180 days after it ends; a third within a year after the deployment ends; and a fourth between 18 months and 30 months of redeployment.

The act states assessments are intended to "identify post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions ... in order to determine which such members are in need of additional care and treatment for such health conditions."

Assessments are not required for service members "not subjected or exposed to operational risk factors during deployment in the contingency operation concerned," the act states.

- Section 954 affirms that DOD "has the capability, and upon direction by the president may conduct offensive operations in cyberspace to defend our nation, allies and interests," subject to the law of armed conflict and the War Powers Resolution.

President Barack Obama acknowledges "serious reservations" about parts of the act, particularly provisions that regulate the detention, interrogation, and prosecution of suspected terrorists.

"I have signed the act chiefly because it authorizes funding for the defense of the United States and its interests abroad, crucial services for service members and their families and vital national security programs that must be renewed," Obama said in a statement released Dec 31.

For more retiree news and information, please visit www.retirees.af.mil.
AF Retiree News Service, Jan 4

Serve Longer – Pay More

On Thursday [Jan 26], Secretary of Defense Leon Panetta confirmed our fears when he released details on just how significant the defense cuts will be regarding the soon to be released FY2013 President's budget.

The Pentagon's FY2013 base budget request of \$525 billion is a \$6 billion dollar reduction compared to that of the FY2012 base budget, but the impact over the next five years reduces defense spending by \$259 billion. The impact of the cuts to military members and retirees runs deep.

The Pentagon's reduction plan includes significant cuts to Army and Marine Corps end strength. The Army end strength will be cut by 80K from their peak of 570K leaving the Army with 490K. Marine Corps end strength will be reduced by 20K resulting in a final end strength of 182K.

Under the plan active duty pay raises will keep pace with private sector pay growth in 2013 and 2014, but starting 2015, military pay raises will be "limited" below that of private sector growth. Exactly how limited remains to be seen.

Retiree health care benefits takes a significant hit — most affected will be working age retirees under age 65. [The Department of Defense] DoD's proposed changes include:

1. New enrollment fees and additional fee increases for retirees under age 65 enrolled in TRICARE by creating a "tiered" approach based on retired rank. This means-testing will require senior grade retirees to pay more for their health care than junior retirees;
2. An enrollment fee for TRICARE for Life beneficiaries 65 and older; and,
3. Additional increases in pharmacy co-pays with the goal of increasing the use of generics and the mail order pharmacy.

The "tiered" approach to health care fees would make military retirees the only group of government retirees subject to healthcare means-testing. This is a concept we've fought ardently because it flies in the face of logic for a military service incentive — basically, the longer and more successfully you serve, the less benefit you earn.

The proposal doesn't include any changes to retirement pay, but DoD will ask Congress to establish a BRAC-like commission with authority to conduct a review of the military retirement system. DoD reiterated that any changes resulting from the study would only affect future recruits.

Finally, as part of the Pentagon's plan, the President will request from Congress another round of Base Realignment and Closures in order to reduce excess infrastructure. More base closures would lead to fewer quality of life programs and services such as exchanges, commissaries, and Military Treatment Facilities and clinics.

The Pentagon's plan is far from final ... it still needs to go through the various committees in both chambers in Congress, but in the current budget environment we definitely have our work cut out for us.

Now we have to wait for details on exactly how steep the health care fee hikes will be. These should emerge once the President releases his budget on Feb 13.

This proposal will set our legislative agenda for the foreseeable future. Please send your legislators a **MOAA-suggested message** and ask them to oppose these dramatic cuts.
MOAA Legislative Update, Jan 27

Community Matters

2012 Revisit Korea News

Since 1975, the Republic of Korea (ROK) has been inviting Korean War veterans, their family members and friends to return to Korea on a subsidized visit to thank them for their sacrifices that saved the ROK from Communism.

The 2012 Revisit Korea dates have been received. They are:

May 19-25, June 22-28, Sept 12-18 and Nov 8-14
July 7-14 Peace Camp for Youth (Grandchildren's program)

For new Korean War Veterans Association (KWVA) members, the eligibility requirements are on the KWVA web site: www.kwva.org or below the "Revisit" application form in the *Graybeards* magazine.

Please be reminded that these sponsored tours are subsidized. All expenses in Korea (minus incidentals) are paid for by the

ROK government. Additionally, 50% of the veteran's airfare and 30% of the spouse/companion's airfare will be reimbursed to you upon completion of the tour. This includes both your domestic and international airfare, from your hometown to Seoul and return.

These quotas go very fast, so if you're interested don't hesitate to register. You can always cancel for health reasons, but when the space is gone, it's gone! Please call our office at 800-722-9501 or 703-590-1295. You can also email us at:

JWiedhahn@miltours.com.

New for 2012: Military Historical Tours will be offering optional pre tours to the Chorwon Valley in the North, along the DMZ, or the Pusan Perimeter in the South. The other options are post tours to Beijing and Xian, China, or Vietnam. (The optional tours are at your expense).

A question often asked: Can we take an additional son/daughter/friend with us to see where I fought during the war?
Answer: Absolutely! However, the additional person's air, meals and hotel will be at your expense. They can ride the tour bus, visit the DMZ and attend the award banquet with you, gratis.

Warren Wiedhahn, Revisit Korea Coordinator

Register and Request Your Ballot for Upcoming Primaries

Voters from these States should visit the **FVAP.gov** web portal to register and request their absentee ballot for the February, March, and April 2012 Presidential Preference Primaries (P) and State Primaries (S) listed below:

February Primaries:

NOTE for February Primaries: If you have not received your requested State ballot, submit the back-up Federal Write-In Absentee Ballot at **FVAP.gov** (see FWAB information below).

Missouri (P): February 7
Arizona (P): February 28
Michigan (P): February 28

March Primaries:

Georgia (P): March 6
Massachusetts (P): March 6
Ohio (P,S): March 6
Oklahoma (P): March 6
Tennessee (P): March 6
Vermont (P): March 6
Virginia (P): March 6
Alabama (P,S): March 13
Mississippi (P,S): March 13
Illinois (P,S): March 20
Louisiana (P,S): March 24

April Primaries:

District of Columbia (P,S): April 3
Maryland (P,S): April 3
Texas (P,S): April 3 (This is a change, the election was originally scheduled March 6)
Wisconsin (P): April 3
Alabama (Primary Runoff): April 24
Connecticut (P): April 24
Delaware (P): April 24
New York (P): April 24
Pennsylvania (P,S): April 24
Rhode Island (P): April 24

Go to **FVAP.gov** and get started! It only takes a few minutes!

All members of the U.S. Uniformed Services, their family members, and citizens residing outside the U.S. who are residents

from these States should submit a [Federal Post Card Application] FPCA for these elections by going to the [FVAP.gov](http://www.fvap.gov) web portal or by following the instructions in the Voting Assistance Guide, also available at [FVAP.gov](http://www.fvap.gov).

Be sure you include an email address, phone number, and/or fax number on your absentee ballot application in case your local election official needs to contact you. Remember, many States allow you to submit your form electronically, and deliver your ballot electronically or provide online ballot access. Go to [FVAP.gov](http://www.fvap.gov) or your State's election website to see how you can return your form.

To find out the status of your registration/absentee ballot request, contact your local election office at <http://www.fvap.gov/shortcuts/wheresendfpc.html>, or visit your State website.

Vote the Federal Write-In Absentee Ballot (FWAB)

The FWAB is a backup ballot. If 30 days before the election (or longer based on your geographic location) you think you will not receive your State ballot in time to vote and return it (especially in February Primary States), vote the FWAB at [FVAP.gov](http://www.fvap.gov). The FWAB is also available in embassies and consulates and military installations around the world.

Additional Information

Check your State's election website for specific information on candidates, elections, contact information, and links to your local election offices. Find your State's website at FVAP's web portal: <http://www.fvap.gov/reference/links.html>.
FVAP Voter Alert #2, Jan 6

University of Phoenix MBA Jobs

The University of Phoenix is seeking to recruit part-time faculty to teach in our MBA program at various bases throughout Korea.

Candidates must have a business related masters degree and work experience in the discipline they wish to teach. However, prior teaching experience is not a requirement. There is training, and candidates will be given a mentor. Classes run in the evening for six weeks from 6-10 PM on Mondays-Thursdays. Class materials, including the syllabus, the text, and PowerPoint slideshows are supplied through your individual faculty resource page.

Those with a marketing, finance or statistics background are encouraged to apply.

Interested candidates should email their resume and a copy of their graduate transcripts to jimparkins@email.phoenix.edu.

If you have any questions please feel free to send me an email.

Jim Parkins, University of Phoenix

Federal Service Matters

Social Security Tax Break Extended

The Social Security withholding "FICA" tax for employees who pay into Social Security, including [Federal Employee Retirement System] FERS and [Civil Service Retirement System] CSRS Offset employees, will remain at the 4.2 percent level for January and February, with a further extension of the lower level to be one of the first orders of business for Congress early in the new year. Congress had deadlocked in recent weeks over how to pay for keeping the tax at that level for another year versus allowing it to revert to its normal level of 6.2 percent, before finally agreeing on a two-month extension.

For FERS employees, the tax cuts off at a salary maximum (which will be \$110,100, after having leveled off at \$106,800 for three years), but CSRS Offset employees continue paying it, with the money going into the federal retirement fund instead.

Regular CSRS employees, who don't pay Social Security taxes, once again will not get a similar reduction in their required retirement contribution. There is no limit on the 1.45 percent Medicare tax paid by all employees, a tax that sometimes is presented together with the FICA tax and labeled as the Social Security tax, even though only the FICA portion goes to Social Security.

Other Social Security Figures Rising

For those drawing Social Security benefits, the earnings test applying to beneficiaries aged 62 through "full retirement age," currently 66, will rise from \$14,160 to \$14,640. Those beneficiaries lose \$1 in Social Security benefits for every \$2 in earnings through employment or self-employment above the limit.

A separate earnings test applies only to earnings for months in the year an individual reaches full retirement age but prior to the individual attaining that age. One dollar in benefits will be withheld for every \$3 in earnings above \$38,880, up from \$37,680. There is no limit on earnings beginning the month an individual attains full retirement age. And for purposes of determining the benefit offset under the windfall elimination provision – which can reduce Social Security benefits of CSRS retirees who worked long enough in each system to qualify for a benefit from each – the annual "substantial earnings" minimum will rise from \$19,800 to \$20,474.

*FEDweek Weekly Issue, Jan 4***NSPS Dies Quiet Death**

The [National Security Personnel System] NSPS at [the Department of Defense] DoD, the most controversial federal personnel management initiative of recent times, has died not with a bang but with a whimper. There were no statements from either its critics or its supporters, just a Federal Register notice January 1 stating that the remaining implementing rules were being excised from the Code of Federal Regulations. NSPS at one time was widely seen by all concerned as a potential model for changes government-wide in pay for performance, disciplinary and appeals rights, labor relations and other aspects of federal employment.

At its peak three years ago NSPS covered some 226,000 employees, although due to a series of lawsuits and restrictive laws, only the performance management and rewards systems as originally envisioned were implemented, and only for employees not in bargaining units. Ultimately, a late-2009 law required abolishing it by the end of calendar year 2011. However, the performance-based payouts made during its years in existence will continue to benefit many formerly NSPS-covered employees for years to come. About a fifth of them are above the maximum pay for their new grades – some by upwards of 20 percent – and they are eligible to not only retain the higher level but also receive raises of half the size of the standard raises until the underlying salary schedule catches up to them. That could take many years in many cases.

FEDweek Weekly Issue, Jan 11

Check Those Pay Statements

Employees should check their first pay statements of the year – the date those are issued varies among payroll providers but generally will be falling around now – to make sure that various withholdings they elected for 2012 are correct. Beginning this month are the new premium rates paid by both employees and retirees under the Federal Employees Health Benefits program — effective with the first full pay period of the year for most active employees.

Premiums on average increased by around 3.5 percent, although within that average was a wide variation of actual changes, with some plans exceeding that figure substantially while others had smaller increases or even lowered premiums. Further, any changes in plans or levels of coverage elected in the [Federal Employee Health Benefits] FEHB open season also begin.

FEDweek Weekly Issue, Jan 18

Laughing Matters**Not to Worry**

A worried, anxious traveler was boarding the airplane when he asked the stewardess "Do these planes crash often?"

The stewardess responded, "Only once!"

Docs Daily Chuckle by way of Christian Voices

In the Kitchen

Like every Sunday morning my son, David (5 years old), attended church with us. It was common for the preacher to invite the children to the front of the church and have a small lesson before beginning the sermon.

He would bring in an item they could find around the house and relate it to a teaching from the Bible.

This particular morning, the visual aid for his lesson was a smoke detector. He asked the children if anyone knew what it meant when an alarm sounded from the smoke detector.

My child immediately raised his hand and said, "It means Daddy's cooking dinner."

Mikey's Funnies by way of Christian Voices

The REAL Three Bears

Baby Bear goes downstairs and sits in his small chair at the table, he looks into his small bowl. It is empty. "Someone's been eating my porridge!" he squeaks.

Papa Bear arrives at the big table and sits in his big chair. He looks into his big bowl, and it is also empty. "Someone's been eating my porridge!!" he roars.

Momma Bear pokes her head around the corner from the kitchen and yells, "for Pete's sake, how many times do we have to go through this?"

"It was Momma Bear who got up first, woke everyone in the house, made the coffee, unloaded the dishwasher, went out in the cold early morning air to fetch the newspaper, set the table, put the cat out, cleaned the litter box, and filled the cat's dish ... and, now that you've decided to drag your sorry bear-butts downstairs, and grace Momma Bear's kitchen with your grumpy presence, listen good, cause I'm only going to say this one last time ... I haven't made the porridge yet!!"

*Teddi's Humor by way of Christian Voices***Married to a Problem Solver**

After being married for 50 years, I took a careful look at my wife one day and said, "Fifty years ago we had a cheap house, a junk car, slept on a sofa bed and watched a 10-inch black and white TV, but I got to sleep every night with a hot 23-year-old girl.

"Now I have a \$500,000.00 home, a \$60,000.00 car, a nice big bed and a large screen TV, but I'm sleeping with a 74-year-old woman. It seems to me that you're not holding up your side of things."

My wife is a very reasonable woman. She told me to go out and find a hot 23-year-old girl and she would make sure that I would once again be living in a cheap house, driving a junk car, sleeping on a sofa bed and watching a 10-inch black and white TV.

Aren't older women great? They really know how to solve an old guy's problems.

from the Internet

Director's Corner**The January Newsletter**

Sending the January newsletter took about nine hours. The sending process must be restarted each hour and I can send no more than 200 newsletters per hour. However, the number of newsletters actually sent is well under that maximum.

Normally, I receive my own newsletter during the second or third hour, but it (they) never arrived at either of two e-mail addresses I use to subscribe. After the send process was completed, I e-mailed a retiree in Seoul who receives his newsletter normally in the first hour. He also did not receive a newsletter.

The strange part from my end is that when the send process was completed, it sent me the normal report that the newsletter had been sent to 726 subscribers. That's the total number I have on the subscriber list. And the other strange part for me was that I received not a single e-mail from an irate retiree in the days following that the newsletter had not been received.

On Jan 14, the Osan AB retiree community enjoyed its first quarter Retiree Appreciation Day of 2012 at the Mustang Club. I took the opportunity to ask the retirees if anyone had NOT received the newsletter. Only one retiree responded and he said that he received the newsletter as expected. Others nodded in agreement. It's an elusive problem if only two of us widely separated on the mailing list didn't receive it. If anyone else did not receive the January newsletter, please drop me an e-mail so I can get a clue to the part of the mailing list failed.

Jack Terwiel

Osan Retiree Describes His Experience with TRICARE

"I have a problem in my lower back which will soon require surgery ... spinal fusion!

"I have been to Aju Hospital twice already, and they tell me I must 'pay as you go.' In other words, they want my cash up front.

"This past week, I talked to the TRICARE rep at the Osan Air Base Hospital, and he told me that, in actuality, Aju hospital already has the contractual option of billing me up front 25% of the surgery cost and sending the paperwork directly to TRICARE for compensation. Aju hospital never told me about that. The TRICARE rep said that is a standard practice for Aju because they prefer cash up front.

"The TRICARE rep at Osan then advised me to go to the US Army hospital at Yongsan and apply for 'TRICARE Plus.' Afterward, I would be assigned a 'primary care provider.' If Yongsan could not do the surgery, they would refer me to a Korean hospital where I would only have to pay 25% of the cost up front.

"DoD retirees living here in Korea might be interested to know about this."

from an e-mail sent to Osan AB RAO

Jack adds: Part of the retiree's problem is that he had not first gone to a doctor at the Osan AB Hospital and then received a referral from the Osan TRICARE office to a hospital with which a Memorandum of Understanding (MOU) had been executed. The second part of the problem is that there is only one hospital that has an MOU with Osan TRICARE and that is Dankook University Hospital in Cheonan. If the retiree had been referred to Dankook Hospital, then his share of the payment would be 25% after the \$150 annual deductible had been met. The hospital bills TRICARE directly for the remainder. When the patient's share reaches \$3,000, the hospital bills TRICARE for 100% of the remaining charges during that fiscal year.

NAUS Questions Pentagon Procurement

This week NAUS has learned that the Pentagon has spent, to date, \$2.6 billion in purchasing Russian made helicopters such as the MI-17 and MI-35 for our allies use in Afghanistan and Pakistan.

The purchase package of these aircraft from Russian sources also includes refit and modernization by another Russian firm.

American aircraft manufacturers make the best helicopters in the world and jobs could have been created or maintained if choppers were procured from American companies. This is only one of many more instances of waste and abuse that needs to be reined in. Congress clearly needs to do much more extensive oversight of what and where the Pentagon officials are spending their funds for purchasing military equipment.

NAUS Weekly Update for Jan 6

Ordering Your Military Records

The web site where you can go on-line to order your military records has changed a bit. The new location is <http://www.archives.gov/veterans/military-service-records/>. Have a printer handy so that you can print out the confirmation page that must be signed and mailed or faxed to the National Personnel Records Center. If you don't have a printer ready, be prepared to write down the required information for the confirmation page.

Also, don't forget to order medical records for your entire active duty career if you're going to be submitting a claim to VA based on something that happened while on active duty. In fact, it's a good idea to order them anyway so you're prepared if something happens to your health that you weren't expecting. Or it could help your survivors if they are advised to file a claim for the Dependency and Indemnity Compensation due to what appears to be your service-related death. The active duty health records would support the claim, and having them on hand speeds up the claim process.

Osan AB Retiree Activities Office