January-March 2008 Volume 8 Issue 4



35th Fighter Wing Retiree Activities Office Col O'Shaughnessy 35th FW/CC Col Malone 35 FW/CV CMSgt (ret) Tinnirella RAO Director CMSgt (ret) Barton RAO Deputy Director/ Newsletter Editor

Inside this issue:	
Medicare Part B/SBP/ Uniform Formulary	2
TRICARE/COLA/ CSRS/Biometrics	3
Community Service	4
DVT Ailment/PA Veterans Benefit/ Absentee Ballots	5
Retiree Funerals/ Passports	6
Voting Applications	7

Drinking and Driving/ 8 Medicare Pneumonia Vaccination Influenza/Flag Day/ 10

Presidents Day/Eagle Eyes/Obituary 11

Special points of inter-

- Medicare Part B Changes
- Absentee Voting

DeCA

- Renewing Passports
- Drinking and Driving

35th Fighter Wing, Misawa Air Base, Japan



ACKNOWLEDGEMENT

Articles appearing in this newsletter are compiled from local sources, newsletters received by the RAO, and from other military sources. Information has been edited and reprinted for the benefit our retiree population. Our appreciation is extended to those agencies and newsletter sources

DFAS Announces 2008 Retired, Annuitant Pay Adjustments

CLEVELAND (AFRNS) --Based on the increase in the U.S. Consumer Price Index, there will be a cost-of-living adjustment increase for retired pay and Survivor Benefit Plan annuities effective Dec. 1, according to Defense Finance and Accounting Service officials.

Retirees being paid on an account where the retiree first became a member of the uniformed services before Sept. 8, 1980 and retired before July 1, 2007 will receive a full COLA increase of 2.3 percent.

The COLA increase for retirees being paid on an account where the retiree first became a member of the uniformed services on or after Sept. 8, 1980 will be as follows:

-- 2.3 percent for those retir-

ing before Jan. 1, 2007

- 2.3 percent for those retiring in the first quarter calendar 2007
- -- 2.3 percent for those retiring in the second quarter calendar
- -- 0.2 percent for those retiring in the third quarter calendar
- -- No increase for those retiring in the fourth quarter calendar

Retirees being paid on an account where the retiree first became a member of the uniformed services on or after Aug. 1, 1986 and retired on or before Jan. 1, 2007 but elected to receive a Career Status Bonus at 15 years of active service, will receive a COLA increase of 1.3 percent.

Retirees being paid on an account where the retiree first became a member of the uniformed services on or after Aug. 1, 1986, retired on or after Jan. 1, 2007, and elected to receive a Career Status Bonus at 15 years of active service will receive COLA as follows:

- -- 1.3 percent for those retiring before Jan. 1, 2007
- -- 1.3 percent for those retiring in the first quarter calendar 2007
- -- 1.3 percent for those retiring in the second quarter calendar
- -- No increase for those retiring in the third or fourth quarter calendar 2007

The COLA increase will be reflected in the Jan. 2 payment. (Courtesy of DFAS)

Obtaining a Military Retiree ID Card

A single form of identification is no longer sufficient for retiree ID card renewals at issuing sites using updated software for the Defense Enrollment Eligibility Reporting System/ Realtime Automated Personnel Identification System. Retirees and their dependents need to provide a primary photo form of identification and a secondary non-photo form of identification. Examples of photo IDs: military ID card; driver's license; federal, state or local

government ID; U.S. or foreign passport; and foreign national ID. Examples of non-photo IDs: Social Security card; voter registration card; birth certificate; U.S. citizen ID card (INS I-97); school record or report card: clinic, doctor, or hospital record; and a day care or nursery record. ID cards for retirees need updating only if the card was lost, stolen or damaged, or if the retiree undergoes a change in status. Retirees' family members and survivors age 75 or

over may receive a permanent ID card. [Source: Armed Forces News, 21 Sep 07]



Medicare Part B Premium Changes

The chart below shows how much people in various income brackets will be paying for Medicare Part B in 2008 versus what they're paying this year. Those filing jointly will need to double the income amount as well as the premium amount.

It also makes a "guesstimate" about how those premiums are likely to grow further in 2009, based on what we know now. There are two factors to consider in the 2009 "guesstimate":

1. 2009 will be the first year

the new income-based standards (which charge higher premiums for higher-income people) are fully implemented.

2. 2008 premium levels were computed based on the Medicare expense formula in current law, which assumes Medicare payments to doctors will be cut by 9.9% in 2008. If that doesn't happen (and we think Congress probably won't let it), then premiums will have to be raised further in 2009 to cover higherthan-expected Medicare pay-

(after a three-year phase-in) that ments. We've assumed an extra 10% increase to cover that.

Medicare Means Testing Chart

Income Monthly Premium in Individuals(2008) Beneficiary share of

> total Part B cost 2007 (30%)*/2008 (67%)*/

2009(100%)*(est) Under \$82K \$96.40 \$106**

\$82K-\$102K \$104.72 \$122.20 \$148

\$93.50

\$102K-\$153K 50% \$121.55 \$160.90 \$212

\$153K-\$205K 65% \$138.38 \$199.70 \$275

Above \$205K 80% \$155.21 \$238.40 \$339

- * Premium increases were to be phased in with 30% of the increase coming in 2007, 67% coming in 2008, and the full increase in 2009.
- ** Assumed a 10% increase for 2009 premiums due to a reversal of planned 9.9% 2008 Physician Reimbursement cut.

SBP – Show Me the Money

A question we frequently hear from older members is, "I've been paying into SBP for decades. The government has made a lot of money on me. Why can't I get some of that money back after all these vears?"

On the flip side, those nearing military retirement want to know "Is SBP really worth it? It seems awfully expensive - how much 'bang for my buck' am I going to get?"

Anyone who thinks the govern-

ment is making money on SBP is way off-base. As shown in this below, the government currently pays out more than twice as much in SBP benefits to survivors than it collects in retiree premiums. And that difference will continue to grow, since we recently won a benefit increase for survivors age 62 and older.

For members retiring after 20 or more years of active duty, the government expects that the average retiree's lifetime

SBP premiums will only cover about 60% of the average benefits that will be paid to the retiree's survivor.

That means three things:

* Your SBP benefit is 40% subsidized by the government to help recognize the value of your service...(much different than the negative subsidy of civilian insurance, for which premiums must cover 100% of benefit costs, as well as company overhead, salaries, commissions, and profit)

- Much like Social Security, every dollar you pay in SBP premiums goes toward paying part of the benefit for someone else's survivor, just as other retirees' premiums will help fund your survivor's benefits in the event of your death
- Any civilian insurance that provides "cash back" if you don't die is going to cost you a lot bigger premium per death benefit dollar (and we don't know of any civilian insurance that provides a fully inflation-protected annuity like SBP does)

Uniform Formulary Changes Announced

Early today [Oct 26] Department of Defense (DoD) officials announced the reclassification of nine additional medications as non-formulary. The nasal corticosteroid Veramyst and growth stimulants Genotropin, Genotropin Miniquick, Humatrope, Saizen and Omnitrope will be changed to nonformulary status on December 19, 2007. Allergy medications Clarinex, Clarinex-D and the asthma medication Zyflo will be reclassified as non-formulary medications on January 19, 2008.

Medications not on the Uniform Formulary are not available at military treatment facility (MTF) pharmacies unless medical necessity has been established and an MTF provider writes the prescription. Beneficiaries taking non-formulary medications may want to consult with their health care provider about changing to a less costly alternative. Beneficiaries can also ask providers if establishing medical necessity for the third-tier medication is appropriate. If medical necessity is established for a third-tier medication, the co-payment is reduced to \$9. Medical necessity forms and criteria are available at www.tricare.mil/pharmacy/ medical-nonformulary.cfm.

For a complete list of medications, their formulary status and where they are available beneficiaries may visit

www.tricareformularysearch.org /dod/medicationcenter/ default.aspx.





























New Legislation Affects TRICARE Supplements

FALLS CHURCH, Va. (AFRNS) -- Many TRICARE beneficiaries are getting letters from their employer stating they will no longer offer Tricare supplements as an employersponsored medical option effective Jan 1. Beneficiaries should look closely at their health-care options, according to TRICARE officials.

A provision of the John Warner National Defense Authorization Act for fiscal 2007 prohibits employers from offering their employees financial or other incentives to use TRI-CARE rather than the company's group health plan. The legislation applies to any employer, including states and units of local government with 20 or more employees, and mirrors the same prohibition that currently applies to Medi-

Beneficiaries have earned their right to TRICARE benefits through their service and this remains unchanged. TRICARE beneficiaries should take measures to understand and look closely at all of their health-care options offered by TRICARE and their current employer before deciding what is best for them and their families. Eligible beneficiaries can enroll in TRICARE on their own without taking employer incentives if desired.

The employer can still offer "cafeteria plans" to their TRI-CARE-eligible beneficiaries as long as the plans are offered to all of their employees, including those who are not eligible for TRICARE. The legislation does not have an impact on "TRICARE Supplement" plans that are not offered by the employer, but are sold by beneficiary associations or commercial

A cafeteria plan is defined as a fringe-benefit plan under which employees may choose among

various benefits that best fit their needs, up to a specified dollar value.

The legislation was initiated after evidence showed many employers were consciously working to shift their health-care costs to TRICARE by offering financial incentives urging eligible employees to use TRICARE rather than the employer's group health

More information about TRI-CARE supplements is available on the TRICARE Web site at http://www.tricare.mil/. (Courtesy of Air Force Print News)

COLA Differences for CSRS, FERS Retirees

Service Retirement System] CSRS will get the full [cost of living] adjustment [COLA], those retired under

Those retired under [the Civil System] FERS and who are eligible for COLAs - in most cases, not until age 62 – will get 2.0 percent on their civil service benefits and 2.3 percent on [Federal Employee Retirement their Social Security benefits. FERS employees who have a CSRS component to their annuities, typically those who transferred from CSRS to FERS during one of the open seasons for doing so, will get the full adjustment on their CSRS component and the reduced adjustment on the FERS component. COLAs are prorated for those who retired, or will retire, during this calendar vear.

CSRS Still the Dominant System Among Retirees

While about three-fourths of active federal employees are covered by the FERS system, the large majority of retirees are drawing benefits under CSRS, the older of the two systems. There are about 1.6 million

CSRS retirees versus about 280,000 under FERS; similarly, there are about 590,000 CSRS survivor beneficiaries compared with about 27,000 under FERS. The average monthly benefit for CSRS retirees is about

\$2,600 and for FERS retirees about \$950; survivor benefits average about \$1,200 and \$400, respectively. The difference in benefit levels reflects the less generous FERS computation; FERS was designed to produce

benefits roughly equivalent to those under CSRS after taking into account Social Security coverage and enhanced [Thrift Savings Plan] TSP benefits. FEDweek Weekly Issue, Oct 24

New Biometrics Requirements for Foreigners Entering Japan

The Government of Japan recently informed us that as of November 20, 2007, Immigration officials at the port of entry began digitally scanning the fingerprints and photographs of all foreign nationals entering Japan, with the exemption of certain categories listed below. This requirement does not replace any existing visa or passport requirements. Foreign nationals that are exempt from this new requirement include

special permanent residents (Tokubetsu Eijuusha), persons under 16 years of age, holders of diplomatic or official visas, and persons invited by the head of a national administrative organization. Please note that permanent residents will also be expected to submit to this new requirement.

Status of Forces Agreement (SOFA) personnel are exempt under SOFA Article 9 (2) from the new biometrics entry requirements.

More information may be obtained at http://www.moj.go .ip / ENGLISH/index.html

(SEE NEXT PAGE FOR NARITA IMMIGRATION **BOOTH CHANGES**)



入国管理局からの たいせつなお知らせ

Important Information from Immigration Bureau

- ・2007年11月20日から入国審査時に
- ·指紋(Fingerprints)
- 顔画像 (Facial portrait)
 の提供が法律で義務づけられました。

As from November 20,2007 you will be obliged by law to provide us with your fingerprints and facial portrait when you go through the formalities of immigration inspection.

Thank you for your cooperation.

審査ブースが変わります。

 We will change the booth for your immigration inspection as shown below.

日本旅券 JAPANESE PASSPORT 特別永住者 SPECIAL PERMANENT RESIDENT

RE-ENTRY PERMIT HOLDER 外国旅券 FOREIGN PASSPORT

- ・再入国許可で入国される方(特別永住者を除く)は、 再入国専用レーンをご利用下さい。
- *Those who have re-entry permit(except for special permanent residents),please make a queue at the dedicated lane for RE-ENTRY PERMIT HOLDER.

 Thank you for your cooperation.

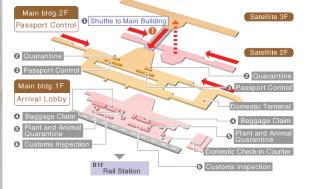
東京入国管理局成田空港支局

Tokyo Regional Immigration Bureau Narita Airport Branch



NARITA AIRPORT Terminal 2 @ Maintainance Area







Community Service

On 7 November retired CMSgt Dave Barton and "T" Tinnirella had the opportunity to visit Sollars Elementary School fourth grade students. The Chiefs spoke to four classes on the meaning of Veterans Day and also conducted a question and answer period later. The Chiefs also spoke to a group of third grade students about volunteerism on 7 December. The programs organized by Ms. Heather Appel, a Sollars teacher, included films and briefings by Ms. Appel on the topics. The Chiefs, repre-

senting the Retiree Activities Office and the Veterans of Foreign Wars will be participating in future activities at the school approximately monthly.

The Chiefs also are volunteer mentors for the Misawa Air Base Top 3 and provide a column for the Top 3 Newsletter.

If you are interested in volunteering, there are many such opportunities on Misawa Air Base. You may contact the RAO for more information.



The Chiefs and friends, Domonique Varges, Richie Quinata, Leah Bordeaux and Alyssa Trauth

Immobility, Injury Place Thousands at Risk

FALLS CHURCH, Va. (AFPN) -- A difficult-to-detect ailment kills 200,000 people in the U.S. each year -- more than AIDS and breast cancer combined, according to Tricare officials.

Yet few have heard of Deep Vein Thrombosis. DVT has been dubbed the "economy class syndrome" because of its association with long flights in cramped conditions. However, it can also strike first class passengers, and has been known to afflict travelers on long journeys in cars, trucks, buses and trains. It also affects injured persons who are immobile for long periods of time.

Often the symptoms for DVT are subtle and can sometimes be mistaken for muscle strains,

skin rashes or inflammation in the veins. Left untreated, DVT may cause severe or fatal complications such as pulmonary embolism or blood clotting in the lungs.

Immobility coupled with genetics contributed to NBC journalist David Bloom's death in 2003 at the age of 39. While embedded with the Army's Third Infantry Division in Iraq, the veteran reporter and the soldiers whose stories he told spent long periods of time riding in a cramped tank with little ability to move.

"Two nights before his death, David called on a satellite phone," wife Melanie Bloom recounted. "He told me he was having some pain in his legs, but that it wasn't anything to worry about."

The seemingly insignificant pain was in fact a warning sign.

Anyone may develop DVT, but there are conditions that place some at higher risk including:

- -- Immobility or poor mobility
- -- Surgery that lasts more than 30 minutes
- -- Health conditions that cause the blood to clot more easily than normal
- -- Contraceptive pills and hormone replacement therapy
- -- Cancer or heart failure
- -- Pregnancy (about 1 in 1000 pregnant women have DVT)
- -- Obesity

Nearly half of all people diagnosed with DVT have no symptoms; however, there are some warning signs that require immediate attention. Contact your healthcare provider if you notice:

- -- Pain, redness, tenderness, or sudden swelling in one leg
- -- Skin that is warm to the touch in one leg
- -- Unexplained shortness of breath
- -- Chest pain or rapid heart rate
- -- Coughing up blood

For more information on DVT, visit http://www.nhlbi.nih.gov/health/dci/Diseases/Dvt/DVT_WhatIs.htm

Persian Gulf Conflict Veterans' Benefit

On November 7, 2006, Pennsylvania voters gave overwhelming approval to a ballot question to fund the Persian Gulf Conflict Veterans' Benefit Program, a Pennsylvania "Bonus" for Veterans of the Persian Gulf Conflict (August 1990 to August 1991).

Eligible Pennsylvania veterans of the Persian Gulf Conflict will receive \$75 per month for each month (or major fraction) of active service in the Persian Gulf Conflict Theater up to a maximum of \$525. Five thousand dollars (\$5,000) will be paid on behalf of veterans who died in active service in the Persian Gulf Theater or as a result of service-connected wounds, diseases or injuries sustained during active service in the Persian Gulf Theater. In addition, \$5,000 will be paid to

Persian Gulf Conflict prisoners of war.

PA DMVA will begin to accept applications for the Persian Gulf Conflict Veterans' Benefit Program some time in the first quarter of 2008. The deadline for submitting applications for this benefit is August 31, 2015 and PA DMVA expects to make the first "bonus" payments under this program in early 2008.

Please go to the below link for more details.

http://sites.state.pa.us/PA_Exec/Military_Affairs/DMVA/548.htm



Absentee Ballot Mailings

Retirees not authorized Military Post Office privileges (Non SOFA) can mail their ballots via US mail through the base post office at any mail box on base.

Or, they can take the ballots to the main gate and the Security Forces personnel will contact the Post Office.

A postal clerk will come to the gate to retrieve the balloting materials. Additionally, you can place your Japanese mailing address on the envelope.

Please note that this is for "Balloting Materials" only. (Courtesy of MSgt Garrick Wimbush, Misawa Post Master)



Air Force Changing Details for Retiree Funerals

BOLLING AIR FORCE bearing aspect so we determined BASE, D.C. (AFRNS) -- Manpower cuts and a high operations tempo, plus more retiree funerals than ever in Air Force history, mean base honor guards Air Force-wide will change the way they perform retiree funerals starting Nov. 1.

The formal 10-person funeral will no longer be authorized for retiree funerals. The funeral detail will now consist of seven people who will serve as pall bearers, flag folders, flag presenter, bugler, spare, and firing party. This is to provide a 30percent manpower relief for retiree funeral details, and 21percent manning relief for overall funeral details, according to Pentagon air staff officials.

"The main concern people had in the change of the funeral procedures was that we wouldn't be keeping with past traditions," said Staff Sgt. David Little, U.S. Air Force Honor Guard course supervisor for base honor guards. "Originally, the number of (Airmen) was going to be lowered to five, but we didn't want to lose the pallthat seven people would still be able to carry on all aspects of the funeral."

This new funeral sequence has three major differences: noncommissioned officer in charge of pall bearers also will be the NCO in charge of the funeral, the number of firing party members will be reduced to three, and a spare position will be added.

The new sequence begins with the NCO of pallbearers assuming the position of NCO in charge to ensure the casket and flag are situated properly in the hearse. He or she will then join the pallbearers and call commands to carry the casket to gravesite, and finally present the flag to the family while the other team members assume their roles as either the bugler, spare or firing party. The final sequences are the same. A video was released Sept. 24 documenting the new funeral, and is available on the Air Force Honor Guard Web

"Another concern we've heard is that people think we're taking away the '21-gun salute' by having only three people fire," said Sergeant Little. "But what people don't realize is that we've never done a 21-gun salute during military funeral honors. What we do is fire three volleys in unison. Only the president receives a 21-gun salute, and only the Navy and Army have ever performed this.

"The three volleys come from an old battlefield custom where the two warring sides would cease hostilities to clear their dead from the battlefield, then would fire three volleys to alert the other side their dead had been properly cared for and they were ready to resume the battle," he said. "The fact that we had seven people firing the three volleys was a coincidence."

Overall, the reaction has been positive, Sergeant Little said.

"Retirees are grateful; they knew the Air Force was going to make changes, so they're happy we kept all aspects," he said. "The bases have been having a hard time supporting the 10-person funeral so this eases their personnel strain, and the base honor guards are happy with the new sequence."

Training for the new sequence is not difficult either, Sergeant Little said. "We've had a lot of phone calls about the video, but what is important to remember is that all the manuals are the same. It's what you've already been trained on.

"The only differences are the sequences, and those are narrated to help each person understand (his or her) role. We're not teaching movements, we're teaching the sequence," he said. "The order of events is the same as the 10-person; the only real differences are the addition of the spare and the sequence at the back of the hearse."

For more information or questions regarding funeral policy or protocol, call the Pentagon air staff at (703) 604-4928. (Courtesy of Air Force Print News)

Renewing Your Passport When You Live Overseas

We'd like to take this opportunity to remind everyone living in Japan that passport renewals must be processed at the U.S. Embassy or at the Consulate covering your place of residence. Please do not send your passports and applications back to the United States for processing. Not only is the fact that you need to apply for your passport where you reside required, but processing a passport in the United States takes longer. You run the risk of being without a passport for a

significant period of time in a foreign country. In Japan, our current processing time is two to three weeks - please check our website for all the passport information you need.







Voting: Federal Post Card Application (Standard Form SF 76)

Citizens voting under the Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA) are eligible to participate in all elections for Federal offices in their state of legal residence. Many of these citizens are also eligible to vote in state and local elections. Because election laws vary from state to state, please consult the 2008-2009 Voting Assistance Guide. The Guide contains state-by-state procedures for UOCAVA citizens to register and/or request an absentee ballot using the Federal Post Card Application (FPCA, SF-76). All shaded areas for your state or territory as indicated in the Guide must be completed. The portion of the Guide that pertains to your state of residence is available in hard copy format at the embassy or online at the FVAP website, www.fvap.gov.

The FPCA is the first step in the absentee voting process. The following are general itemby-item instructions for completing the FPCA. It is important to realize that state laws determine the information required on the FPCA as well as the deadline for submitting the form. As a result, accurate completion and timely submission of the FPCA are critical. Follow the instructions carefully when completing the FPCA. After completing the form, send it to your jurisdiction of voting residence. The Guide contains addresses for sending the completed form to your Local Election Official (LEO). Alternative means of transmitting election materials (faxing) are also outlined in the Guide.

Although Federal law states that the FPCA is valid for two regular Federal elections, FVAP recommends that you submit a new FPCA in January of every year and whenever you move to ensure that your absentee ballots will the sent to you in a timely manner. Here is an itemby-item breakdown:

Block 1 - I Request Ballots for All Elections In Which I Am Eligible To Vote And I Am: Place an X only in one block. Marking Block 1c generally means that you were a resident of that state before departing the U.S. and your intent to return at some time in the future is uncertain. Marking Block 1c applies for a Federal ballot only (if one is printed by the state).

Block 2 - My Information: Type or print full name, previous name (if applicable) sex, race, date of birth, social security number (most states require only the last four digits), state driver's license or I.D. number, telephone number and email address. Provide a complete fax number where the LEO may reach you. Some States and Territories allow you to request, receive, and/or return your ballot by fax. Refer to your state pages in the Guide for more details on electronic transmission and required information for your state.

Block 3 - My Voting Residence Address (for military, use legal residence. For overseas citizens, use last legal residence in U.S) (Required): A complete street address of where you actually lived in the state is necessary for the LEO to place you in the proper voting precinct. A post office box is not appropriate. If your address includes a Rural Route, use Item 6 (Additional Information) to indicate the specific location of the residence (for example, 2 miles south of the intersection of Route 9 and I-34.) This address should be different from the one provided in Item 4 and must be within the county or township where you claim legal voting residence.

Block 4.a - Where To Send My Voting Materials: Enter the complete mailing address where you are currently living and where you wish to receive your absentee ballot. This address must be different from the address you provided in Item 3. If you will have a new mailing address by the time election materials will be sent to you, please be sure to indicate this address here.

Block 4.b - My Forwarding Address: Complete 4.b only if you do not want your ballot mailed to the address in Block 4.a. This block would be used by citizens who have their mail forwarded by a courier or forwarding service.

Block 4.c - I Prefer To Receive My Absentee Ballot, As Permitted By My State, By: Check the preference that you would like to receive your ballot. Some States and Territories allow you to request, receive, and/or return your ballot by fax or email. Refer to your state pages in the Guide for more details on electronic transmission. If your state does not permit faxing or emailing ballots, you must check the mail box.

Block 5 - My Political Party Affiliation: In most states and territories, you must specify your party affiliation to vote in primary elections. Please refer to the Guide for specific information regarding your state's primary elections.

Block 6 - Additional Information: Designate the period for which you want to receive ballots - see instructions for Block 6 paragraph (3). Consult the Voting Assistance Guide for other specific state instructions.

Block 7 - Affirmation by applicant: Read affirmation, and sign and date.

Block 7 - Witness/Notary: Most states and territories do not require a witness or notary. Check the Guide for state-specific requirements and instructions.

Absentee voting materials may be obtained through your unit, Embassy, or Consulate. Many US citizens' organizations and corporations overseas maintain a stock of absentee voting materials as well.

An on-line (PDF) version of the FPCA is also available for all states and territories except Guam and American Samoa at www.fvap.gov. The FPCA can be completed online or printed out and completed. After completing the application, it must be signed, dated and placed in an envelope affixed with proper postage. Postage free envelopes, for use in the U.S. Postal System, can also be printed from the FVAP web site.

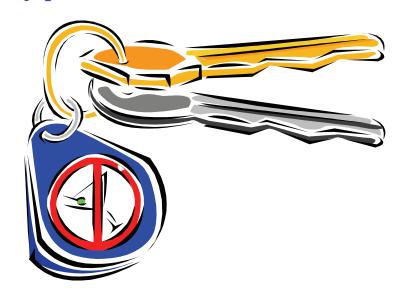


For information: www.fvap.gov



Drinking and Driving In Japan

Think it is OK to drive after a long hard night partying. Maybe you should think again. Even with moderate drinking your blood alcohol level may remain above allowable levels after several hours of sleep. Not only could this result in a heavy penalty, your reflexes will more than likely be less than perfect and may cause you to have an accident. Further, recent news articles show the Japanese National Police checking driver's blood alcohol concentration in the morning hours of people on their way to work. Be smart, be safe.



Medicare Premiums Soar 93 Percent Since 2001

Earlier today, the Centers for Medicare and Medicaid Services (CMS) announced that Medicare Part B premiums would increase by 3.1 percent next year, to a total of \$96.40 per month per senior. Excluded from their announcement is the fact that premiums have jumped 93 percent since 2001, when premiums were just \$50.00 per month.

Part B premiums are rising almost five times faster than the annual Social Security Cost of Living Adjustment (COLA) seniors receive each year, which is intended to help them keep up with rising costs.

While Medicare Part B premiums will have soared by more than 93 percent from 2001 - 2008, the COLA will have crept up by just 19 percent during the same period. Medicare Part B covers doctors' visits, tests, and outpatient hospital care.

A majority of the 48 million Americans aged 65 and over who receive a Social Security check depend on it for at least 50 percent of their total income, and one in three beneficiaries rely on it for 90 percent or more of their total income.

But because the Social Security COLA will be completely eaten up for millions of low income seniors due to increasing Medicare premiums, the nation's elderly will see their spending power diminish again next year, as it has for several straight years.

"Many people have the mistaken notion that such a low Medicare premium increase is good news for seniors- but they forget that it's been rising five times faster than their Social Security checks," said Shannon Benton, executive director of The Senior Citizens League.

"Medical expenses alone are leaving seniors to fend for themselves with all other rising costs - such as gasoline, home heating, and groceries." To help offset the cost of Medicare Part B; The Senior Citizens League is lobbying for a change in the Consumer Price Index (CPI) used to determine the COLA.

The government currently calculates the COLA based on the CPI for Urban Wage Earners and Clerical Workers (CPI-W), a slow-rising index that tracks the spending habits of younger workers who don't spend as much of their income on health expenditures.

However, the government does track the spending patterns of older Americans, and has done so since 1983 with the CPI for Elderly Consumers, or CPI-E. By tying the annual increase in the COLA to the CPI-E, seniors would see much needed relief in their monthly checks.

For example, a senior who retired with a benefit of \$460 in 1984 would have received almost \$10,300 more over the past 23 years with the CPI-E. TSCL supports two similar bills entitled "The Consumer Price Index for Elderly Consumers," introduced in the current Congress.

H.R. 1953 was introduced by Representatives Charles Gonzalez (D-TX) and Robert Wexler (D-FL), and H.R. 2032 was introduced by Representative Peter DeFazio (D-OR).With 1.2 million supporters, The Senior Citizens League is one of the nation's largest nonpartisan seniors groups.

Its mission is to promote and assist members and supporters, to educate and alert senior citizens about their rights and freedoms as U.S. Citizens, and to protect and defend the benefits senior citizens have earned and paid for.

The Senior Citizens League is a proud affiliate of The Retired Enlisted Association.

Visit www.SeniorsLeague.org for more information. PRESS CONTACT: Brad Phillips (202) 776-0640 (work); (202) 446-4060 (cell); email; rad@PhillipsMediaRelations.com



Pneumonia Vaccination

The Army Medical Department is launching a concerted effort to reduce the needless suffering, death, and waste of medical resources that stem from widespread failure by older beneficiaries to get their pneumonia vaccinations. Military medical facilities are being pressed to stay on their toes about offering the shots to all their older patients. Also known as the pneumococcal shot or Pneumococcal Polysaccharide Vaccine or PPV, the pneumonia vaccine is safe and highly effective, according to medical authorities provided it gets out of the bottle and inside somebody's body. To encourage that to happen more often, military medical leaders are stressing these facts:

- * Pneumococcal disease can kill you. It is the sixth leading cause of death in the U.S. (40,000 deaths annually).
- * It can make you miserably and expensively ill. There are 100,000-130,000 hospitalizations annually in the U.S.
- * It can affect your lungs, blood, and brain. It usually causes fever, cough, and short-

ness of breath.

- * Pneumococcal disease can affect people of all ages, but older adults ages 65 and over are at higher risk for complications from both the flu and pneumococcal disease. The shot can help protect you from getting a serious infection in your lungs, blood and brain.
- * Getting the shot when you're age 65 or older should protect you for the rest of your life. You can get it any time of the year. The shot is safe and most people have no side effects. For maximum safety, medical officials also encourage beneficiaries to take the flu vaccine annually.

Anyone can get pneumococcal disease, but some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems. The pneumonia vaccine protects you from getting serious infection in your blood or brain that can cause dangerous health problems, hospitalization, and death. Pneumococcal

disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about two people out of 10 who get bacteremia and three people out of 10 who get meningitis. People with the special health problems are even more likely to die from the disease. Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important. Those who should get the pneumococcal shot are:

- * All adults 65 years of age or older.
- * Anyone over 2 years of age who has a long term health problem such as: heart disease, lung, disease, sickle cell disease, diabetes, alcoholism, cirrhosis,

or leaks of cerebrospinal fluid.

- * Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as: Hodgkin's disease, lymphoma, leukemia, kidney failure, multiple myeloma, nephrotic syndrome, HIV infection or AIDS, damaged spleen, or no spleen, organ transplant.
- * Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as: long-term steroids, certain cancer drugs, radiation therapy.
- * Alaskan Natives and certain Native American populations.

For more info on immunizations Ask your doctor or nurse, refer to the National Immunization Program website http://www.cdc.gov/nip/default.htm (Department of Health And Human Services Centers for Disease Control and Prevention National Immunization Program, or go to http://www.cdc.gov/nip/vaccine/pneumo/pneumo-pubs.htm#top. [Source: Army News Service, Harry Noyes article, 18 Oct 07].

HAPPY NEW YEAR FROM YOUR RAO OFFICE





What Is Influenza (Also Called The Flu)?

The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Around Misawa's local area, some people have started showing Flu symptoms, not that unusual at this time of the year (especially during January and February months). The information below is useful to help understand what Flu is and how to prevent the spread among the population.

Symptoms of flu include:

fever (> 100.5O F)

headache

extreme tiredness

dry cough

sore throat

runny or stuffy nose

muscle aches and stomach symptoms such as nausea, vomiting,

and diarrhea which can also occur but are more common in children than adults

Complications of Flu: Complications of flu can include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.

How Flu Spreads: Flu viruses spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

Best Protection against the Flu: The best way to protect yourself and others against influenza, aside from good hand washing, is to get a flu vaccination each year.

If you get the flu, there are some actions you can take at home:

Rest, drink plenty of liquids, and avoid using alcohol & to-bacco products

Take medication to relieve the symptoms of flu (but never give aspirin to children or teenagers who have fever or flu-like symptoms, without first speaking to your doctor).

The steps below may help to prevent the spread of respiratory illnesses including the flu:

Cover your nose and mouth with a tissue when you cough or sneeze—throw the tissue away after you use it.

Wash your hands often with soap and water, especially after you cough or sneeze. If you are not near water, use an alcoholbased hand cleaner.

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

Try not to touch your eyes, nose, or mouth. Germs are often spread this way.

If you get the flu, stay home from work, school, and social gatherings. In this way you will help to prevent others from catching your illness. If you are still sick after 24hrs you should seek care from you Primary Care Manager.

If you need additional information please call Public Health at 226-6116/6478.







Retiree Passes Away

Retired USAF TSgt Mark Roby passed away on 30 December 2007. Mark, after retiring from the Air Force in the Medical Field in 2005, worked in the 35 SVS as the Café Mokuteki Manager. A memorial service was conducted at the Base Chapel on 4 January 2008.

Gift of Groceries for the Holidays

The rising cost of living means it's harder than ever to put food on the table to feed a family, let alone stock the pantry. In fact, charitable food banks report an increased incidence of working people needing assistance. This is according to a recent Associated Press article by Dan Sewell and Doug Whiteman, in which they cite the rising costs of food, housing, utilities, health care and gasoline as causes for increased demand at food banks. The struggle is often multiplied for military families, especially with the loss of income when a spouse is deployed.

"Food is always a welcome gift for your military neighbor next door," said Jack Younger, Store Director, "or for a military family stationed anywhere in the world."

A great way to give the gift of food to a military family is through your Commissary 's "Gift of Groceries" program. The gift certificates, also known as "CertifiChecks," can be purchased online or by phone for a small handling fee, which pays for printing and mailing. They can also be purchased in your Misawa Commissary for amounts of \$25 for a \$1 service

charge. These checks are ideal for parents, grandparents and friends to give to young service members and families as holiday gifts or "just because." The gift certificates are good at any of the 258 commissaries worldwide, can be given directly to a service member or donated to a military non-profit organization that assists military families in need. Anyone civilian or military can purchase or donate them, but only authorized shoppers can spend the gift certificates.

There are four ways to purchase a "Gift of Groceries" gift certificate:

Visit the customer service representative at your local Misawa Commissary to buy \$25 gift certificates.

Surf onto http://www.com-missaries.com to buy gift certificates in denominations of \$5 to \$100 using Certifichecks secure online order form.

Pick up the phone and dial (877) 770-4438 (toll free) and place your order with a customer service representative.

Mail or fax your gift certificate requests using a special order form, available through a link on DeCA's "Gift of Groceries" Web page at http://www.commissaries.com/certificheck/index.cfm. Print the form, fill it

out and mail it to the CertifiChecks address on the form.

To donate gift certificates to any of the five military nonprofit organizations that participate in the "Gift of Groceries" programs Air Force Aid Society, Fisher House Foundation Inc., Operation Homefront, Operation Interdependence and the USO (United Service Organizations) through a secure CertifiChecks Web page, click the "Donate Online" link on DeCA's "Gift of Groceries" Web page.

"Since the commissary benefit saves shoppers an average of 40 percent or more over overseas grocery stores, redeeming the 'gift of groceries' means needy military families can put more food in the cupboard than if they used a similar gift program to shop outside the gate," said Younger.

"Certifichecks have made a huge difference in the lives of many military families in crisis situations," said Amy J. Palmer, executive vice president of operations for Operation Homefront and CinCHouse.com. "In 2007, Operation Homefront collected \$9,440 through the 'Gift of Groceries' program."

Jim Weiskopf, executive vice president of communications for Fisher House Foundation, Inc.,



reported that the charity has received about \$15,000 in gift certificates this year. "We provide them to the managers of the Fisher Houses," he said, "and they in turn distribute them, with a priority to the families of combat casualties. We used grant money to purchase an additional \$10,000 in gift certificates, specifically for the families at the four Fisher Houses at Brooke Army Medical Center, Fort Sam Houston, Texas."

DeCA's "Gift of Groceries" program is possible through a business agreement with CertifiChecks, Inc. The Defense Commissary Agency does not derive any profit or income from the service.

Don't forget, with the coming holiday, Martin Luther King Day in January, the Commissary with observe holiday hours, 1000-1700.

35th Fighter Wing, Misawa Air Base, Japan

35th FW/CVR Unit 5021

APO AP 96319-5021

Phone: 011-81-3117-66-4428 / 5675 DSN: (315) 226-4428 / 5675 Email: rao@misawa.af.mil

WE'RE ON THE WEB!

HTTP://INTRANET.MISAWA.AF.MIL/ ORGS/35SPTG/35MSS/RAO/RAO.HTM HTTP://MISAWARAO.ORG



Lodging Front Desk: 222-1182

Command Post: 226-9899

Law Enforcement: 226-3600

Emergency Room: Non-Urgent- 226-6647

Emergency-911

M

Ι

S

C

 \mathbf{E}

L

L

Α

N

 \mathbf{E}

 \mathbf{O}

U

S

N

U

M

B

 \mathbf{E}

R

S

Medical/Dental Appointments-

Medical: 226-6111

Dental: 226-6700

AAFES General Manager: 222-7410

Commissary Officer: 226-3482

Anthony's Pizza: 222-6300

Pizza Hut: 222-5000

Clothing Sales: 222-8709

Fitness Center: 226-3982

Library: 226-3068 Misawa Clubs-Enlisted: 222-9514 Officer: 226-2016

Base Theater: 222-8700

Taxi-

Official: 226-3328 Non-Official: 222-5438 Weather Forecast: 226-3064

Note: When dialing from off base, local area, dial 63-xxxx instead of 222-xxxx, and 64-xxxx instead of 226-xxxx. Outside local area add

0176.

Still Serving!

The Misawa Air Base Retiree Activities Office is an official activity organized in accordance with AFI 36-3106. The office is here to assist retirees from all military services in the Tohoku and Hokkaido regions of Japan. We can provide assistance in pay, taxes, social security, and personal/casualty affairs as well as many other matters the retiree may need help with. We provide a focal point for retirees and/or their survivors with questions/concerns and work closely with the active duty community. Through the office and the activities of the Misawa Military Retirees Association we are able to provide assistance to indigent widows in the area with fuel, food and living expenses. The office is supplied and equipped through organizational funding, while being staffed entirely by volunteers.

The office is open Tuesday through Friday from 0900 through 1500 hours. We are located in room 210, Bldg 653. For immediate needs/emergencies contact the Casualty Assistance Representative in the USAF Military Personnel Flight, 226-3962. For Japanese nationals requiring assistance, who may have limited English language skills, contact MSgt (Ret) Joe Roginski at 222-7090 (off-base dial 0176-63-7090).

Misawa Military Retirees Association meets bi-monthly on the first Tuesday, of even months, at 1700 hours, in the Tohoku Enlisted Club's Aomori Lounge. All military retirees regardless of service affiliation are welcome as members. We are your voice to the active duty community and help to support the many retiree programs on the base. We also provide assistance in emergencies to retirees and surviving spouses in times of need. Come out and help support our efforts.













SERVING THE RETIRED MILITARY COMMUNITY IN NORTHERN JAPAN



"Persistent People Begin Their Success Where Others End In Failure" EDWARD EGGLESTON

This publication is written, edited and published by the Misawa Air Base Retiree Activities Office, for the retired community in northern Japan. The information or comments herein do not necessarily represent the position or opinion of the DOD, USAF or the 35FW. While every effort has been made to assure the accuracy of the information herein, no absolute guarantee of accuracy can be given nor should be assumed.

RETIREE ACTIVITIES OFFICE 35 FW/CVR UNIT 5021 APO AP 96319-5021 OFFICIAL MAIL MPS

TO: